An ageing population: Education and practice preparation for nursing students learning to work with older people

A resource pack for nursing students
Acknowledgements

A project developed by Pauline Ford and Philip Hurst for the Royal College of Nursing and Age Concern England.
Special thanks to Hazel Health for her extensive contributions.

Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.
An ageing population: Education and practice preparation for nursing students learning to work with older people

A resource pack for nursing students

Contents

1. What is this project about? 2
2. Who are older people in the UK? 5
3. Why are older people important in health and social care? 6
4. What are the international priorities for older people? 9
5. What are the UK health and social care priorities for older people? 10
6. What do older people want from nurses and the nursing family? 15
7. What do nursing students say about working with older people? 17
8. What about the experiences of nursing students? 19
9. How can we improve nursing students’ experience of learning about caring for older people? 24
10. How does appropriate mentorship for nursing students benefit an organisation? 25
11. Where are the opportunities to work with older people? 27

References 30

Appendix 1: Attendees at the introductory day for the project 32
Appendix 2: Resources offered by individuals in the think tank 34
Appendix 3: Organisations and government websites 37

The contents of this resource pack were written by individual contributors to the ACE RCN Education Think Tank.
The impetus for the project sprang from the continuing negative reports received by Age Concern England (ACE) and the Royal College of Nursing (RCN) regarding the standards of nursing care for older people who are inpatients in acute hospitals, in particular those who are admitted as an emergency. The concerns are most often raised by the adult children of older people. For example, one of many similar letters to Age Concern reported: ‘He was shown no respect, no understanding, his dignity being regularly stripped away.’

ACE and the RCN co-hosted an event in November 2005 to consider the education and practice preparation of nursing students in the context of an ageing population. Chaired by Professor Dame Jill MacLeod Clark in her capacity as chair of the Council of Deans, the event brought together around 60 key stakeholders with an interest in the preparation of students and staff.

The discussions produced some key messages which informed our work.

### Aims arising from the project

- recognition that older people are the main adult users of health services (‘the core business of nursing in general hospitals’) and that, by designing nursing to meet their needs, it is likely that the needs of most other adults would be met
- recognition that older people have human and citizenship rights which should be acknowledged as fundamental to all
- respecting and valuing each older person as an individual with different experiences, expectations and aspirations
- promoting positive images of nursing with older people
- helping nurses to overcome inherent ageism
- consulting and involving older people in the development and delivery of curricula in order to develop mutual respect and understanding
- emphasising the importance of effective leadership and good role models to guide and develop staff
- ensuring all students receive effective mentorship
- responding to the challenge of identifying the physical and mental health needs which often co-exist in the older population. We believe that all nurses need the skills knowledge and experience to provide nursing to older people
- valuing nurses who choose to work with older people through recognition of their essential skills and by developing career options
- developing a culture of ‘zero tolerance’ of poor standards of care throughout health and social care organisations
- enhancing communication skills to listen and respond to the aspirations of older people and to work effectively in partnership with family and other carers
- introducing more effective mechanisms to share and celebrate good practice to inspire others.
From the initial event ACE and the RCN identified four potential work streams and individual stakeholders volunteered to work in four groups.

❖ **Curriculum development:** What needs to change now and in the future? How can change be influenced?

❖ **Leadership and mentoring in the workplace:** How can the practice experience of nursing students with older people be enhanced?

❖ **Appropriate values:** What values do nurses working with older people need? How can these values be developed? How would these values help communication? What impact would this have on the experience of ageism?

❖ **Promoting best practice:** ACE and the RCN planned to develop a publication which reflects the views of older people on best practice and clearly demonstrates how older people and nurses can work together.

The **Curriculum development** Group, led by Jan Draper, Director of the RCN’s BSc (Hons) in Gerontological Nursing, identified the need for strong leadership at the top of nursing including the Nursing and Midwifery Council (NMC). Data from a survey of students conducted by Julie Bevan (a member of the RCN nurses working with older people forum) suggested that more appropriate education and clinical placements were required.

There was also variation in curriculum content and delivery across universities, particularly in England. It was noted that dynamic lecturers in some universities were developing equally dynamic curricula.

The group concluded that:

❖ older people should be involved in developing and delivering curricula

❖ there are issues about the overall structure of pre-registration education and the pros and cons of specialist and generalist models

❖ there is a longstanding gap between what students learn in the ‘theoretical’ and ‘practice’ settings

❖ those who have a role in pre-registration preparation need to be creative with placements for pre-registration students investment in educationalists is crucial there are concerns:

1. that the emphasis on the market economy will lead to nursing being: ‘commissioned out of existence’, fragmented and marginalised

2. about how policies on continuing care and funded nursing challenge the RN contribution to care.

It was suggested that a campaign to lobby key stakeholders to develop appropriate curricula could be a way forward and actions to prepare for such a campaign were identified.

**Leadership and mentoring in the workplace** was led by Pauline Ford, Gerontological Nursing Advisor/Dignity Project Lead, Royal College of Nursing. The initial meeting of 12 stakeholders identified four key areas for further work.

❖ **Images and marketing:** this group, led by Clare Ruff, steering committee member of the RCN Forum for Nurses Working With Older People, explored how nursing with older people can be portrayed in a more positive light.

❖ **Influencing:** this group, led by Jean White, Nursing Officer, Welsh Assembly Government, looked at ways to influence key stakeholders on the need for investment in leadership and mentoring. The group wrote to the Nursing and Midwifery Council and the Council of Deans. The NMC has replied and the Council of Deans discussed the letter at one of their meetings.

❖ **The value of effective mentoring and leadership for mentors and mentees:** this group developed material to be widely disseminated to students to ensure that they get the best out of their clinical placement with older people.

❖ **Benefits:** this group, led by Ian Ireland, Director of Quality for BUPA Care Homes, developed written material which highlights the benefits to organisations of investing in leadership, mentoring training and development.
The work on **Appropriate values** was led by Philip Hurst, Health Policy Adviser, Age Concern England. During the two meetings, contributors shared knowledge and experience of work on values and focused in particular on the work of the *Dignity and older Europeans* project (see Cardiff University website). The *Dignity Balance Leaflet* from this project captures the key values, and there has been enthusiasm for the multi-disciplinary workbook *Educating for Dignity*. Other useful resources and a range of influencing targets have been identified.

**Promoting best practice** was led by Philip Hurst and Pauline Ford. Older people in this group set out their views on the key issues and nurses identified existing resources to assist in setting and achieving standards in this area. The initial meeting focused on the issue of eating and drinking and the assistance required by some older people with this. At the second meeting, the group agreed that an easy-to-use resource which draws together existing best practice may be the most useful output and identified conferences which may be suitable vehicles for the promotion and discussion of this work. Both Age Concern England and the RCN have since launched campaigns raising awareness of the importance of eating and nutrition, particularly in hospital.

**The next steps**

This pack was developed by ACE and the RCN with the aim of promoting the need for leadership, effective mentoring, best practice and positive images of nursing older people. It contains ideas and resources which can be used by nursing students.

Also available is a laminated handy-sized card identifying the positive aspects of mentorship for nursing students (RCN publication code 003 230, available to order from RCN Direct, tel: 0845 772 6100). It is hoped that this can be used in the workplace by mentors and mentees to stimulate discussion on rights, responsibilities, expectations and experiences which will, in turn, help learners gain the maximum benefit from their clinical placements.

These resources will be disseminated through RCN networks and the RCN Association of Nursing Students.

ACE and the RCN are also developing an influencing strategy aimed at ensuring that students of nursing are appropriately prepared to work with an increasingly ageing population.

This work should be seen within the context of *Modernising nursing careers: setting the direction* (2006), information on which can be found on four UK government websites (DH, DHSSPS, Scottish Executive and Welsh Assembly Government 2006).

Priorities in *Modernising nursing careers* are to:

✦ develop a competent and flexible nursing workforce
✦ update career pathways and career choices
✦ prepare nurses to lead in a changed health care system
✦ modernise the image of nursing and nursing careers.

*Modernising nursing careers* focuses on the careers of registered nurses, but it is recognised that nurses do not work in isolation and that nursing teams include more than registered nurses. Nursing careers also need to take account of changes in the careers of other professional groups. Importantly, this report recognises that careers take different forms: while some will choose to climb an upward ladder of increasing responsibility and higher rewards, many other nurses choose a more lateral career journey, moving within and between care groups and settings. The report is for all nurses, no matter what the nature of their career.
Older people are a highly diverse group of individuals. In the United Kingdom, adults categorised as ‘older’ may be aged from 50 to over 100.

Age Concern’s (2007) *Facts, figures and research* highlights that in the UK in 2005 (according to estimates based on the 2001 Census of Population) there were more than 11 million people of state pension age and over (i.e. women aged 60 and over, men aged 65 and over):

- 9,381,000 in England
- 975,000 in Scotland
- 609,000 in Wales
- 280,000 in Northern Ireland.

A man of 60 could expect to live for another 20.5 years and a woman of the same age for 23.6 years (based on data for the years 2003-2005).

In 2005, the total population of the UK (based on mid-year estimates) was 60,209,000 of which 18.7 per cent were over pensionable age.

9,647,000 people in the UK were aged 65 and over, including 4,599,000 who were aged 75 and over, and, of these 1,175,000 were aged 85 and over.

