



GRC NEWS

THE NEWSLETTER OF THE GERONTOLOGY RESEARCH CENTRE

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SENIORS' HOUSING UPDATE

Residential relocation in later life: "Unpacking" post retirement moves

The Department of Gerontology is proud to announce its new PhD Program

GRADUATE AND UNDERGRADUATE COURSES IN GERONTOLOGY

For information about enrolling in the PHD, Masters, Diploma, or Minor in Gerontology contact:

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For a list of upcoming courses see our webpage at: www.sfu.ca/gerontology

"Vancouver 2010: Sustainability in Action for Seniors" (2010 SAS) Research Project p.2



LOOKING OVER FALSE CREEK FROM VANCOUVER, BC., THE NEWLY CONSTRUCTED OLYMPIC VILLAGE - AN ELEMENT OF THE 2010 SAS STUDY - IS WITHIN WALKING AND BIKING DISTANCE TO DOWNTOWN ALONG THE CITY'S SEAWALL.

Supporting Personhood in Dementia at the End of Life p. 3

7th Annual Ellen M. Gee Memorial Lecture: Thriving in Older Age p. 8

RECENT CENTRE ACTIVITIES

AWARDS & HONOURS

Congratulations to: **Sienna Caspar** (MA Gerontology, SFU) has been awarded an Institute of Aging/CIHR Age+ Award \$1,000 for her article: **Caspar, S., & O'Rourke, N.** (2008). The influence of care provider access to structural empowerment on individualized care in long-term care facilities. *Journals of Gerontology: Social Sciences*, 63B(4), S255-S265.

Dr. Gloria M. Gutman (Research Associate, GRC) has been elected to Fellowship in the Canadian Academy of Health Sciences.

COMINGS & GOINGS



Atiya Mahmood has joined the Department of Gerontology as an Assistant Professor.



The GRC welcomes Post-doctoral Fellow **Ben Mortenson**, PhD, who received a Fellowship in the Area of Mobility in Aging from CIHR – Institute of Aging. Ben will be working with Dr. Andrew Sixsmith (SFU GRC) and Dr. Louise Demers (University of Montreal) on a multi-site intervention study which explores the impact of a standardized approach to assistive technology provision and training for users and their caregivers.

“VANCOUVER 2010: SUSTAINABILITY IN ACTION FOR SENIORS” RESEARCH PROJECT

A new and exciting multi-partner collaborative research project is being launched involving, in part, the SFU Gerontology Research Centre and the SFU Department of Gerontology - *Vancouver 2010: Sustainability in Action for Seniors (2010 SAS)*. 2010 SAS will build capacity and synergies between two critically important research domains - *aging* and *sustainability*. 2010 SAS will be led by **Drs. Eunju Hwang** (GRC - BC Real Estate Foundation Post-doctoral Fellow in Environmental Gerontology) and **Heather Stewart** (Research Associate with BC Network for Aging Research (BCNAR) and The Brain Research Centre (a partnership between Vancouver Coastal Health (VCH) Research Institute and the Faculty of Medicine at UBC)) The 2010 SAS team consists of **Drs. Andrew Sixsmith, Gloria Gutman, and Andrew Wister** (GRC), environmental health researcher **Dr. Chris Montoya** (Thomson Rivers University), SFU Gerontology graduate students **Linda Cummings** and **Karina Hackett** and **Dr. Ryan Allen** (SFU Faculty of Health Sciences). A research capacity development grant for this initiative has been provided by the BC Environmental and Occupational Health Research Network (BCEOHRN), with substantial in-kind support from BCNAR of which the GRC acts as Secretariat.

2010 SAS will conduct a proof-of-concept study of the impacts of environmental changes caused by the Vancouver 2010 Winter Olympics on the physical activity levels and health of older adults living in downtown Vancouver. This aligns with the goals of the Vancouver Olympic Committee (VANOC) and Metro-Vancouver's Sustainable Region Initiative (SRI) of increasing physical activity levels and reducing greenhouse gas emissions - not only before and during the Games - but beyond. For more information on 2010 SAS please contact: Heather Stewart at hgstewart@sfu.ca or Eunju Hwang at eunjuh@sfu.ca.

