DEVELOPMENT OF A MODEL FOR THE PREVENTION OF AGEISM IN NURSING PRACTICE IN A TEAM WITH SOCIAL GERONTOLOGIST

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Abstract: One key characteristics of professionalism is acquiring new knowledge based on the evidence-based development of innovative models and their practical implementation. The present study describes the development of a multidisciplinary model with a social gerontologist at its center, called the Model of Ageism Prevention in Nursing Practice. It considers the role of a social gerontologist in the most dominant demographic phenomenon of aging population. The developed model gives an overview of the current situation, explains the theories on which the conceptual framework is based, discuss some key criticisms and offers solutions. Implementing the Model of Ageism Prevention in Nursing Practice aims to strengthen the multidisciplinary team, modernise nursing, and raise standards of nursing care. Recent literature has been analysed and synthesised to develop this theoretical model for preventing ageism in nursing. The education of nurses, on the one hand, and the intergenerational contacts of the beneficiaries, on the other hand, are successful in preventing age discrimination after identifying critical points. The model explains the role of the social gerontologist as a link that connects these relationships. The development of these concepts will increase the satisfaction level of the health care users with the satisfaction from nursing care, consequently improving the quality of nursing care. Most importantly, nurses can reduce prejudice against older people and take preventative measures once they know the existing problem. The ageism prevention model seems appropriate for educational curriculum creators and national programs. Future studies are expected to validate the model and improve it. It is suggested that the guidelines of the Model of Ageism Prevention can be used as the starting point for developing a national program to prevent age discrimination in practice.

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Introduction

One of the recent goals of nursing as a professional discipline is to promote the implementation of new scientific knowledge in nursing practice, and its broader application. This is possible by using the theories and models of nursing. In recent years, considerable attention has been paid to developing evidence-based models. They promote a more accessible organization, facilitate communication between individuals, and enable cognitive recollection of a phenomenon that may not be immediately visible.

The model represents reasonable relationships between concepts in the graph (Edward, 2015). They help nurses organise their daily care routine and to offer better care (Kaya & Boz, 2017). Models in nursing are helpful for clinical practice because they provide guidelines for achieving health care goals. Evaluating outcomes is recognised as an essential factor in developing research knowledge, applying research results, and inter-organisational environment for implementation in practice (Hoeck & Delmar, 2017).

Nursing as a profession is constantly evolving and therefore is being evaluated, which means that nursing ontology and epistemology are transforming in parallel with the development of society (Glisson & Schoenwald, 2015).

Given the global aging trend, a new scientific discipline, social gerontology, is developing in parallel, which is the focus of the study.

Social gerontology is a scientific discipline focusing on social relations and social participation of the aged people and the protection of their individual needs. Quality of life, life satisfaction in terms of personal resources, biographical influences, and the conditions of the individuals aging etc. are the focus of gerontology (Kricheldorff et al., 2015).

As demographic changes in postmodern society have increased the population heterogeneity among the aged, the importance of a social gerontologist in any team caring for older people has become increasingly crystallized. They emphasise the importance of prevention in care, organise institutional care, protect the rights of residents and the health of the staff (Goriup & Lehe, 2018).

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Ageism in health care has different forms. It can be manifested in physicians' tendency to prescribe milder treatments based on age. Physicians who are embarrassed by their aging or lack knowledge of aging processes and special geriatric issues often miss the opportunities for diagnosis and appropriate treatments for acute geriatric conditions (e.g., depression, urinary incontinence, sexual dysfunction, older people abuse). Also, they may believe that older people "deserve a break" and therefore do not encourage them to engage in physical activities despite the known benefits for patients of all ages (Ory et al., 2003).

Discrimination against older people in health care facilities by younger ones is a growing and ignored problem most often and may result in a lack of medical and nursing care, reduced access to services, as well as altered dignity and respect for older adults (Rokaia & Alzahraa Abdel 2019).

Social gerontology is a specialisation focusing on the social aspects of aging. Social gerontologists aim to help older people, improve their communication and interaction with others. Social gerontologists often work with individuals at homes for the elderly and infirm, separated from their families and those around them. It is in these institutions that nurses take care of them the most. Therefore, the social gerontologist strengthens and improves the connection between the residents and the nurses. The personal experience of aging and with older people is influenced by a few social factors, including some personal beliefs, expectations, and the fear of aging and old age in general. Unfortunately, many people believe that old age is associated with impairment, infirmity, and poor health. Such beliefs are an example of ageism, i.e., systematic labeling and discrimination against people just because they are old (Butler, 1969). Since then, much research has been conducted on this in different settings, and its definitions have been refined. Although ageism may refer to the stereotypical behaviour of younger individuals and often associated with negative attitudes and behaviors towards older people. This form of discrimination is widespread and impacts all aspects of older people's lives (Wisdom, 2010).