The projections were that, by mid-2007 in the UK, 11,000 people would be aged 100 and over.

Looking at the minority ethnic population in the UK, in 2001, the percentage of people over 65 within each group was:

- 11 per cent of Black-Caribbean people
- 2 per cent of Black-African people
- 7 per cent of Indian people
- 4 per cent of Pakistani people
- 3 per cent of Bangladeshi people
- and 5 per cent of Chinese people

The numbers of older people originating from minority ethnic communities are set to increase tenfold by 2030 and the majority of this increase will occur within the next 15 years (Age Concern, 2006a).

The demographics alone highlight why improving health and social care for older people must remain at the heart of government agendas and older people must remain a priority in nursing throughout the UK.

- Wales has a higher concentration of older people than the rest of the UK. 22 per cent of Wales’s population is aged over 60, and over the next 20 years, that number of people will increase to almost one third of the population.
  
  The number of people over 85 will also increase significantly (Welsh Assembly Government, 2007a)

- by 2031 the number of people aged over 50 in Scotland is projected to rise by 28 per cent and the number aged over 75 is projected to increase by 75 per cent (Scottish Executive, 2007a)

- in Northern Ireland it is projected that the over-65 population will, by 2023, total about 350,000, compared to 266,000 in 2002 (DHSSPS, 2005a)

In less than 20 years from now, the number of people aged over 85 in the UK will have increased by two thirds.
Why are older people important in health and social care?

Older people are important in health and social care for a range of reasons:

- Older people’s health and social care needs are complex. Consequently, for health and social care services to be effective, older people require co-ordinated responses from a range of services and specialist professionals.
- The diversity and complexity of the needs of older service users are increasing as new groups of older clients enter health and social care systems.
- Older people are the main users of health and social care services and this situation is set to continue.

Some facts, figures and research (from Age Concern 2007)

- In 2005, 60 per cent of people aged 65-74 and 64 per cent of people aged 75 and over in Great Britain reported a longstanding illness.
- 37 per cent of people aged between 65 and 74, and 47 per cent of those aged 75 and over, said their illness was both longstanding and limiting.
- The Alzheimer’s Society estimates that there are currently 683,597 people in the UK with dementia, of which 15,034 are under 65.
- In 2002 19 per cent of all accidents within the home involved people aged 65 and over.
- In England in 2005, of people aged 65 and over, it is estimated that 23 per cent of men and 29 per cent of women had fallen in the last 12 months.
- In the winter of 2005-2006 there were 23,200 more deaths in England and Wales amongst people over the age of 65 compared to levels in the non-winter period. In England and Wales, the deaths of 69 people aged 65 and over involved hypothermia as the underlying cause, according to their death certificates.

Older people: complexities of health or social care need

Ageing brings combinations of physiological, psychological and sociological changes which affect us in individual ways. Understanding how to work with these combinations of factors in individuals constitutes the distinct body of knowledge and skills underpinning older people’s nursing identified by Heath and Ford (1999). They are comprised of:

- Distinct genetic and lifestyle factors, survival factors and generational/cohort characteristics.
- Social changes affecting people in later life, including reduced income, friendship circles reducing as friends die and difficulties with transport when no longer able to drive a car or easily access public transport. These require a range of services beyond health care.
- The ageing processes, both physical and psychosocial, the effects of which are individual. In each person, systems of the body age in different ways.
- The fact that the older an individual is, the more disease processes he/she is likely to experience. It is not uncommon for people aged 80 and over...
to have four medical diagnoses – known as ‘multiple pathology’

- the fact that illness can be more difficult to diagnose because symptoms often present differently in older people. This ‘altered presentation’ commonly takes the form of some kind of physical instability, mental instability, immobility or incontinence – the ‘Four I’s’, for example a chest infection in a younger adult might raise body temperature, in an older adult it might result in delirium (acute confusion)

- the common practice of prescribing multiple drugs – ‘polypharmacy’ to treat multiple pathology. The drugs can interact and, particularly in the context of normal physiological ageing, can result in adverse drug reactions.

Surveys suggest that the majority of people in older age consider themselves to be in good health, but many live with long-term illness which restricts their daily lives. The proportion of people with both long-term illness and disability increases with age. Something like 13 per cent of people aged 70 years and over have both a long-term illness and disability compared to 2 per cent of those aged 30-39 (Scottish Executive, 2007a).

While most older people do not experience mental health problems, the nature and patterns of mental ill-health in later life are distinct from those in younger age groups. It is estimated that about half of the older patients in acute hospital wards have mental health needs (DH, 2005). Around 25 per cent of people over the age of 85 lives with dementia. At least 15 per cent of older people living in the community and 40 per cent of those in care homes have depression (Age Concern and the Mental Health Foundation, 2007). Many older people have both dementia and depression or other mental health issues such as anxiety or late-onset schizophrenia. It is not uncommon for older adults to experience a range of psychological or emotional consequences associated with isolation, bereavement or other losses. Risk of suicide increases in later life (Age Concern and the Mental Health Foundation, 2006).

Older people who live in care homes have particularly complex health and social care needs. Studies, which included homes registered for personal care only as well as those registered for nursing, identified that at least three quarters of residents had at least one form of mental impairment, lived with incontinence, and were unable to walk independently or required help with mobility. The authors conclude that it is unlikely that the complex needs of these people could practically be met in the community and there is evidence that the ‘dependency’ in care homes is increasing (Bowman et al 2004, Continuing Care Conference 2006).

New groups of older people

The characteristics of the population are changing and new groups of older individuals are increasingly requiring health and social care services.

People with learning disabilities are living longer than ever before and, for many, life expectancy is now on a par with the general population. People with learning disabilities experience higher levels of health problems than the general population (foundation for people with Learning Disabilities, 2007a) (www.learningdisabilities.org.uk/information/learning-disabilities-statistics/#health). In later life, alongside their learning disability, these individuals also experience the effects of normal ageing described above, including multiple pathologies. People with Down’s Syndrome show premature ageing and are particularly susceptible to Alzheimer’s Disease and a range of long-term health conditions. Learning disability nurses offer a critical contribution to the care and support of older people, their families and carers and to other health care professionals. However, they have often received little training in the complexities of ageing. Conversely, nurses who have specialized in working with older people can offer advice on the effects of ageing, but often receive little or no training on learning disabilities.
There is a general increase in the number of older people living in and coming into prisons. In a study for the Prison Reform Trust, Howse (2003) estimated that over 80 per cent of older prisoners have a long standing chronic illness or disability, particularly from cardiovascular and respiratory disease. More than half of older prisoners suffer from a mental disorder, most commonly depression, and many have no family or community links. Overall, the health of older prisoners is worse than that of their peers in the community and many prisons do not have facilities to cope with people who have impairments or mobility problems. Nursing and health care staff who provide care to older prisoners will need to respond to very specific age related needs, such as the need for: disability equipment, appropriate location of cells, access to exercise and healthy eating. Involving agencies outside of the prison environment will be significantly important.

Awareness of other groups of older people, for example those who are homeless, is increasing, and for the future, new health priorities, such as alcohol-related problems and substance misuse, could emerge as the ‘baby boomer’ generations (those currently aged 45-64) enter older age (Scottish Executive, 2007a).

**Older people: users of health and social care services**

While trends in health and social care need, alongside policy priorities and service provision, vary around the United Kingdom, older people remain the main service user group. In England, the National Director for Older People Ian Philp (DH, 2007b) reported that, while people over the age of 65 make up around 16 per cent of the population:

- people aged over 65 occupy 65 per cent of acute hospital beds
- in 2004/2005 they accounted for 63 per cent of all finished consultant episodes in acute hospitals

Studies in Scotland (Scottish Executive, 2007a) report steady increases in outpatient referral rates, day case, elective admission rates and particularly emergency hospital admissions of people over 65 years of age. If these trends continue, NHS Scotland inpatient care could increasingly be dominated by the care of older people admitted as emergencies.

Older people’s use of services is likely to increase as the population gets older.
What are the international priorities for older people?

The United Nations principles for older persons (1999) aim to encourage governments to ensure that priority attention will be given to older persons. They address: independence, participation, care, self-fulfilment and dignity.

In terms of independence, older persons should:
- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help
- have the opportunity to work or to have access to other income-generating opportunities
- be able to participate in determining when and at what pace withdrawal from the labour force takes place
- have access to appropriate educational and training programmes
- be able to live in environments that are safe and adaptable to personal preferences and changing capacities
- be able to reside at home for as long as possible.

In terms of participation, older persons should:
- remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations
- be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities
- be able to form movements or associations of older persons.

In terms of care, older persons should:
- benefit from family and community care and protection in accordance with each society’s system of cultural values
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness
- have access to social and legal services to enhance their autonomy, protection and care
- be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

In terms of self-fulfilment, older persons should:
- be able to pursue opportunities for the full development of their potential
- have access to the educational, cultural, spiritual and recreational resources of society.

