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Should Geriatric Patients Need Extra Nursing Care than Younger Adult Patients?

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Abstract:
Geriatric patients need extra nursing care as compared to other young patients due to multiple factors related to their age. As with aging, individuals face a decline in their cognitive and physical health. This lead to make them more vulnerable to age-related complications, like dementia, frailty, and chronic disease. Consequently, due to growing to the growing complications they also required extra nursing care to handle their complications. Therefore, nurses need to have a better understanding of their disease process in relation to their frailty and age. However, besides geriatric patients, the other age group also needs extra nursing care for their worse health conditions but their prognosis as compared to elderly patients is high and with fewer complications. While geriatric patients are more prone to develop complications. Therefore, by recognizing the distinct care requirements of elderly patients, nurses should ensure comprehensive care for these vulnerable populations.

Keywords: Geriatrics, Extra, Nursing care, Younger Adults

BACKGROUND

Geriatric population growth is increasing in an alarming way. The healthcare structure of most underdeveloped countries did not bear such complex care and a heavy load of elderly patients. Due to the growing rate of elderly populations, extra healthcare planning will be required for this population. As compared to young adult patients, hospitals face a high burden of geriatric patients in the emergency department (Fayyaz et al., 2013). Nursing care is compromised due to high workload and burnout. Hospitalization stay is higher in elder patients as this age is mostly associated with high dependency and co-morbidities. Studies suggested that advanced-aged patients have a high mortality rate (Heydari et al., 2019). Nursing care of admitted geriatric patients is different from that of younger patients, Extra and specialized nursing care is needed due to their low immunity, comorbidities, and lengthy stay during hospitalization (Ghimire & Dahal, 2021).

ARGUMENTS

Multiple factors contribute to low immunity in the aged population. Declining in immune function due to age is referred to as immunosenescence. Changes occurring in human body composition with aging causes an overall lean body mass body decrease. Due to this cells contributing to immune function are also decreased (Tidball et al., 2021). In addition to human body composition, aged people did not maintain their proper diet due to changes in the permeability of their gut and decreased levels of self-related activity. As a result, the necessary energy required for the immune response did not meet. The proper nutrient supplement is important for the effective growth of immune cells in the body. Research showed that proper nutrition supplements and trace elements added to the diet of aged patients respond very well while fighting with influenza infection (Aspinall & Lang, 2018). Therefore, the aged patient is very vulnerable and highly susceptible to

infection. Nurses should keep in mind their nutrition status, low self-care activity, and immune status, while providing nursing care. Infection control measures should be taken by nurses while giving care to minimize the risk of infection in compromised immune elder patients.

Moreover, in aged people comorbidities are also high as compared to younger. Multiple comorbid like diabetes mellitus, cardiac problems, and other diseases are directly related to age. Aged people are at high risk to suffer from multiple diseases (Karlamangla et al., 2007). Nurses need to explore the full history of geriatric patients. It is very difficult for nurses to care for patients having more than one disease. Extra effort is needed to overcome comorbidities and prevent patients from other chronic health condition (O'Connor et al., 2018). Holistic care should be given by nurses to enhance the quality of geriatric patients in hospitals.

In addition, to low immunity and comorbidities, hospital premises are considered for high risk of infection, and diseases caused during a stay at the hospital are referred to as hospital-acquired infection (Sikora & Zahra, 2022). The ratio of hospitalization in older patients is high due to their low immunity, multiple comorbid, and restricted daily life activities. Hospitalization caused other complications which are not related to the present illness of the patient (Ganguli et al., 2022). All these parameters lead to a high stay of hospitalization. Which put an extra burden of nursing care on nurses.

Some scholars and researchers claim that the youngest and most critically ill children need also the highest quality of nursing care. These patients are admitted to the intensive care unit of the hospital. And require high-quality nursing intervention (Taylor & Odell, 2011). Specialized nurses having experience or specialty in critical education and skills are required for such patients. They are right but the ratio of this patient is very low as compared to geriatric patients. Geriatric patients are mostly critically ill and in high ratio due to their low immunity and multiple comorbid (Esme et al., 2019). Recovery rates are low in geriatric patients as compared to other patients. Specialized geriatric nursing education along with critical care education is needed for such nurses to take care of critically ill elder patients.

CONCLUSION

The world is facing a growing geriatric population. Similarly, hospitals also faced a high number of elder patients. Due to their weak body function, low immunity, and multiple comorbidity geriatric patient has a low ability to fight disease. Therefore, they had a higher stay of hospitalizations. To overcome such complex patients and improve their quality of life, nurses need extra nursing care with high-quality education and skills.

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