Why Would an Obstetrical Nurse Be Interested in Gerontology?

Why would obstetrical nurses be interested in gerontology? Aren’t they at opposite ends of the age spectrum? Plus, isn’t caring for older adults depressing, as most of them are in nursing homes and are frail or unable to communicate?

These types of questions are often asked of nurses interested in gerontology, but it is particularly interesting when one of the gerontological nurses is also an obstetrical nurse. A belief that care of older adults is depressing, custodial, and centered in nursing homes is common. Initiatives, such as those established by the National Hartford Center of Gerontological Nursing Excellence, have helped expand providers’ views on aging and build the capacity of the health care workforce to meet the demands of a growing population of older adults with diverse health care strengths and needs. However, a severe shortage of health care professionals interested in gerontology and geriatrics continues. Broadening the perspective to focus on all individuals, including older adults, is critical to promoting gerontology, healthy aging, and community life.

Aging, rather than a triumph of public health and personal resilience, continues to be seen by some as a disease or condition to avoid. Although a concerted emphasis on geriatrics has provided a better understanding of the needs of older adults and led to improved health care for this population, it has limited some health care providers’ perspectives about aging and gerontology to a focus only on illnesses and syndromes common to older adults. This way of thinking is understandable given the past few decades’ emphasis on identifying, researching, and better understanding how to provide care for the unique needs of older adults.

As gerontological nurses, we often focus on the problems we can solve and costs we can save. In addition, we tend to focus on the individual older adult. However, when older adults become labeled as a disease, disability, or chronic health condition, this may result in providers not seeing beyond the illness and missing the many roles that older adults hold in our larger society.

Our profession is at a juncture where it is not only important to continue deepening our under-
standing about geriatrics and aging processes, but seriously focus on knowledge and attitudes about active aging by addressing ageism, negative stereotyping, and systematic discrimination of older adults (Rosowsky, 2005) and those who work in the area of elder care. According to the 2008 Institute of Medicine report, “Retooling for an Aging America,” despite older adults consuming a majority of health care resources because they have complex health care needs, education, recruitment, and retention of competent geriatric care providers continues to be a serious problem. New models of care must be developed that address

Western society, demonstrating the dignity of not only giving care, but also gracefulness in receiving care. And, as was discovered by one obstetrical nurse and faculty member (K. Clark, personal communication, November 2012),

grandparenting:

Most of my nursing career in Southern Louisiana has been taking care of mothers and babies after delivery. I loved it. But then my father was diagnosed with dementia and I began to participate in gerontological groups that were formed at the college. I became familiar with The John A. Hartford Evidence-Based Guidelines, which led to gerontological research on nursing student and faculty attitudes about older persons.

I learned more about aging and the World Health Organization [WHO] Active Ageing framework that views individual and population aging from a “rights based” life course perspective rather than solely a “needs based” framework acknowledging active engagement across the lifespan and different health conditions. Active ageing is positive, begins at birth, and “is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). My perspective changed. No longer was aging and gerontology only about a loss of vitality and dependency but an inherent part of the life cycle. I started seeing my practice in obstetrics differently—and noticed how many infants were not going home with their mother but were being discharged to their grandparent(s) who were going to be their primary caretakers, quite possibly with the added responsibility to raise them into adulthood. I then learned that Louisiana has 62,668 grandparents who are solely responsible for their grandchildren who live with them (AARP Global Network, 2010). I visited informal grandparenting groups and met women in their 70s caring for newborns and young children. One 76-year-old woman was caring for six children all under the age of 16.

Through this experience and trying to answer the question “Why would an obstetrical nurse be interested in gerontology?,” the importance of increasing nurses’ knowledge about a broader perspective on aging became clear. This broader perspective is important for gerontological nurses so that they might take the lead in destigmatizing aging—for all nurses (and future nurses) to see older adults within a broader framework of the community in which they live and the strengths they have to offer. The majority of older adults are active members of society. They may be contributing by grandparenting for newborns and young children, caring for other family and friends, volunteering within their community, and/or remaining present for community members to better understand that aging occurs across the life continuum. To emphasize that rather than a disease, aging is synonymous with living and, if members of the community are fortunate, they will have an opportunity to experience all phases of the life cycle.

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the needs of the long-term care workforce, including adequate pay, prestige, opportunities, roles, and responsibilities, making long-term care an attractive employment option (Stone & Harahan, 2010). In addition, nurses must promote awareness that most older adults are well, despite having chronic illnesses, and are increasingly engaged in health promotion, prevention, and healthy, successful aging activities (Centers for Disease Control and Prevention, 2013). This enhanced understanding includes focusing on older adults as individuals rather than a health condition (e.g., “the diabetic”) and emphasizing their integral place as members of society. This “integral place” in society may include volunteering, leading social groups, and, importantly for
population as a unique group. Although this focus has been important to developing science and age-specific care, it has narrowed, for some, a view of the older adult as a “burden” and social problem.

We contend that gerontological nurses must take an active role in destigmatizing aging by not problematizing and medicalizing older adults. It is critically important to not only provide excellent care for frail older adults, but to also actively advocate for engagement of this population in society (e.g., being as important as doing), and promote understanding of the complexity of healthy aging across different health conditions. Continuing intergenerational learning opportunities and supporting engagement of older adults in education, research, and practice opportunities is essential. A broader perspective is critical to decrease intergenerational conflict and focus on intergenerational interdependencies and strengths all age groups bring to relationships and society, including providing hands-on care for some of the most frail in our society: newborns, infants, and children.

REFERENCES

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