And in terms of dignity, older persons should:
- be able to live in dignity and security and be free of exploitation and physical or mental abuse
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.
Opportunity Age sets out the Government’s strategy for the UK’s ageing population (DWP, 2005) with a vision of services which promote independence and well-being through key principles:

- older people should be able to retain independence and control over their lives even when they come to need support or health care. Services for older people should be accessible and put the needs and wants of the individual at the centre
- older people are entitled to dignity and respect at all stages of their lives. That means protecting the vulnerable from abuse and setting high standards for services
- older people, like any other group in society, have complexities in their lives; this should be reflected in public services for them. Individual older people might need financial support, care or NHS services, but they might also want access to life-enhancing activities such as sport and volunteering
- services should support independence, not dependency.

Some broad policy trends are consistent around the UK, for example:

- there is a drive to combat age discrimination. Age discrimination legislation has been implemented in relation to work and learning but not yet in relation to care
- the operation of health services is increasingly shifting from acute, hospital-driven models to more community-based models, with an emphasis on services as close as possible to people’s homes
- working across organisational and professional boundaries, in partnership with people and communities, to deliver integrated services has become more widespread

- many new roles are developing
- the focus on long-term conditions, particularly for older people, has increased
- the emphasis on promoting health, on preventative health strategies and on anticipatory care has also increased
- new services are developing, specifically to reduce unscheduled hospital admissions
- resources have been increasingly targeted to reach those at greatest risk of ill health with an emphasis on targets and fiscal prioritisation
- there is more support for self-care and the emphasis on individual’s responsibility for their own health is growing
- the number of care homes is reducing around the UK. Care homes are developing new models of service (such as intermediate care) and new priorities (such as end-of-life care for people with dementia) for a more diverse range of residents (for example people with severe disabilities). Some care homes have been re-designated as housing support services
- policies and schemes to support carers continue to be a priority around the UK
- There is an increasing emphasis on adult support and protection, along with zero tolerance of abuse of vulnerable adults. The raft of policy and guidance around this is growing
- dignity has become a focus of government campaigns, particularly in England, Wales and Scotland.

Within these broad policy trends, policies within the four countries of the UK are distinct. The following sections highlight key policy developments in Wales, Scotland, Northern Ireland and England during the year 2006-2007.
Policy trends in Wales

National service framework for older people in Wales: This was published in March 2006 (Wales Assembly Government, 2006). It aims to improve:

✦ the health and well-being of older people
✦ access to primary and community based services designed to promote older people's independence and support them to stay living in their own homes
✦ access to and quality of specialist health services.

The NSF addresses health and social care services across primary, community and secondary care, and focuses on the prevention and treatment of: stroke; falls and fractures; services for older people with mental health problems; and the effective management of medicines. The NSF is the main policy driving initiatives in older people's care, including those aimed at enhancing dignity.

The strategy for older people in Wales (WAG, 2003, 2007a): Launched in January 2003, this sets out a ten-year framework and an action plan with more detailed objectives and programmes. The five key aims are:

✦ To reflect the United Nations principles for older people: to tackle discrimination against older people wherever it occurs, to promote positive images of ageing and to give older people a stronger voice in society
✦ to promote and develop older peoples’ capacity to continue to work and learn for as long as they want, and to make an active contribution once they retire
✦ to promote and improve the health and well-being of older people through integrated planning, service delivery frameworks and more responsive diagnostic and support services
✦ to promote the provision of high quality services and support which enable older people to live as independently as possible in a suitable and safe environment; and are organised around and responsive to older people's needs
✦ to implement the Strategy for Older People in Wales with support funding to ensure that it is a catalyst for change and innovation across all sectors; improves services for older people and provides the basis for effective planning for an ageing population.

Strategy for social services: Fulfilled lives, supportive communities (Wales Assembly Government, 2007b) sets out the direction for social services between 2008 and 2018. Modern, accessible, high quality and personalised care is at the heart of a ten-year vision for social services launched in February 2007. The strategy outlines a vision of social services centred on the needs of citizens and communities. The focus is on ensuring that people are supported earlier and are helped to retain their independence for longer.

Commissioner for older people: The Wales Assembly Government (WAG) has pledged to appoint a commissioner for older people in Wales; the first such role in Europe. The commissioner will be able to:

✦ act as a source of information, advocacy and support for older people
✦ encourage best practice in their treatment
✦ publish reports and make recommendations
✦ issue guidance
✦ examine individual cases where wider issues of principle are involved
✦ assist an older person to make a complaint or to take a case to court
✦ review the effect on older people of the way in which public bodies, such as the WAG and local authorities, carry out their functions.

Care package for disabled and older people: The Health and Social Services Minister announced in February 2007 that thousands of disabled and older people on low incomes will benefit from the introduction of extra assistance from the WAG. Also, new safeguards are being introduced from 9 April 2007 for disabled and older people who are charged for non-residential services by their local authority.

Consultation on revised carers strategy: In December 2006 the refocused strategy for carers in Wales was published for consultation. The focus includes health and social care, information on a range of issues to help people provide care,
including rights and benefits and medicines management and support. A carer’s champion within the National Assembly for Wales has been appointed.

Policy trends in Scotland

**Strategy for an ageing population:** In March 2007 *All our futures: planning for a Scotland with an ageing population* (Scottish Executive, 2007a) was published. This is a long-term strategy outlining the opportunities and choice available to people as they get older. It emphasizes improving the quality of life for older people and ensuring that services are in place so that people can live a full life as they grow older.

**Developing community hospitals:** December 2006 saw the launch of a new strategy to enhance the vital role community hospitals play in Scotland’s changing NHS. *Developing community hospitals* (Scottish Executive, 2006a) sets out a blueprint for the re-organisation of community hospitals and their services, in order to meet recommendations made in *Delivering for health* (Scottish Executive, 2005a).

**Mental health nursing:** In April 2006 a national review of mental health nursing in Scotland and a five-year action plan on developing this workforce were published. *Rights, relationships and recovery* (Scottish Executive, 2006b) aims to improve future mental health services for patients and their families. The main aims are to:

- support the role of mental health nurses in the recovery of patients’ mental health
- enhance their role in areas such as health improvement, therapy and preventative care
- strengthen the leadership in mental health nursing
- improve support to newly qualified staff nurses
- involve people who have experienced mental health problems in service planning
- redesign education programmes to prepare people to be mental health nurses
- increase the number of nurse consultants.

More emphasis will be placed on supporting mental health nurses in the workplace and the development of training opportunities for nurses and there are targets for these.

**‘Free’ personal care:** An independent evaluation of Scotland’s free personal care policy was published in February 2007 (Scottish Executive, 2007b). It finds that the majority of recipients receive their payments or personal care services without undue delay or complication. It also makes recommendations to improve implementation.

**Supporting carers:** *The future of unpaid care in Scotland*, published in April 2006 (Scottish Executive, 2006c), set out a ten-year vision with four immediate priorities for action: young carers, carers’ breaks, carers’ health and carers’ training. *NHS carer information strategies guidance* has been issued.

**Care home standards:** A new initiative to ensure that older people receive the highest quality of care from care homes was launched in March 2007 (Scottish Executive, 2007c). From April 2007, new measures will be introduced, including staff training requirements and clearer information for service users and families.

**Adult support and protection:** A new bill aiming to offer greater protection to adults at risk of abuse was approved by MSPs in February 2007 (Scottish Executive, 2005b). The *Adult support and protection (Scotland) Act 2007* will give new powers and a statutory responsibility to local agencies to investigate any risk of harm or abuse to adults living in care homes or in the community.

**Local health checks:** A new wave of preventative care programmes, to be implemented later this year, was announced in February 2007 (Scottish Executive, 2007d). These *Keep well services* illustrate the movements from treating ill-health to preventing it, as locally as possible. Resources are targeted where most needed.
Policy trends in Northern Ireland

Restructuring health and social services: Between 2006 and April 2008, health and social services in Northern Ireland will be restructured.

Developing better services (DBS) (Department of Health, Social Security and Public Safety, 2006a): is changing the way in which health care services are provided throughout Northern Ireland. The DBS vision is for high quality, safe services which are accessible for all and provided by well trained, motivated staff in modern settings.

Priorities for action targets 2006-2008: The Planning framework for health, social and public safety services in 2006-2008 (DHSSPS, 2006b) sets out detailed targets and objectives that should be reflected in board and trust plans. The framework outlines ten key priorities for health, social and public safety services for 2006-2008:

✦ improving health and well-being; helping people to live healthier lifestyles, to be actively involved in their own care, promoting their own health and well-being and that of their communities.
✦ safer, better quality services
✦ reductions in hospital waiting times
✦ significant improvements in emergency care
✦ fully integrated care and support in the community
✦ improvements in children’s services
✦ better mental health and learning disability services
✦ effective financial control and improved efficiency
✦ reforming the workforce
✦ infrastructure improvements.

Achievement of the priorities, targets and actions will be closely monitored.

Single assessment tool: The DHSSPS (DHSSPS, 2005b) commissioned the development of a single assessment tool, to be undertaken in association with the University of Ulster, which will be used to gather all the information necessary to plan home care services for people with complex needs so as to enable them to continue living at home, with appropriate home care support, or to make a decision regarding the need for nursing or residential home care.

Dementia: A new dementia services centre, based on the model of the Stirling Centre in Scotland, recently opened in Northern Ireland.