CALL FOR ABSTRACTS

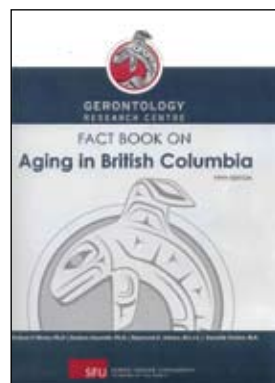
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Hosted by: SFU Gerontology Research Centre



FACT BOOK ON AGING IN BRITISH COLUMBIA

The SFU Gerontology Research Centre is excited to announce the publication of the 5th Edition of the *Fact Book on Aging in British Columbia*. This new edition updates and expands upon material presented in the previous editions using data primarily derived from the *Statistics Canada 2006 Census*. The 5th Edition features colour graphs and figures to better present data as well as being available in both book and CD format. We are proud to produce what has become a valuable reference tool in the field of population aging for researchers, government policy makers, and consultants and to continue what has become for us a publication tradition for over 25 years. Please go to the GRC website for information on how to order your copy of Fact Book – 5th Edition.



SUPPORTING PERSONHOOD IN DEMENTIA AT THE END OF LIFE

by Gloria Puurveen, MA Gerontology, SFU

The prevalence of dementia amongst persons residing in Canadian care facilities is estimated to be over 50% and an additional 30% residents have cognitive impairment that do not meet the criteria for a dementia diagnosis (Graham et al., 1997). While residential care facilities are increasingly becoming the place of final days of life for those who reside there, a disheartening picture unfolds when considering whether facilities are equipped to provide optimal end of life care. The literature highlights a plethora of issues related to suboptimal care: inadequate pain and symptom management (Ferrell, Ferrell & Rivera, 1995; Sach, Shega & Cox-Hayley, 2004), inappropriate use of physical restraints (Allen et al., 2005), use of aggressive medical intervention (Mitchell, Kiely & Hamilton, 2004), lack of advance care planning (Mitchell, Morris, Park & Fries, 2004) lack of support for psycho-social and spiritual well-being (Small, Froggatt & Downs, 2007) and inadequate communication between care providers and family (Caron, Griffith & Arcand, 2005).

Researchers have been calling for significant changes to the delivery of end of life care (Sachs, Shega & Cox-Hayley, 2004). However, until recently, little effort has been made to gain a holistic understanding of the context in which end of life care occurs. Prior efforts seemed to have largely focused on physical functioning without just credence to psychosocial or spiritual well-being or the place where care is delivered. That is, end of life care was primarily examined through the lens of the medical model without adequately addressing the multitude of interacting factors that affect care provided or care received.

The purpose of this study was to gain a deeper understanding of personhood in dementia at the end of life. Based on the literature and the conceptual groundings of personhood in dementia (Kitwood, 1997) and the Model of Place (Cohen & Weisman,

1995), this study argued that to understand the end of life experience, it was necessary to examine the residential care environment as a place where dynamic interaction between the social, organizational and physical environments occurred. By systematically delineating between these environments and observing the interactions amongst them, we can more clearly identify what informs and influences the immediate interactions between the person with dementia and the carers, and consequently, how personhood is supported. Based on grounded theory (Glaser & Strauss, 1967) approach, qualitative methods were used in study design, data collection and analyses.

