Best Practice Statement ~ August 2005

Working with Dependent Older People towards Promoting Movement and Physical Activity
Contents

Introduction

Key Principles of Best Practice Statements

Key Stages in the Development of Best Practice Statements

How Can the Statement be Used?

Who was Involved in Developing the Statement?

Best Practice Statement: Working with dependent older people towards promoting movement and physical activity

Section 1: Promoting nurses' awareness of the benefits of physical activity

Section 2: Assessing, planning and implementing physical activity as part of the care plan

Section 3: Preventing falls

Section 4: Education and training

Appendix 1: Sources of Evidence

Appendix 2: Revised SIGN grading system

Appendix 3: Scottish Gerontological Nursing Community of Practice

Appendix 4: Definition and Principles of Gerontological Nursing
Introduction

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. NHS QIS does this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

Background to Best Practice Statements

While many examples of clinical guidelines exist there is a lack of reliable statements focusing specifically on nursing, midwifery and allied health professional practice.

The development of best practice statements reflects the current emphasis on delivering care that is patient-centred, cost-effective and fair, and will attempt to reduce existing variations in practice. The common practice that should follow their implementation will allow comparable standards of care for patients wherever they access services.

A series of best practice statements has been produced, designed to offer guidance on best practice relating to specific areas of practice and to encourage a consistent and cohesive approach to care.
Key Principles of Best Practice Statements

A best practice statement describes best and achievable practice in a specific area of care. The term ‘best practice’ reflects the commitment of NHS QIS to sharing local excellence on a national level. Best practice statements are underpinned by a number of shared principles.

- Best practice statements are intended to guide practice and promote a consistent and cohesive approach to care.
- Best practice statements are primarily intended for use by registered nurses, midwives and the staff who support them, but they may also contribute to multidisciplinary working and be of guidance to other members of the healthcare team.
- Statements are derived from the best available evidence at the time they are produced, recognising that levels and types of evidence vary.
- Information is gathered from a broad range of sources in order to identify existing or previous initiatives at local and national level, incorporate work of a qualitative and quantitative nature and establish consensus.
- Statements are targeted at practitioners, using language that is accessible and meaningful.
- Consultation with relevant organisations and individuals is undertaken.
- Statements will be nationally reviewed and updated every 3 years.
- Responsibility for implementation of statements will rest at local level.
- Key sources of evidence and available resources are provided.

Use of Evidence in Best Practice Statements

The need to embrace evidence in its broadest sense has been acknowledged by NHS QIS in the development of best practice statements. Best practice statements represent a unique synthesis of research evidence, evidence complemented by audit, patient surveys and inputs derived from expert opinion, professional consensus and patient/public experience.

The process for developing these statements adopts a rigorous, transparent and consistent ‘bottom-up’ approach to articulating best practice that involves professionals and patients, and is based on all types of available evidence.
Key Stages in the Development of Gerontological Nursing Best Practice Statements

A unique feature of the Gerontological Nursing Demonstration Project best practice statements is that they are refined through evaluative research to enhance practice.

### Review Evidence
Research, major reports, national audits, existing care guidance, expert nursing opinion, evidence from older people.

### Draft Best Practice Statement
Identify nursing contribution, apply gerontological nursing values, identify level and type of evidence.

### Pilot within a Demonstration Site
Base-line audit, facilitate practice development and problem-solve, involve users, pool expertise of gerontological community of practice, refine statement, follow-up audit. External consultation on the revised draft.

### Disseminate and Update 3-yearly
Paper copies, on-line in PDF format, face-to-face seminars, e-based practice facilitation with gerontological nursing community of practice.

Promote networking between community of practice nurses, demonstration site staff and practitioners involved in progressing implementation.
How Can the Statement be Used?

