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Reducing Disparities In Serious Illness Care For Older Adults: The Role Of Geriatric Nurses

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Abstract:

This research explores the critical role geriatric nurses can play in mitigating health disparities faced by seriously ill older adults from marginalized populations. Systemic issues like implicit bias and cultural incompetency contribute to these disparities. The paper proposes various strategies geriatric nurses can employ to promote health equity, including:

Advocacy for policy changes that address social determinants of health.

Self-reflection to combat unconscious bias. Culturally sensitive solutions and collaboration with patients, families, and communities.

Advanced Practice Nurses' unique abilities to advocate for marginalized communities.

The research emphasizes the importance of building trust with underserved populations and leveraging technology to bridge the digital divide. It concludes by highlighting the need to address implicit bias and financial inequalities as systemic problems to achieve true health equity.

Key words: Health equity, activism, significant disease, unconscious bias, and geriatric nurses

Introduction:

Being in a unique position, gerontological nurses can help seriously sick older persons and their families experience less significant health-related disparities. Minority older persons frequently bear the brunt of injustice. Underrepresented racial/ethnic, gender, or religious groups; migrants or refugees; people with different abilities; lower education and/or literacy levels; lower socioeconomic status groups; sexual orientation; and any other measure of disadvantage that serves as a social determinant of health are examples of marginalized populations negatively impacted by health disparities (Weinstein et al., 2017).

Even in the name of health-related research, minoritized racial and ethnic communities have long been the victims of injustice in American health care history. Famous cases like the Henrietta Lacks ("HeLa") Cells Story and the Tuskegee Syphilis Study are only two illustrations of the horrifying pattern of atrocities committed against African Americans. Sadly, these immoral behaviors are still prevalent today. According to reports, inmates in an Arkansas jail were unintentionally given an antiparasitic medication to treat their COVID-19 illness during the coronavirus disease 2019 (COVID-19) pandemic, despite the U.S. federal government's warning against its usage.

authorities in general health (DeMillo, 2021). COVID-19-related pandemic disparities have affected older persons living in nursing homes and other settings in a less evident but nonetheless present way (Hege et al., 2022). High infection and mortality rates among those from lower socioeconomic position and/or marginalized racial/ethnic groups have also made this difference strikingly apparent (Figueroa et al., 2021). Healthcare disparities also affect the treatment of serious illnesses.

Systemic Bias in the Treatment of Serious Illnesses: A serious illness, such as Alzheimer's disease and related dementias or heart failure, is defined as a medical condition with a high mortality risk that either adversely affects a person's everyday function or quality of life or unduly strains their family caregivers (Kelley & Bollens-Lund, 2018). Systemic inequality is largely to blame for the differences in critical sickness care outcomes that have been noted. For example,

compared to White Americans, older African Americans and Asian Americans are less likely to use hospice and more likely to have numerous ER visits, hospital stays, and intensive treatments (Aaron et al., 2021; Jia et al., 2022; Ornstein et al., 2020). Systemic racism, unconscious and explicit prejudices, discrimination, and past traumas that lead to a lack of cultural sensitivity and mistrust in the health care system are among the root causes of these inequities (Weinstein et al., 2017).

Promoting health equity also heavily depends on one's ability to comprehend and use language connected to health and decision-making (Moss et al., 2018). Few strategies in the treatment of chronic illnesses are especially culturally customized for underprivileged and marginalized communities (Jones et al., 2021). In order to address these issues at the individual, population, and systemic levels, geriatric nurses must take action. In order for the population of geriatric nurses and nurses in general to correspond with the populations we serve, we also need to diversify our workforce. The good news is that geriatric nurses can actively advance fairness in the treatment of chronic illnesses through practice, research, education, and activism by leveraging their positions of power. First and first, we have to accept that there are injustices and that those who are affected by them cannot overcome them on their own. Hence, as part of our duty to our patients and coworkers, nurses must speak out against discriminatory actions and pledge to practice allyship. Chakraborty, J. (2021).

