

State-approved Curriculum Nurse Aide I Training Program

MODULE S Psychological Effects of Aging

Student Manual 2024 Version 2.0



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Health Service Regulation



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**HEALTH AND
HUMAN SERVICES**



North Carolina Department of Health and Human Services
Division of Health Service Regulation
North Carolina Education and Credentialing Section

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Module S – Psychological Effects of Aging

Definition List

Basic Human Needs – elements necessary for survival and physical and mental well-being

Defense Mechanisms – unconscious behaviors that residents (and all of us) may display when stressed.

Omnibus Budget Reconciliation Act (OBRA) – major legislation passed nationally to protect residents in nursing homes and assure they have quality of care and quality of life

Psychological Effects of Aging – an exploration of feelings, emotional stress, physical, psychosocial, and psychological adjustments that are part of the aging process

| Module S – Psychological Effects of Aging | |
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| <p>(S-1) Title Slide (S-2) Objectives</p> <ol style="list-style-type: none"> 1. Review the nurse aide's role in meeting the basic needs of the resident. 2. Describe the psychological effects of aging. 3. Describe common feelings and behaviors of older adults moving into a skilled nursing facility. 4. Describe the nurse aide's role in caring for residents moving into a short-term or long-term facility. | |
| Content | Notes |
| <p>(S-3) Maslow's Hierarchy of Needs Refer to Module M: The Interdisciplinary Care Plan for the introduction to Maslow's theory. Maslow states that we are motivated by certain physiological and psychological needs that progress from the most basic to complex.</p> <ul style="list-style-type: none"> • The nurse aide is a vital link in assisting the resident at the lowest level on the hierarchy • Lower-level needs must be met before higher-level needs are met | |
| <p>(S-4) Basic Human Needs The lowest two levels of the pyramid are basic human needs. These are elements necessary for survival and physical and mental well-being. (Note that the term, "physical," can be used in place of the term, "physiological," when discussing basic human needs.)</p> <p>Physiological/Physical, Safety and Security:</p> <ul style="list-style-type: none"> • Oxygen • Food and Water • Shelter and Sleep • Elimination and Activity • Intimacy • Resources for safety and security <p>Nurse aides should be aware of ways to meet residents' basic human needs for life and mental well-being.</p> <ul style="list-style-type: none"> • Oxygen – required for sustaining life <ul style="list-style-type: none"> – Elevate head of bed – Assist to be out of bed as tolerated – Up in chair – Assist with breathing exercises – Report cyanosis (or blue lip color from lack of oxygen) • Food and Water <ul style="list-style-type: none"> – Assist those unable to eat without help – Make sure dentures in place | |

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| <ul style="list-style-type: none"> — Serve food at proper temperature, in a friendly manner, in a pleasant environment, in appropriate amounts — Be sure water is within reach; provide fresh water at periodic intervals during day • Shelter and sleep <ul style="list-style-type: none"> — Provide warmth — Dress resident properly for temperature — Be aware of drafty areas — Minimize noise and lights during sleep hours — Provide back rubs to relax residents — Report complaints of pain to nurse — Listen to concerns or worries — Leave night light on, if requested • Elimination and activity <ul style="list-style-type: none"> — Assist with toileting as needed — Provide for privacy — Change soiled linen immediately — Follow routine for bowel and bladder training as required — Range of motion exercises as directed — Turn and reposition at least every two hours — Assist with activity as directed — Encourage movement — Encourage interesting recreational activities • Intimacy/Sexuality <ul style="list-style-type: none"> — Can be expressed by individuals of all ages; sexual needs and desires continue throughout life. It may be expressed in a variety of ways such as sexual intercourse, caressing, touching, holding hands, masturbation — Be aware of some ways to show feminine or masculine qualities is through choice of clothing styles and colors, hairstyles, hobbies and interests, sexual habits, and gestures. — Recognize that illness, disability, or living environment may affect needs and desires — Assist to maintain gender identity by dressing resident in clothing of choice — Assist with personal hygiene — Assist to prepare for special activities by dressing up (selecting attractive clothing, styling hair in a special way, applying cosmetics, wearing a special perfume or aftershave) — Help to develop a positive self-image — Respect resident's sexual orientation and gender identity | |

