The Time of Our Lives
Reflections on the Art of Geriatric Nursing
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While on a Fulbright experience in Oslo, I, along with fellow researchers in Norway and the United States, conducted a study of gerontological nursing students, trying to ascertain why the students chose to work with older adults. Having good experiences with an older adult was a recurrent theme. I am no exception. Nearly 60 years later, I still recall experiences with my great aunt and uncle who lived on a farm in the Appalachian mountains of Pennsylvania. We cut hay and gathered it into wagons with pitchforks. Cottage cheese came from the cows we milked; the milk curdled and was placed in cloth bags on the clothes line. The whey dripped to the bevy of cats that congregated beneath. I also remember sitting next to my grandmother on the loom bench mesmerized by the back and forth movement of the shuttle as she wove rag rugs. Being with an older adult, however, differs from being an older adult.

I entered a hospital school of nursing in 1961. We learned about sandbagging the heads of patients who had undergone cataract surgery, keeping their heads immobile for 7 to 10 days. Digitalis was the most popular drug of older adults, next to laxatives. We took a lot of pulses when we passed out the medications we had poured from the large bottles of stock drugs in the medicine cabinet. When we weren’t staffing the floors of the hospitals, usually after 3:00 in the afternoon, we attended classes, learning about all the illnesses that could afflict “mankind.” Except for gynecology, women or “she” did not yet exist in our textbooks.

When I returned to academia nearly 20 years later to pursue a master’s and a doctorate in nursing, things were changing. Nurse theorists were exploring the idea that nursing was a distinct discipline with its own phenomenon of concern and ensuing body of knowledge. Older adults were actually older and researchers were following a large sample of men in a longitudinal study, exploring the idea that perhaps gerontology had a host of distinctions as well. I was learning about free radicals and antioxidants and that people who were 65 and older had at least two chronic conditions. Graduate education in nursing emphasized the science of nursing. Frequently my concern was not the person but the data. I was able to objectify and hold such information in the deep recesses of my cerebrum.

Imagine my surprise when I woke one morning and realized that I was the person who I had studied all those years. Among my chronic conditions, I could count glaucoma, hypertension, and hyperlipidemia, not to mention gray hair, age spots, and jowls. Being with older people and learning the empirics of aging is not the same as being an older adult.

Now I know that when we teach about aging we need to use more art: music, novels, short stories, poetry. I propose that gerontological classes that start with the reading of a poem or playing of a song that captures the experience of aging will lead to more class participation than starting classes with the fact that older people have more lipofuscin in their mitochondria than younger people.
More importantly, the arts help people to feel and know in their hearts, which is where aging occurs, both literally and figuratively, deep within the heart. Maybe faculty should get really crazy and invite some healthy older people into their classes to talk about how they experience aging.

In clinical practice, although nurses must tend to the maladies of aging, they should focus more on health and function and meaning and legacy. For me, my life is more about diet, exercise, friends, and new learning experiences than about my genetic inheritance that I counteract with pills and potions.

Although retirement is not for everyone, it has been a gift for me. I liked working a great deal and hope that I have contributed something for the next generation to build on. But with the acceptance of aging has come the fact that life is not forever. I will be 70 next year and kayaking on a lake at sunset, walking several miles with my dog, spending time at my cabin sans running water in the mountains of Pennsylvania, being with my grandchildren, or traveling with friends has become even more precious. I have a long-time friend, also a gerontological nurse. Nearly the same age, we have both come to the same conclusion—legacy has become more important to us as we age. Recently, I asked my 11-year-old grandson what he would remember about me. He thought for a minute before he said, “I think that it will be what you taught me.” Although I did not ask him just what I had taught him, I wondered if it was learning to make the chicken and rivel soup we cook together, the same rivel recipe taught to me by my grandmother. Last week my 9-year-old grandson was with me for the day while school was closed. Swinging together at a county park, he stood up on his swing. “Grandma, stand up on your swing,” he said. “Oh, I think that I better not,” I said surveying the flimsy rubber-like seats. “Grandma,” he continued, “I wish I could turn time back so you could be young and see how wonderful this feels.” “Oh Xander,” I answered in a truly teachable moment, “This time is the best time of my life.”