Policy trends in England

A new ambition for old age: Next steps in implementing the National service framework for older people (DH, 2006a), was published in April 2006. This sets out the priorities for the second phase of the Government’s 10-year National service framework (NSF) for older people (DH, 2001) in terms of dignity in care, joined-up care and healthy ageing. It consists of ten programmes driven nationally and covers the second half of the ten year NSF for older people:

✦ dignity in care
✦ dignity at the end of life
✦ stroke services
✦ falls and bone health
✦ mental health in old age
✦ complex needs
✦ urgent care
✦ care records
✦ healthy ageing
✦ independence, well-being and choice.
Also published was *A new ambition for old age: Next steps in implementing the National service framework for older people: A resource document* (DH, 2006b), which provides supporting information for the next steps in implementing the NSF.

**Continuing care:** *A proposed new National framework for NHS continuing health care and NHS funded nursing care in England* (DH, 2006c) was issued by the Department of Health for consultation in 2006. This had two main purposes:

✦ to set out a single policy on who should receive NHS funding
✦ to propose a standard process for assessing eligibility for these services, including national tools to support decision-making.

The *National framework* planned to remove the banding system for NHS-funded registered nursing and the requirement for a separate determination to decide the band. In its place the NHS will continue to fund registered nursing care via a weekly rate which takes account of a national average. Primary care trusts will continue to be responsible for assessing a person’s nursing needs and for deciding what nursing should be provided. In January 2007 the DH issued a *Referral tool* (RT) and a second draft of a *Decision support tool* (DST) and in June 2007 the new *National framework for NHS continuing health care and NHS funded nursing care* was published. Further guidance and educational resources have since been published (DH, 2007a, See www.dh.gov.uk/en/Policyandguidance/SocialCare/Socialcarereform/Continuingcare/DH_079276)

**Safeguarding vulnerable groups act 2006:** Planned for implementation in 2008, this legislation instigates a centralised vetting and barring system which enables employers to make ‘real time’ checks of employees through secure access to electronic databases. This aims to provide a comprehensive and consistent measure of protection for vulnerable people in a wide range of settings, including the NHS.

**Dignity in care:** A DH national campaign to place dignity and respect at the heart of caring for older people featured:

✦ the Dignity Challenge – a ten point plan that lays out the national expectations for what constitutes a service that respects dignity
✦ a new network of local champions of dignity – volunteers working to raise the profile of dignity in care locally
✦ the *Dignity in care practice guide* to help people take up the dignity challenge.

National policies including safeguarding vulnerable adults, complaint reforms, training / registration of the workforce and improving care environments are being reviewed.

**A recipe for care:** (DH, 2007b) Professor Ian Philp, National Director for Older People highlighted that new services for older people are helping them to maintain their independence and avoid unnecessary hospital admission. The Recipe identified five key elements of older people’s care:

✦ early intervention and assessment of old age conditions
✦ long-term conditions management in the community integrated with social care and specialist services
✦ early supported discharge whenever possible delivering care closer to home
✦ general acute hospital care whenever needed combined with quick access to new specialist centres
✦ partnership built around the needs and wishes of older people and their families.

As government health and social policy is implemented around the UK, a wide range of new services and new roles are developing which offer opportunities to work with older people in new ways.

Nursing remains central to the implementation of government policy and to the care of older people.

*Written by Hazel Heath with Pauline Ford*
What do older people want from nurses and the nursing family?

A personal view

Mary Parkinson, who spoke at the inaugural meeting for this project, identified what she personally, and many older people, wanted from nurses.

“We would like:

- respect for us as individuals. Listen and talk to us as people irrespective of age. We need you to see the real person behind the outward appearance of the older person, even if that older person is unable to communicate.
- recognition of our right to make choices, where appropriate, with regard to our care, in collaboration with those who are caring for us. This may include initial decisions to look after ourselves, before seeking help, or feeling the need to postpone or cancel suggested treatment.
- remembering matters that are important to us, including cultural issues, and the way we would like to be addressed.
- reliability: we need to know that if we are in pain or discomfort, and need help, that a nurse will come to us and our basic needs with regard to hydration, nutrition and personal hygiene will be met.
- reassurance: being in hospital can be a frightening experience for any of us, and for older people, change can be particularly difficult. We can be easily confused by the strange environment. Older people need to know that we are welcome and cared for. This particularly applies to those who have cognitive impairment for whatever reason.
- finally, an “R” for older people. We have a responsibility towards those who are looking after us to recognise the service that nurses are giving us, and to co-operate with and appreciate the care that we are receiving.”

Mary Parkinson

Views from groups of older people

Age Concern wanted to seek the views of older individuals and carers, which were less likely to be heard through formal consultation processes. So it commissioned Age Concern Research Services to undertake nine focus groups with older people. The research was partly funded by the Department of Health. The focus groups were conducted in five locations across England and covered the north, south and Midlands in rural and urban areas. The groups included people with mobility problems, those with long-term health problems and those who use services only occasionally.

Despite regional and demographic differences, many of the issues covered in these discussions generated very similar views and opinions.
What older people want from health and social care
(Age Concern, 2006b).

Decent health and social care is considered a basic right and an indication of a civilized society. For many it is a right they are denied. Carers in particular feel as though they have slipped through the net and have become invisible to those in a position to help them.

Education about health and social care issues should be entrenched in our lives from a very young age and should continue across the lifespan. This is really important.

Older people generally do not want to rely on others to maintain their health and well-being. However, many do need support and, when they do, expect attentive and thorough care.

Older people support the principles for public services set out in Opportunity age (DWP, 2005). These are currently not matched by older people's experiences but they believe that their translation into practice is a key opportunity for the future.
What do nursing students say about working with older people?

Grant Ciccone and Stuart Beddard, members of the RCN Association of Nursing Students, spoke at the inaugural meeting of the ACE RCN Education Think Tank to offer their personal perspectives on working with older people.

“As a student nurse, I love caring for older adults. I find the experience of working with them fulfilling and enriching. They are the teachers and I am the student.

From entering their world, sharing laughs and hearing the odd family secret, to blushing when a sweet little lady tells me that she still enjoys sex with her husband: all of these are held in the sacredness of lived experience – dreams, disappointments, fuller understandings of truth, body changes and frailty, spirit changes through clarity and wisdom, grace given and grace received, and the expectations of life that does not end. And when the time does arrive for them to leave this world, then I hold their hands as they begin their final journey – an honour I treasure and hold dear. They have given a lifetime of love to those closest to them and now, in their most vulnerable times, it is their turn to receive compassion.

However, many of my student colleagues do not share my sentiments. They prefer nursing younger people; they like the high drama of ER and Casualty. To them, nursing the older adult is not sexy. You don't find the George Clooneys or the Dr Carters of TV hospital soap operas here. For these students it is not glamorous, it is not the reason why they went into nursing. They see nursing the older person as wiping dirty bums and cleaning mouths that dribble, or having to decipher the ramblings of a confused patient and wishing they would go away when they scream the ward down. It is just ‘that placement’ that needs to be completed before the next one on a fast-paced surgical ward.

But nursing the older adult is cool! From the experience I have gained in training and when working as a health care assistant, it is about the sharing of a life so richly lived. And the understanding of the complex needs of an individual human being – from helping someone to have a drink of water, to assisting them to walk to the bathroom, to sitting down and listening to their fears.

It is about working with the multidisciplinary team to ensure that the patient's independence can be maintained in the outside world. And when it is not possible to return to familiar surroundings, then it is about finding a place they can call home and receiving the care they so justly deserve. When I have seen a patient smile through mental anguish or physical pain, I feel I have achieved something wonderful.

Today's nursing curriculum does not sufficiently address older adult nursing. While it looks at the academic side of the subject it fails to tackle the real practical issues faced by nurses and older adults alike. Many universities and colleges just touch upon the subject without going into it in any great depth. Students have said how boring it is when the subject is taught by someone who has no real interest in it and when mentors do not have any protected time to teach new skills relevant to older adult nursing.
To better serve our ageing population Britain’s schools of nursing need to adapt their curricula, add practical coursework and enhance faculty development to better prepare the nursing workforce to care for older adults.

I would like to see the establishment of an institute that seeks to shape the quality of health care that older Britons receive by promoting the highest level of older adult nursing competence in all practitioners. By raising the standards of nursing care, such an institute would aim to ensure that people age with optimal function, comfort and dignity. It would identify and develop best practices in nursing care of older adults and infuse these practices into the education of every nursing student and into the working environment of every practising nurse. Such an institute would educate the public to expect best practice and encourage national leadership in establishing best practice as the standard for older adult nursing care”.

Grant Ciccone

“Nursing the older adult is highly misrepresented within the world of nursing. Ward areas are regimented by routine and do not reflect the homely environment that older adults deserve. These areas are also often subject to budgetary constraints, and lacking staff and supplies, which directly affects the quality and delivery of patient care. For improvements to be made, nursing culture must change, starting with education reform.

Student nurses want better standards of education to enable an understanding of mental health in the older adult. By educating us, we will develop a compassionate understanding of conditions that have a huge impact on the older adult, their families and their carers. Just because you are ‘chronologically challenged’ does not mean you decline mentally.

Cultural awareness is also an essential factor in enabling care to develop holistically. It should be fully incorporated within care packages provided for older adults.

Nursing the older adult provides the student with the necessary skills to meet the essential care needs of all patients.