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| <ul style="list-style-type: none"> — Use resident’s chosen name and pronouns such as he, she, or other pronoun of choice — Encourage resident to talk about their “family members of choice.” — Avoid assuming all residents are heterosexual or straight – it deprives residents of dignity and respect — Show acceptance and understanding for resident’s expression of love or sexuality (provide privacy, always knock before entering a resident’s room at any time, assure privacy when requested) — Accept the resident’s sexual relationships — Respect <i>Do Not Disturb</i> signs — Refrain from gossiping and breaking confidentiality about resident’s sexuality — Avoid viewing expression of sexuality as disgusting or cute; it deprives residents of dignity and respect — Provide protection for the non-consenting resident — Be firm but gentle in your objection of a resident’s sexual advances • Safety and security do not just include the body but of employment, resources, morality, the family, health, and property <ul style="list-style-type: none"> — Provide for warmth — Establish familiar surroundings — Explain procedures — Talk about their room — Keep promises — Provide safe environment — Promote use of personal belongings — Maintain order and follow routines — Assist to reduce fear and anxiety — Check on resident frequently; minimally every two hours — Avoid rushing and assist resident in gentle manner | |
| <p>(S-5) Psychological Needs Psychological needs (the next two levels) include love, belonging, and self-esteem such as:</p> <ul style="list-style-type: none"> • Friendship • Social acceptance • Value, worth, or opinion of self • Being well thought of by others • Seeing oneself as useful • Closeness • Sense of belonging <ul style="list-style-type: none"> — Need often met by family/support system — Friends may meet this need | |

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| <ul style="list-style-type: none"> • Nursing staff can become family <ul style="list-style-type: none"> – Sit and visit for a few minutes when time allows – Display human warmth with gentle touch – Show acceptance of resident for unique qualities – Promote care in kind, friendly, considerate manner – Call resident by name they prefer – Praise accomplishments – Discuss current issues – Request resident’s opinion – Show respect and approval – Assist to dress and help with grooming – Encourage independence and socialization | |
| <p>(S-6) Self-Actualization Needs</p> <p>Self-actualization may be difficult for older adult to achieve if the lowest level of needs is not met:</p> <ul style="list-style-type: none"> • Physical needs • Security needs • Love and affection needs • Self-esteem needs <p>Self-actualization defined as:</p> <ul style="list-style-type: none"> – Realizing personal potential including creative activities – Self-fulfillment – Seeking personal growth and peak experiences – A desire to become everything one is capable of becoming <p>Self-actualization in the aging older adult</p> <ul style="list-style-type: none"> – Physical needs such as limited mobility or pain – Security needs such as lack of privacy or fear – Love and affection need such as social isolation or lack of family support – Self-esteem needs such as negative feelings about self or lack of confidence <p>Encouraging self-actualization in the older adult</p> <ul style="list-style-type: none"> – Encourage resident to meet new people – Assist residents to attend presentations or activities such as guest speakers and musical performances in the facility or on a field trip – Discuss plans for trying something new – Offer praise when resident succeeds at something new – Encourage creativity in music, art, poetry, writing – Offer audiobooks and/or music playlist with playback devices if available – Spend time with resident to discover what activities are meaningful to the resident; ask resident, “What | |

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| <p>matters to you?” and/or “What matters to you today?” to start a conversation; report information gained to the supervisor to share with other members of the team</p> <ul style="list-style-type: none"> — Support resident in experiencing treasured activities after resident shares what matters such as enjoying outdoor life with a walk or socializing with others | |
| <p>(S-7) Psychological Effects of Aging</p> <ul style="list-style-type: none"> • Psychological effects of aging include an exploration of feelings, emotional stress, physical, psychosocial, and psychological adjustments that are part of the aging process • Aging is a physical and psychological journey, and many older adults fear they will not age gracefully • Aging affects more than the body. It can cause significant changes in the brain. Sometimes, changes in the brain’s chemistry account for changes in mood or personality • Life experiences may be the main cause of mental health concerns • Older adults can become stressed, disengaged, and unable to handle change, which can lead to some of the issues mentioned below • As the first step in addressing the psychological effects of aging, it is important that nurse aides are aware of basic human behavior and needs that change with age | |
| <p>(S-8) Developmental Tasks of Aging</p> <p>Late adulthood tasks include:</p> <ul style="list-style-type: none"> • Adjusting to retirement, potential reduced income, death of friends, death of spouse, physical changes, loss of independence • Creating new friendships and relationships • Experiencing loss of vitality • Integrating life experiences • Preparing for one’s demise | |
| <p>(S-9) Developmental Issues of Aging</p> <p>Issues may include:</p> <ul style="list-style-type: none"> • Amount and cost of care • Nutritional needs • Relationships • Location of support system • Medical care needs • Changes in lifestyle • Long-term care decisions | |

