Master’s and doctoral thesis related to geriatric nursing

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Purposes of this presentation

- to provide an overview of master’s and doctoral thesis focusing on geriatric nursing

- to describe the scope and focus of the studies published between 2000 and 2007
Data and analysis

- 34 Master’s thesis (out of 349)
- 2 doctoral thesis (out of 41)

- data were analyzed by using inductive content analysis

- research questions were related to the contents, research methods used in the studies and main results

- this presentation is focused on the viewpoint of the patients
Results

- all of the studies were descriptive
- viewpoints were patients’ ($n=13$), nurses’ ($n=9$), nursing administration’s ($n=5$), families’ ($n=4$) and nursing education ($n=3$)
- most of the studies were conducted in hospital setting while only a few studies were conducted in outpatient settings
- qualitative methods were used in 22 thesis and 11 studies were conducted by using quantitative methods
- methodological triangulation was applied in some studies
In qualitative studies the most often used data collection methods were interviews, analysis of patient documents, observing and diaries.

Most common methods of analysis were different types of content analysis.

In quantitative studies the data had been collected by using questionnaires and analyzed by using statistical methods.
Main results from patients’ viewpoint

- The elderly bed patients experienced well-being when they felt that they participated in their own lives.
- They also felt loneliness and losing control over their own lives.
- Elderly experienced aging as occupational changes, diseases, and medicines.
Elderly were satisfied with the availability of social and health care services but were not aware of the obligations of the municipality.

They had a sense of community in institutional care but problem-based action and emphasis on professionalism limited their activity.

Especially women considered both interaction between patients and nurses and support from social network to be significant.
Elderly who were left alone and had mental problems had increased use of alcohol.

Health care professional did not usually ask the elderly about their drinking habits.

Some elderly who revealed to be abusers of alcohol did not consider themselves even though their drinking exceeded risk level.
- Elderly were fairly satisfied with support by nursing staff in oral hygiene.
- All patients with own teeth had some kind of need for dental care.
- Elderly considered preventive approach to be important to promote their oral hygiene.
- Elderly living at home with a family had better capability of acting (measured by Barthel’s index) while arriving to outpatient clinic.
- A high amount of the elderly were more forgetful than at home and one third were confused.
Home as cultural environment enabled the elderly to lead optimal life by offering safety and by giving them support to control of their own lives.

Many values and ways of action adopted in childhood homes were part of their present home.

Continuity of familiar life was the elderly people’s wish for life even in nursing home.
Nursing home as cultural living environment enabled the elderly to lead a restricted life by offering them security, but it did not support control of their own lives.

It was the hope of elderly people that they could decide upon their own affairs in nursing home.

Elderly still had resources left which they could have benefited in their own lives.
- Aging women living in sheltered accommodation had experiences of depression
- Loneliness, isolation and hopelessness were common among the women
- Keeping up hope was considered an important part of nurses’ work
Pain assessment is a significant part of nurses’ work.

Nurses assessed pain in dementia patients by observing different changes in the patients, such as emotional and physical changes, facial expressions and body movements.

No pain assessment tools were used among these patients.

Documentation of pain assessment and management was fairly limited.
Examples of study findings from the family’s view point

- Caregivers of demented described that their quality of life consisted of close relatives and friends, health, hobbies and free time.
- Their quality of life varied from good to poor.
- The most unsatisfaction was caused by dementia as an illness and the strain of caring.
Caregivers of demented live in danger of loneliness and isolation

They considered peer support groups to be significant in their coping with the demented relative

They felt a sense of togetherness and empathy, receiving information and having a chance to share everyday experiences with the peers
Relatives of dying patients living in hospital-based home care and in terminal care were fairly satisfied with the care their relative received.

Prior to patient’s death the nurses had provided the relatives mainly informational, emotional and practical support.

Relatives did not consider spiritual support to be necessary but valued the opportunity to participate in the patient’s care.
Conclusions

- Studies of geriatric nursing were conducted in versatile contexts.
- Studies involving dementia have increased in recent years, including the viewpoints of the patients, relatives, nurses and administration.
- Elderly and their relatives are fairly satisfied with the quality of care.
- More research is needed about preventive nursing care in outpatient settings.