At the last RCN Congress at which RCN President Sylvia Denton spoke, she said that ‘there is nothing basic about nursing’. This statement echoes the importance of meeting essential care needs. But many students perceive that nursing adults is basic. It’s not: it’s essential.

Good nursing means developing such essential skills, and students should be encouraged to take the opportunity to develop their skills in all areas of nursing. Carers, friends and families have a huge impact on the well-being of older adults, and students should be given ‘the support to support’ such individuals in care partnerships with their loved ones”.

Stuart Beddard
What about the experience of nursing students?

Research has highlighted the realities for nursing students learning about working with older people. This section briefly describes one major study conducted by a research team and two smaller studies, a survey and qualitative interviews, conducted by individuals.

The AGEIN Project

The AGEIN project was a major study of education for gerontological nursing practice and was undertaken by researchers at the University of Sheffield (Nolan et al 2002, 2006).

Within the project, the researchers used a Facts on ageing quiz to examine the perceptions and knowledge of various groups about the position and experiences of older people within our society. These included qualified and student nurses, as well as general students and members of the public. The findings suggested that all groups tended to overestimate older peoples’ use of services such as residential care and hospital services; overestimate their need for help with the activities of daily living; while simultaneously underestimating the economic contribution that older people make. These findings are important, since ageism is often based on inaccurate knowledge of older people’s needs and circumstances.

Another component of the AGEIN project examined how nurses develop their knowledge and skills in relation to older people. Brown et al (2006, 2007) provided evidence of the importance of creating the ‘senses’ (a sense of security, belonging, continuity, purpose, achievement and significance) for students in facilitating and promoting their learning; and go on to describe a temporal model of the student placement experience in which their focus of attention and effort varies over time. On the basis of interviews with student nurses and observational case studies, five ‘foci’ were identified:

- self as focus
- course as focus
- professional care as focus
- patient as focus
- person as focus.

Brown et al found that the extent to which students are able to achieve ‘person as focus’ is crucially dependent upon the input of their mentor, and their exposure to enriched environments of care. The study provided further evidence of the ways in which student nurses develop expertise by drawing upon experience and accumulated wisdom within the practice setting (including the wisdom of older people and their families).

The findings of the AGEIN project illustrate clearly how various factors within the context of care environment interact to promote or inhibit person-centred and relationship-centred care. Many of the students (and indeed qualified staff) who were interviewed for the AGEIN project identified working with older people with dementia as a particularly challenging area of gerontological nursing practice.

Reported by Jayne Brown
A survey of student nurse experiences of placements and teaching

A survey of 70 undergraduate students and diplomats across England and Wales captured their views of their experiences of placements and teaching on the subject of older people.

Communication
Students called for more coverage of communication with older people in the curriculum. They said that communication between professionals was also a problem. Communicating in a respectful way was important to them. They understood that information needed to be given carefully with an appreciation of the difficulties some older people have with respect to vision, hearing, dementia etc.

Mental health
Students wanted to learn more about mental health issues in older people, particularly dementia and depression, and about how to respond to them.

Nutrition
The students wanted to improve their knowledge and skills in order to assist older people with their complex needs in eating and drinking. They were particularly worried about patients/clients missing meals and food not eaten at busy meal times on wards.

Consent and information
This was identified as an issue for all 70 students. They believed that giving information to older people needs skills; one asked “how do you judge an older person’s ability to take in and understand giving and sharing of information? The students were distressed by the push to ‘tell’ patients rather than ‘negotiate’ and when working in the frantic environment of some placements the students found this ‘soul destroying’.

Dignity, privacy and respect
Students were frustrated at not being able to influence change to deliver personal care or not having the time to promote independence and rehabilitation. Students felt that if you took time with someone you were unpopular. They knew what needed to be done but did not have the time to do it.

Long term conditions policy
The students felt that at university they covered lots of issues related to the National service frameworks and policies, but were not told how these could be implemented in practice.

General conclusions from the research
Some students were unsure where they sat on the continuum: health care assistant --- student --- registered nurse.
They were unclear who was mentoring who and who does what.

HCAs are now learning advanced skills and they require mentors too.

The students called for more clinical skill preparation and said that a 12 week placement was not enough. They called for longer and more relevant placements, particularly in the community, in clinics and in community centres. Students were sometimes sent on placements intended to give experience of care of the older person before they had covered the topic at university. The students wanted the theory to be taught before the placement. Some mentors on placements had negative attitudes to older people.

Even when they were taught how care should be delivered, they did not always see this in practice on the wards and clinical settings. Students did not feel they had the time to meet the needs of older people on busy wards with poor staffing levels, especially at mealtimes. They highlighted the lack of resources, particularly staff, equipment, blankets and pillows, necessitating that they share with other wards.
Overall, the research identified that students were interested in older people’s nursing. Some were keen to care for older people and would consider this as a career pathway. The researcher concluded that present education systems and the environments for student placements needed to be improved if the interest and enthusiasm of the students was to be cultivated successfully.

This research was conducted and reported by Julie Bevan.

A qualitative study of nursing students’ experiences

Aim and methodology
This study aimed to explore the experiences of nursing students working with older people during a pre-registration course.

The approach taken drew on hermeneutic theory, as this is appropriate for interpreting subjective human perceptions. A sample of second year students (n=10) was recruited from a single site to allow their experiences to be studied in depth. Criteria for selection were that they had already worked with older people and would do so again during the study.

Data were collected in two phases using loosely structured interviews, enabling participants to raise issues they chose. The second phase of interviews was planned to clarify matters arising from the first but also took place after an age-specific placement. Detailed analysis produced results concerning the participants’ overall experience. Revisiting these revealed three issues pertaining to their perceptions of learning to nurse older people. Data extracts have been included to allow the participants’ voices to be heard but are anonymised for ethical reasons.

1. Approach towards older people
   - participants were motivated strongly to provide older people with the care that they felt they deserved and to treat them as individuals:
     “…that’s what it’s all about, looking after the elderly… a bit of respect and dignity that everyone should have. I just hope that one day someone will do that for me and my relatives.” (Beverley)
   - caring also meant ‘being there’ for older people. But participants found it difficult to deal with emotional aspects of this, where situations were beyond their control, or where their student status meant that they were not always listened to by staff when seeking support for patients.

2. The organisation and delivery of care
   - participants’ attempts to care for older people according to their values were often obstructed in practice. Managing workload according to routine, rather than individuals, meant that caring for older people was presented as ‘basic’ and mundane. “…it’s like a conveyor belt” (Elaine)
   - talking to older people was recognised by participants to be an important part of care but they felt discouraged from doing this because placement staff did not consider it to be ‘real work’ and could make life difficult for students who did not conform
   - older people’s personal care was assigned to health care assistants (HCAs) who generally gave priority to task-orientation and speed. Qualified nurses had little involvement in this activity and this distanced them from both older people and students: “…they all seem to be in the office doing administration. That seems to be the most important part of their job now, whereas I thought it was going to be caring… as a student I probably spend more time with the (HCAs) than I do with the registered staff.” (Annie)
   - participants well understood the importance of giving personal care but were concerned that concentrating only on this would limit their development, resulting in their being used ‘as a pair of hands’ in managing the workload. They acknowledged that HCAs made a significant contribution to the care of older people and that they could learn something from them but were left feeling that they were being trained to be one, as they were not being exposed to
other aspects of the registered nurse’s role. “We are counted in the numbers […] it happens all the time…” (Debbie) “…there’s a lot […] that the Staff Nurses are not showing you with the patients […] we are unable to go on drugs rounds because we are busy doing other basic nursing skills.” (Gillian)

Mentors were identified as crucial in offering learning opportunities and acting as role models, however, participants had all worked with mentors who were disinterested in students and even seemed to avoid them. They all thought that being allocated a ‘good’ mentor was a matter of chance, so had low expectations in general: “I’ve been fairly lucky… I’ve always had (mentors) who’ve said, if something needed doing, like a dressing or an injection “Here you are, you have a go at doing this, we’ll watch you do it”. And that’s always been great but it doesn’t always happen, and sometimes they tend to think “Oh I haven’t time this shift for a student” and rush off and carry on and do it themselves…” (Janice).

3. Experiences of mainstream and age-specific services

In mainstream settings nurses tended to regard older people as a problem. Participants learned that ongoing dependence and chronic ill-health did not fit with service priorities and meant that the aim was to move them on: “When you’re on medicine, surgery… ‘let’s get her away from this ward.’ And they’re like, ‘Oh yes, Mrs X is going up to the care of the elderly ward tomorrow if there’s a bed available!’ And they’re really excited about it.” (Claire)

In contrast, participants found that nurses in most non-acute and age-specific settings accepted the physical and emotional demands involved, set realistic aims, worked in partnership to meet fundamental needs and appreciated that recovery could be prolonged: “…they’ve got the skills and the communication skills to get the best out of the patient and give the patient the best. I saw a different side to what I thought I would see. I thought it’d be the same as the general wards, where it’s ‘Oh, a stroke. Oh God.’ Because it’s such hard work that and while you’re on the general ward you just haven’t got the time to do it. But on this ward there were ten strokes. Not a murmur, because that’s what they’re there for. To rehabilitate these people and to keep them clean and fed and things like that. So I enjoyed it. That’s what we need, that’s the way it should be.” (Beverley)

General conclusions

Students’ placement experiences with older people are influenced by service and workload organisation, together the staff’s own perceptions, knowledge and skill. Unless offered appropriate non-acute or age-specific placements, students are liable to learn that working with them is less than nursing and involves ‘the wrong sort of hard work’.