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| <ul style="list-style-type: none"> – The older adult may experience changes in lifestyle – living with a group of people, less independence, structured lifestyle, less privacy, difficulty adapting to change – Decision made by individual or family for long-term care may create stress | |
| (S-10) The Place I Call Home Review homework assignment that was given earlier in this module. | |
| (S-11) The Home of an Older Adult Most older adults view their home as their castle and have lived in their current home for 20 years or more. <ul style="list-style-type: none"> • To an older adult, a home may represent: <ul style="list-style-type: none"> – Independence – A link to the past – A part of their identity – The center for family gatherings – A connection to the neighborhood – Symbol of position in the community – A place to maintain autonomy and control | |
| (S-12) Relocation from the Home Why might older adults relocate from their homes? <ul style="list-style-type: none"> – Decrease in finances – Decline in physical or mental state – Inability to manage the home – Lack of social support – Increasingly unsafe neighborhood | |
| (S-13) Relocation from the Home Older adults will have individual responses to relocating from their home and depends on: <ul style="list-style-type: none"> – Degree of choice – the older adult had prior to move – Degree of preparation – the older adult had prior to move – Degree of sameness of the new location – based on the previous location – Degree of predictability – of the new location – Number of additional losses – in the older adult's life including loss of loved ones, loss of health, loss of finances and loss of roles | |
| (S-14) Happy Care Nursing Home <ul style="list-style-type: none"> • The older adult may fear life in a nursing home more than their own death | |

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| <ul style="list-style-type: none"> Older adults often view admission to a nursing home as a series of losses and being forced into unpredictable surroundings Admission is often involuntary and traumatic for the older adult and initiated by a family member | |
| <p>(S-15) Admission to a Skilled Nursing Facility</p> <p>Residents of a nursing home represent a wide range of ages, may stay for a short time or a long time, have a variety of diagnoses, vary in their degree of functional impairment or disability, vary in their level of cognition.</p> <ul style="list-style-type: none"> How might an older adult feel upon a sudden admission to a skilled nursing facility? <ul style="list-style-type: none"> May experiences a great deal of stress and feel a sense of loss, fear, isolation, confusion, and being out of control. May feel relief over the move – no more caring for the home, no more cooking, no more cleaning, and no more shopping. Event is often viewed as the ending of one phase of the older adult's life and the beginning of the final phase. <p>The nurse aide's role in individualizing the admission process includes:</p> <ul style="list-style-type: none"> Staff can decrease resident's doubts and fears of unknown, and increase feelings of control by providing newly admitted residents with orientation to facility <ul style="list-style-type: none"> Find out how each resident wishes to be addressed (Mr., Mrs., Ms., Dr.) and preferred name (first name, middle name, last name, nickname); use with all subsequent introductions and verbal communications with resident Provide each resident with map of facility, a personalized tour, and visual points of reference to help get used to facility Introduce resident to staff and other residents Provide initial explanations of routines and procedures Always explain what is being done, reason it is being done, and where resident is being taken Learn about resident's previous lifestyle, environment, and routines so that nurse can add to nursing care plan | |
| <p>(S-16) Life in a Skilled Nursing Facility</p> <ul style="list-style-type: none"> Considerations regarding resident's room and environment: | |

