

GUEST EDITORIAL

Advancing the Contribution of Gerontological Nursing Research

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Rising to the challenges of an aging population, in recent years nurse researchers have made tremendous inroads in advancing the body of knowledge for evidence-based practice in the field of gerontological research. The papers in this issue reflect the breadth and scope of investigation since the last time *CJNR* focused on this topic (1998, 30[2]). A cross-section of national and international work, collectively these papers provide an overview of nursing's multifaceted attention to enhancing the health and life of older people.

The topics addressed in this issue clearly emphasize priority areas of gerontological nursing. The majority of the studies reported (Heinrich, Neufeld, & Harrison; Kaasalainen & Crook; Peacock & Forbes; Voyer, McCubbin, Prévaille, & Boyer; Ward-Griffin, Bol, Hay, & Dashnay) address questions related to gerontological nursing practice and policy. Several papers focus directly on practice, providing quantitative evidence to inform approaches in the important areas of pain assessment (Kaasalainen & Crook) and medication management (Voyer et al.). However, attention to the needs and involvement of caregivers of frail older people is particularly apparent. Qualitative investigations illuminate, in depth, important understandings related to relationships (Ward-Griffin et al.) and interactions (Heinrich et al.) between caregivers and health personnel. A systematic literature review and synthesis (Peacock & Forbes) provides a comprehensive overview of tests of interventions to educate and support caregivers. This cluster of caregiver studies does much to inform nurses confronted with the challenge of ensuring that their caring efforts are appropriately extended to all who informally contribute to both the quality and the quantity of health care available to frail seniors.

The subject of several other papers (Forbes et al.; McGilton) is more broadly one of health-services delivery. Forbes et al. identify the determinants of home-care nursing and home-support services, while McGilton makes a significant scholarly contribution through the rigorous development and evaluation of scales to measure supportive leadership in long-term-care settings. Given the major policy, planning, and

administrative roles that gerontological nurses play in these two health-care sectors, each of these studies provides important evidence for refining health services for older people.

The third focus of work in this issue (Phinney & Wallhagen) advances evidence-based gerontological nursing specifically related to optimizing the health and life of seniors. Over 80% of people 65 years of age and over have chronic medical conditions requiring daily self-care and management (Statistics Canada, 1999). As frontline workers in primary health care, gerontological nurses face increasing challenges in the field of health promotion for an aging population. The insights gained from Phinney and Wallhagen's investigation of older persons' experiences of the symptoms of type 2 diabetes inform one of many challenges in this area of practice.

Beyond their content foci, the research papers in this issue also provide gerontological nurse researchers with many fine examples of both research methods and the art of publishing research studies. Readers can learn a great deal by comparing and contrasting qualitative approaches (Heinrich et al.; Phinney & Wallhagen; Ward-Griffin et al.), by studying the quantitative analysis strategies (Forbes et al.; Kaasalainen & Crook; McGilton; Voyer et al.), and by examining the construction of a systematic literature review and synthesis (Peacock & Forbes) and the application of critical reflection in the discussion of research results (Voyer et al.).

Several key messages are apparent in this issue of the *Journal*. First, if one looks at the content emphasis, and considers it in light of funding agency priorities, one will see that gerontological nurse researchers have an opportunity to expand their efforts in the arena of healthy aging. The papers by Peacock and Forbes, Phinney and Wallhagen, Heinrich et al., and Voyer et al. invite gerontological nurse researchers to address the theory and practice of health promotion and health education for older people, in particular through intervention studies. The level of general health of people in their sixties has been improving. Older people are living longer, as medical treatment has meant that chronic diseases are less likely now than in the past to lead to early death. The number of older people reporting significant activity limitation has declined substantially (Pransky, 2001), and many caregivers of the frail elderly are also older people. Researchers have demonstrated that aging is not a state of progressive decline, but rather one that reflects a multitude of interrelated and constantly changing life patterns, including that of healthy aging, with or without chronic disease, with or without the need for medical treatment, and with or without the need for ongoing care. Health promotion and health education therefore merit increasing attention as part of the gerontological nursing research agenda.

Secondly, the importance of human relationships throughout all aspects of gerontological nursing is very apparent in the research featured in this issue, especially in Pringle's passionate and poignant plea for "Making Moments Matter." Human nature being what it is, relationships between professionals and older people (Forbes et al.), between professionals and the caregivers of older people (Ward-Griffin et al.), between supervisory and frontline professionals (McGilton), and between both professional and informal caregivers and those who are cognitively impaired (Pringle) present challenges to practitioners, educators, and researchers alike. Nor can gerontological nursing research overly attend to the quintessential relationship element, human understanding, an element that is perhaps particularly important when those of us working with either cognitively intact or cognitively impaired older people stop to consider that we do not have the advantage of a firsthand perspective, the vast majority of us having not yet "been there, done that." The importance of continuing to work with this orientation is underscored by the papers in this volume (Kaasalainen & Crook; Phinney & Wallhagen; Pringle).

In truly solid academic fashion, the papers in this issue of *CJNR* raise as many questions as they answer. For me, one particular question that we might ponder as we continue our scholarly work in the field of gerontology stands out: Are the notions of aging that we convey not only consistent with the most recent advances in the field of gerontology, but also exemplary in promoting healthy societal attitudes towards aging? Herein lies both the opportunity and the invitation to rise beyond the successes of this issue to create an even more varied, multi-pronged gerontological research agenda, one that recognizes the heterogeneity of people of all ages.

References

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