The study was conducted in two Special Care Units (SCU) situated in two larger residential care facilities in British Columbia. I conducted ethnographic observations of 12 persons with dementia (6 from each facility) identified as being at end of life by the nurse manager. I wrote extensive field notes on their day-to-day activity and interactions with carers and other residents. The study participants were a very diverse group of individuals. While all individuals were significantly impaired in activities of daily living, the amount of assistance and care needed was varied. While all individuals had considerable verbal communication challenges, how they communicated through touch, movement, vocalizations and facial affect was quite varied. Thus, how the carers responded to and interacted with these individuals was also diverse. To further illuminate the carers' understanding of personhood, dementia, caregiving and end of life, the study also included in-depth interviews with 13 staff members representing management, nursing and allied health. Except for the 3 managers interviewed, the carers were purposively selected as those who I observed most frequently interacting with the residents identified for the study

RECENT CENTRE ACTIVITIES

VISITORS TO THE CENTRE



May 12, 2009 - Drs. Gloria Gutman, Andrew Sixsmith, Andrew Wister, and Barbara Mitchell welcomed visitors Dr. Una Lynch (Research Manager, Changing Ageing Partnership, Institute of Governance, School of Law, Queen's University, Belfast) and Sarah Machnieski (Doctoral Student, Queen's University, Belfast).

May 15, 2009 - Drs. Andrew Sixsmith and Eunju Hwang welcomed visitor Mitul Shivam Desai (PhD Research Student, Centre for Operational Research, Management Science and Information Systems, School of Management, University of Southampton, UK) to the Centre.



June 22, 2009 - Drs. Barbara Mitchell and Andrew Wister welcomed visitors Drs. Benjamin Schlesinger (Professor Emeritus, Faculty of Social Work, University of Toronto) and Rachel Aber-Schlesinger (Associate Professor, Division of Social Sciences, Faculty of Arts, York University) to the Centre.

Data analysis consisted of a thematic analysis of the observations and in-depth interviews. Based on this, the results presented below revealed that while carers recognized the importance of positioning the resident in the centre of all care endeavours, perceptions of personhood, advanced dementia and end of life influenced how they actually responded to the resident. Yet, while the interaction between carers and residents appeared to fall on a continuum (supportive or non-supportive interaction), the work environment itself often shaped how personhood was supported.

FOCUS ON THE RESIDENT

“The resident is in the middle...they are the focus...they are always the reason we are here” -- this statement by a carer epitomizes the overwhelming sentiment of the centrality of the resident within the care giving relationship. In order for this to occur, it was essential to get to know the person – their life histories, their families and their preferences. While philosophies of care and care practices supported this, carers expressed that, for those with advanced dementia, it was tremendously difficult to get to know the person. Thus, to give the “right care at the right time,” carers relied on information from family and colleagues, social histories available on the resident’s chart and nonverbal cues that indicated resident preferences. However, often the needed information to enable residents to “have a say in their lives” was missing. Families were not always present, information on the charts was often scant or represented resident’s wellbeing the year before and the work environment was so busy that nonverbal cues were often missed. In this context, carers spoke about their reliance on each other to inform how best to care for the resident. Thus, strong working relationships with colleagues seemed to create cohesion on the unit and in turn, “benefit[ted] the resident.”

PERSONHOOD AND END OF LIFE

However, residents’ need and preference as well as the act of caregiving itself, was predominantly expressed within the

context of physical functioning needs – the need to be toileted or the need to be fed. Only a few carers spoke about psycho-social or spiritual needs and the support of those needs. In fact, several carers expressed whether those “needs” were evident in advanced dementia. Moreover, spiritual need was expressed primarily in terms of a connection with a religious denomination. Further, when it came to describing personhood at the end of life, only a few carers talked about the persistence of self and identity. Whereas, the wider held view could be represented with this statement expressed by one carer interviewed: “It’s the worst disease in the world, you lose little bits of yourself until all of it’s gone and then you die...” This statement not only has implications for understanding of personhood, but also understanding of end of life.

While there was tremendous variety in the ways carers’ defined end of life, several carers described end of life in dementia as “fizzling out” or “being in a cocoon.” These perceptions of dementia are not that uncommon. For example, Davis (2004) maintains that “what is so devastating about the relentless nature of dementia is the very splintering of the sedimented layers of Being...[until] there is nothing left” (p. 375). However this has far-reaching consequences in the provision of end of life care for those with dementia. As Small (2007) writes, “when both cognitive impairment and terminal illness co-exist, there are powerful barriers to considering the person’s health and social well-being as priority” (p. 195).