The best practice statement on Working with Dependent Older People towards promoting movement and physical activity is intended to serve primarily as a guide to good practice and promote a consistent and cohesive approach to care. The statement is intended to be realistic but stretching, and can be used in a variety of ways, including:

- as a basis for developing and improving the care that nurses give to older people
- to stimulate learning among teams of nurses
- to promote effective interdisciplinary teamworking
- to determine whether a quality service is being provided
- to stimulate ideas and priorities for nursing research.
Who was Involved in Developing the Statement?

**Steering Group**

Margaret Anderson  
Staff Nurse, Mansionhouse Unit, South Glasgow University Hospitals Division, NHS Greater Glasgow

Andy Lowndes  
Practice Development Fellow, EQUAL Project, Glasgow Caledonian University

Fiona Lundie  
Care Home Liaison Nurse, Strathclyde Hospital, Motherwell, NHS Lanarkshire

Sarah Mitchell  
Head of Physiotherapy Department, Glasgow Royal Infirmary, NHS Greater Glasgow

Irene Schofield  
Research Fellow in Gerontological Nursing, Glasgow Caledonian University

Debbie Tolson  
Professor of Gerontological Nursing, Glasgow Caledonian University

**Demonstration Site Staff**

**Ashbourne Healthcare**

Valerie Cranston  
Care Manager, Eastwood Court, Glasgow

Liz Hotchkiss  
Manager, Eastwood Court, Glasgow

Clare Jamieson  
Sister, Eastwood Court, Glasgow

Nicola McAuley  
Senior Carer, Eastwood Court, Glasgow

Mary Macgee  
General Manager

Isobel Steel  
Activities Organiser, Eastwood Court, Glasgow

**Royal Northern Infirmary Community Hospital, Inverness**

Chris Beech  
Nurse Consultant, Services for Older People, NHS Highland

Shona Fraser  
Staff Nurse

Alyson Harrison  
Ward Manager
Rachel Hill          Clinical Effectiveness Team, NHS Highland
Hilda Hope          Lead Professional Nurse, NHS Highland
Maureen Mackay      Day Hospital Manager
Michaela Smith      Physiotherapist
Sue Walker          Occupational Therapist
Jean Wink           Staff Nurse
Linda Young         Staff Nurse

Nurse Reference Group
See Scottish Gerontological Nursing Community of Practice (Appendix 3)
Best Practice Statement: Working with dependent older people towards promoting movement and physical activity

This best practice statement has been produced by NHS QIS in conjunction with the Gerontological Nursing Demonstration Project research team at Glasgow Caledonian University, the Scottish Gerontological Nursing Community of Practice (Appendix 3), and staff at Eastwood Court, Glasgow, Ashbourne Healthcare, and The Royal Northern Infirmary Community Hospital, Inverness. Its purpose is to offer evidence-based nursing guidance for physical activity. The best practice statement has been demonstrated in a care home and particular elements have been the focus of work undertaken by a multidisciplinary team within NHS Scotland.

There is now strong evidence to show that keeping physically active in older age is beneficial to health, prevents falls and prolongs functional independence. Even in frail older people there is evidence to show that regular opportunities for movement and physical activity can improve and maintain function. All healthcare professionals working with older people have a responsibility to promote physical activity to maintain functional independence. One of the barriers to encouraging older people in physical activity is that it can be considered by nursing staff to be a specialist interest. This best practice statement helps to challenge that view, and encourages nurses to consider how they can become significant in promoting movement and physical activity in older people. One resource to help promote this view has been developed in Greater Glasgow, where a team of expert physiotherapists has developed a guide and video for older people, Keeping Fit and Active as You Get Older. This simple resource can be used by nurses in hospital to support older people during rehabilitation, by nurses in care homes to help older people maintain functional independence and by older people themselves in their own homes. No special training is required to help people use this particular resource.

