

# Examining Nursing practice with hospitalized older adults

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# Acknowledgements

The participants in this study.



# Background

- Media frequently reporting challenges to hospitals.
- Majority of care recipients are older adults.
- Systems of care do not meet the needs of older adults.
- Nurses play a pivotal role in care of hospitalized older adults.
- Little is known about the influences of how nurses work with hospitalized older adults.
- Chappell & Penning, 2001; CIHI 2007; Peek et al., 2007; Rotermann 2005

# Purpose

- **The purpose of this study was to understand how nurses enact their practice with hospitalized older adults.**



# Method

- Guided by Symbolic Interactionism.
  - Understanding actions and meaning making of the social actors in the social world.
- Grounded Theory methods.
  - Concurrent data collection & data analysis
  - Constant comparison
  - Theoretical sampling
  - Theoretical sensitivity
  - Extensive memo writing.

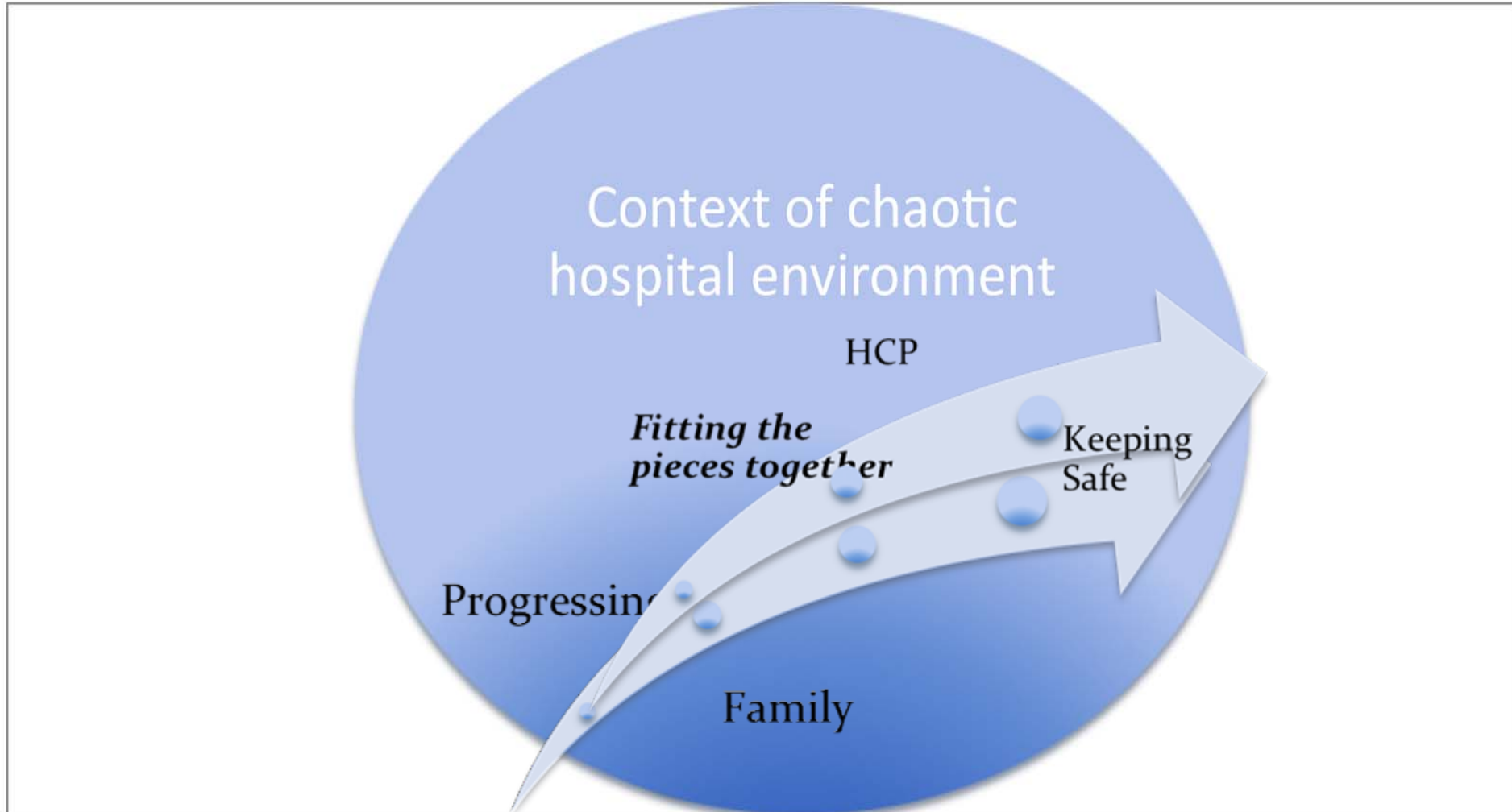
# Participants

Ages	25 - 58
Education	PCA training – BScN – partial Masters
Time on Unit	300 hours – 11 years
Years of Experience	New graduate – 35 years
Designation	RN, LPN, PCA
* RN	14
* LPN	3
* PCA	3
* Other positions	Patient care coordinator; Educator
Sites	2 - ACE unit and Medical unit
Hours of Participant observation	375 hours

# Central Problem for nurses

- Doing the best for older adult patients in the chaotic acute care hospital environment.
- “Things can change from hour to hour.” (RN7)
- “You’re fully responsible. So if you’re responsible, you have to be in control of the situation because you’re ultimately responsible.” (PCA<sub>3</sub>)

# Doing the best for Older Adults



# Context of chaotic acute care environment

- Over capacity is frequent
  - Resources
  - Communication
  - Other Health Care Professionals
- 
- “[Some] think it it’s not as brain intense... plus the double whammy of the physical and the mental work”  
(RN7)

# Resources

- “When I am tired at the end of the day it is because I have had to run to the other unit for supplies that are not stocked or run for water because the patient doesn’t have water.” (RN5)



# Communication

“This is my first day....I don't know what is happening.”  
(RN5)

Lack of information about her patients that are being discharged and a transport shows up...the patient is getting blood at the time...later an admission arrived without any communication to the nurse and the bed was not ready so the patient had to wait on a stretcher in the hall.