CARING FOR THOSE WITH DEMENTIA AT THE END OF LIFE

The encounter between a resident and a carer primarily occurred within the context of task-oriented activities and, on occasion, during social programming. As I observed these encounters unfold, I came to understand these interactions as falling on a continuum of being detracting from or supportive of personhood and connection: a doing-to or a being-with.

DOING-TO:

Doing-to encounters were characterized

by a lack of attention to the PERSON with dementia. Carers did not verbally interact with the person they were caring for – no smiles, very little touch, no orientation to the task at hand or personable conversation. Caregiving seemed mechanistic and programmed and it seemed that the carer entered into the encounter with the sole intention to complete the task in the most efficient way possible. It did not seem to matter what the task was or who the recipient of the task was; it was getting the task done and it defined the relational space that was created by the encounter between the caregiver and person with dementia. The person seemed to be relegated to fulfilling the role as a compliant and passive patient. That is, the person seemed to be a mere recipient of care and not an active participant in the caring relationship. These interactions seemed to separate the carer and resident into an “I-it” context (Kitwood, 1997) and the residents seemed more an object rather than unique individuals, and consequently were treated as if they were not there (Hansebo & Kihlgren, 2002). It was difficult to determine if the resident minded these interactions. Only on a few occasions did it appear that the resident negatively responded to being “done to.” For the most part, responses were neutral and facial affect was flat.

However, carers talked about the challenges they had in connecting with residents with advanced dementia. They spoke about the need for verbal or recognizable feedback from the resident. They needed to feel that the care they were giving was good or appreciated and when those cues were not given, the carers themselves would pull away or disengage from the resident. Carer disengagement reached the point where complacency was fuelled (“I can’t do anything for her, so why bother”) and justification of that disengagement occurred (“there isn’t anything that she’ll get real satisfaction out of anyways”).

BEING-WITH:

In contrast, being-with encounters were characterized by carers attending and responding to the person with dementia as unique and valued individuals. Some carers made tremendous effort to create

connection with the person with dementia using touch, eye contact, quiet conversation; providing comfort and moments of joy within the context of tasks that were seemingly mundane. Carers seemed fully cognizant of what they were doing, of how they were interacting and responding to the resident; giving attention and intending to connect with the person. The task that formed the context of the interaction seemed to be inclusive of connection. Moreover, being-with interactions also spontaneously occurred outside the context of a task such as in-passing hugs, joyful greetings or spending a quiet moment just to “be with” the resident. Carers talked about love and empathy they felt for the residents and how the resident was a part of their “family.” It was obvious that the residents responded positively to being with interactions. Increased eye contact, smiles, initiation of touch and vocal responses all seemed to indicate that the person was being connected to and supported.

FINDING THE BALANCE WITHIN THE WORK ENVIRONMENT

However, encounters were not exclusively a doing-to or a being-with. Rather, they seemed to fall on a continuum, shifting from a non-supportive to a supportive interaction (or vice versa) often within the same encounter. Carers sought to find a balance between fostering meaningful connections and completing the multitude of tasks required of them. They were forced to negotiate competing factors within the work environment which vied for the carer’s attention and time and took away from the immediate resident-carer interaction. Thus, the work environment itself was essential in cultivating the landscape in which personhood was supported. On reflecting on the work environment, one carer stated, “When you’re constantly multi-tasking and you have to think of 10 things every time, every moment, you will bring into the whole atmosphere a confused element - an element of tension and disconnectedness. How can confused staff be there for people who are even more confused?” This particular carer described how ineffective he felt his interactions with the residents were – describing them as “a drop of water on a hot stone” – amidst this workload and that there was little chance to form connection. The philosophy of care subscribed to by

the organization, shaped the way in which carers were expected to interact with the residents. However, many carers spoke about how difficult it was to manifest these person-centred philosophies not only within a busy workload, but also within the context of advanced dementia. It was evident that strong leadership on the unit level (that is, at the frontline) was integral to making the philosophy real. Notwithstanding competent and loving carers, lack of leadership and feedback at the unit level seemed to detract from a supportive work environment. Managers modeling best practice and giving feedback to the carers were essential in fostering being with encounters and thus supporting personhood at the end of life.