The Gerontological Nursing Demonstration Project

This practice innovation research project involves the development of best practice statements, which are informed by a review of existing evidence and refined through testing and user involvement in a demonstration site. The presentation of the statement reflects the emerging definition of gerontological nursing, and an agreed set of values developed by the Scottish Gerontological Nursing Community of Practice. The statement reflects the beliefs of nurses and has been demonstrated to be achievable within practice areas similar to the demonstration site. To see the definition and list of values refer to Appendix 4; alternatively you may wish to find out more about the project by visiting the website (http://www.geronurse.com).
Section 1: Promoting nurses' awareness of the benefits of physical activity

Key Points ~

1. Nurses play a key role in promoting physical activity with older people.
2. Physical activity incorporates a range of activities, from physical activity as part of daily living, to structured exercise training programmes (specifically, balance).
3. People with chronic ill health and frailty can benefit from regular physical activity.
4. There are opportunities for regular physical activity or activities that involve movement.

[The numbers in the text correspond with the sources of evidence in Appendix 1]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reasons for Statement</th>
<th>How to Demonstrate Statement is Being Achieved</th>
</tr>
</thead>
</table>
| Nurses are knowledgeable about the benefits of physical activity in optimising independence, psychological and social wellbeing, and improving quality of life for older people. | There is evidence that regular specific types of physical activity can improve older people's physical ability, mental wellbeing, and optimise their independence. | There are local written guidelines on the nurse's role in providing/supporting physical activity.  
Staff education and training programmes are in place to support the nurse's role in physical activity.  
Staff training records show evidence of education and training in providing/supporting physical activity.  
Guidelines on the nurse's role in providing/supporting physical activity are made known to nursing staff at local induction. |
| Exercise and activity for older people which include specific training on balance and strength can reduce falls and promote independence. | Documentation shows that physical activity to benefit health is being provided. |
Nurses are knowledgeable about the main elements of activity beneficial to health, and promote activity that incorporates some or all of these elements. In the NHS hospital setting, nursing staff facilitate agreed structured exercise, in addition to that prescribed by physiotherapists.

Exercise programmes may need to be adapted to meet the requirements of older people with medical conditions and disability, and balanced with periods of relaxation and rest.

In care homes and all extended care facilities including hospitals, registered nurses ensure that there are opportunities for older people to remain active through self-care, regular exercise or other types of structured physical, recreational, and social activity appropriate to their needs.

Structured physical activity may include one-to-one and group exercise programmes, eg Tai Chi, chair-based programmes and hobbies, eg gardening.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reasons for Statement</th>
<th>How to Demonstrate Statement is Being Achieved</th>
</tr>
</thead>
</table>
| Nurses are knowledgeable about the main elements of activity beneficial to health, and promote activity that incorporates some or all of these elements. In the NHS hospital setting, nursing staff facilitate agreed structured exercise, in addition to that prescribed by physiotherapists. | In order to benefit health and wellbeing, physical activity consists of movements to promote:
- general mobility
- posture
- balance
- strength
- aerobic endurance, and
- flexibility/joint mobility. | |
| Exercise programmes may need to be adapted to meet the requirements of older people with medical conditions and disability, and balanced with periods of relaxation and rest. | |
| In care homes and all extended care facilities including hospitals, registered nurses ensure that there are opportunities for older people to remain active through self-care, regular exercise or other types of structured physical, recreational, and social activity appropriate to their needs. | To optimise independence in daily living. |
| Structured physical activity may include one-to-one and group exercise programmes, eg Tai Chi, chair-based programmes and hobbies, eg gardening. | Documentation shows evidence of regular planned activities, consisting of movement, exercise or other types of physical, recreational, and social activity, which take into account the person’s capabilities, preferences and interests. |

Key Challenges –
1 For nurses to recognise, negotiate and prepare for their role, supported by other therapy professionals, in promoting physical activity with dependent older people.
2 Challenging the myth, held by some older people, their family members and nursing staff, that later life is a time for reduced physical activity.
3 Challenging the perception that physical activity can be harmful to chronic ill health.
4 Raising the profile of structured activity and making it the concern of everyone.
Section 2: Assessing, planning and implementing physical activity as part of the care plan