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- Personal space is limited and reduced to a few square feet around the bed
- Storage space is limited
- At their previous home, an older adult could lock the door and choose whether to answer a knock at the door. They can choose whether to let the individual come through their door
- In contrast, at a nursing home, residents cannot lock their door. A knock at the door signifies that entry is being announced instead of a person requesting to come into the room
- Fixed routines and schedules for personal care are different for the resident. Baths and showers, meals, medications, wake times, and bedtimes used in most nursing homes are scheduled to accommodate needs of all residents
- Older adult's life is built on previously established social roles and personal routines
- Personal routines and schedules may collide with institutional schedules causing conflict with the resident

Examples to offer:

1. John has always been the king of his household and now has discovered that he must do what he is told
 2. George is expected to eat breakfast at age 76 years of age for the first time in his life
 3. Mary can no longer read her morning paper before breakfast
- The nurse aide plays a role by ensuring privacy and respect of personal space
 - Lack of privacy and personal space can increase stress and anxiety for resident and may be displayed in form of illness, aggression, anger, submissiveness, and withdrawal. When resident's privacy, personal space, and personal belongings are respected, they can relate better to others, feel more secure, and maintain identity
 - Remember that each resident needs down time: time to relax and get away from people
 - Always knock on resident's door and wait to be invited in before entering
 - Approach resident slowly and maintain a degree of physical distance when possible
 - Ask resident for permission before touching belongings or going into closet and drawers
 - Never read resident's mail unless requested to do so

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| <ul style="list-style-type: none"> – Keep the resident's personal belongings safe, yet available for use | |
| <p>(S-17) Adapting to Life in a Skilled Nursing Facility Resident's may find it challenging adapting to life in a skilled nursing facility.</p> <ul style="list-style-type: none"> • Resident may live in a shared bedroom with no choice of roommates and no control over who stays in other bed – could be someone dying, a resident who is confused, or even a series of roommates • Personal routines may conflict with facility schedules • Cognitively impaired residents may reside with cognitively intact residents • Residents may be frightened • May feel violated if confused residents invade their personal space or take personal items <p>Nurse aides play a vital role in providing emotional support. Here are some tips to consider:</p> <ul style="list-style-type: none"> • Be aware of resident's reasons for admission (death of spouse, declining health). Understand these stressors directly affect behavior and reactions to nursing home life. Remember it is difficult to change lifelong habits, schedules, and rituals • Realize there are major changes the resident is expected to handle in a short period of time and empathize • Recognize losses – home and familiar surroundings, belongings, former neighbors, former routines and lifestyles, declining health, and possible loss of loved ones • Recognize adjustments – to a confined living space, living near others, possibly having to share a bedroom with a stranger, new routines, services, and facility staff watching their every move • Encourage resident in areas where they do have control such as planning their daily schedule • Encourage resident to set own pace and prioritize daily activities • Encourage resident to participate in facility activities when ready to do so | |
| <p>(S-18) Adapting to Long Term Care A cognitively intact older adult may initially respond to life in a facility by the following behaviors:</p> <ul style="list-style-type: none"> • Becomes depressed or may regress, withdraws from others, and only shows interest in events that affect own personal, physical self, OR | |

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| <ul style="list-style-type: none"> • Becomes narrow-minded, uncooperative with staff, and fights all attempts to be included into normal, standard routine of nursing home activities, does not view nursing home as home, OR • Determined to make the best of their stay in nursing home and claims to prefer it to life before admission • Adapting to life in a nursing home <ul style="list-style-type: none"> – Cognitively intact and cognitively impaired residents share the same dining hall in most long-term care facilities and those who are intact may be shocked by residents drooling or spitting – Programs and activities are often the same for cognitively intact and cognitively impaired residents, and often quite simple and basic and not challenging – Residents may be frightened by erratic screams, moans, or repetitive sounds from other residents • Older adults must part with many important objects when relocating to a nursing home; familiar objects and keepsakes are links to resident's background and relationships <ul style="list-style-type: none"> – Encourage as much personalization of space as possible to provide sense of continuation of life; items may include a piece of furniture, figurines, pictures of family members, books, children's art work, etc.; be tolerant of clutter – Let resident have plenty of time to decide on placement of keepsakes; may keep resident's thoughts and attention for one or two weeks; only after resident has organized living space can they direct their energies to new people and new places in facility – Provide praise for personalization of resident's space | |
| <p>(S-19) Psychological Effects and Coping</p> <ul style="list-style-type: none"> • Important to realize that a response to sudden placement into a nursing home, such as depression, withdrawal, or moodiness, is often viewed as poor adjustment to nursing home life • Staff may unfairly and prematurely label the resident as difficult or a troublemaker. Defense Mechanisms may be ways a resident copes <ul style="list-style-type: none"> – Projection (blaming others) – Rationalization (false reason for situation) – Denial (pretending a problem does not exist) – Compensation (making up for a situation in some other way) – Displacement (transferring feelings about the one person to another person) – Daydreaming (escape from reality) | |

