



NZNO Gerontology Nurses Section monthly news bulletin Friday 5 January 2018

Consultation

NZNO is presently consulting with members on a range of issues. The full outline can be found at: http://www.nzno.org.nz/get_involved/consultation

End of Life Choice Bill

NZNO seeks your feedback on the End of Life Choice Bill. The purpose of the Bill is to give people with a terminal illness or a grievous and irremediable medical condition the option of requesting assisted dying. The motivation for this Bill is compassion. It allows people who so choose, and are eligible under this Bill, to end their lives in peace and dignity, surrounded by loved ones.

The bill:

defines who is eligible for assisted dying

details the provisions to ensure that this a free choice

outlines the steps to ensure a person is mentally capable of understanding the nature and consequences of assisted dying.

FEEDBACK DUE	7 February 2018 to leannem@nzno.org.nz
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Read or Download

[End of Life Choice Bill](#) (207 KB)

Community/in-home care / Age friendly communities

EngAGE Intermediate acknowledged for work

Helping elderly people in the region avoid going into residential or hospital care before they need to by providing temporary care options is an initiative which has received high praise at the recent Hawke's Bay Health Awards.

[Read more here](#)

Dementia and mental health

One in five elderly New Zealanders say they are lonely, study says

One in five frail elderly New Zealanders are lonely, according to a study conducted by the University of Otago.

The study surveyed about 72,000 elderly New Zealanders and found that more than 15,000 identified as lonely - just over 20 per cent of those surveyed.

[Read more here](#)

Evidence Check: Specialist dementia care units

“This Evidence Check review examined the international evidence regarding effective management and care of people with severe and extreme behavioural and psychological symptoms of dementia. The review looked at what specialist dementia care units have been shown to be effective in managing symptoms of dementia, with a focus on identifying common elements and critical success factors.” *Source: Sax Institute*

[Read more here](#)

Dementia patients often need hospitals, which are often ill-prepared

Steve Johanson had a fierce and knowledgeable advocate at his side when he visited a hospital recently: his wife, Judy. In the six years since Steve had been diagnosed with early-onset Alzheimer’s disease, she had immersed herself in understanding the illness and preparing for its consequences.

[Read more here](#)

Literary Alzheimer’s: A qualitative feasibility study of dementia-friendly book groups

21.12.2017, 12:18 by Sally B. Rimkeit Gillian Claridge
NEW ZEALAND LIBRARY & INFORMATION MANAGEMENT JOURNAL
VOL 56, ISSUE NO. 2 · DECEMBER 2017

Despite the estimated 47 million people living with dementia and despite reading being our most popular cultural activity, there is lack of research around how people with dementia experience reading and what tools can be used to help them to enjoy a good read. Current IFLA Guidelines for Library Services to Persons with Dementia are unhelpful, as they encourage the stigmatisation and infantilisation of the adult with dementia. There have been few strategic efforts by New Zealand libraries to engage those living with dementia to continue reading. Nelson and Canterbury libraries are some exceptions, providing ‘dementia-friendly’ book groups. This report summarises the findings of a qualitative study, which asks how people living with dementia experience reading literary fiction and how such activity is best facilitated for creativity and enjoyment. The findings of the study refute Ribot’s ‘regression hypothesis’ of dementia. What was striking in both focus groups was the preserved command and appreciation of language, and the stimulation of sharing the “wonderful words” of the featured author Charles Dickens. To support memory deficits, while preserving the stimulation of the original language, the following modifications were found to be helpful: providing a cast of characters, reducing the amount of text, and regularly repeating referents.

[Read more here](#)

Healthy ageing (put social, nutrition, quality of life)

What factors affect quality of life in older patients with cancer?

A new study provides insights on the factors that affect health-related quality of life in older adults with cancer. The findings support the importance of addressing persistent symptoms, managing comorbidities, promoting leisure-time physical activity, and addressing financial challenges.

[Read more here](#)

Moving More, Ageing Well

“Maintaining an active lifestyle is vital to both living and ageing well. While taking part in any amount of physical activity, at any stage in life, can have a powerful positive impact on an individual’s health - amongst older people, it is key to maintaining a healthy, independent life for longer, and it is crucial in preventing the onset of many lifestyle- and age-related long-term health conditions.” *Source: ukactive*

[Read more here](#)

Residential care

Age Concern pulls back the covers to talk about sex in Nelson-Tasman rest homes

An education programme for rest home staff on residents' sexuality and intimacy rights can be blunt, Age Concern Nelson Tasman manager Sue Tilby says.

