Reflections on #COVID19nz: Older people and age-friendly nursing

He Huritao mō #COVID19nz: Mō te hunga pakeke, me ngā mahi tapuhi pai mō te kaumātua

Stephen Neville PhD, RN, FCNA(NZ), Professor of Wellbeing and Ageing, Head of Nursing,
Auckland University of Technology, Aotearoa New Zealand

COVID-19 has gripped the world in a way that many of us have never experienced in our lifetime. Who would have thought that the people of Aotearoa New Zealand would unite and support the government in successfully locking down our country and containing #COVID19nz. In the early days of the pandemic it was younger New Zealanders who contracted the virus. However, this quickly changed and it was soon realised the catastrophic effects this would have on Aotearoa's older citizens.

Internationally, key organisations like the World Health Organization, have warned of the risks to older people, particularly those living with underlying health issues. In this instance, the New Zealand Ministry of Health has deemed older people to be those aged 70 years and older. Based on international guidelines, protective recommendations for older people fundamentally involves avoiding contact with others, in other words an enforced social isolation. This occurred regardless of where older people reside.

Media has reported significantly on the plight and misfortunes of older citizens living in residential care environments and the deleterious effects the virus has had on these groups, as well as those providing care, including nurses. While this focus is warranted, little

has been reported on the experiences of older people living in the community who have largely been rendered invisible. As nurses provide a care service across all settings, this editorial will focus on the perspectives of older people living in the community.

My mother-in-law lives with us and her experiences are an excellent example of the impact #COVID19nz has had on older people. Her perspectives on forced isolation are interesting and identify the marginalisation and stigmatisation she felt and continues to feel. Even though her bubble consisted of her cherished family, being in lockdown curtailed many other important and meaningful activities, including seeing and spending time with her friends. Social isolation and loneliness have certainly been identified as having a negative impact on the health and wellbeing of older adults during COVID-19 (Brooke & Jackson, 2020). This is a good lesson for nursing to realise that providing social contact is contextual and should be determined by older people themselves.

During the lockdown period, advertisements abounded encouraging people to be patient and kind to each other. However, there were numerous reports of older people bearing the brunt of unkind, snide, and patronising comments in supermarkets and other public places indicating that, "You should not be here". For those who live alone and with no other support, many did

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not have the choice to self-isolate and stay at home. Therefore, shopping for essentials became risky and something to fear. This societal reaction promotes the invisibility of older adults and could be read as “out of sight, out of mind”.

In addition, not all older people have cars, with many relying on public transport, my mother-in-law included. The front door in many modern buses ‘kneel’ to allow older people to easily get on and off. Due to government enforced social distancing rules, buses in the Auckland metropolitan area would only allow entry via the back door which did not have the mechanism to kneel. This made entry and exit for those older people with limited mobility difficult, if not impossible.

On the surface, society could claim that the government rules on self-isolation and social distancing are well meaning and serve to ensure the safety and wellbeing of all people including those who are older. A deeper reading contests these supposedly ‘well meaning’ concerns as being ageist. Ageism has always existed within society. However, during the current pandemic the incidence and impact of ageism has become more overt and is evident across all media. For example, international media suggests the death of a young person is far more tragic than that of an older adult who has ‘had their day’ (Hoffower, 2020). Older people are attuned to these frequently nuanced ageist comments, my mother-in-law included, which can lead to older people feeling afraid, marginalised, and disconnected from their communities. As a social gerontologist and nurse, I find this sad and deeply disturbing.

As nurses we pride ourselves on the services we deliver, and that nursing practice uniquely spans the entire health care continuum. As such, ensuring our communities are appropriate and safe places for older people to age in should be a priority for nurses. During the pandemic, where was the nursing voice advocating on behalf of

those community dwelling older people, like my mother-in-law, challenging ageism? National discussions and planning on what a post #COVID19nz world will look like clearly indicate that things will not be as they were. I see this as a perfect opportunity for nursing to take an age-friendly stance to ensure our communities are fit for purpose and support older adults to age in place. At central government level, the Office for Seniors has a goal to ensure New Zealand is age-friendly. This means ensuring our communities are inclusive, respectful, supportive environments that promote participation for older citizens (Neville et al., 2018). Post #COVID19nz, Aotearoa New Zealand’s population will continue to age and nurses, regardless of their workplace, will come in contact with older people. Holism is a key theoretical concept underpinning all nursing activities. This requires nurses to provide a care service that transcends health to incorporate the social and environmental needs of our communities. Doing so supports age-friendly nursing.

Integral to taking an age-friendly approach is for nursing to fully understand what constitutes ageism and how the associated stigmatisation and marginalisation impacts on older citizens (Neville et al., 2019). It is also an opportunity for nurses to challenge both the existent covert and overt operationalisation of ageism in communities. To be effective requires nursing to partner with older person advocacy groups like Age Concern to, for example, challenge local councils to ensure public transport services are both appropriate and accessible to all older adults.

Currently, #COVID19nz has reaffirmed the significant contribution nursing makes to the health of older people living in Aotearoa New Zealand. As earlier mentioned, I suggest that as a profession we take an age-friendly stance and broaden our repertoire from a health focus to include the social and environmental aspects influencing the wellbeing of older people.

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