Key Points –

1 A registered nurse’s assessment covers physical and mental health, medication and motivation.
2 There is interdisciplinary working towards common goals.
3 Physical activity can be enjoyable and meaningful for each older person.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reasons for Statement</th>
<th>How to Demonstrate Statement is Being Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the NHS hospital, registered nurses, in collaboration with professional therapy colleagues, make a comprehensive assessment of individual needs, prior to promoting physical activity and beginning a structured exercise programme.</td>
<td>To identify functional ability, need for support, and mobility aids, and to facilitate appropriate referral to Allied Health Professionals, e.g. physiotherapist or occupational therapist.</td>
<td>Criteria for referral to Allied Health Professionals are in place and there is evidence of interdisciplinary care planning.</td>
</tr>
<tr>
<td>Assessment includes factors that influence mobility:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• medical conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• stability of condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• nutritional status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• polypharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• alcohol use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• mental health, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• motivation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the care home, a registered nurse collaborates with the individual, their family and professional therapy colleagues, where they are accessible, in making such a comprehensive assessment, prior to promoting physical activity, or beginning a structured exercise programme.

A consistent approach to physical activity, where there is consensus between all parties, is likely to achieve set goals.

There is evidence of interdisciplinary working towards common goals.
Nurses optimise the older person’s ability to remain physically active by assessment of hearing, vision, cognition and language ability.

Support with vision, hearing, cognition and language ability increases ability to participate in physical activity.

There is documented evidence of the assessment of physical and cognitive ability, level of support required, and a risk assessment.

Nurses promote independence and choice by encouraging the older person to make their own choices and decisions about engaging in daily self-care to promote active living, and in structured physical activity.

A person’s beliefs, motives and previous experience of physical activity influence their willingness to resume or extend participation in physical activity.

There is a range of legible and clear information, in a variety of formats for staff, older people and carers on the benefits of regular physical activity, and how this can be achieved.

Nurses help the older person to set personal goals within a positive, risk-taking environment.

There is evidence of discussion on the older person’s choices, decision-making, and risk-taking in the care documentation.

Families and other carers are encouraged to support the older person in keeping active whilst in hospital or a care home, and to continue being active at home.

Review of care documentation shows evidence of participation and an assessment of the effectiveness of the agreed activity programmes. This could include factors such as increased motivation, absence of deterioration, and improvements in functional ability.

Staff prepare patients and residents, and arrange conducive surroundings for physical activity, attending to safety needs.

A safe, supportive and pleasant environment, and well-prepared participants and staff increase the potential for enjoyment, achievement, and a willingness to continue with physical activity on future occasions.

There is evidence of a pleasant environment. The older person’s comments about how they are feeling and their level of satisfaction with their efforts are noted within the documentation.

Key Challenges ~

1 Identifying sources of support for providing physical activity in community settings.
2 Working together with other agencies to promote physical activity.
3 Encouraging physical activity for those people who have not enjoyed exercise in the past, eg by linking activity to interests and hobbies.
4 Recognising that people with dementia can benefit from physical activity.
5 Responding to a person’s change in functional and mental ability, and adapting exercise appropriately.
6 Helping people overcome their fears of ‘over-doing it’.
7 Offering a flexible approach to physical activity that takes account of different care settings, individual needs and preferences.
8 Prioritising physical activity within a person’s day and as part of a rehabilitation process above other activities, eg ward rounds.
## Section 3: Preventing falls