Ageism is based on stereotypes and myths about aging that projects a false image of older people. Ageists are detrimental to society because their discriminatory thinking can influence selection when hiring older people, providing poorer care during hospitalisation, and giving preference to younger patients who are ready to work faster and easier to recover.

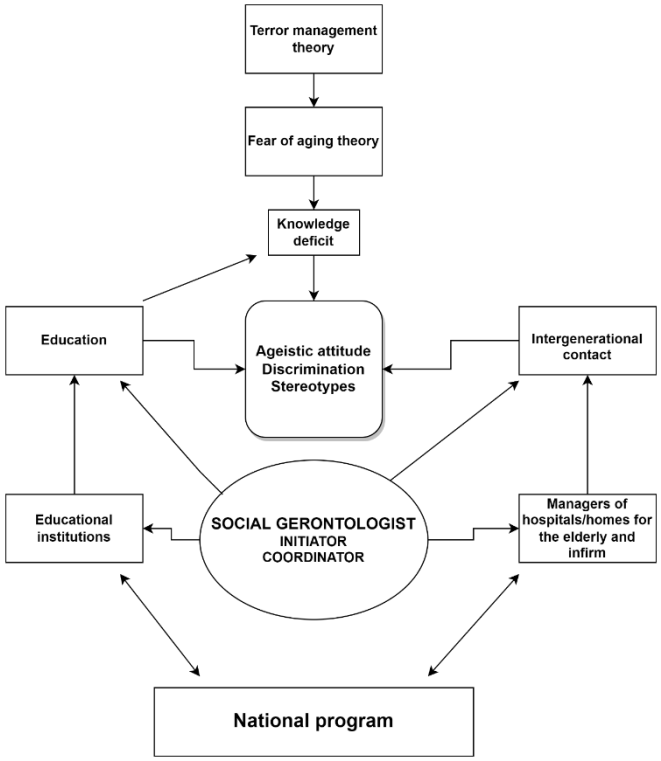
In its worst form, ageism includes deliberate neglect, harassment, and abuse of older people (Butler, 2008). Research highlights many negative connotations of health professionals towards older patients (Simkins, 2008), which can be a problem in homes for the elderly and infirm, primarily designated as a refuge for the older people that no one can, or does not want, or does not know how to solve. Here, users should enjoy all the benefits of the third age and feel safe and happy. Sadly, preventing and combating discrimination against older people is not so simple because ageism lives, grows, and develops in the way people think and behave and are a part of the culture. São Jose and associates are convinced that interventions to fight ageism in the daily practices of health care professionals would be more effective if focused on negative stereotypes and prejudices towards older patients rather than towards older people in general (São José et al., 2019). Unfortunately, the phenomenon of ageism is present in healthcare institutions and in homes for the elderly and infirms. Comparing hospitals and institutions for long-term health care, the incidence of ageism is higher in institutions for long-term care (Kane & Kane, 2005).

The social gerontologist is a link between the users (as an advocate of their rights) and health professionals to make them aware of perhaps unintentional age-related attitudes. Awareness is the first step in helping preventing ageism. The roles of the social gerontologist in homes for the elderly and infirm have been rarely studied but are extremely important. They are part of a multidisciplinary team that encourages communication between users, families, and staff, thus influencing advanced care planning. Users often perceive the social gerontologist as their advocate, counselor, a fighter for their rights, comforter, and friend. They encourage users to live as independently and actively as possible. To better understand the complex dynamics that lead to the presence of ageism in nursing homes, where the beneficiaries are expected to experience the least or none, the study developed a theoretical model called the Model of Ageism Prevention in Nursing Practice (MAPNP). It aims to develop and promote a system that enables the social gerontologist to actively participate and contribute using an interdisciplinary approach. MAPNP is based on research, academic and clinical experience, and authors' knowledge. The concepts that make up the theoretical framework of the model and their relationships is explained. The model emphasises the importance of social gerontologists as a central initiator

connecting these two disciplines. In addition, this new model will contribute to the nursing profession by acting as a guide for nurses.

This model focuses on (1) the context from which the ageistic attitude develops; (2) the social gerontologist as coordinator; (3) the target group; (4) preventive measures. Figure 1 represents the conceptual framework of the Model of Ageism Prevention in Nursing Practice.

Figure 1: Conceptual framework of the Model of Ageism Prevention in Nursing Practice



Source: Authors

Objectives of the Model of ageism prevention in nursing practice

The objectives of the MAPNP are to describe the concepts of ageism, discrimination, stereotypes, and the reasons for the lack of knowledge about this phenomenon. In addition to cultural norms and media, death anxiety is likely to play a role in anxiety about age and aging and biasness towards older people. Therefore, the aim is to describe the fundamental theories; the proposed model is based on: terror management theory and anxiety towards aging. The MAPNP model aims to propose concrete preventive measures and create national guidelines.

