



Partnerships in Gerontological Nursing Research and Practice

Enduring change is possible if all parties work toward achievable goals.

When I worked as a gerontological clinical nurse specialist in a long-term care facility in the late 1990s, I was charged with implementing our policy of restraint-free care. This change in practice was based on the increasing evidence that physical restraints did not protect nursing home residents from injury, which was the intended purpose, but instead actually caused serious injuries. In addition, there was mounting pressure from regulators to reduce the use of physical restraints.

My clinical colleagues were skeptical of my attempts to persuade them with research, as it contradicted their own clinical experiences. In addition, there was a reflexive resistance to a change in practice based on administrative or regulatory fiat or on research because of the generally held belief that surveyors, administrators, and researchers simply did not understand what it was like in the real world of clinical practice.

Still, we made steady progress toward our goal of becoming restraint free—that is, until one of our beloved residents fell and broke a hip. Then the smug “We told you so’s” surfaced, and we were back to square one. One day, however, the fates intervened, and I heard in report that a resident had been found dangling inches above the floor, suspended by the vest restraint that was supposed to protect him from getting out of

bed unassisted. Fortunately, the restraint had become wrapped around his abdomen instead of his chest or neck and he sustained only minor bruising. Each of us realized, though, how easily our misinformed attempts at protection could have proved lethal for this frail man.



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Aside from the obvious lessons about the hazards of using physical restraints, I took away from that experience a better understanding of the many challenges involved in translating research into enduring changes in clinical practice. Implicit in the notion of translation is an acknowledgement that the integration of research into practice is not a simple, linear process whereby clinicians read the research literature and then alter their practice accordingly. Nor does it occur through top-down mandates from researchers, regulators, or administrators.

To achieve the goals of research integration into practice, many nursing leaders recognize the importance of developing partnerships among researchers, clinicians, and the agencies in which care is delivered. Historically, however, these partnerships have often been characterized by short-term goals related to individual research studies. The episodic or “drive-by” nature of these partnerships is based on a definition of partnership that implies merely an association between two organizations who agree to conduct business together, often for a specific short-term project. When researchers engage with clinical agencies under such an arrangement, the researchers typically use the agency for participant recruitment or introduce a research-based product they hope health care professionals will consume. This model relies on packaging research in ways that make the innovation desirable. Concerted effort is put into trying to persuade health care professionals that they need or want the evidence-based product that is being peddled. This model does not do justice to the research or the clinical practice for which it is intended.

Instead, we need models of research translation and integration built on partnerships that are rooted in long-term, collaborative relationships. According to *The American Heritage® Dictionary of the English Language*, fourth edition (n.d.), *partnership* can be defined as “a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal” (definition 3).

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Family Members Caring for Relatives with Alzheimer's May Have Shortened Life Spans

The chronic stress that spouses and children develop while caring for family members with Alzheimer's disease may shorten the caregivers' lives by as much as 4 to 8 years, according to a study published in the *Journal of Immunology*.

The study also provides concrete evidence that the effects of chronic stress can be seen at both the genetic and molecular level in caregivers' bodies.

The findings come from a nearly 30-year program at Ohio State University investigating the links between psychological stress and

a weakened immune status. Researchers from Ohio State and the National Institute of Aging, using earlier evidence that mothers caring for chronically ill children developed changes in their chromosomes that effectively amounted to several years of additional aging, sought to identify the exact cells involved in the change.

They focused on telomeres, areas of genetic material on the ends of a cell's chromosomes. Over time and with age, telomeres shorten, losing genetic instruction. An enzyme—telomerase—normally works to

repair that damage.

For the study, researchers compared a group of Alzheimer's disease caregivers with an equal number of noncaregivers matched for age, gender, and other aspects, analyzing blood samples and looking for differences in telomeres, telomerase, and immune cells.

Results indicated that the caregivers showed the same kind of patterns present in the study of mothers of chronically ill children and that these changes also amounted to a shortened life span of 4 to 8 years.

Other findings included:

- The cells studied represent the whole cell population, suggesting that all the body's cells have aged the same amount. The telomeres of blood cells were also shorter than those of the control group.
- Caregivers' symptoms of depression were twice as severe as those of the control group.
- Caregivers had fewer lymphocytes (key to the immune system) and higher levels of cytokines (key to the inflammation response) than did the control group.

For an emotional perspective of the caregiver role, see Sorrell's (2007) article in the November issue of the *Journal of Psychosocial Nursing and Mental Health Services*, which highlights the importance of National Family Caregivers month.

Sources. "Chronic Stress Can Steal Years from Caregivers' Lifetimes." (2007, September 18). Retrieved September 20, 2007, from <http://www.newswise.com/pl/articles/view/533485/>.

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nursing initiatives has supported the developments of such partnerships (Young et al., 2006) among researchers, educators, clinicians, and policy makers. Inherent in this understanding of partnership is the recognition that each partner brings needed strengths to the table. In addition, clinical partners collaborate with researchers in developing the research agenda, rather than simply functioning as end-users. The articles in this issue of the *Journal of Gerontological Nursing* provide examples of how enduring changes in clinical practice can be achieved through long-term partnerships that give voice to each partner and reflect the intersection of mutual goals, enriched by the diverse contributions of all parties.

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