



Centre on AGING

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How to Best Care for Our Elderly: Values, Attitudes, Respectful Care

The following is an excerpt from a presentation by Norma Drosdowech, Chair, Manitoba Council on Aging at Concordia Hospital's "Elder Friendly Education Day!"

My primary goal in this presentation is to share the essence of my research and my reflections on how best to achieve excellence of care in nursing the growing number of seniors in our society.

And as I age, I realize it is sometimes easy to lose one's individual identity and become just another "senior". I need for those who provide me with medical care to understand who I am as an individual senior, and not just as a member of the group we call "the elderly". I hope that the system will allow the time you need to begin to know who I am, both as a patient and as a person. I want you to know me as a quiet cooperative person if that's who I am. I want you to know me as a maverick - an assertive woman who questions the system - if that's who I am. I want you to know me

as a senior who accepts life with great equanimity, or as a radical thinker, a woman still filled with passion and energy and righteous anger about the inequities of the world. I want you to know that at times I don't feel old at all, but at other times, I am all too conscious



of the passing days - filled with fears and anxieties about my health, about death, about leaving my grandchildren forever. I want you to hold my hand and my heart each time we talk about these things. I want you to respect me,

to remember me, and to accept me for who I really am.

"If the circle of my life, my universe, comes to an end when you are my caregiver, I want to know that the person beside me values and respects all that I have been, and all that I am at that moment in time."

Is this difficult? Oh, yes. Is this impossible?

Some days it will seem so. Seniors can be all those things we dislike in people - rude, demanding, whiny, uncooperative, careless, insensitive, disruptive.

The elderly are not necessarily wiser, more tolerant, more understanding, or even more compliant than others, but with your help we can find those qualities within us. Your values, your attitudes can shape the relationship we will have as caregiver and patient.

We must always remember that for individuals involved in health care for the elderly, personal qualities of caring and sensitivity are as important as professional skills or academic achievement. They must learn to communicate with elderly clients with patience and respect. They must be willing to do so. They must not be afraid to physically touch their patients when appropriate for many older people feel that they are no longer worthy of physical attention or affection. They must understand that simply showing that they care can go a long way in establishing a sense of mutual comfort, respect and trust.

...Continued p.2

How to Best Care... (cont'd)

I urge you to support the elder-friendly hospital movement. The ideals we see as the underpinnings of respectful care for the elderly must be nurtured in an environment which is elder-friendly. The guiding principles of elderfriendly facilities include: evaluating each patient as a unique individual and taking measures to accommodate the patient and family's special needs; and ensuring that nurses can demonstrate competence in geriatric nursing, coordinate care across the continuum and "Manage the Journey" of the patient and family.

It is vitally important to acknowledge that you must all be palliative care nurses. Death can come at any time to any one of us... and all the health care directives in the world cannot anticipate when that time will be.

Each time we enter care, we face our mortality with a greater sense of its inevitability - and that brings anxiety, fear, uncertainty. Your understanding of that will help you to be with me, to offer me your listening ear, your comforting touch. Your gentle questions, your respectful answers will all help to sustain me and my family while we are in your care.

Each of your patients is an original work of art, an individual unlike no other, a person who has loved and been loved, who has known pain, suffering, joy, delight, despair. And if, as it might be, that the circle of my life, my universe, comes to an end when you are my caregiver, I want to know that the person beside me values and respects all that I have been, and all that I am at that moment in time.

Interdisciplinary Summer Research Program

In 1996, Lorna Guse, PhD, Associate Professor, Faculty of Nursing, and Research Affiliate, Centre on Aging, established the Interdisciplinary Summer Research Program (ISRP) at Deer Lodge Centre. Initially started as a pilot project, the ISRP now hires four full-time research assistants, each from a different discipline, from mid-May to mid-August. Competition for the positions is keen and the caliber of student research assistants is exceptional.

The program provides an exciting opportunity for students to develop research, clinical and academic knowledge, while conducting a group project. Normally undergraduate students are hired. Says Guse, "Many of the research assistants go on to complete graduate studies and work with older adults. They work in a variety of settings ... and in various roles: nurses, social workers, recreation therapists, occupational or physical therapists, and speech and language specialists."

Projects to date have investigated staff and resident perceptions of quality of life in long term care; strength training in the frail elderly; falls in the long term care setting; the development and use of life albums in long term

care; and, a better understanding of personhood with long-term residents. Each project builds upon the knowledge and data collected the previous year. The ISRP has proven an excellent training ground for budding researchers and clinicians.

