



NICE NEWS

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**DR. PETER DONAHUE
NETWORK MANAGER, NICE**



DIRECTOR'S MESSAGE

Greetings!

First off, I want to thank many of you for taking the time to send us your thoughts on NICE News. It made me very happy to hear that you found the information and article summaries helpful. Remember to let us know if you have been able to incorporate into your practice any of the findings presented in this newsletter. Also keep us mind when you are reading through the journals. If you find anything interesting please let us know so that we can share the findings through NICE News.

In the upcoming weeks I hope that I will have a chance to see many of you at the conferences. At the Canadian Conference on Elder Law in Vancouver, Judith Wahl (NICE Network Deputy Chair) will be presenting an overview of NICE. We will also be hosting a breakfast meeting

for all those interested in NICE at the Canadian Association on Gerontology's 35th Annual Scientific and Educational Meeting in Quebec City, on Friday October 27th from 7:30 - 8:30 am, Salon Villeray, Lobby.

On another note, did anyone hear Dr. Gloria Gutman chiming in with her thoughts on robotic care providers in long term care facilities? On a recent edition of the Current on CBC Radio 1, Dr. Gutman spoke about what would be lost should robots replace human care providers. Although I cannot believe that this discussion is happening, I am somewhat relieved to know that Dr. Gutman has been called upon to state the importance of human interaction in the care of often socially isolated elderly adults.

This interview also reminds me that as academics, researchers and practitioners, we have a responsibility to make our voices

heard publicly when controversial issues arise related to the care of the elderly. If you hear or read something in the media that you feel has been misrepresented please contact us and we will do our best to help you put together a response, or respond to the issue on our own. Hopefully we can work together to make sure the issues affecting the elderly are accurately portrayed in the media.

For now though, I hope that you enjoy this issue of NICE News. Remember to keep sending us your feedback so that we can better meet your needs.

All the best.

Lynn McDonald

Scientific Director, NICE

IMPORTANT DATES

October 14 & 15, 2006—Legal and societal challenges of aging: A view for positive change—Canadian Conference on Elder Law Location: Vancouver, B.C.

October 26-28, 2006—Acknowledging our past, Building our future: Evidence-based practice in aging—Canadian Association on Gerontology's 35th Annual Scientific and Educational Meeting Location: Quebec City, QC

November 16-20, 2006—Education and the gerontological imagination—The Gerontological Society of America's 59th Annual Scientific Meeting Location: Dallas, Texas

TURN OVER & RETENTION: KEEPING STAFF LONGER "THE IMPACT OF STRESS AND SUPPORT ON NURSING ASSISTANT SATISFACTION WITH SUPERVISION"

The management gurus have been telling us for a long time that a happy employee is a productive employee. Flex-time, gym memberships and bonuses may go a long way for the corporate employee but how do we keep front-line health care workers who are often faced with physically and emotionally demanding jobs satisfied?

A study by Noelker and colleagues

propose a stress-and-social-support conceptual framework to increase our understanding of how to increase job satisfaction for nursing assistants (A.K.A. personal support workers, personal support providers or health care aides) – the front-line staff who provide the essential and difficult task of providing the essentials of institutional care: feeding, bathing, toileting, etc.

The importance of keeping nursing assistants satisfied with their jobs should be obvious. First, it leads to higher employee attendance and retention rates. This, in and of itself, goes a long way to alleviating pressures on other parts of the health care system – chiefly upon nurses themselves who are often required to take on even more responsibilities when an (con't)

TURN OVER & RETENTION: KEEPING STAFF LONGER (CON'T)

assistant misses a shift or quits unexpectedly.

But the other benefits are also very important: a better work environment, a more cohesive team and continuity of patient care. Noelker and colleagues do a great job of reviewing the literature in this area and make a strong case for investing in the happiness of nursing assistants.

The problem, however, is that this particular group of workers is typically made up of individuals with complex and demanding personal lives. As indicated by Noelker and colleagues, many nursing assistants are minority women who come from low-income families with dependent children. The strains of their personal lives can manifest at work in the form of tardiness, absenteeism, lack of motivation and poor performance. Although supervisors have no control over the external realities of employees' lives, understanding the complexity of the situation and being supportive can go a long way to increasing job satisfaction.

Using a stress-and-social-support conceptual framework, Noelker and colleagues designed a study

using three cross-sectional surveys of 338 nursing assistants from 22 skilled nursing facilities in Ohio. From this they were able to demonstrate a clear relationship between satisfaction with supervision, the individual stressors facing nursing assistants and their overall job satisfaction.