Service modernisation has redefined nursing, removing personal care from the registered nurse’s role and delegating it to HCAs who operate under supervision from a distance. This disadvantages older people and students.

What students do in practice varies across placements because their role is not defined consistently. Their position in nursing teams is ambiguous, as they are neither unqualified nor qualified members. This can result in their being expected to act as HCAs rather than learners and denies them developmental input. Changes in the HCA role also mean that these staff can also delegate their least preferred activities to students.

Older people and students benefit from non-acute and age-specific services where nurses choose to work. This is because they are likely to view ageing and chronicity positively, consider personal care as integral to their role and promote a person-centred approach. Teams working along these lines are also more likely to regard each other as individuals. This is reflected in their treatment of students and creates a more effective learning environment.

Mentors have the power to make or break placements because they control students’ activities and access to learning. Their effectiveness as role models for nursing older people depends on recognising how they use accrued expertise in their
everyday work and being able to share this with students. This, in turn, means accepting students as learners, supporting and assessing them fairly, working alongside them, ensuring that they are actively involved in all dimensions of nursing activity and having the resources to do so.

Students do not necessarily need to be taught to value older people as such but need to learn how to remain true to their ideals while managing the reality of practice. Mentors might support this by reflecting openly on the personal challenges of caring in restrictive environments. They could also consider how nursing’s core values can be applied when a combination of drivers is changing the nature of nursing itself.

This research was conducted and reported by Erica Alabaster

For more information see Alabaster (2006 and 2007).
How can we improve nursing student’s experience of learning about caring for older people?

The project group highlighted that care for older people should be positive:
- Person Centred – work in relationship
- Open – to challenge and be responsive to change
- Specialist – draw on the particular needs of ageing people
- Individualised – strive to respond to both needs and wants
- Timely – meet needs when they occur and anticipate future need
- Inclusive – involve others collaboratively
- Valued – rewarded for skilled and professional care provision
- Evidence-based – at all times and remembering that evidence sometimes comes from older persons themselves as well as best practice examples.

A key to positive learning experiences is good mentorship.

**Mentorship**

A mentor is a role model willing to help a student develop clinical competence through support, honesty, appraisal, reflective communication and being a ‘critical friend’.

As a student nurse in this area you are encouraged to participate in learning opportunities in order to develop knowledge and skills in nursing older adults.

In order for this to happen, mentors and students must take equal responsibility for learning. Mentors must be available, approachable and open. They will provide timely constructive feedback and help students to identify learning opportunities and how to learn from them (the learning derived from them). Mentors will identify issues and opportunities specifically around the care of older people. They will complete the necessary placement documentation.

Students must attend placements, engage collaboratively and be willing to participate in the activities within that area. They will communicate their learning needs and negotiate opportunities to meet them with their mentor. Students will take this opportunity to develop their knowledge and skills around older people. They will provide constructive feedback about the placement.

**Mentorship should be:**
- Meaningful – relevant to the needs of the learner – student or health care assistant
- Educational – help learners and mentors learn in partnership
- Nurturing – developing a critical friendship to enable growth and to support in times of concern or distress
- Timely – learn in action and post-action
- Objective – clear action plans for learning with a sense of purpose
- Relevant – to the student’s learning needs and the context in which the student is learning
- Reliable – both student and mentor are committed
- Supportive – provides support as well as challenge
- Holistic – see the student as a person as well as a practitioner
- Individualised – develop a personal development plan to respond to needs and wants
- Partnership – acknowledge that the learning is a two-way process.
How does appropriate mentorship for nursing students benefit an organisation?

There is not a large body of research that is directly about the benefits to organizations of mentorship of nursing students.

The text below highlights the areas where benefit is perceived.

Some of the references supplied are for general employees rather than specifically for nursing students. There is nothing to suggest it would be any different with nursing students.

The individual who is doing the mentoring is developed personally.

Mentoring is a skill. To acquire this skill usually requires training and development. It is well recognised and documented that training and development motivates staff.


Other staff benefit: it is not only nursing students who require mentoring.

Staff who have acquired mentoring skills will be available to mentor all staff, not only nursing students.

If students have a good experience, (more likely with good mentorship) they are more likely to consider working in that setting later.

There is good evidence to correlate a positive experience with particular client groups with recruitment.


When students are clearer about their focus (which will be achieved through mentorship) they deliver better care.

Staff performance is enhanced when they are clear about what is expected of them.


We need to ensure the students of today become the nurses of tomorrow with a positive attitude towards older people.

Attitudes gained during a nurse’s time as a student influence their practice when qualified.

Older people are valuable as mentors for pre-registration students.
This has the advantage of being of value both to the student and the older person themselves. This use of the voluntary sector can help to contain costs.

Burke RJ (1990) Mentoring in organizations: implications for women; *Journal of Business Ethics*, (April); Volume 9, Numbers 4-5, pp 317-332.

Being a mentor helps staff to remain motivated.

Motivated staff are less likely to leave, helping to manage retention.


It can be difficult recruiting the best staff to work in areas that are not part of the training circuit.
As identified above mentors are appropriate for all staff, not just students.

This work on mentorship was written by Ian Ireland and Mary Parkinson.
With thanks to Elizabeth Okeya for additional detail
This section highlights the journey of two individual older people through health and social care pathways. They illustrate the variety of different settings in which nurses have the opportunity to nurse older people. The studies are written to highlight nursing contact and do not always mention other professionals involved.

Mr Heydon is an 83 year old man who has chronic obstructive airways disease (COPD). He lives with his wife who has dementia. He has increasing pain in his left hip and has been diagnosed with osteoarthritis. He attends his GP surgery regularly for check-ups with the practice nurse regarding his pain and mobility. Mr Heydon attends the pre-operative assessment clinic two weeks before his scheduled operation for a total hip replacement. At this appointment he voices his concerns about his wife being left by herself whilst he is in hospital. The clinic nurse liaises with social services and arranges for Mrs Heydon to have respite care during Mr Heydon’s absence. Mr Heydon remained in hospital for rehabilitation for six days after his operation. During this time he is assessed by the specialist respiratory nurse, because ward nurses are concerned that his technique with his inhalers for his COPD was poor. On discharge Mr Heydon decides to book himself into the dual registered care home that his wife is staying at for one week of recuperation. He is visited by the community nurse to remove his clips from his wound. The community nurse refers Mr Heydon to the community matron attached to his GP surgery for ongoing support and advice for himself and his wife when they go back to their own home.

Mrs Holder, who is 94, was born in Jamaica and came to London in the 1950s. She lives alone in a large bungalow. As she is diabetic, the community nurse visits regularly to check her blood sugars. On one visit the nurse finds Mrs Holder conscious but lying on the floor. Mrs Holder says she fell a short while ago but cannot get up. The nurse calls for an ambulance which takes her to the accident and emergency department. Mrs Holder is fully assessed and is found to have no serious injury from her fall but is very shaken by the experience. It is decided that she does not need admission so the community liaison team (CLT) of nurses are asked to arrange for her to go home. The CLT decide that she needs some support at home and Mrs Holder agrees. An assessment visit is arranged with the intermediate care team; the intermediate care team visit for several days to help Mrs Holder regain her confidence to live independently.

Nurses
Almost all nurses care for older people for the majority of their time. That is why it is essential that we all have sufficient understanding of the ageing process and of the implications for individualizing patient care in all situations and for all health conditions. The National service framework for older people (DH, 2001) also makes it clear that older people should also have access to specialist old age care if needed. There are increasing opportunities for nurses to deliver this. General and specialist nursing roles working with older people exist in a variety of settings.

Health visitors
These are community public health nurses who work with children, families and other individuals...
and groups. They work alongside their community nursing colleagues but their work focuses on improving and promoting health rather than working with people who are ill. Health visitors may work as specialists such as a ‘health visitor for older people’ or work with specific groups such as homeless people. Health visitors work with a variety of other organisations, both inside and outside the NHS in order to ensure that individuals, families and groups receive the services they need.

**Practice nurses**
These are generally employed by GPs and provide nursing to people well enough to walk to the practice. When older people have a long term condition, such as diabetes, chronic obstructive disease or cardiac illness it could be that it is the practice nurse who provides most care and monitors the state of the condition.

The practice nursing team members are also visited by older people while the flu vaccination programme is taking place. Practice nurses might also carry out other activities, such as wound care, leg ulcer management and removal of stitches following surgery on older people within general practice.

**Community nurses**
These are employed to provide nursing care to people who are still living in their own homes. Most community nurses report that the majority of their patients are over 65 years old and receiving nursing as a result of a stroke, or other debilitating conditions, such as Parkinson's Disease or rheumatoid conditions. When the patient and the family wish it, the community nurse can provide intensive nursing care when the patient is near the end of his life.

**Liaison and discharge planning nurse**
If an older person has had a hospital stay and requires some health services, e.g. community nursing care, home help, etc then a liaison and discharge planning nurse may talk to the patient and family before he or she is discharged from hospital to ensure that the appropriate services are organised before the hospital discharge takes place.

