Geriatric nurse in Russia today, is the role determined?

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Abstract

The role of the nurse in geriatrics has been discussed for more than fifty years. As early as 1965, Doreen Norton, a well-known nursing theorist, wrote that no nurse in the world should start their career without a background in geriatrics that should be in the training structure.

In Russia, currently there is a significant lack of qualified nursing staff in the field of geriatric care. Besides, there is still no such specialty as geriatric nurse.

The aim is to consider the degree of definition and understanding of the role of the geriatric nurse in addressing the challenges associated with the aging of the population and the expansion of the group of older people with increased demands on social and medical services.

Methods: Analysis of the scientific papers for the period from 2015 to 2020 published on the CyberLeninka website. CyberLeninka is the scientific electronic libraries based on the Open Science paradigm, aiming at, in particular, popularization of science and scientific activities.

Results: Cyberleninka revealed 14 articles met the criteria of inclusion in to the paper by titles. By content there was included 7 articles. In Russia, “geriatric nurse” means activity profile, not a specialty. There is no any special professional training courses in geriatrics, nurses mainly learn from the conferences on geriatrics in terms of the nursing sections or schools provided by NCO. Nursing beds are being run by nurses qualified as general practitioners. There is still evidence of misunderstanding of the geriatric nurses’ role, nursing training in geriatrics at the college level is reported to be poor.

Conclusions: Despite a number of the arguments supporting the importance of the geriatric nurse role and the need for its development in Russia, this issue remains undeveloped. It remains unclear why after having run 26-year history of Geriatrics in St.Petersburg geriatric nursing as a specialty has not been introduced officially and is waiting for being acknowledged.

Keywords: geriatric nurse, geriatric nursing, nursing for elderly patients

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INTRODUCTION

Today, the health care system has been under a heavy burden of the problems associated with the population aging. One of them has been determined by the rapid expansion of the very old people group with their high demands on social and medical care. The need for health care for elderly people is as 50% higher as the average age population. The most vulnerable category among the elderly and seniors, being desperately in need of medical and social care, is that of a very rapidly growing group of people at the age of over 80 years (in Russia Federation currently this group estimates over 3 millions) [1]. These are, primarily, frail old people, or so-called "fragile" patients with senile asthenia, who have difficulties in performing daily activities, are not able of self-care or have significant cognitive impairment.

The old people are characterized with polymorbidity pathology. A combination of three pathological conditions is found in 12.8%, four - in 18.7%, five - in 25.4%, six and more - in 4.3% of the patients. Health problems in elderly and senile patients alternate and change [2].

The growth in the number of elderly and senile population with age-specific features characteristics and problems inevitably increases the number of the request for medical care both in outpatient and inpatient institutions [3]. In the older age groups, the number of ambulance calls and the need for help at home increases along with a dramatic decrease in the level of hospitalization and the number of visits to the polyclinic. An analysis of the number of calls for emergency medical care showed that almost half of the calls come from pensioners and disabled people.

At the same time, as reported, there is no market for high-quality geriatric services in the country [4]. In particular, the study of the defects in the management of elderly and senile patients in the state institutions revealed the defects in terms of the data collection, a lack of a comprehensive complaints description in the public health clinics at 2.4% [5]. Another study showed that only thirty percent of the respondents are quite satisfied with medical and social services, about thirty percent of elderly people are only partially satisfied with this type of service; and forty percent of the respondents are not satisfied with medical and social services [6].

On January 29, 2016, the Order of the Russian Federation Ministry of Health No. 38n "On approval of the Procedure for providing medical care in the "Geriatrics" profile" was issued, according to which a number of the geriatricians was halved, and, consequently, a number of the geriatric nurses; the staffing of geriatric outpatient institutions was irrationally transformed, and most importantly, the concept of providing geriatric care to the population has been rebuilt for the worse.

Thus, the question of the prospects for solving all the above-mentioned problems becomes relevant. One of the promising areas for qualitative changes in the provision of medical and social services is that of increasing the efficiency and professionalism of human resources, including the most significant component such as nursing staff [6].

NURSING BEDS VS. TODAY'S DEMAND

In the world geriatric practice, the elderly patient-oriented specialists form a multidisciplinary team with a nurse as the key figure mainly. This is not surprising, because taking into account the age peculiarities, the complex of medical, social and psychological problems in elderly and old patients, as a rule, the need for care (often - for a long time) and social services is high, the required amount of treatment is usually minimal. This is not surprising, because taking into account the age features, medical, social and psychological problems together in elderly and senile patients, as a rule, a need for care (often long-term) and social services, required amount of therapeutic measures is usually minimal.

A care provided by nurses and nurses' assistant is a fundamental factor for not only the recovery of the elderly person, but also often for extending his or her life. Performing medical procedures professionally, noticing changes in the patient's condition timely, providing the necessary assistance and informing a doctor are all considered to be a prerequisite for an effective work of a geriatric nurse. The purpose of the geriatric nursing is to provide the highest level of the conditions for the modern concept-based quality of life of elderly patients to maintain.