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| <ul style="list-style-type: none"> – Identification (idolizing another and trying to imitate them) – Sublimation (redirecting feelings to constructive activity) | |
| (S-20) Nurse Aide’s Role <ul style="list-style-type: none"> • Assist older adult to personalize space as much as possible • Provide privacy and respect for personal space • Provide emotional support • Provide person-centered care based on preferences and choice • Be consistent and supportive | |
| (S-21) Caring for the Developmentally Delayed Resident <ul style="list-style-type: none"> • Diagnoses may include intellectual disabilities • Treat with respect and dignity • Praise positive learned behaviors • Avoid acting as the resident’s parent <ul style="list-style-type: none"> – Do not create dependency – Do not label – Do not categorize residents – Do provide appropriate privacy • Build resident’s self-esteem • Encourage resident to make personal choices and to do as much as possible for themselves • Use age-appropriate personal skills that allow the resident to achieve their highest potential and actively interact with others | |
| (S-22) Caring for the Depressed Resident <ul style="list-style-type: none"> • Recognize potential cause or triggers <ul style="list-style-type: none"> – Loss of independence – Death of spouse or friend – Loss of job or home – Decreased memory – Terminal illness • Recognize signs and symptoms of depression <ul style="list-style-type: none"> – Change in sleep pattern – Loss of appetite and weight loss – Crying – Withdrawal from activities – Appearing sad • Recognize defense mechanisms <ul style="list-style-type: none"> – Unconscious behaviors that resident may display when stressed (see slide S-19) • Nurse aide response when the resident is depressed <ul style="list-style-type: none"> – Listen to feelings | |

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| <ul style="list-style-type: none"> — Encourage to reminisce — Involve in activities — Encourage friends and family to visit — Report changes in eating, elimination or sleeping patterns — Avoid pitying the resident — Help to focus on reality — Monitor eating and drinking — Promote self-esteem — Report observations to supervisor | |
| (S-23) Caring for the Stressed Resident <ul style="list-style-type: none"> • Listen to concerns • Observe and report nonverbal messages • Treat with dignity and respect • Attempt to understand behavior • Be honest and trustworthy • Never argue with residents • Attempt to locate source of stress • Support efforts to deal with stress | |
| (S-24) Caring for the Demanding Resident <ul style="list-style-type: none"> • Attempt to discover factors responsible for behavior • Display a caring attitude • Listen to verbal and nonverbal messages • Give consistent care • Spend some time with the resident • Agree to return to see the resident at a specific time and keep your promise | |
| (S-25) Caring for the Agitated Resident <ul style="list-style-type: none"> • Encourage to talk about their feelings • Remind resident of past ability to cope with change • Encourage to ask questions about concerns • Encourage activities that promote self-esteem • Observe for safety and to prevent wandering • Assign small tasks • Use reality orientation | |
| (S-26) Caring for the Paranoid Resident <ul style="list-style-type: none"> • Reassure the resident that you will provide safety • Realize behavior is based on perceived fearful situations • Avoid agreeing or disagreeing with comments • Provide calm environment • Involve in reality activities | |
| (S-27) Caring for the Combative Resident <ul style="list-style-type: none"> • Display a calm demeanor | |