**Key Points**

1. **Falls and instability are signs of deteriorating health in an older person.**
2. **Falls are a major cause of loss of independence.**
3. **Nurses play a key role in working with other health professionals and older people to prevent falls.**
4. **Training in balance and strength can reduce falls and promote independence.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reasons for Statement</th>
<th>How to Demonstrate Statement is Being Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing staff are knowledgeable about the many factors that contribute to falls, and assess and identify every older person who is at risk of falling with a validated screening tool, eg the Get up and go test as the initial screening tool.</td>
<td>Nearly half of people admitted to nursing homes have experienced postural instability and falls. Older people with dementia have an increased risk of falls. Postural instability and falls are major threats to older people's independence. Older people are fearful of losing independence. Prompt identification and action can prevent falls and decrease risk of injury. A validated risk-assessment tool enables staff to identify people at low, medium and high risk of falls.</td>
<td>There is a risk assessment tool in place for all residents and patients. The number of falls is reduced.</td>
</tr>
<tr>
<td>Nursing staff implement preventative strategies using an interdisciplinary approach, eg implementing advice given in a video and booklet package, Taking positive steps to avoid trips and falls.</td>
<td>In areas where access to Allied Health Professionals is limited, national guidelines and resources are evidence-based and provide a sound rationale for local protocols on preventative care for nursing staff. There is evidence that an interdisciplinary care pathway or programme involving relevant healthcare disciplines has been followed. There is evidence that nurses have been trained to undertake risk assessments for falls and to implement strategies where access to Allied Health Professionals is limited.</td>
<td></td>
</tr>
</tbody>
</table>
Older people at high risk of falls are screened for their willingness and ability to wear hip protectors. There is some evidence from selected groups of older people, specifically those who live in a care home, that hip protectors are effective in preventing injury from falls.

Key Challenges —

1. Accessing hip protectors
2. Educating patients, residents and carers about the benefits of using hip protectors.
3. Availability of Allied Health Professionals for assessments in care homes.
4. Availability of suitably trained nursing staff.
Section 4: Education and training

Key Points –
1 Evidence-based physical activity can be achieved with investment in education and training and opportunities to network with colleagues.
2 Providing physical activity for individuals with complex needs requires practical know-how, interpersonal skills, problem-solving skills and flexibility.
3 Education programmes include training on effective record-keeping.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reasons for Statement</th>
<th>How to Demonstrate Statement is Being Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training programmes for nursing and care staff include information and training on:</td>
<td>Older people may be reluctant to take up or resume physical activity. Nurses need to be knowledgeable and proactive in initiating discussion about the benefits of keeping active, and willing to be guided by the older person’s response.</td>
<td>There is evidence of ongoing training and development for all staff. The content of training programmes is recorded.</td>
</tr>
<tr>
<td>1 the benefits of physical activity in optimising independence, improving mental health and social inclusion</td>
<td>Nurses need to be able to adapt activity to suit the situation.</td>
<td>Training and education programmes include opportunities for regular updates.</td>
</tr>
<tr>
<td>2 the benefits of a rehabilitative approach for all aspects of care</td>
<td></td>
<td>Staff are given time to attend updates.</td>
</tr>
<tr>
<td>3 how to clarify values around physical activity and older people with other staff</td>
<td></td>
<td>There is regular input from an activity co-ordinator, volunteers or a suitably trained member of staff.</td>
</tr>
<tr>
<td>4 national clinical guidelines[^12^][^19^]</td>
<td></td>
<td>There is evidence that sufficient nursing and care staff have attended training, in order to give flexibility and reliability in the provision of physical activity.</td>
</tr>
<tr>
<td>5 assessment of a person’s physical ability, and use of local protocols</td>
<td></td>
<td>The care facility has continuing and accessible supplies of national clinical guidelines, assessment and other screening tools, materials promoting physical activity, and local protocols on physical activity.</td>
</tr>
<tr>
<td>6 competency skills in screening (to include use of tools) and assessment, as set out in local policies</td>
<td></td>
<td>Nursing staff make regular use of promotional material in encouraging people to remain active and independent.</td>
</tr>
<tr>
<td>7 raising awareness of the impact of falls, and falls prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 competency skills and knowledge to support patients and residents with physical activity at individual and group level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 how to use appropriate material to promote physical activity, e.g. the exercise guide and video, <em>Keeping Fit and Active as You Get Older</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Working with Dependent Older People towards Promoting Movement and Physical Activity

10 skills in adapting physical activity for patients and residents with specific medical conditions and for people with dementia
11 motivational skills
12 recognising barriers to physical activity, such as visual and hearing impairment, and how to overcome them, and
13 clinical leadership and management of change.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Reasons for Statement</th>
<th>How to Demonstrate Statement is Being Achieved</th>
</tr>
</thead>
</table>