CONCLUSION

Amidst the busyness of everyday life, carers are called to bear witness to the end of life journey of those with advanced dementia. Yet this study revealed that often there was a disconnect between how carers spoke about their work and the actual observed interactions. Whether personhood was supported or not seemed to primarily be manifested within the immediate interaction between the resident and the carer, and these interactions vacillated between a doing-to and a being-with. In order to more fully support persons with dementia at the end of life, organizations are called on to support the carer’s personhood not only through providing continued education in end of life and dementia care, but also through modeling the expectation for care delivery, and examining and acting on the issue of workload and other factors that seem to impede the establishment of relationship. In this manner, organizations are likely to nurture meaningful relationships between the carer and resident.

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Lillian Zimmerman, was on talk shows on CKNW and CFX Radio in Victoria. This following her new book, *Bag Lady or Powerhouse? A Roadmap for Midlife (Boomer) Women*. (It focuses on issues of concern to Canadian women as they approach retirement. Royalties from sales will help establish a new SFU graduate scholarship in gerontology.)



(GRC) is committed to high quality research and knowledge transfer in the field of aging.

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This newsletter aims to provide accurate information. Although the information presented and the opinions expressed are gathered from sources thought to be reliable, their accuracy and correct interpretation cannot be guaranteed.



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- (Editor's Note: This article is based upon Gloria Puurveen's MA thesis: Puurveen, G. (2008). The effects of care facility environments on personhood in dementia at the end of life. M.A. Thesis, Department of Gerontology (Supervisors: H. Chaudhury).*



GERONTOLOGY GRADUATE CAUCUS UPDATE

by Michael Campo (MA Candidate; GGC Chair)

The Gerontology Graduate Caucus (GGC) looks forward to embarking on yet another productive academic year. We would like to congratulate and welcome three new graduate students as of September 2009: Maia Hillen (MA program), **Tara Muzumdar** (MA program), and **Glenyth Nasvadi** (PhD program).

This year's GGC Executive Committee elections were held on May 14th, 2009. Retaining the GGC Chair is Michael Campo, while Ashleigh Wilson takes on the role of Vice Chair and Social Coordinator after having served as the Gerontology Representative to the Graduate Student Society (GSS) at Simon Fraser University during the previous year. Jennifer O'Hagan is GGC Treasurer and Amanda Wilhelm becomes the new GGC Secretary.

The GGC would also like to thank the outgoing Executive Committee, Melissa McVie (Vice-Chair/Social Coordinator), Yongjie Yon (Treasurer), Kara Hay (Secretary) and all other GGC members for their support and efforts throughout the past year.



Over 60 supporters attended a special fundraiser for the SFU Outreach Program on August 15, 2009, organized by Karina Hackett (MA candidate). The event, held at the Ryerson United Church on West 45th Avenue raised over \$450: "I am pleased to say the benefit was a huge success, raising awareness and financial support for community education and support for seniors," Hackett explained.

To learn more about the GGC, please contact Michael Campo (GGC Chair) at michael_campo@sfu.ca

GERONTOLOGY RESEARCH CENTRE PRESENTATIONS AND PUBLICATIONS

PRESENTATIONS

Naslund, J., Beattie, B. L., **Kupferschmidt, A., & O'Rourke, N.** (2009, July).

Psychological resilience and the well-being of spousal caregivers of persons with Alzheimer disease. Poster session presented at the Alzheimer's Association International Conference on Alzheimer's Disease (ICAD2009), July 11-16, 2009, Vienna, Austria.

O'Rourke, N., Naslund, J., **Kupferschmidt, A., & Beattie, B.L.** (July, 2009).

