Learning about the older adult generation often begins with interactions with our grandparents. The warmth, kindness, generosity, and forgiving nature of their company allowed many of us to create lasting, cherished memories of our all too brief interactions with them. “Baka,” my Polish-speaking, immigrant grandmother, represented the grace, love, and acceptance that fulfilled all of my childhood needs. Now, upon entering my seventh decade of life, my grandmother’s treasured memory still brings remembrances of her smiling face, loving embrace, and comforting words. Memories of interactions with my grandmother and her friends profoundly affected and continue to impact my lifelong perspective of older adults.

Aging is one individual’s unique journey through life. Becoming a “senior” allows one to review and reminisce about life’s hopes, dreams, plans, realities, opportunities, setbacks, joys, frustrations, accomplishments, and disappointments. Life’s journey teaches everyone that the only constant is change.

The swirl of changes within an aging body are further complicated by a world that is dominated by continuously advancing technology. Change, whether internal or external, forces us to develop strategies that reject/ignore, resist/withdraw, or adjust/conform to them. Resistance, frustration, accommodation, or acceptance to change will, in large part, determine one’s perspective of life. Adjusting to one’s aging, changing body will probably dictate a change in perspective, priority, lifestyle, and daily routines. The willingness to successfully adapt to constant change will determine life’s pathway, accomplishments, and, ultimately, happiness.

Learning about aging requires an understanding of the most basic concepts of changing physiological systems. Measures of fitness, cardiovascular health, slowing reactions, impaired filtration mechanisms, constant joint pain, and a lack of endurance usually comprise the basis of clinical judgments. This short editorial will attempt to provide some insight into the “context,” the thoughts and feelings of the individuals undergoing these life-altering physical changes and how they impact their social interactions. More specifically, it will address the following: (a) the changing perspectives of time, (b) the occurrence of repetitive themes, (c) fences, and (d) gratitude.

**TIME**

The concept of time changes with age. Although there are noticeable differences in the meaning of time across cultural groups, many are unaware of its importance in patient interactions. For example, punctuality is an important measure of respect in some cultural groups.
(e.g., Polish), whereas events, rather than time, initiate actions in other cultures (e.g., Native Americans). During the aging process, it is easy to recognize the changing perceptions of time from the impatience of youth to the perceived rapid pace of the advancing calendar for the older adult. Time, like companionship, gains greater meaning with age. Waiting, within many cultures, suggests low priority, minimal import or insult. Nurses must recognize that time can neither be bought nor traded and may only be spent. Time spent with family, friends, and patients becomes the most precious gift that one can give or receive.

**THEMES**

Extended conversations with older adults will reveal repetitive themes. These represent seminal events that have significantly impacted their lives. Events such as military service, poverty, and personal/professional trauma have so significantly altered their lives and thought processes that these are continuously introduced, referenced, and/or integrated into conversations. Repetitive themes should be recognized and discussed whenever appropriate. The interested listener should realize that his or her elders repeat these themes to relate past experiences to today’s world. Memories, old stories, and anecdotes are the best way our seniors can understand/refer to the events of the day.

**FENCES**

The “fences” that restrict an aging person’s lifestyle choices can be voluntary, accommodative, or imposed. One of the most voluntary restrictive fences involves self-induced obstruction. Many older adults choose to restrict their activities with family and friends due to their own perception that their presence will impede, restrict, or nullify the enjoyment of the others. Accepting an invitation to an event without either knowing what inconvenience their presence will cause or the cost or accepting the “gift” of attendance may cause discomfort and result in a reluctance to attend. For example, walking long distances may be problematic due to a lack of stamina, cause discomfort from joint pain, or initiate a fear of falling. Eventually, many older adults conclude that avoiding the pressures of attending events can only be accomplished by self-imposing restrictions on their own choice of activities. Restricted finances and/or personal pride may cause reluctance to either spend or accept “gifts.” Some older adults perceive the generosity of others as disguised charity. These self-imposed restrictions cause feelings of hopelessness, isolation, and worthlessness. Although aging comes with many changes and loss that require nursing anticipatory guidance and support, it is crucial to remember that aging is an individualized process. Classic works by Robert Butler, considered by many to be the “father of geriatrics,” examined aging as an active and diverse process. Butler (1975) often noted that older people are as diverse as people in other stages of their life. Some ways to lessen these losses and barriers include anticipating these fences and providing local and family support, using services where available to increase mobility and socialization, developing intergenerational programs, and focusing on the strengths of the older adult. Exploring ways to negate the barriers to participation is mutually beneficial to both older adults, as well as to those extending the invitation or offering assistance.

The rapidly changing world of technology represents a significant fence/barrier to many who were accustomed to landline telephones, personal correspondence, and interpersonal relationships. The integration of technological accommodations into one’s daily life intimidates many older adults. According to the media, the world must be perceived, understood, and dealt with from a global perspective. For those past retirement age, their world is often limited to places within a 10-mile radius of their home. A shrinking world due to advancing age may limit one’s willingness, comfort, and safety in traveling long distances, at rapid speeds (e.g., interstate highways), and at night (e.g., blurred vision due to glare).

**GRATITUDE**

Lastly, aging allows one to credit those individuals, events, and institutions that have significantly impacted their lives. Becoming older allows one to appreciate the contributions that others (e.g., spouses, friends, mentors, strangers) have made to enhance the quality of their lives. Success is a team sport. In this regard, the quality of my life has significantly been elevated by my marriage to Judy and the lives of our sons, Martin and Lawrence, and their families. In addition, deep appreciation goes to my alma maters, Whiting High School in Indiana, Benedictine University, the University of Iowa, and Creighton and Lewis Universities for preparing me to succeed. Lastly, my heartfelt thanks goes to all of my former students and colleagues at Purdue University Calumet for allowing me the privilege of being a Nursing Professor.

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