# Working in the hospital context

- “You have to plan ahead or think ahead of time. Like, you don’t know what will happen. At least you’re done whatever you can do. And then whatever happen if the patients get sick, or you can take all your attention with them.” (RN1)
- “It is important who you work with especially when you are on nights..... If people pull their load then the work is easier.” (RN5)

# Fitting the pieces together...

- What is the plan?
- What is the priority?
  
- “With older adults it is not so cut and dried and sometimes, you need to spend more time to find out what the issue is....one issue...unravels a whole bunch of other issues that have to be dealt with because you can't just say here's a bandage and out the door because they're too vulnerable, too weak, they need more support.” (RN8)

- “Always assessing for mobility, cognition, and changes” (RN<sub>5</sub>)
- “A lot to do with family...You can’t assess in a way that you’d assess somebody who was forty and can tell you everything.” (RN<sub>9</sub>)
- “They’re heavy and [nurses]...are busy with other patients that are really sick...they don’t get better ...they get bed sores, they get infections and they get actually worse in the hospital ...they come in with a small problem and staying there for quite a while.” (LPN<sub>3</sub>)

# Progressing towards discharge

- Advocating
  - Orchestrating
  - Compensating
- 
- “You have to be an advocate because most cannot express their needs or take care of themselves.” (RN7)

- “To take care of the sick patient but also move patients forward. Weaning oxygen, getting them back to their baseline function.” (BS<sub>3</sub>)
- “On a day shift is, they’ve got to be personal care, washed, cleaned, dried, powdered.... and up. If possible, right? That’s the optimal. Afternoon shift is getting them to bed.” (PCA<sub>3</sub>)

# Keeping Safe

- Checking
- Restraining
- Relieving emotional distress
  
- “If something looks fishy it is good to check. Sometimes an inexperienced nurse has misinterpreted an order or there are certain nurses that aren’t as diligent so we have to check carefully.” (RN<sub>3</sub>)

- “It’s sad to see them being tied either in bed or on the chair but it’s just for their safety. So...Yeah, it’s their safety or, I need to do this for other patients too. I have to think of my other patients too.” (RN10)
- “Usually 30 mins before my shift ends I go to my patients and tell them I am going home in 30 minutes. Can I help you to the bathroom or get you anything? Or I tell them to behave for 30 mins. They usually laugh at that. Because sometimes a patient might fall 2 minutes before 7 and then you have to stay and help your patient.” ( RN5)

# Thanks

