# Educating for Mindful Perspectives on Aging

A colleague recently told me about an experience she had with a student doing home health visits for wound care to the wife of a couple in their 70s. Toward the end of the visit, the woman volunteered that her husband had been feeling overly tired for the past 3 to 5 weeks and could no longer perform his usual activities without experiencing extreme fatigue. When questioned, the man dismissed this as "just old age." With the man's permission, the student listened to his heart and lung sounds and, finding nothing abnormal, proceeded to perform a quick skin assessment. Noting petechiae over his lower extremities, she suspected a blood dyscrasia and encouraged him to see his physician as soon as possible for further tests. She later learned that he had been diagnosed with a rare tick-borne disease, likely contracted on a hunting trip in the weeks prior to the development of his symptoms. He was able to receive treatment before irreversible damage occurred.

Fortunately, this student did not blithely accept the man's blame on aging as the source of his health complaint. A society that automatically links disease and disability to aging calls into question the frequency with which actual disease is left untreated or undertreated because signs and symptoms are attributed to the effects of aging. In this case, instead of dismissing the client's complaints, the student chose to investigate the symptom further and was responsible for her client's seeking the necessary diagnosis and treatment—a thinking and behavior pattern we, as faculty, want to instill in students.

The reasons for the student acting as she did were likely more complex than the decision-making process of course learning alone, although a recent report is urgent in its call for improving the way geriatrics is taught. In a statement on retooling the health care workforce for an aging America, the Institute of Medicine (2008) found that doctors, nurses, and informal caregivers were unprepared to adequately meet the future health need for this population. With the oldest Baby Boomers turning 65 this year and older adults on pace to comprise 20% of the population, the organization called for increased attention to the training and education for all levels of providers. As academic nursing strives to steer new recruits to geriatric nursing, one area of contention is our culture's pervasive bias and stereotypical thinking toward aging. Gaining a clearer understanding of how thinking affects knowledge and practice may assist educators in improving the educational process.

## Knowledge and Attitudes

When it comes to our geriatric client base and improving student education, how can nurse educators work to counteract mainstream thought and behavior toward aging? Faculty are in the unique position to make the difference by presenting themselves as role models for students through their thinking and actions. Thinking means remaining circumspect regarding any bias or stereotypes we hold and examining our feelings toward personal aging. Becoming self-aware of the language we use when discussing elderly clients or our own aging and making necessary corrections may contribute to reducing negative attitudes. Our job as faculty is to educate learners to be thoughtful toward their own perceptions of aging and expose them to experiences that assist them to test new thinking and approaches to caring for older adults.

Misunderstanding exists regarding age and lifestyle factors as causal factors in chronic disease. Heart disease and high blood pressure are often inaccurately associated with the changes of aging instead of lifestyle and genetics. Neurological and mental symptoms in older patients may be dismissed as the signs of old age when further assessment may reveal an association with medication side effects or some other treatable condition. This thinking process relates to attribution theory, where a cause is inferred or explained for a behavior, and comprises one common means through which humans process information.

Curricular repairs would ideally serve the dual purposes of increasing knowledge and inducing graduates to enter the field of geriatrics; however, evidence continues to be lacking regarding the significant influence of the integrated geriatric curriculum on improved knowledge of the effects of aging and attitudes toward caring for elders as demonstrated through intent to practice (Williams, Anderson, & Day, 2007; Williams, Nowak, & Scobee, 2006). Nurse educators cannot rely on clinical experiences alone to build knowledge and change attitudes toward geriatric practice. Professionals practicing in clinical settings are subject to the same cultural biases and misinformation that the general public shares. Sherman, Roberto, and Robinson (1996) determined that acute care clinical experiences did not necessarily result in a stronger knowl-

edge base regarding age-related changes, nor did they improve attitudes.

Nurse educators can strive for accuracy in applying knowledge of age-related changes into practice, thus dispelling myths of aging and disease in their day-to-day teaching. Although the introduction of age-related changes may occur earlier in the curriculum, it should be revisited in multiple contexts of discussion and clinical experiences to become solidified in the students' knowledge base. Students are primed by society to associate aging with decrement, incompetence, and system failure. Students may become so disease-focused that they fail to distinguish between physical, developmental, and other factors underlying the case. Instructors in both classroom and clinical settings must be able to recognize and correct attribution error based in stereotypes, biases, or flawed knowledge in their discussions.

## Strategies

Faculty can manage experiences in and out of the classroom by using a few simple strategies that will foster the development of positive attitudes and effect changes in the knowledge and understanding. Beginning with language, reflect on how you speak in general terms about aging: Do you refer to aging distastefully? Do you casually assign infirmities to age? Avoid statements such as, "I ache all over; I must be getting old," "I don't stay up past 10; I'm old," "Old people can be challenging," or words that correlate to aging such as "fuddy-duddy" or "old fogie." Ensuring that language remains free of condescension when relating to geriatric clients is also a necessary practice to model consistently. Educators must stand as testimony that we like who we are and embrace aging. Role modeling a healthy lifestyle and presenting a healthful persona further bolsters a mental schema for students that equates aging with health and well-being.

Faculty can assist students in addressing societal stereotypes of aging by engaging them in self-awareness activities, such as reflective writing. One method is to assign a free-writing exercise in which students write nonstop for a timed period about their thoughts, both negative and positive, on aging. Free-writing allows the individual to record anything that comes to mind with no concern about composition or outside critique. The writing can be shared at the time of composition or collected for later reflection so individuals can gauge how their thinking and knowledge has or has not changed.

Faculty actions in experiential learning are equally important. Providing purposeful geriatric experiences alone may not give students a platform for making attitudinal changes. Faculty must think beyond clinical sites and assignments to thoughtful execution of the process of the clinical teaching of geriatric content. Possessing accurate knowledge and understanding of geriatrics is basic to what we are trying to accomplish. Through provision of an open learning environment coupled with skillful facilitation of discussion and clinical questioning, students can be encouraged to point out discrepancies in knowledge and understanding of age-related changes and bring forth examples of flawed thinking in clinical settings among personnel. A few key prompts can form a simple framework for enlightened discussions on aging in all clinical experiences:

- Prompt 1: " Identify the underlying factors of the client's disease or condition with rationale."
- Prompt 2: "Are the factors a result of age-related changes or preventable or modifiable factors?"
- Prompt 3: "Explain the relationship between the factors."
- Prompt 4: "Are there discrepancies in thinking about these factors by the client, his or her support system, or the health care providers?"

## Conclusion

As the Baby Boom generation moves into the population of older Americans, the need to attract and prepare students to care more effectively for this population is evident, based on their numbers and differing needs and preferences from previous generations. Nursing faculty can reflect the desire to develop practitioners who are free of the negative perceptions and bias inherent in the mainstream culture. Skillfully drawing comparisons between societal views and their influence on client and caregiver notions of illness comes from awareness of personal aging and harboring depth of knowledge regarding age-related changes. Nurse educators are fundamental to reaching students at optimal points in the educational process through role modeling healthy aging and skillful, consistent application of a basic framework of instruction.

## References

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