Research assistants attend conferences and events, and participate in seminars conducted by community clinicians and academic leaders on topics such as spiritual care approach to personhood, labeling issues in Alzheimer's Disease, and excess disability in long-term care.

University students with a demonstrated interest in working with older adults are encouraged to apply for a Research Assistant position. Preference will be given to applicants who are participating in the Option in Aging at the University of Manitoba or who are graduate students studying in gerontology. Previous RA's have been from the Faculties of Arts, Social Work, Human Ecology, Nursing, Architecture, and Physical Education and Recreation Studies. **Deadline for applications is April 6, 2007.** E-mail lorna_guse@umanitoba.ca for information.



Interdisciplinary Summer Research Program Student Researchers

Centre on Aging Spring Research Symposium

The Centre on Aging will hold its **24th Annual Spring Research Symposium** on **Monday, May 7, 2007, at the Brodie Centre, Bannatyne Campus, University of Manitoba.**

OPENING KEYNOTE:

Reflections on Aging and Contributions by Seniors

Evelyn Shapiro, C.M., Senior Scholar, Community Health Sciences, Medicine
The Right Honourable **Edward Schreyer, PC, CC, CMM, OM, CD**
Ron O'Donovan, C.M., Retiree

MORNING CONCURRENT SESSIONS:

All About Teeth: Issues Around Oral Health

Barbara Payne, PhD, Associate Professor, Community Health Sciences/Director, Aging in Manitoba, Medicine
Mickey Wener, BS (DH), MEd, CTESL, Senior Instructor, Centre for Community Oral Health, Dental Hygiene, Dentistry

Sexuality and Older Adults: Issues and Answers

Richard Boroditsky, MD, FRCSC, FACOG, FSOGC, Professor, Obstetrics and Gynecology, Medicine/Medical Director, Mature Women's Centre, Victoria General Hospital
Anne Katz, RN, PhD, Manitoba Prostate Cancer Centre

Perception and Action: Aging, Stroke, and Alzheimer's Disease

Jonathan Marotta, PhD, Psychology, Arts
Cassandra Adduri, Graduate Student, Psychology

AFTERNOON KEYNOTE:

Elder Friendly Care: Improving Care of Older Adults in Hospitals and Nursing Homes

Jo-Ann McKenzie, Program Director, Rehabilitation & Geriatrics, Winnipeg Regional Health Authority (WRHA)
Laura Devlin, Social Worker, Lions Manor Nursing Home

AFTERNOON CONCURRENT SESSIONS:

Emergency Preparedness: What Do Seniors Say? What Do They Need to Know?

John Lindsay, Chair, Applied Disaster and Emergency Studies, Brandon University
Toni Morris-Oswald, PhD, Candidate, Environment & Geography, Clayton H. Riddell Faculty of Environment, Earth, and Resources

Who Cares for the Caregiver? Interventions Designed to Reduce Stress

Corey Mackenzie, PhD, Psychology, Faculty of Arts
Wendy Schettler, Alzheimer Society of Manitoba

Manitoba's Nursing Homes Quality of Care and Staff Issues

Malcolm Doupe, PhD, Community Health Sciences, Medicine
Bonnie Hallman, PhD, Environment & Geography, Clayton H. Riddell Faculty of Environment, Earth and Resources

A **poster session** will highlight ongoing research by faculty members and graduate students and provide an opportunity for one-to-one discussions. Community organizations and government agencies will set up exhibits in the Brodie Centre Atrium to provide information on their programs and services.

VIRTUAL DEMENTIA TOUR

Interested individuals will have an opportunity to sign up for the Alzheimer Society's Virtual Dementia Tour. Experience what it is like to have Alzheimer's Disease or related dementias!

The Symposium is open to all and free of charge. Registration forms are available on the Centre's web site. For those who receive the Centre Newsletter by mail, forms will be sent to you. For further information, visit our web site (www.umanitoba.ca/centres/aging/events.html) or call 474-8754.



Centre on Aging Research Fellowship Recipient

The Centre on Aging is pleased to announce that **Corey Mackenzie**, Ph.D., C. Psych., Assistant Professor, Psychology, Arts is the recipient of our **2007-2008 Research Fellowship**.

Dr. Mackenzie joined the University of Manitoba on July 1, 2006 after completing his graduate education at Queen's University and a predoctoral internship and a postdoctoral fellowship at the Baycrest Centre, a University of Toronto-affiliated geriatric teaching hospital.