**Key Challenges**

1. Valuing education and training for the provision of physical activity in older people.
2. Identifying suitable training programmes for staff.
3. Setting priorities for training programmes to support practice development.
4. Involving enough staff, so that there is flexibility and reliability of provision.
5. Educating patients/residents and carers about the benefits of physical activity.
6. Securing sufficient funds to obtain small items of equipment and to pay for activity providers.
Appendix 1

Sources of Evidence

[The numbers in square brackets relate to the SIGN guidelines levels of evidence contained in Appendix 2]


Appendix 2
Revised SIGN grading system

Levels of evidence

1++ High quality meta analyses, systematic reviews of Randomised Controlled Trials (RCTs), or RCTs with a very low risk of bias

1+ Well conducted meta analyses, systematic reviews of RCTs, or RCTs with a low risk of bias

1 - Meta analyses, systematic reviews of RCTs, or RCTs with a high risk of bias

2++ High quality systematic reviews of case-control or cohort or studies with a very low risk of confounding, bias, or chance and a high probability that the relationship is causal

2+ Well conducted case control or cohort studies with a low risk of confounding, bias, or chance and a moderate probability that the relationship is causal

2 - Case control or cohort studies with a high risk of confounding, bias, or chance and a significant risk that the relationship is not causal

3 Non-analytic studies, e.g. case reports, case series

4 Expert opinion

Grades of recommendation

A At least one meta analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; or
A systematic review of RCTs or a body of evidence consisting principally of studies rated as 1+, directly applicable to the target population, and demonstrating overall consistency of results

B A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; or
Extrapolated evidence from studies rated as 1++ or 1+

C A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results; or
Extrapolated evidence from studies rated as 2++

D Evidence level 3 or 4; or
Extrapolated evidence from studies rated as 2+
On occasion, guideline development groups find that there is an important practical point that they wish to emphasise but for which there is not, nor is their likely to be, any research evidence. This will typically be where some aspect of treatment is regarded as such sound clinical practice that nobody is likely to question it. These are marked in the guideline as Good Practice Points. It must be emphasised that these are not an alternative to evidence-based recommendations, and should only be used where there is no alternative means of highlighting the issue.
Appendix 3

Scottish Gerontological Nursing Community of Practice

Sheila Bannon  Sister, Manor Parc Nursing Home, Glasgow

Linda Bruce  Clinical Care Manager, Ashbourne Healthcare, West Lothian

Sandra Cameron  Senior Nurse, St Johns Hospital, Livingstone

Linda Campbell  Stroke Co-ordinator, Raigmore House, Inverness

Duncan Clarkson  Director of Nursing, Whim Hall Nursing Home, Peebleshire

Valerie Cranston  Sister, Eastwood Court Nursing Home, East Renfrewshire

Mary Creed  Assistant Matron, Pittendreich Nursing Home, Midlothian

Jean Donaldson  Care Home Liaison Nurse, Strathclyde Hospital, Motherwell

Muriel Douglas  Senior Sister, Borders General Hospital, Roxburghshire

Morag Francis  Sister, Braeside House Nursing Home for the Elderly Blind, Edinburgh

