HEALTH EMPOWERMENT OF OLDER ADULTS

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Adults in the United States

• Ask yourself, “What do older adults look like?”
• “Why focus on older adults?”

This is not today’s “older adult”
People

- **Older Adults:**
  - Congregate meal setting
  - Active
- **Homebound Older Adults:**
  - Likely to live alone
  - Suffer from chronic illness
  - Unable to leave home

Nursing Theory and Theoretical Influence

- **Theoretical Influence**
  - Social and Developmental Perspectives
- **Rogers’ Science of Unitary Human Beings**
  - Person-environment
  - Mutuality
  - Relational Process

Optimizing Health and Well-being

- **Empowerment** viewed as a process of changing oneself and one’s environment, recognizing patterns, and engaging inner resources for well-being (Shearer & Reed, 2004).

• Inconsistent definition
• Need for focus on empowerment in older adults

1. Lived Experience of Feeling in Control of Health in Women
   — Social Support
   — Personal Choice

2. Facilitators of Health Empowerment in Women
   — Social support

3. Optimizing Health in Vulnerable Elderly
   — Relational Factors
     • Social resources
     • Contextual resources

Clarified dimensions of Personal resources and Supported Social Contextual Resources

   — Self-Capacity

   — Social Contextual Resources
     • Social Support
     • Social Services
**Process call ‘Health Empowerment’**

- Unitary and participatory process of social and contextual resources.
- Emerges from mutual process facilitating purposeful participation.
- Promotes optimal well-being.

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**Health Empowerment Intervention with Homebound Older Adults**

**THEORETICAL FRAMEWORK**

- Person-Environment
- Health Experience
- Health Empowerment
- Well-Being

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**Operationalization Health Empowerment Theory**

- Health Empowerment Intervention
- Theoretical Mediators
- Health Experience

- Personal Resources
- Self-Capacity Building
- Social Network Building
- Building Social Service Utilization

- Health Empowerment
  - Personal Growth
  - Self-acceptance
  - Purpose in Life
  - Social Support
  - Social Service Utilization

- Perceived Well-Being
- Well-being

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Health Goals

- **Self-Capacity building:**
  - Advocating for self,
  - Recognizing strength
  - Participating in problem-solving

- **Social Network Building:**
  - Enduring patterns of attachment
  - Managing life challenges, difficulties and transitions

- **Social Service Utilization:**
  - Knowledge of needed resources
  - Access to needed resources


Implications for Practice

Healthcare provider engages with the person...

- Listen and encourage use of constructive reminiscence
- Ask them to think about personal strengths as a resource and the use of positive self-talk
- Share what strengths you identified
- Acknowledge and convey understanding of barriers and difficulty to ask for help
- Encourage the identification of people turned to in the past
- Teach how to connect or reconnect using problem solving techniques

Implications for Practice cont.

Healthcare provider engages with the person...

- Utilize reflective questioning to facilitate awareness of services used in the past
- Provide information regarding resources and the use of assertive communication to access services
- Engage in discussion of how to overcome barriers in accessing needed resources for health goals...
- **Anticipatory problem solving**
Conclusion

• Healthcare providers practicing from a health empowerment perspective must remember... it is more than simply giving information; it is a relational process in which the healthcare provider participates with the person to promote awareness of and participation in meeting the person’s individualized health goals...


What I Learned About Myself and Older Adults

Live your Passion!

http://www.youtube.com/watch?v=LOtNdn_GsMc&feature=related

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