Idealization of marriage as a distress buffer among spouses of Alzheimer patients. Poster session presented at the Alzheimer's Association International Conference on Alzheimer's Disease (ICAD2009), July 11-16, 2009, Vienna, Austria.

Poster/Paper sessions presented at the 19th World Congress, International Association of Gerontology and Geriatrics, July 5-9, 2009, Paris, France: Caspar (Boothman), S., & O'Rourke, N.

Influence of models of care and structural empowerment on individualized care in long-term care.

Chaudhury, H., Mahmood, A., Michael, Y., & Sarte, A. (2009, July). *Neighborhood environment and physical activity of older adults: Development of an audit tool and use of Photovoice.*

Gutman, G.M. *Aging in place in Canada: Trends and issues.*

Gutman, G.M. *Developments in disaster planning for older people in Canada.*

Gutman, G.M. *Gerontology and geriatrics education and training in the global context: The need for standards and guidelines.*

Gutman, G.M., & Chowdhury, R. *Migrant workers providing long term care to older persons: Canadian policy and experience.*

Huang, E., Hackett, K., Cummings, L., Sixsmith, A., & Gutman, G.M. *Age-friendly communities, walkability, and health: A review of empirical studies.*

Keays, S., Wister, A.V., & Gutman, G.M. *Characteristics of administrators and quality of care in Ontario, Canada long term care facilities.*

Love, T., Gutman, G.M., Carmichael, B.,

Nagi, B., Lui, M., Tavakolian, K., Chuo, Y., & Kaminska, B. *Modifications to the hospital physical environment: Effect on older adults' retention of post-discharge instructions.*

Mitchell, B.A. *Midlife marital satisfaction and ethnic culture: A life course perspective.*

Savage, R.M. *Falls prevention and the Tai Chi intervention paradox.*

Savage, R.M., Sixsmith, A.J., Campo, M., Yon, Y., Wilson, A., & Kahlon, R. *An examination of the market potential for ambient assisted living technology in Canada.*

Sixsmith, A. *Developing user-driven approaches to research and development for ambient technologies.*

Sixsmith, A., Barnes, N., Bhachu, A., Curry, D., & Egan, B. *Using technology to manage people with chronic illnesses: Results of the SAPHE project.*

Spencer, C., Yaffe, M., Leaney, A., Grigoletto, A., Lynn-Richards, J., & Howie, J. *An NGO approach to mistreatment of older adults.*

Wister, A.V., Beattie, B.L., Gallagher, R., Gutman, G. M., Hemingway, D., Reid, C., Sinden, D., & Symes B. *A Shared Leadership Network Model: An innovative organizational structure of the BC Network for Aging Research (BCNAR).*

Yon, Y., Wister, A.V., Gutman, G.M., & Mitchell, B.A. *A Canadian comparison of spousal abuse in mid and old age: Is elder abuse simply a case of spousal abuse grown old?*

PUBLICATIONS

Caspar, S., & O'Rourke, N. (2009). The composition and structure of depressive symptomatology among young and older caregivers of persons with dementia. *Ageing International*, 34, 33-41.

Caspar, S., O'Rourke, N., & Gutman, G.M.

(2009). The differential influence of culture change models on long-term care staff empowerment and provision of individualized care. *Canadian Journal on Aging*, 28(2), 165-175.

Chaudhury, H., Mahmood, A., & Valente, M. (2009). The effect of environmental design on reducing nursing errors and increasing efficiency in Acute Care Settings: A review and analysis of the literature. *Environment and Behavior, OnlineFirst* 5 May 2009.

Keays, S., Wister, A.V., & Gutman, G.M. (2009). Characteristics of administrators and quality of care in Long Term Care facilities. *Journal of Housing for the Elderly*, 23(3), 243-260.

McDonald-Miszczak, L., Neupert, S.D., & Gutman, G.M. (2009). Does cognitive ability explain inaccuracy in older adults' self-reported medication adherence? *Journal of Applied Gerontology OnlineFirst*, May 12, 2009.