Nursing assistants reported higher levels of satisfaction with supervision when supervisors made an effort to demonstrate that they understood the external demands that these employees were facing. Supervisors were able to accomplish this by avoiding unexpected scheduling changes or instituting mandatory overtime that might otherwise interfere with day care arrangements or other family obligations and by being flexible in scheduling or time off requests so that staff could deal with family issues.

The authors recommended that supervisors be given more training in understanding the unique pressures affecting nursing assistants – those related to

both their demanding work and home environments. They also recommend that Employee Assistance Programs be provided for nursing assistants and that their supervisors encourage them to use these to help cope with financial and family pressures.

Based on the findings of this study, should supervisors succeed in implementing the above suggestions, they could expect to see less employee absenteeism and greater employee retention. By placing an emphasis on understanding and supporting nursing assistants – often low in status and in recognition – the benefits will flow upward affecting everything from continuity of care to job satisfaction of other members of the health care team

Noelker, L.S., Ejaz, F.K., Menne, H.L., & Jones, J.A. (2006). The Impact of Stress and Support on Nursing Assistant Satisfaction With Supervision. *Journal of Applied Gerontology*, 24 (4): 307-323.



How do we keep front-line health care workers who are often faced with physically and emotionally demanding jobs satisfied?

FRAILITY: A USEFUL BUT CONFUSING TOOL

“VALIDITY AND RELIABILITY OF THE EDMONTON FRAIL SCALE”

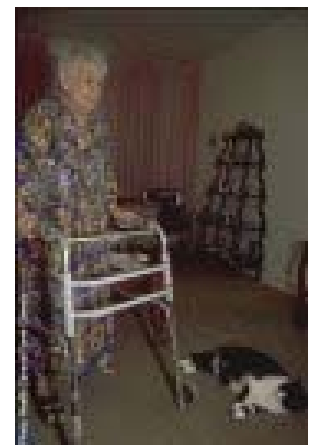
Frailty is a much talked about concept in gerontological circles. Although agreed that frailty is conceptually useful there has been little consensus on its definition or how to use it in a clinically relevant manner. Consequently, Petty et al. (2006) set out to develop and test the validity and reliability of a brief and easy to use screening interview for frailty in seniors. They found that this tool, the Edmonton Frail Scale (EFS), does provide a clinically useful operational definition of frailty, is easily and quickly adminis-

tered and is both reliable and valid as a tool for assessing frailty in older adults.

Frailty, loosely defined as a state of vulnerability, has been measured in many ways: rule-based instruments, summative impairment lists and algorithms derived from clinical judgement. These measures are typically multi-dimensional, requiring a comprehensive geriatric

assessment, rendering them impractical for bedside screening. The authors wanted to develop a common tool that could be used by geriatricians, non-specialist physicians and nurses in inpatient and outpatient settings.

The EFS measures frailty in 10 domains: performance (cognitive impairment & balance); mood; functional independence; (con't)



FRAILTY (CON'T)

medication use; social supports; nutrition; health attitudes; continence; burdens of medical illness; and quality of life. The EFS was tested with 158 adults (65 years or older) who were referred for comprehensive geriatric assessment (CGA) from acute care wards, rehabilitation units, day hospitals and outpatient clinics in Edmonton. The CGA (including a personal and informant history, a physical examination, a functional performance assessment, a mental status examination and a formulation) was completed for all participants. The specialist also completed a questionnaire developed by the authors known as the Geriatrician's Clinical Impression of Frailty (GCIF) which included a physician rating of frailty. The EFS was also completed for each participant by a study investigator independent and blinded to the CGA evaluation. A randomly selected subset of participants were administered the EFS a second time, twenty-four hours

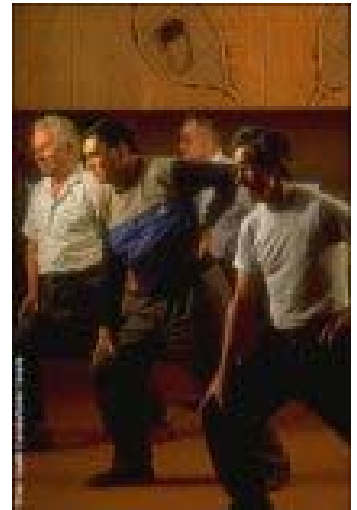
later, by a geriatric nurse blinded to the first score and the CGA evaluation. Other participant subsets were similarly re-administered the MMSE and the Barthel Index.