Terror Management Theory (TMT)

Terror Management Theory (TMT) is a double defense model that explains how people protect themselves from the fear of death (mortality). According to TMT, the specific way people react depends on whether they are conscious or unconscious. Terror management theory provides a perspective on how the fear of death shapes thinking and behavior. At the heart of TMT is the idea that "old" is associated with "death," which fosters anxiety (Greenberg et al.,1986). Older people are a clear reminder that aging is inevitable and that life is finite.

Anxiety towards aging

Anxiety towards aging describes the negative feelings and fears associated with aging, including physical, psychological, social, and transpersonal losses (Lasher & Faulkender, 1993). Anxiety due to aging is harmful to the individual and collectively has a negative effect on society. Aging anxiety contributes to promoting ageism (Chonody, 2019). Aging anxiety among care providers for older people results in distance (intentional neglect) and fear of aged people.

Assumptions of the Model of ageism prevention in nursing practice

MAPNP assumes that fear management theory and anxiety about aging influence the development of discriminatory thinking, stereotypes, and age-related attitudes. Lack of knowledge has also been identified as a critical factors to address. When nurses have more knowledge, they are more satisfied on the job, and provide quality care (Wendel et al., 2010).

Nurses who take care for older patients exhibit behaviors influenced by their values and experiences. That is why MAPNP recognises the importance of the social gerontologist as an initiator, coordinator, educator, and external participant.

A framework of the Model of ageism prevention in nursing practice

MAPNP attaches importance to education and intergenerational contacts and describes the relationship between these concepts and responsibilities for improving patient care, job satisfaction of nurses, and access to high-quality care.

Through additional education, especially about gerontology, nurses gain knowledge and professional experience. This helps them adapt to new situations and improve their professional values.

Educational programs promote learning by integrating them with planned learning outcomes, where the student is interested, notices the potential application of new knowledge, is actively involved in the learning process, and manages to incorporate new knowledge with previously acquired knowledge on a given topic (Darling-Hammond, 2019).

Kang et al. (2017) reported changes in the nurses' attitudes towards older people after undergoing additional educational programs. These additional educational programs have corrected their misconceptions about cognitive impairments of older residents that previously affected their care, resulting in a change in their attitudes towards older people. They believed that their increased awareness of older patients was related to their improved knowledge; consequently they felt safer while caring for such patients. In addition, some nurses reported that the educational programs helped them to reflect on their existing practices and gain new perspectives on the concept of holistic care. This study highlights a significant effect of additional educational program on combating participants' negative attitudes towards older people.

Prevention of ageism range from encouraging and strengthening intergenerational contacts at the societal level to promoting the education of all associates. Caregivers of older patients with dementia or other medical conditions are under extraordinary pressure, and given their responsibilities, should be offered additional support and guidance. Interventions that combined education and intergenerational contact had significantly impacted the attitudes of caregivers towards older people (Burnes et al., 2019).

Creative resources should develop and implement all available knowledge, interventions, and prevention measures in the national program and should actively adapt their services to help protect older people.

Based on the knowledge about the prevalence of ageism in practice, a new scientifically based curriculum can be developed and included in the education of future nurses. Based on the communication with hospital managers, the social gerontologist emphasise the need to develop orientations and ongoing training for nurses employed in geriatric wards. The established prevalence of ageism among nurses will interest the government and health policymakers, especially now that the population is aging.

Implementation of the Model of ageism prevention in nursing practice

For implementing MAPNP, the framework and concepts used in the model must first be understood and internalised. A national-level study to report the prevalence of ageism in nursing practice towards the geriatric population and issuing concrete guidelines for its prevention is the first step. MAPNP is suitable for heads of nurses, hospital managers, and nursing home managers. According to the MAPNP, nurses' high level of knowledge significantly reduces ageistic attitudes. MAPNP guidelines should be used in the institutions dealing with the education of nurses and seek to raise awareness of the concept of ageism in nursing practice through advanced theoretical and practical teaching in this area. They could design professional development programs to promote the concept of professional values based on the assumption that these values will affect all other aspects of nursing. The purpose of professional development is to enhance individual and professional values. The use of MAPNP is expected to recognise the important role of the social gerontologist as coordinator, initiator, and educator.

The model provides the possibility of further research, identification of gaps, and improvement areas for further development.

Conclusion

MAPNP describes the ageist attitude among nurses working with residents in care homes for the elderly and infirm, explores the role of social gerontologists as a link between the residents and nurses and provides specific guidelines for the prevention of age discrimination.

MAPNP explains how the model helps nurses to overcome ageist attitudes towards older people and how multidisciplinary teams in caring homes encourage the creation of national policies.

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