[Read more here](#)

Access to food choices by older people in residential aged care: An integrative review

Collegian, article in press

Background

There is increasing concern regarding autonomy and quality of life for older people living in residential aged care. Failure to provide food choices and suitable dining environments has been reported to negatively impact their nutritional status, undermining their sense of autonomy and quality of life.

Aim

This paper presents an integrative review of studies on food choices in residential aged care and explores the relationships between food choices, autonomy and quality of life.

[Read more here](#)

Exercising Choice in Long-Term Residential Care

"Our research indicates that strategies intended to support choices for long-term care residents must be based on the understanding that care is a relationship involving residents, their families and workers. It also means understanding that appropriate conditions of work are central to care as a relationship that allows residents and their families to exercise choices. Included in those conditions are provisions that allow staff to know residents and families, that give them the time they need to devote to resident care and that encourage staff to use their judgement in responding to the preferences of residents and families. Although what makes up appropriate conditions varies from place to place, we have identified some that are essential to supporting choices." *Source: Canadian Centre for Policy Alternatives*

[Read more here](#)

Articles of interest

These articles are not freely available but may be located using the databases available to readers via a DHB or tertiary institute library or from the NZNO library

Implementation of a gerontology nurse specialist role in primary health care: Health professional and older adult perspectives. King AII, Boyd ML, Dagley

L, Raphael DL. *J Clin Nurs.* 2017;00:1–12

Aims and objectives

To explore an innovative primary healthcare gerontology nurse specialist role from the perspectives of older people and health professionals.

Background

Primary care is struggling to meet the needs and demands of complex older people. New models which incorporate holistic assessment and care coordination are necessary.

The intersection of culture in the provision of dementia care: A systematic review. Brooke J, Cronin C, Stiell M, Ojo O. *J Clin Nurs.* 2017;00:1–13.

Aims and objectives

To understand the intersection of healthcare professionals' and care workers' culture and their provision of person-centred care for people with dementia.

Background

Due to the nature of global immigration and recruitment strategies, health care is provided by a culturally diverse workforce. Consequently, there is a need to understand healthcare professionals' and care workers' cultural values of illness, disease and dementia. Cultural values and beliefs regarding dementia and care of the older person differ, and currently, there is a lack of clarity regarding the intersection of culture in the provision of person-centred dementia care.

Screening for suicidal thoughts and behaviors in older adults in the emergency department. Betz, M. E., Arias, S. A., Segal, D. L., Miller, I., Camargo, C. A., & Boudreaux, E. D. (2016). *Journal of the American Geriatrics Society*, 64(10), e72-e77.

Depression, suicide ideation (SI) and suicide attempts (SA) are common among older adults, representing serious public health problems. Individuals with multiple comorbidities and frequent contact with hospital-based emergency departments (ED) may have elevated – but unrecognized – risk. To inform future interventions, we describe the prevalence of self-harm/SI/SA among older ED patients, including differences by age, sex, and race/ethnicity. We reviewed consecutive patient charts (2011–2014) at 8 EDs in 7 states, all with protocols to screen every patient for suicide risk. Among 142,534 patient visits, 23% were by patients aged ≥60 years. Documented screening for self-harm/SI/SA declined with age, from 81% in younger age groups to 68% among those aged ≥85 years. This decline may be due to age biases or to patient-level factors precluding screening (e.g., altered mentation). Our findings support the need for more detailed examination of the best methods for identifying – and treating – suicide risk among older adults.

Wellbeing

Nurses Under Stress: Top Ways to Cope

Let's face it; nursing can be a stressful profession. The life-and-death decisions, the hours, the families, the workloads—they all contribute to nursing stress.

[Read more here](#)

The above bulletin has been compiled by Linda Stopforth, SNIPS, on behalf of NZNO Gerontology Nurses Section.

It is provided on the first Friday of each month and contains an overview of news items, articles and research papers of interest to the Section members.

All links are current at the time of being compiled and distributed.

For feedback please contact your section administrator: [contact details needed]

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