The results of the study showed strong and statistically significant relationships between the EFS scores, the GCIF and the Barthel Index, but not between the EFS and the MMSE. The authors also tested for, and found good, inter-reliability. The EFS, therefore, is a reliable and valid measure of frailty.

The authors of this study set out to develop and test a common tool that could be easily used to assess frailty in older adults. They have succeeded in designing a brief tool that can be used by geriatricians, non-specialized physicians and nursing staff alike in assessing frailty. The importance of this development is two-fold. In

the first instance it moves the concept of frailty from a conceptual plane into a useful diagnostic term. It also enables health care professionals to quickly and easily assess the level of frailty of their patients and to create treatment plans that take this into account.

Rolfson, D.B., Majumdar, S.R., Tsuyuki, R.T., Tahir, A., Rockwood, K. (2006). Validity and Reliability of the Edmonton Frail Scale. *Age & Ageing*, 35 (5): 526-529.



Although agreed that frailty is conceptually useful there has been little consensus on its definition or how to use it in a clinically relevant manner.

COMMUNITY CORNER

OLDER PERSON'S MENTAL HEALTH AND ADDICTIONS NETWORK (OPMHAN)

Part of the goal of NICE is to create a network between the various agencies currently serving the needs of our elderly. We are proud to join forces with the Older Person's Mental Health and Addictions Network (OPMHAN) in our efforts.

OPMHAN was founded in 2002 by the Ontario Gerontology Association (OGA). The goal of OPMHAN is to seek out and invite the participation of services providers, consumers and consumer groups, family caregivers, ethno-cultural groups, educational facilities, research organizations, governments, and

associations with an interest or a stake in the mental health and addiction needs of seniors. Combined, their mission is:

To improve the Ontario system of care for older persons in the community at risk of or coping with mental illness and addictions – and to support those who care for and about them.

To date OPMHAN boasts a membership of over 50 regional and provincial organizations, consumers and family advocacy groups. Together they work to promote and participate in the development of regional and province-wide older adults' mental health and addictions strategies which identify and address areas of need including prevention and health promotion, across all chronic mental illness and addiction concerns, and

through later-life related disorders.

We look forward to working closely with our new partner. If you, or your organization, want to become a member of OPMHAN or would like more information please contact Randi Fine at OPMHAN@sympatico.ca or 416-325-7643.



OPMHAN
Older Persons' Mental Health and
Addictions Network of Ontario

ELDER ABUSE: SCREENING AND PREVENTION

“DEVELOPMENT OF A SCREENING TOOL FOR IDENTIFYING ELDERLY PEOPLE AT RISK OF ABUSE BY THEIR CAREGIVERS”

Elder abuse is a widespread problem in our society – a problem that if left unchecked will continue to grow as the population ages. Elder abuse incidence rates have been reported to be as low as 1% to as high as 10% but the actual rate is commonly thought to be much higher because many cases go unreported.

Cohen et al. (2006) believed that hospitals would prove a unique environment for elder abuse screening as the elderly often use hospital services and these occasions would allow for thorough examinations for abuse. Cohen and colleagues, however, found that even within hospitals health care staff are ill equipped to effectively screen for elder abuse. Consequently, they developed and tested a screening tool that could be easily used in hospitals to detect current elder abuse and to alert health care staff to those who may be at high risk for future abuse.

Cohen et al. (2006) built upon the Indicators of Abuse (IOA)

screening tool developed by Reis & Nahmiash (1998). They called the new version the Expanded Indicators of Abuse (E-IOA) to reflect the addition of a semi-structured interview that breaks down the indicators of abuse into sub-indicators that contain quantitative, operational components. It was hoped that this addition would overcome difficulties with the subjectivity and variation of the IOA due to differences in the clinical skills and methods of psychosocial evaluation employed by those administering the tool.

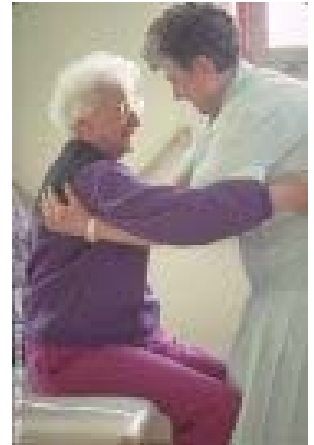
The sub-indicators of the E-IOA were developed using evaluation criteria from the Diagnostic and Statistical Manual of Mental Disorders (4th Ed., American Psychiatric Association, 1994), the Review of General Psychiatry Textbook (Goldman, 1994) and a model of biopsychosocial assessment in geriatric social work (Green, 2000). This tool was administered to 108 elderly adults (65 and over) who were being treated in Internal Medicine and

Orthopaedic units in two hospitals.