Sue Gardiner  Clinical Nurse Practitioner, Royal Victoria Hospital, Edinburgh

Amanda Garrity  Senior Sister, Braemount Nursing Home, Paisley

Nancy Hamilton  Compliance & Monitoring Officer, Salvation Army, Glasgow

Helen Harkins  Staff Nurse, Moorburn Manor, Largs

Liz Hotchkiss  Deputy Manager, Eastwood Court Nursing Home, East Renfrewshire

Shona Hunter  Clinical Nurse Manager, Whim Hall Nursing Home, Peebleshire
Claire Jamieson  Sister, Eastwood Court Nursing Home, East Renfrewshire
Eveline Kearney  Manager, Millview, Barrhead
Mary Kelly  Matron, Manor Parc Nursing Home, Glasgow
Mary Kenyon  Matron, Whitefield Lodge Care Home, Glasgow
Fiona Lundie  Care Home Liaison Nurse, Strathclyde Hospital, Motherwell
Mary Macgee  General Manager, Ashbourne Homes, Glasgow
Fiona Mann  Matron/Manager, Buchanan Lodge, Bearsden
Freda Matheson  Registered Nurse, Isle View Nursing Home, Wester Ross
Louise Millar  Deputy Manager, Westminster South Grange Nursing Home, Dundee
Donna Morrison  Specialist Practitioner, Royal Dundee Liff Hospital, Dundee
Mae Munro  Manager, Southern Cross Healthcare, Inverness
Tom Norton  Nursing Home Manager, Woodlands Nursing Home, West Lothian
Nanette Paterson  Registered Nurse/Matron, Morningside Care Home, Wishaw
Lyndsey Redden  Staff Nurse, Moorburn Manor, Largs
Nancy Reid  Practice Development Nurse, Ravenscraig Hospital, Greenock
Liz Steven  Sister, Braeside House Nursing Home for the Elderly Blind, Edinburgh
Ria Tocher  Clinical Development Nurse, Astley Ainslie Hospital, Edinburgh
Christine Tonge  Health Visitor for the Elderly, Lerwick Health Centre, Shetland
Appendix 4

Definition and Principles of Gerontological Nursing

Gerontological nursing contributes to and often leads the interdisciplinary and multi-agency care of older people. It may be practised in a variety of settings, although it is most likely to be developed within services dedicated to the care of older people. It is a person-centred approach to promoting healthy ageing and the achievement of wellbeing, enabling the person and their carers to adapt to health and life changes and to face ongoing health challenges.

To achieve this, in-depth gerontological nursing knowledge and skills are required alongside a commitment to an explicit value base. The virtual practice development community of link nurses has developed a set of principles, which reflects its beliefs about gerontological nursing:

1 Commitment to person-centred care
   Understanding and acknowledging the needs and wishes of the older person and ensuring that these underpin the planning and delivery of care. Promoting continuity of care that values the older person’s unique past, present and future individuality and recognising and respecting the person’s role and contribution to family and wider society.

2 Commitment to an enabling model of care
   Recognising the uniqueness of each older person, and building on positive lifelong coping skills and strategies. Negotiating and reviewing care goals in partnership with the older person and family, according to the individual’s needs and wishes.

3 Promotion of an enabling environment
   Promoting positive staff attitudes together with a supportive physical and organisational environment in order to create an enabling living, or care environment that conveys a sense of hope and achievement for the older person.

4 Respect for a person’s rights and choice
   Respecting and promoting the rights of each older person as a consenting adult to make independent choices and care decisions, according to the person’s wishes, and recognising when it is necessary to draw on patient advocacy services.

5 Promoting dignity
   Promoting dignity in day to day care to include consideration for the older person’s privacy and confidentiality.
6 Establishing equity of access
Acting as champion and striving to secure on behalf of all older people the same access to services as other age groups.

7 Maximising therapeutic interventions
Developing attitudes, knowledge, and skills in order to turn a caring event into a therapeutic opportunity for the older person and, where appropriate, her/his family.

8 Commitment to developing innovative practice
Adopting strategies to promote evidence based gerontological nursing practice and advancing knowledge, skills and competencies of staff through continued education and research.

9 Commitment to an explicit and shared set of values
Developing an agreed care philosophy that seeks to maintain the uniqueness of the older person, reflecting their needs and identifying the standards of care which they can expect.

10 Commitment to interdisciplinary working and partnership
Working as part of a team of experts who recognise, seek out and respect each other’s contribution to the care of the older person. Directing the collective effort towards the realisation of goals negotiated with the older person and their family, according to their needs and wishes.
Working with Dependent Older People towards Promoting Movement and Physical Activity