**Accident & emergency**
A large part of a nurse’s role in the emergency department concerns dealing with older people and the wide spectrum of health related issues which affect this age group. This regularly involves treating the victims of falls or treating older people suffering from hypothermia, malnutrition, self neglect or even elder abuse. Emergency care nurses are often ideally placed to identify ongoing and previously undetected health and social care issues amongst older people.

**Community mental health**
A community mental health nurse (CMHN) who works with older people will spend the majority of their time working with people in their own homes or in residential care. They generally work as part of a team assessing people, monitoring their health and offering expert support and information. They will co-ordinate the package of care for the older person, liaising between everyone else involved (for example home care, advocates or the voluntary sector) to make sure there are no gaps in the service and ensuring continuity if there is a need to enter hospital or residential care and to return home again. CMHNs are generally found in community mental health teams and, increasingly, in primary care.

**Staff nurse on an acute general ward**
These nurses usually have a short term relationship with the patient and family or carers. He or she cares for patients through an acute medical condition or surgical procedure, assesses the patient holistically and continues this throughout hospital admission. These nurses also ensure timely and appropriate discharge based on individual needs.

**Community matrons (England only)**
Community matrons manage a caseload of patients with complex and/or multiple long term medical conditions. These nurses build relationships of trust with the patient and family or carers and ensure continuity of care. This work minimises hospital admissions by being a resource and a “first port of call” in a crisis.
Community rehabilitation nurses
These nurses undertake holistic assessment from within the patient’s own home environment. They encourage patients to be independent with all activities where this is safe and appropriate. They give support and encouragement to enable independence and raise confidence. There is close working with multidisciplinary team members; onward referral, with the patient’s agreement, to occupational therapy, physiotherapy, social worker, voluntary organisations, etc.

Palliative care nurses
Palliative care nurses undertake a holistic assessment of patients diagnosed with a terminal illness. They offer support, advice and information to the patient, family or carers and other health care professionals. These nurses are often trained counsellors. They visit people in hospital and community. They may have their own team of carers or arrange support from other sources if necessary.

Nurses in Care homes
Care home nurses become involved in all aspects of a resident’s life. They build a relationship with resident and family, often over years. They have a long term commitment to treating each resident as an individual and being aware of their needs. They are responsible for making the care home a feel like home for each resident.

Public health nurses
These nurses work in government and private agencies and clinics, schools, retirement communities and other community settings. They focus on populations, working with individuals, groups, and families to improve the overall health of communities. They also work as partners with communities to plan and implement programs. Public health nurses instruct individuals, families and other groups regarding health issues, disease prevention, nutrition and child care. They arrange for immunisations, blood pressure testing and other health screening. These nurses also work with community leaders, teachers, parents and physicians in community health education.

Walk-in-centre nurse
These nurses care for outpatients in clinics, surgery centres and emergency medical centres. They prepare patients for, and assist with, examinations, administer injections and medications, dress wounds and incisions, assist with minor surgery and maintain records. Some also perform routine laboratory and office work. An increasing proportion of sophisticated procedures, which once were performed only in hospitals, are being performed in physicians’ offices and clinics, including ambulatory surgery centres and emergency medical centres. Accordingly, employment is expected to grow faster than average in these health care settings, especially in those facilities providing same-day surgery, rehabilitation and chemotherapy, (walk-in-centres are not found in all areas of the UK).

Older people’s specialist nurses
Older people specialist nurses work in many settings within hospitals, care homes and primary care, so the term older people’s specialist nurse (OPSN) really describes a range of roles in care delivery. The key feature is that the nurse demonstrates a higher level knowledge, experience and skills in the care of older people. In the case studies given above, the OPSN based in hospital would take a comprehensive view of Mr Heydon and Mrs Holder’s needs. They might carry out additional specialist assessment, such as falls or cognitive assessment. They would proactively work with the patient, screening for complex problems as well as offering treatment and advice. They would also provide advice and direction to the multidisciplinary team as needed, ensuring that a person-centred approach was taken, recognizing the potential impact of the ageing process on both physical psychological and social needs. The OPSN is a champion for older people, ensuring that issues relating to the ageing process are recognized but that an ageist approach is not adopted. The role is described further in ‘Older people’s specialist nurse’ (RCN/BGS, 2000).

Written by Clare Ruff, Elizabeth Okeya, Pauline Ford and Nicky Hayes
References

Age Concern (2006a) Black and minority ethnic elders: fact or fiction. www.ageconcern.org.uk/ AgeConcern/bme_facts.asp
Accessed 17th November 2007

Age Concern (2006b) What older people want from community health and social services, London: Age Concern. www.ageconcern.org.uk


Age Concern and the Mental Health Foundation (2007) Improving services and support for older people with mental health problems – The final report from the UK Inquiry into Mental Health and Well-being into Later Life, London: Age Concern and the Mental Health Foundation. www.mhilli.org.uk


Department of Health (2005a) Everybody’s business, London: DH.


www.dhsspsni.gov.uk
www.scotland.gov.uk
www.wales.gov.uk


Scottish Executive (2007a) All our futures: planning for a Scotland with an ageing population, Edinburgh: Scottish Executive.


Wales Assembly Government (2007b) Fulfilled lives, supportive Communities, Cardiff: WAG.
Appendix 1: Attendees at the introductory day for the project

Chair
Professor Dame Jill MacLeod Clark, School of Nursing and Midwifery, University of Southampton.

Speakers
Stuart Beddard, pre-registered nursing student.
Grant Ciccone, pre-registered nursing student.
Dr Jan Draper, Director of the RCN’s BSc (Hons) in Gerontological Nursing, RCNI Distance Learning, Royal College of Nursing.
Pauline Ford, Gerontological Nursing Advisor/RCN Dignity Project Lead, Royal College of Nursing.
Philip Hurst, Health Policy Adviser, Age Concern England.
Dr Mary Parkinson, chair of the Health Working Party of the National Pensioners Convention and retired GP.

Attendees
Dr Erica S. Alabaster, Senior Lecturer, Cardiff School of Nursing and Midwifery Studies, Cardiff University.
Julie Bevan, committee member, RCN Forum for Nurses working with Older People
Elizabeth Brasnett, Assistant Director of Nursing, lead Nurse NHS Funded Care, South Birmingham Primary Care Trust, Birmingham.
Dr Jayne Brown was Lecturer/UK Project Coordinator EUROFAMCARE School of Nursing and Midwifery, Sheffield when she contributed to this project. She is now Senior Research Fellow, Research Centre for Applied Gerontological Practice, Glasgow Caledonian University, Glasgow.
Dr Bill Blytheway, Senior Research Fellow, Faculty of Health and Social Care, The Open University, based in Wales.
Dame Professor June Clark, Professor Emeritus of Community Nursing, University of Sales, Swansea.
Julie Connolly.
Donna Doherty, Lecturer, University of Sheffield, Rotherham.
Sheila Dunbar, Senior Lecturer, Liverpool John Moores University.
Dr Rekha Elaswarapu, Strategy Development Manager, Older People Services, Health care Commission.
Jonathan Ellis, Policy manager (Health and Social Care), Help the Aged, London.
Martin Green, Chief Executive, English Community Care Association.
Gill Haram, Office of the Chief Nursing Officer, Swyddfa'r Prif Swyddog Nyrsio Welsh Assembly Government, Cymru.
Nicky Hayes, Consultant Nurse for Older People, Kings College Hospital (Dulwich), London.
Dr Hazel Heath, Independent Consultant: Nursing and Older People.
Christine Higgins, Practice Facilitators, Royal Liverpool Hospital.
Maureen Ibbotson. School of Nursing and Midwifery, University of Sheffield
Ian Ireland, Head of Quality and Development, BUPA Care Services, Leeds.
Veronica James, Chief Officer, Age Concern Horsham District, West Sussex.
Paul Jebb, Matron in Acute Medicine at the time at Blackpool Fylde and Wyre Hospitals NHS Trust.
Dr Julia Johnson, Senior Lecturer, Faculty of Health and Social Care, The Open University, based in Wales.
Professor Betty Kershaw DBE, RCN President 1994–1998
Professor Andrée LeMay, School of Nursing and Midwifery, University of Southampton.
Garth Long, Education Adviser, Nursing and Midwifery Council, London.
Elizabeth Lowe, City University.
Florence Lyons, Better Government for Older People.
Gill Magee, Associate Director of Nursing and PPI, Bolton Salford and Trafford Mental Health Trust.
Rebecca Neno, Thames Valley University, London.
Maureen O’Neill, Co-Director, The Royal Bank of Scotland Centre for the Older Person’s Agenda, Edinburgh.
Maureen Parker.
Donna Pearce, accompanying Philip Hurst.
Evelyn Prodger, Older People’s Nurse Specialist, Care Home (with nursing) Support Team.
Mike Reynolds, Senior Lecturer, Edge Hill University Faculty of Health, Aintree Campus. Liverpool, attending on behalf of Elizabeth Okeya, Lecturer, Edge Hill University Faculty of Health, Aintree Campus. Liverpool.
Clare Ruff, Staff Nurse.
Winona Samet, Nurse Adviser, Scottish Executive, Nursing Directorate/CCD, Edinburgh.
Mary Stevens, Nurse Lecturer, Swansea University.
Deborah Sturdy, Nursing Officer Older People, Department of Health, England.
Delice Taylor, Clinical Nurse Specialist for the Older Person Specialist Support Team in Care Homes (Nursing), Canterbury and Coastal PCT.
Professor Debbie Tolson. Professor of Gerontological Nursing, Director of the Centre for Gerontological Practice, Glasgow Caledonian University.
Julie Toms Ashcroft, Academic Lead, Learning Disabilities, Faculty of Health, Edge Hill University, Aintree Campus, Longmoor Lane, Liverpool.
Jonathan Webster, Nurse Consultant Older People, Directorate of Community and Intermediate Care, Western Sussex PCT and Associate Fellow, RCN.
Dr Jean White, Department for Public Health and Health Professions, Welsh Assembly Government.
Pat White, University of Glamorgan.
Appendix 2: Resources offered by individuals in the think tank