“Effect of Chronic Stress on Caregiver Attention”

It is a well known fact that there are physical and mental health risks associated with being a caregiver of a sick and dying relative. Dr. Corey Mackenzie has designed and evaluated several interventions aimed at reducing stress among caregivers of older adults with dementia. Caregivers experiencing high levels of stress often have difficulty focusing on, remembering and understanding intervention materials.

Due to a lack of literature on the cognitive functioning of caregivers, Dr. Mackenzie is investigating the impact of chronic caregiver stress on health and cognition. Caregivers are continually faced with important economic and legal decisions and complex medical instructions. The ways in which stress interferes with caregiver's ability to filter out irrelevant information in order to pay attention to relevant on-task activities is being examined. In a pilot study exploring cognition, caregivers of palliative family

members underwent a battery of neuropsychological tests measuring attention, learning, and memory. Caregivers' cognitive performances were compared to healthy normative samples. Findings show that caregivers had significant difficulties monitoring their cognitive performance and regulating their attentional resources. This study confirmed early clinical suspicions and added to a very small body of literature suggesting that caregivers may have impaired cognition. To date, his work and work by others in the area of caregiver cognition has been largely descriptive. As the recipient of the Centre on Aging's Research Fellowship, one of the goals of Dr. Mackenzie's research will be to examine caregiver cognition according to a theoretically-guided attentional and control framework.

Related Research Publications

Mackenzie, C. S., Smith, M., Hasher, L., Leach, L., & Beal, P. (in press). The effect of stress on cognitive functioning: Evidence from informal caregivers of palliative patients. *Journal of Palliative Medicine*.

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006). Age, gender, and the underutilization of mental health services: The influence of helpseeking attitudes. *Aging and Mental Health, 10*, 574-582.

Mackenzie, C. S., & Poulin, P. (2006). Living with the dying: Using the wisdom of mindfulness to support caregivers of older adults with dementia. *International Journal of Health Promotion and Education, 44*, 43-47.



Did you know...

- Over 45,000 Manitoba seniors volunteered in 2000 spending close to 8.8 million hours in volunteer activities. Men and women 65+ volunteered on average 3.5 to 4.0 hours per week.
- Senior Manitobans gave more money per capita to charitable donations than any other age group in the province. In 2000, 119,423 (83%) of Manitoba's seniors gave charitable donations totaling nearly \$67.5 million.
- Approximately 88% of Manitoba's seniors were politically active in some way, including voting, attending public meetings, signing petitions, and expressing views by contacting a newspaper or politician. In 2003, nearly one-fifth of Manitoba's voters were seniors

This information was compiled by Shari Fournier and extracted from a more detailed report on Senior's Contributions to Manitoba. For more information on obtaining the detailed report, please contact us or visit our web site at <http://www.umanitoba.ca/centres/aging>.

Sixty and Beyond? Old Age and Aging in Current Canadian and American Novels

Markus Mueller, PhD, is an Assistant Professor in the Canadian Studies Centre, FB-II / Anglistik, Universität Trier, Trier, Germany. In August, as part of a cross North America tour to gather information for his post-doctoral studies, he visited the Centre on Aging, met with Research Affiliates, toured Riverview Health Centre and Fred Douglas Place, a life-lease housing complex. The following is an excerpt from his proposed research.

Demographic changes in Western societies are of far-reaching consequences. As reproduction rates drop, life expectancies rise; the linearity of generations is gone, supplanted by complex constellations of (remotely) related generations. But if the elderly are more fit, capable, and demanding than ever, are they also perceived and treated as such by society, or do the stereotypes of old age with infancy, incompetence and decay, persist?

Based on a **comparative approach**, my post-doctoral research project tries to take stock of both the **similarities and differences in national/cultural approaches to old age** – and to project, tentatively, some future scenarios. Though the **focus is on post-1990 literature**, the neighbouring disciplines like sociology, psychology, biology and medicine (often subsumed under gerontology as a compound approach to processes of aging) inform this study substantially. **Fiction** cannot always be scientifically up to date, however, it might see implications or alternatives that have escaped other disciplines' eyes. The carefully selected corpus has been consciously limited to ten novels, representing different