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| <ul style="list-style-type: none"> • Avoid touching the resident • Provide privacy for out-of-control residents • Secure help if necessary • Do not ignore threats • Protect yourself from harm • Listen to verbal aggression without argument | |
| <p>(S-28) Omnibus Budget Reconciliation Act (OBRA)</p> <p>Omnibus Budget Reconciliation Act (OBRA) of 1987</p> <ul style="list-style-type: none"> • The federal regulation of skilled nursing facilities focuses on quality of life for residents and emphasizes their individual rights as residents • Because of OBRA, short, and long-term care residents are more empowered and have a greater say in their own quality of life <p>Importance of OBRA and State Surveys in Long Term Care</p> <ul style="list-style-type: none"> • Do you remember when Ms. Smith, the state surveyor, knocked on your door when you were a resident of Happy Care Nursing Home? <ul style="list-style-type: none"> – There actually are Ms. Smiths in our State who inspect nursing homes – Recall in Module A learning about OBRA and how OBRA was a major legislation that was passed to protect residents in nursing homes and to assure that they would receive quality care and have a quality life – The law requires states to have a survey and certification process in place, whereby each nursing home is surveyed annually to determine compliance with federal regulations – The survey is unannounced and performed annually to review quality of care as indicated by an evaluation of criteria including medical, nursing, and rehabilitative care; dietary services; infection control; pharmacy services; physical environment; incidents of abuse, neglect, and exploitation; and resident-centered care planning – Variety of methods are used during survey – observations of staff providing care, resident/family interviews, evaluation of environment for safety and cleanliness, and records review – Based on findings of the state surveyors, the nursing home can get a clean bill of health and found to be complying; or may be subject to fines, denial of federal funds, or at the extreme – closed | |
| (S-29) Psychological Changes and the Aging Adult | |

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| <p>In summary, a number of psychological changes can occur in many older adults such as:</p> <ul style="list-style-type: none"> • Changes in cognition and emotion will impact subjective well-being, social relationships, decision making, and self-control • A risk of developing mental health conditions such as depression and anxiety disorders increase • Reduced mobility, chronic pain, frailty, dementia, or other health problems, for which they require some form of long-term care • Difficulty adjusting to their new roles, lifestyle changes, family relationship problems, grief, low self-esteem, anxiety and depression, and aggressive behavior • Declining cognitive function, changes in memory, reduced attention span, decreased ability to multitask, slower reaction time, changes in emotions and mood, and changes in creativity • When physical needs require home care, rehabilitation or skilled care, older adults may struggle with having to depend on trained professionals for providing activities of daily living | |

**Activity #S10 – The Place That I Call Home
Homework (Page 1 of 3)**

Think about where you are currently living. Draw a picture of the outside of your home and your yard. Be sure to include plants, trees, pets, a sidewalk, your car, garden, fence, mailbox, porch swing, birdhouses, or other things a person would notice if they would ride by your home.

A large, empty rectangular box with a thin black border, intended for a student to draw a picture of the outside of their home and yard. The box is oriented vertically and occupies the central portion of the page.

**Activity #S10 – The Place That I Call Home
Homework (Page 2 of 3)**

Think about where you are currently living. Draw a floor plan of the inside of your home. Be sure to include all rooms, doors, windows, indoor pets, televisions, telephones, closets (page 2 of 3)

A large, empty rectangular box with a thin black border, intended for a student to draw a floor plan of their home. The box occupies the central portion of the page, below the instructions and above the footer.

Activity #S10 – The Place That I Call Home
Homework (Page 3 of 3)

Think about where you are currently living. Answer the following questions regarding the place that you call home.

1. Do you enjoy living in your home?
2. What do you love most about your home?
3. When you are home, where do you go when you want to be alone?
4. When friends or relatives come to see you at your home, do they knock on your door or just go into your home without knocking?
5. When a stranger wishes to see you at your home, do they knock on your door or just go into your home without knocking?
6. Do you sometimes not want to see anyone or be bothered and therefore not answer your door or answer your phone?
7. How often do you go out to eat?
8. Do you usually eat alone or with someone?
9. Do you prepare your own food and go to the refrigerator for a snack whenever you are hungry?
10. Do strange noises scare you at night?
11. When you bathe – do you shower or take a bath?
12. If you were forced to move from your home and could bring only five things with you, what would those five things be?