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Growing older: ages and stages.

Ryan, Assumpta

Published: 01/01/2014

Document Version

Publisher's PDF, also known as Version of record

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Citation for published version (APA):

Ryan, A. (2014). Growing older: ages and stages. *Journal of the All-Ireland Gerontological Nurses' Association*, 1(1), 3.

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Editorial

Dr Assumpta Ryan

President, AIGNA

Getting Older: Ages and Stages

At the end of March, I attended the Royal College of Nursing's Older People's Forum Annual Conference which was held in Birmingham. The keynote presenters offered new perspectives on clinical leadership and the ways in which nurses can make integrated care a reality through domiciliary support, acute care and care homes. The programme also offered a rich variety of concurrent sessions including symposia on frailty, end of life care, falls, mental health, restraint and compassionate care. The first speaker remarked that after recently turning 50, he was somewhat taken aback to receive information in the post outlining a list of care homes in his area! This started a trend with another speaker remarking that after her 50th birthday, she received a stool testing kit in the post! Both speakers were somewhat bemused by the way in which their landmark birthday was marked by their respective health and social care providers. In the afternoon, our outgoing presidents, Brendan Mc Cormack wittingly remarked that since he had received no such communication after his 50th birthday, then clearly he was not consider old!

A light-hearted remark indeed but nonetheless one that raises interesting questions about the definition of old age. We know that definitions of old age vary according to country and culture. Ageing is a complex and gradual process with biological, psychological and social characteristics varying so broadly that they do not necessarily synchronise with each other nor with chronological age. Old age can be defined chronologically, functionally or socially and different societies use various criteria for determining when someone has reached the status of an 'older person'. One arbitrary way of defining old age in our society, is to say that it begins at conventional retirement age. Recently, this definition has become somewhat obsolete with the EU legislation on age discrimination. However, it is important to remember that older people are not a homogeneous entity and that a person of 95 may differ from a person of 65 more dramatically than a person of 35!

For research purposes, most academics across the UK and Ireland tend to use 65 years and onwards as a working definition of old age. However, today's 65 year old can reasonably expect to live until 90 or 100 and few would argue that the needs of most 65 years old people are similar to those of a 90 year old. This has led to a distinction in the literature between the young old (65-74), the old old (75-84) and the very old (85 onwards). This might seem pedantic but nonetheless it represents an important distinction that reflects the different ages and stages encompassed within the broad umbrella of old age.

This content of this edition of our journal reflects the diversity of need across the old age continuum. Kevin Moore's timely paper on the role of domiciliary care staff offers an interesting insight into the everyday lives of a work force that plays a central, but often poorly recognised

and remunerated, role in supporting older people to stay at home. Realising that they need help and support can be difficult for older people and delays in accepting or securing this support can place a lot of strain on family carers. However, policies pertaining to the care of older people across Europe are now emphasising 'home as the hub' (Health and Social Care Board, 2011) and it is clear that the welfare of older people and their families will be best served by partnership working between health and social care practitioners and domiciliary care staff. Community nurses have a central role to play in bringing about this change.

However, some older people, particularly those with dementia and advancing illness, will require nursing or residential care and while this may happen in the later years of their lives, it nonetheless marks a key life event. Catherine Buckley's papers on the development of a framework of narrative practice for older adult residential care settings provides an interesting perspective on the importance of 'knowing the person' in the context of his/her life story in order to create an environment where person centred care can flourish.

Our final paper by Una Molloy and Amanda Phelan takes us a little further along the ageing process and raises issues of relevance to the current debate about the Assisted Capacity Bill (2013) and advance care directives. When the proposed bill is translated into legislation, it is important that nurses understand its impact on their everyday practice. This issue is very topical at the moment and there is a need for guidelines to assist health and social care practitioners in responding to the wishes of older people, particularly in relation to end of life care.

In addition to the above, this edition provides details about our forthcoming conference and masterclass. This year's conference, our fifth since our establishment in 2005, has as its theme '*Maximising the ability of older people*' and the conference speakers have been chosen to highlight ways of doing just that! However, our annual conference also addresses current issues of relevance to nurses working with older people and these will also be covered in the conference programme (see inside for further details). As an organisation, AIGNA makes a concerted effort to rotate our conference venue so that nurses working with older people across the island of Ireland will be in a position to attend. This year's conference will therefore be held in Galway so please come along and meet like-minded people for an information and sociable event that is always positively evaluated!

References

Health and Social Care Board (2011) *Transforming Your Care: A Review of Health and Social Care in Northern Ireland*. Belfast; Health and Social Care Board.