Secondly, we should become more conscious of our own unconscious prejudices and refrain from drawing broad conclusions or presumptions about members of marginalized groups because doing so fosters unfavorable stereotypes. The keys are individualization and cultural humility. For example, we cannot presume that a member of a particular cultural group would or would not want aggressive care, and as a result, we cannot ignore the entire range of possibilities that are accessible, when discussing the aims of care. Similar to this, numerous studies have demonstrated that medical professionals, such as nurses, tend to underestimate the level of pain experienced by members of racial/ethnic minorities and have a bias toward prescribing potent painkillers (Estrada et al., 2021; Green et al., 2003; Moore, 2018). Speaking up is especially necessary when we witness others' hidden or explicit

biases impairing patient care. As opposed to providing everyone with the same level of care regardless of their requirements, we must do thorough, objective assessments and provide patients and families with the resources they require to achieve equity via optimal quality of life.

Third, nurses need to make a commitment to being a part of the long-term solution and work toward better understanding the needs of older individuals who are underserved and their care partners, as well as the history of this particular discrepancy. Asking those who are impacted about their situations, listening to them without passing judgment, reading works of literature from the viewpoint of individuals who have been affected historically, allyship, responding with empathy, and taking additional action measures as suggested in this editorial are some ways we might accomplish this. Chakraborty, J. (2021).

Fourth, there is a need to advocate for changes to institutional, state, and federal policies that support equity for older adults with serious illnesses and their families. Some of these policy changes include addressing social determinants of health, promoting workforce diversity in long-term care settings, and guaranteeing equitable access to research trials. It is essential to take part in advocacy days organized by professional and community-based organizations to raise awareness of the need for changes to health policy that are aimed at eliminating disparities.

Advanced Practice Nurses' (APNs') Power.

APNs that specialize in gerontological care are particularly well-positioned to advocate for fair treatment of critical illnesses. APNs can become advocates for marginalized communities by utilizing their broader scope of practice. This entails carrying out thorough patient assessments that take into account social determinants of health in addition to medical demands. Social determinants of health include things like having access to wholesome food, secure housing, and well-maintained transportation, all of which have a big influence on health results. An optimal level of care for vulnerable groups can be identified and addressed by APNs by adding these criteria into their assessments. Chakraborty, J. (2021).

Additionally, APNs have the potential to significantly improve the availability of high-quality hospice and palliative care for

critically ill older individuals from underrepresented communities. Numerous patients from these communities could not fully comprehend these choices or may have cultural or religious prejudices. APNs can offer counseling and education that is sensitive to cultural differences, empowering patients and their families to make decisions about their preferred level of care. Chakraborty, J. (2021).

Developing Cooperation and Trust

Developing cooperation and trust with marginalized people is essential to lowering inequalities. This is something that geriatric nurses may accomplish by being committed to collaborative decision-making, communicating openly, and actively listening. Involving patients and their families in all facets of their care plan, honoring their beliefs and preferences, and maintaining open lines of communication throughout the course of the illness are all necessary to achieve this. Geriatric nurses can also collaborate with faith-based institutions, patient advocacy groups, and community leaders to gain a deeper understanding of the unique needs and issues faced by various demographics. Nurses may establish a welcoming and inclusive healthcare atmosphere by encouraging teamwork and establishing trust. McGuire, L. C. (2021).

The Function of Technology

technology can be a great tool for advancing fair treatment for serious illnesses. For patients in underprivileged areas, telehealth platforms can provide access to expert consultations and instructional materials. Furthermore, patient education resources and culturally relevant online tools might encourage people to be more proactive in their own health management. Brody, H. (2019). To guarantee that technology is utilized as a tool for inclusion rather than as a further cause of inequality, it is imperative to recognize the existence of the digital divide. It is possible for geriatric nurses to make a significant contribution to the equitable use of technology by supporting bridge programs, which offer assistance and education to patients who may not be comfortable using digital tools.