A role of the geriatric nurse was discussed more than fifty years ago. Back in 1965, Doreen Norton, a well-known theorist in nursing, wrote that no nurse in the world should start her career without having experience in the geriatric field, which should be in the training structure. In addition, she stated with conviction that the time has come for a critical assessment of nursing practice and that geriatric care should be in the focus of scrupulous study, since this is pure care and the most sensitive index that should be used when evaluating nursing standards. "I be-
lieved and still believe that elderly care provides a basis of the pyramid of practical care problems, and that if we are able to solve them at this level, we will be able to solve them in any area where nursing is carried out”. Since the middle of the 60s of the twentieth century, an active discussion of the role of a nurse in geriatrics began.

In Russia, there is currently a significant shortage of the qualified geriatric nursing staff [7]. It could be explained by a lack of geriatric nursing as specialty approved by Health Care Ministry Order. The point is historically nursing as a profession is being regulated by Ministry of Health. The history of Geriatrics in St.Petersburg began in 1994 when City Geriatric Center was opened. However, nurses who work for the specialized elderly patients-oriented medical institutions, have, as a rule, license of a registered nurse. Hence, the question is how we manage.

It was believed that a special role in the care of the geriatric patients at high risk would play inpatient care beds that would allow hospitalization of the patients in need for a period of 1 to 3 months. The main goal of the nursing units was considered to be providing qualified long-term care for elderly and elderly patients with chronic diseases and patients with severe incubation pathology that do not require constant medical supervision [8].

As reported, organization of the Nursing Beds Fund for supporting therapy and temporary stays for those who are in need of medical and social care has increased the efficiency of the use of the expensive hospital beds and ensured the availability of medical care to socially vulnerable individuals, which include elderly people. Hospitalization of this patients group in terms of the nursing care beds units has noticeably "unloaded” specialized departments of the multidisciplinary hospitals [9].

At the same time, as reported, nursing training remains a poor one. According to one of the sociological surveys, 83% of the urban nurses and 85% of the rural ones reported that their knowledge of physiological, premature and pathological aging is not clear enough, as well as the adaptive capacity of elderly people. Besides, they experience deficit of clear knowledge about the course of acute and chronic diseases, polymorbidity, and the nursing process features in the families with the elderly patients. When providing psychological support to the elderly patients, 95% of the nurses and 85% of the fieldshers indicated difficulties due to a lack of knowledge and skills in meeting the patients' needs in keeping self-esteem, their role in the family met. When self-assessing, almost all surveyed nurses (98%) and doctors (87%) mentioned nurses' communication skills as undeveloped [10].

A content analysis of the educational programs in geriatrics demonstrated that they did not quite correspond to the current concepts related to the students’ future work. The programs emphasize the theoretical issues of aging and clinical manifestations of the various diseases in elderly and senile patients, while the modern approach considers the elderly holistically, in terms of their needs in maintaining physical, cognitive and social status [7]. At the same time, priority issues should be ones related to the features of nursing for elderly patients, the use of new technologies in practice and forms of psychological interaction with the suitable age patients [6].

There is still an evidence of misunderstanding of the geriatric nurses’ role. In particular, from the work of Kalinin A.V. and co-authors, we can learn that geriatric service, which is at the stage of its formation in the Primorsky Krai, does not initially consider participation of a nurse in the team. The authors say, for instance, "A distinctive feature of the geriatric service is a team approach to providing medical care to elderly and senile patients. Geriatric care is provided by a doctor-geriatrician in the interaction with the doctors of the various specialties (district physicians - therapists, family doctors, doctors for medical rehabilitation, therapeutic exercise, etc.), with employees with higher but non-medical education (speech therapists, medical psychologists), as well as with specialists in social work [11-13]. At the same time, the authors recognize that in order to provide quality care in the field of ‘geriatrics’ there is a need in having qualified medical personnel, both medical and nursing.

Not so long ago Russia entered a new stage in the development of the geriatric service. This stage is related to a new order of the Russian Federation Ministry of Health dated 29.01.2016 No. 38n. According to this paper, an important role in the provision of the nursing in the "geriatrics“ area is assigned to a district service. In the community with more than 40% of elderly and senile residents, an additional position of a district nurse is being introduced [14]. However, evaluation of this innovation is waiting in the wing

CONCLUSION

Despite the requirements of the time and such an important trend as the aging of the population and the growing need for the medical and social services, on one hand, as well as a long history of geriatric care in...
Russia, today there is a misunderstanding of the role of geriatric nurse. In Russia, “geriatric nurse” is considered as an activity profile, not a specialty. There is no any special professional training courses in geriatrics, nurses mainly learn from the conferences on geriatrics in terms of the nursing sections or schools provided by NCO. Nursing beds are being run by nurses qualified as general practitioners, nursing training in geriatrics at the college level is reported to be poor.

In a bureaucratic country, the development of the profession or specialty is possible only after accepting and approving at the level of Health Ministry. Lack of geriatric nursing as a specialty and, hence, a lack of professional training will continue to affect the quality of geriatric services. One of the study directions could be exploring the role of the bureaucracy in the development of nursing in general, and geriatric nursing in particular.

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