Nasvadi, G.E., & Wister, A.V. (2009). Do restricted driver's licenses lower crash risk among older drivers? A survival analysis of insurance data from British Columbia. *The Gerontologist*, 49(4), 474-484.

Neufeld, E., & O'Rourke, N. (2009). Impulsivity and hopelessness as predictors of suicide-related ideation among older adults. *Canadian Journal of Psychiatry*, 54, 33-41.

Savage, R.M. (2009). Seniors' health, housing and income in a global age-friendly community: Conference report & policy recommendations. Surrey, BC: Council of Senior Citizens' Organizations of BC (COSCO).

Theurer, K., & Wister, A.V. (2009). Altruistic behaviour and social capital as predictors of well-being in older Canadian adults. *Ageing and Society*. First View Article June:1-25.



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RECENTLY COMPLETED GERONTOLOGY THESES AND PROJECTS

Harrison, W. (2008). *Representation agreements in BC: Who is using them and why?*

M.A. Project, Department of Gerontology (Supervisors: G. Gutman).

Despite the passage of BC's Representation Agreement Act in 2000, there have been no studies conducted to date to determine who is using these agreements and why. Three groups of individuals were interviewed: representation agreement holders (n=48), representatives of still capable agreement holders (n=38), and representatives of agreement holders no longer capable (n=7). Study participants differed from the general population of seniors in BC in terms of income and education but were similar to those using advance care planning tools in the United States. The data revealed interesting gender differences suggesting that men and women may enter into agreements for different reasons and have dissimilar expectations of how their wishes are to be carried out. Overall, this sample of representation agreement holders felt the agreements are a good idea and a means of ensuring their wishes are followed should they become incapable of making their own health care decisions.

Johnston, A. (2008). *Exploring the health needs of older lesbians and gay men in Metro Vancouver.*

M.A. Thesis, Department of Gerontology (Supervisors: B. Mitchell).

Gerontological research examining the lives of older lesbian and gay adults is limited. The unique health needs of this sub-population remains unclear. This research addresses this gap by exploring the following research questions: 1) What are the specific health needs of older lesbian and gay adults? 2) How are the specific needs of older lesbian and gay adults unmet? and 3) How can healthcare agencies better address the needs of older lesbian and gay adults? This study is guided by a feminist/queer perspective synthesized with an ecological framework. In depth qualitative interviews were conducted with 17 individuals aged 50+ who reside in Metro Vancouver. Participants self-identify as either lesbian or gay and report at least one chronic health condition. The findings of this research can be used to increase equitable health service delivery, inform policy development and resource allocation, as well as provide a foundation for crucial health research.

Puurveen, G. (2008). *The effects of care facility environments on personhood in dementia at the end of life.*

M.A. Thesis, Department of Gerontology (Supervisors: H. Chaudhury).

This qualitative study explored the role of two care facility environments on personhood at the end of life for residents living with advanced dementia. The study was informed by literature on end of life care and dementia, discourses on personhood and the principles of creating a therapeutic physical environment for those with dementia. Data was generated through ethnographic observations of twelve residents with advanced dementia, interviews with thirteen of their formal carers and a secondary data analysis of relevant organizational policies. Data analysis revealed that the immediate resident-carer encounter (doing-to and being-with) significantly affected personhood at the end of life. In addition, the meanings carers ascribed to the notions of personhood, end of life and person-centred care demonstrated challenges in the practical application of these concepts to caring for persons with advanced dementia. Elements within the work environment context also detracted from supporting personhood at the end of life.



7TH ANNUAL ELLEN M. GEE MEMORIAL LECTURE Thriving in Older Age

What does it mean to age successfully? Why do some older people appear to be thriving and others not? Dr. Kaplan will identify and discuss the factors that help create, strengthen, and sustain "exceptionally" good health in older age.

Presented by: Mark S. Kaplan, Professor, School of Community Health, Portland State University, Friday October 30, 2009
Lecture: 3:30-4:30, Harbour Centre Room #2270

All are welcome. To register call 291-5062 or e-mail gero@sfu.ca