Assessing older people’s needs for free nursing
www.dhsspsni.gov.uk/determining_an_appropriate_framework_for_assessing_older_peoples_need_for_free_nursing_-_project_report(march_2005)-2.pdf

Behind closed doors campaign materials (dignity)
The aim of the campaign is to make people aware that everyone, whatever their age and physical ability, should be able to choose to use the toilet in private in all care settings.
www.bgs.org.uk/campaigns/dignity.htm

Caring for carers
www.dhsspsni.gov.uk/caring_for_carers.pdf

Cardiff University Dignity Project
Findings from the Dignity and Older Europeans project plus a range of resources.
Dignity Balance Leaflet
Educating for Dignity
www.cardiff.ac.uk/medic/subsites/dignity/educational_materials/

Care Home Learning Network (NHS Scotland)
Register via www.carecommission.com – useful educational resources.

Caring for people with dementia in acute hospital wards
Downloads available.
Email: dementia@stir.ac.uk
Website: www.dementia.stir.ac.uk

Champions Network in Liverpool
Particularly in relation to curriculum development and tackling age discrimination
www.rlbuht.nhs.uk

Commissioner for Older People (Wales)
will be appointed in 2007. This is the first role of its kind in Europe. For more details see:
http://new.wales.gov.uk/topics/olderpeople/commissioner/?lang=en

Counsel and Care
www.counselandcare.org.uk/
National charity providing advice, information and financial support and working to influence policies, services and funding.
The work of David Seedhouse on a local trust’s new values exchange which may be useful in developing ideas for a values framework.
http://southstaffshealthcare.values-exchange.co.uk/

Dignity, older people, health and social care leaflet
www.cf.ac.uk/medic/subsites/dignity/index.htm
Captures the essential values for nurses in their work with older people and is part of the package which includes the workbook intended for both individual and group study on a multi-professional basis.

Drug calculations for health professionals
www.testandcalc.com/quiz/index.asp
Important for nursing students to practice this important area of nursing

The European Nutrition for Health Alliance
Various publications to download which focus on malnutrition in the community and finding solutions
www.european-nutrition.org/Free_nursing_assessment_review

Free Nursing Project
www.dhsspsni.gov.uk/index/nmag/nmag-projects/nmag-freenursing.htm

Hungry to be heard, Age Concern.
www.ageconcern.org.uk
Age Concern’s campaign on food in hospitals and help with eating. www.ageconcern.org.uk/AgeConcern/hungry2beheard.asp
Gerontological Nursing
Information, including NHS QIS best practice statements. Developing Gerontological Nursing in Scotland. Official website of the Scottish Gerontological Nursing Demonstration Project. A pioneering project to promote evidence-based nursing care with older people.
www.geronurse.com

My home life: quality of life in care homes (a literature review).
The My home life programme aims to deliver accessible tools and information resources to be utilised within daily work in optimising the quality of life of older people within their care.
www.myhomelife.org.uk

NHS Scotland Quality Improvement Programme best practice statements
Including: Working with older people towards prevention and early detection of depression, Nutrition for physically frail older people, Getting sufficient nourishment when going into a hospital or care home, Working with dependent older people to achieve good oral health.
www.nhshealthquality.org

NNAT user guide
www.dhsspsni.gov.uk/nursing_needs_assessment_tool_user_guide.pdf

Nursing needs assessment tool
www.dhsspsni.gov.uk/nursing_needs_assessment_tool.pdf

Promoting excellence in care (Dignity on the ward)
This pocket guide for health professionals offers practical advice on achieving the best standards in the care of older people.
Price: £6
Order form available from: www.helptheaged.org.uk
Email: publications@helptheaged.org.uk

RCN Publications:
Guidance for mentors
RCN publication code 002 797

Nursing assessment and older people.
A Royal College of Nursing Toolkit
RCN publication code 002 310

Restraint revisited: rights, risk & responsibility. Guidance for nursing staff
RCN publication code 002 167

What a difference a nurse makes. An RCN Report on the benefits of expert nursing to the clinical outcomes in the continuing care of older people
RCN publication code 000 632

All RCN publications can be downloaded from www.rcn.org.uk/publications

Regulation & Quality Improvement Unit
www.rqia.org.uk

Social Care Institute for Excellence (SCIE)
Range of publications and practice guides. Such as Assessing the mental health needs of older people.
SCIE’s purpose is to collect and synthesise up-to-date knowledge about what works in social care, and to make that knowledge available and accessible.
www.scie.org.uk/publications/practiceguides

Stafford University Faculty of Health.
Audit Tool: Requirements of proficiency for pre-registration nursing education and Achieving person-centred care for older people: champions for older people programme’
A system of champions for older people
Care of older adults: undergraduate module
www.staffs.ac.uk. Contact: Donna Doherty.

Supervision, accountability and delegation of activities to support workers
Joint publication by: RCN, Royal College of Speech and Language Therapists, The British Dietetic Association and The Chartered Society of Physiotherapy.
www.rcn.org.uk/publications
United Nations Principles for Older People (1999)

Welsh Assembly key policy documents for the delivery services for Wales

a. National service framework for older people
www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=439&id=57880

b. Healthy ageing action plan
www.cmo.wales.gov.uk/content/publications/strategies/index-e.htm

c. Strategy for older people
http://new.wales.gov.uk/topics/olderpeople/publications/strategy

d. Designed for life
www.wales.nhs.uk/documents/designed-for-life-e.pdf

e. Consultation on the Strategy for older people

Welsh Assembly Government Strategy for Older People Phase 2 Consultation

“What do you See” – DVD and video. Exploring values with nurses.

Email: dvd@amandawaring.com
Appendix 3: Organisations and government websites

Action on Elder Abuse
Action on Elder Abuse (AEA) works to protect, and prevent the abuse of, vulnerable older adults. They were the first charity to address these problems and are the only charity in the UK and in Ireland working exclusively on the issue today.
www.elderabuse.org.uk

Alzheimer’s Society
The UK’s leading care and research charity for people with dementia, their families and carers.
www.alzheimers.org.uk

Community and District Nursing Association
www.cdna.tvu.ac.uk

Help the Aged
Help the Aged is an international charity fighting to free disadvantaged older people from poverty, isolation and neglect.
Help the Aged campaigns for change in government policy, undertakes research into the needs of older people and provides local services in communities across the UK and overseas.
www.helptheaged.org.uk

Age Concern
Age Concern’s mission is to promote the well-being of all older people and help to make later life a fulfilling and enjoyable experience.
www.ageconcern.org.uk
www.ageconcernscotland.org.uk
www.accymru.org.uk
www.ageconcernni.org

for dementia
The mission of for dementia is to improve the quality of life for people affected by dementia

The objectives of for dementia are to:
✦ promote and develop Admiral Nursing – a specialist nursing intervention focused on meeting the needs of carers and supporters of people with dementia
✦ provide high quality training for professionals working with older people, carers and people with dementia
✦ promote good practice in dementia care
✦ work in partnership with the NHS, social services, other voluntary groups, carers and people with dementia
✦ contribute to national policy on dementia, older people and carers’ issues
✦ influence practice and policy development.
www.fordementia.org.uk

Foundation for People with Learning Disabilities
Contains information about the Growing older with learning disabilities (GOLD) programme and a useful resource pack for students, the Down’s syndrome and dementia resource pack.
www.learningdisabilities.org.uk/our-work/person-centred-support/gold/

The Mental Health Foundation / Foundation for People with Learning Disabilities,
20 Upper Ground, London SE1 9QB.
Tel: 020 7803 1101
Fax: 020 7803 1111
Email: fpld@fpld.org.uk

Royal College of Nursing
www.rcn.org.uk

Royal College of Physicians
www.rcplondon.ac.uk

British Geriatrics Society
www.bgs.org.uk

Royal College of Psychiatrists
www.rcpsych.ac.uk
Information for professionals and the public
Social Care Institute of Excellence (SCIE)
SCIE’s aim is to improve the experience of people who use social care by developing and promoting knowledge about good practice in the sector. Using knowledge gathered from diverse sources and a broad range of people and organisations, we develop resources which we share freely, supporting those working in social care and empowering service users.
www.scie.gov.uk

Government websites
Welsh Assembly Government
www.wales.gov.uk

Scottish Executive Health Department
www.scotland.gov.uk

Northern Ireland Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Department of Health England
www.dh.gov.uk