Statistical analysis of the E-IOA showed good ratings of reliability and validity of this tool. Especially interesting was the degree to which the test was able to accurately identify those who were at risk for abuse versus those who were not. Analysis showed the E-IOA accurately identified 92.9% of participants as being at high risk for abuse and 97.9% of participants of not being at high risk of abuse as verified by an independent list of the evident signs of abuse.

Although this is a new instrument that requires further testing it does make an important contribution in the progression towards being able to accurately identify elderly persons at risk for abuse. It also makes elder abuse screening much more universal and objective than previous assessment tools.

Cohen, M., Halevi-Levin, S., Gaglin, R., & Friedman, G. (2006). Development of a Screening Tool for Identifying Elderly People at Risk of Abuse by Their Caregivers. *Journal of Aging and Health*, 18(5): 660-685.



If left unchecked the incidence of elder abuse will continue to grow as the population ages.

BRINGING EVERYONE HOME

The postcard on the right was developed by a working group of research participants involved in a creative dissemination project as part of a National Homeless Initiative funded study called “In from the streets: The health and well-being of formerly homeless older adults”. The reverse side of the postcard contains a message to MPs, MPPs, MLAs, Councillors and Members of the Public Service outlining three key actions that should be taken: fund an adequate supply of affordable, client-centred, age appropriate housing & support options; reform income support programs & raise minimum wage to reflect the real costs of living; and create meaningful jobs & other opportunities for participation supported by long term investments in people’s capacity. The final report will be available soon at www.aging.utoronto.ca



We are on the web!

<http://www.nicenet.ca>

**MEMBER PROFILE:
DR. PETER DONAHUE
NETWORK MANAGER, NICE**



Most of you have already had the pleasure of meeting Dr. Peter Donahue the Network Manager for NICE. For those of you who have not yet had the opportunity to get to know him we would like to take this opportunity to make a formal introduction.

NICE NEWS

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Dr. Peter Donahue began his career in gerontology at a very early age, working at nursing homes during his summer breaks from school. Dr. Donahue can often be heard saying that 'he's never met an older person he hasn't liked' and his colleagues are always amazed to learn that while growing up he knew that his career would involve working with older adults. For Dr. Donahue the drive behind his passion for working with the elderly is simple - 'it's a way to give back to the people who have built our society.'

Dr. Donahue received his B.Sc. in biology and a B.A. in gerontology from McMaster University. Following this he received an M.S.W. and Ph.D. from the University of Toronto. His research has focused on retirement, caregiving and diversity in aging. He has authored and co-authored a number of papers, given numerous conference presentations and been awarded significant research grants for his work in aging and sexual diversity, aging and housing, retirement and caregiving.

During his pre-academic career, Dr. Donahue was involved in community development for older adults as Program Coordinator for the Toronto Association of Neighbourhood Services - Seniors Program. He was also involved in policy and advocacy in his work with the Ontario Coalition of Senior Citizens' Organizations. Dr. Donahue's earlier work also included research and direct practice in long term care facilities.

Dr. Donahue is an Assistant Professor in the Faculty of Social Work at the University of Calgary. He is actively involved in promoting gerontological social work at the university and is actively involved with many senior programs and services in Calgary, including Trinity Place Foundation of Alberta and Calgary's Friends of Seniors Foundation.

Currently Dr. Donahue is taking a sabbatical from that appointment in order to fill the role of Network Manager for NICE. Not one for being idle, he is the current Chair of Education and Annual Conference Co-Chair for the Canadian Association on Gerontology.

Dr. Donahue brings energy, enthusiasm and commitment to meeting the needs of the elderly that greatly benefits the work of the NICE Network and the entire field of gerontology.



W E C A R E T O G E T H E R

The Last Word is yours...

We hope that you have enjoyed this issue of NICE News. And we want to remind you that our main goal is to provide you with useful, applicable information for your practice. Being a multidisciplinary network it's hard for us behind the scenes to keep on top of the latest developments and happenings in everyone's specialties. We hope that you will help us out by sending us your feedback, suggestions, articles, important dates, exciting news etc... so that we can better meet our goal. You can contact us at nicenetadmin@utoronto.ca.