ethnic backgrounds such as Aboriginal, Chinese, Japanese, Jewish, Caribbean and, of course, Anglo-Saxon American/Canadian. The ten texts in this study are also by writers of different ages and schoolings in philosophy and theory. These samples cannot represent an exhaustive survey of current perspectives on aging, but they indicate a **wide range of literary treatments** of the topic and a high sensitivity for its inter-human dynamics. Of these fictions from Canada and the USA – two 'classical' immigration countries – I am asking the following questions in particular: How (non)realistic are the depictions and scenarios dealing with old age and aging offered by these novels? What explanations and problem-solving suggestions do they provide in light of current and future developments in (im)migration and demographics? In how far do the authors vary and transcend the 'old' literary motif of aging, with its related themes such as *carpe diem*, changeability, mnemonic techniques, and the experience of time and decay? What literary traditions, utopias, and projections are taken recourse to while discussing age? Are specific national stereotypes and myths, such as that of eternal youth, as well as a respective collective consciousness, manifested or discharged? What is the narrator's relationship to the topic; what is the author's? Are age and aging problematized more in an individual or a social context, from one or multiple perspectives? What gender-, class-, race- and culture-specific patterns of perception, of recalling and processing, can be found? Finally, how can these thematizations contribute to a less prejudiced and



more informed understanding of old age and aging?

The ten novels that I have chosen are:

- Joseph Boyden. *Three-Day Road*.
- Louise Erdrich. *The Last Report on the Miracles at Little No Horse*.
- Jonathan Franzen. *The Corrections*.
- Hiromi Goto. *Chorus of Mushrooms*.
- Suzette Mayr. *The Widows*.
- Mordecai Richler. *Barney's Version*.
- Philip Roth. *The Human Stain*.
- Carol Shields. *The Stone Diaries*.
- John Updike. *Rabbit at Rest*.
- Amy Tan. *The Bonesetter's Daughter*.

The main objectives of my trip to North America were: to update and complement the interpretations and data accumulated in Europe; conduct interviews with some authors; intensify the multi- and interdisciplinary approach by talking to specialists and staff from various centres on aging, hospitals and nursing homes.

Ideally, the findings and data compiled from these visits will result in a thorough interdisciplinary study of old age and aging as seen through current North American novels.

For further information contact the Centre on Aging at:

aging@umanitoba.ca

Life Chances and Health Choices: An Examination of the Relationship Between Social Factors and Personal Health Practices Across Age Groups

The Canadian Institutes of Health Research's Institute of Aging sponsors a student poster competition at the annual Scientific and Educational Meetings of the Canadian Association on Gerontology (CAG). Prizes are awarded in Master, PhD, and Post Doctoral categories.

At CAG 2006, **Linda Wood**, Community Health Sciences, University of Manitoba won first place in the PhD category. Her research was supported by a Centre on Aging Faculty-Graduate Student Collaborative Research Grant awarded to Ms. Wood and her Advisor, Alexander Segall, PhD, Professor, Sociology, University of Manitoba.

The following information is excerpted from the final report submitted to the Centre on Aging in fulfillment of obligations for this support.

In her research Ms. Wood was investigating: (1) age group differences in the pattern of interrelationships among personal health practices (such as smoking and physical activity), and (2) the relationship between these practices and social factors (such as gender and socioeconomic status). Data was from Phase 1 (1998-2000) of the Wellness Institute Services Evaluation Program (WISER) in which a random sample of 3,935 individuals ranging in age from 20 to 90 years old were interviewed. Of these 2,034 were Wellness Institute members and 1,901 were community residents, matched by age, gender and area of residence, who did not belong to the Institute. Data included information on

general conceptions of health; health status; health beliefs and behaviours (nutrition and eating habits, smoking, alcohol use, safety-related practices and physical activity); psychosocial well-being; and, demographics.

Five personal health care practices were selected for analysis of the first research question: daily energy expenditure (EE), body mass index (BMI), number of cigarettes consumed daily, number of alcoholic beverages consumed weekly, and number of hours of sleep per night.

For the second research question she included **social factors**: gender, marital status, occupation, income adequacy, participation in the paid labour force, education, health social support, and primary caregiver for special needs person; and, **personal health practices**: number of cigarettes consumed daily, number of alcoholic beverages consumed weekly, BMI, EE, hours of sleep, member of a wellness/fitness facility, drive within speed limit, use sunscreen regularly, and wear helmet while bicycling).

Findings from Ms. Wood's study include:

- personal health practices varied significantly by age with older adults more likely to not smoke or drink but less likely to participate in physical activities. Older adults were also more likely to be a primary caregiver for a special needs person. However, the pattern of interrelationship among personal health practices was



multidimensional for all age groups suggesting that an overall positive or negative lifestyle cannot be identified; and,

- the relationship between personal health practices and social factors varies by age group. A number of social variables were found to be significant predictors of BMI and EE for young and middle-age adults, while few were found to be significant for older adults.

CENTRE ON AGING

The Centre on Aging, established on July 1, 1982, is a university-wide research Centre with a mandate to conduct, encourage, integrate, and disseminate research on all aspects of aging.

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