Interventions Tailored to Culture:

Creating and implementing culturally appropriate interventions is one strategy to overcome these gaps. These

interventions take into account the unique values, tastes, and beliefs of various populations. For instance, incorporating faith-based components or involving dependable community members in the communication process are examples of culturally appropriate interventions for African American families dealing with chronic illness. It has been demonstrated that culturally sensitive interventions work well to enhance patient satisfaction, lower healthcare inequities, and improve communication (Beach et al., 2019; Cooper et al., 2017).

Instruction and Practice:

By teaching people about implicit bias and cultural humility, geriatric nurses can also help to lessen inequality. Unconscious stereotypes that can affect our attitudes and actions are referred to as implicit bias. Cultural humility is a lifelong practice of introspection and cross-cultural education. We can start to recognize and lessen our own prejudices and give all patients better equitable care by being knowledgeable about these ideas (Sue et al., 2019).

Participation in the Community:

Geriatric nurses can contribute to the reduction of disparities by interacting with the communities they serve in addition to provide direct treatment. This could entail supporting laws that advance health fairness or collaborating with neighborhood organizations to offer educational programs on the treatment of major illnesses. Nurses can better understand the problems they face and collaborate to find solutions by developing relationships with community members (Zastrón et al., 2019).

Assessing and Quantifying:

Measuring and assessing our success is crucial to minimizing disparities. Researchers and geriatric nurses can collaborate to create and apply instruments for measuring healthcare inequities. We can determine areas for improvement and evaluate the success of our actions by monitoring these discrepancies over time.

Geriatric nurses have a special chance to lessen disparities in older individuals' treatment of critical illnesses. We can truly improve the lives of those who are most in need by speaking up for our patients, encouraging cultural competency, and

trying to alter the healthcare system. Geriatric nurses are in a good position to lead the way in the difficult and continuous process of achieving health equity. McGuire, L. C. (2021).

The Effects of Unspoken Prejudice

Even while geriatric nurses as individuals can significantly reduce disparities, implicit prejudice as a systemic problem must also be addressed. Unconscious stereotypes that can affect our attitudes and actions are referred to as implicit bias. These prejudices can show up in a variety of ways in healthcare settings, such as underestimating a patient's level of discomfort when they come from a particular racial or ethnic background or presuming they are less health-literate. Geriatric nurses must actively seek to recognize and lessen their own implicit prejudices in order to really provide equitable treatment. McGuire, L. C. (2021). Exercises in self-reflection, training in unconscious bias, and exposure to a range of viewpoints can help achieve this. Furthermore, healthcare organizations may make a significant contribution by cultivating an inclusive and diverse culture and putting in place procedures that hold employees responsible for delivering fair treatment. DeMillo, M. (2021).

Financial inequalities also have a major impact on older persons' access to high-quality care for serious illnesses. There is a great likelihood that residents of underprivileged communities will have to pay a large portion of the cost of their prescription drugs out of pocket. Advocating for policies that increase low-income older folks' access to affordable health insurance and financial assistance programs is something that geriatric nurses can do. They can also collaborate with social workers and other medical specialists to recognize and resolve any potential financial obstacles to their patients' care. Brody, H. (2019). To sum up, geriatric nurses can help lessen disparities in the treatment of major illnesses for senior citizens in a variety of ways. Building trust with marginalized communities and advocating for culturally appropriate solutions are just two ways that nurses can significantly impact the quality of care that all patients receive. Geriatric nurses can contribute to the development of a healthcare system that is true equity and justice for all by tackling systemic issues such as implicit bias, financial inequalities, and other problems.

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Monetary considerations

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conclusion:

Ultimately, conceptually valid research aimed at reducing health disparities in severe illness practice. APRNs are aware of the requirements of patients and their families, which may result in an early referral to hospice services, minimizing unnecessary and fragmented care that lowers quality of life as patients near death. 21.DeMillo, M. (2021,

Nurses are highly esteemed, with Saad (2022) citing them as the most trusted profession. Therefore, it is critical that we comprehend the many variables that affect older individuals' and their families' needs for serious disease care, especially when it comes to marginalized populations. Nurses can guarantee that all patients and families, regardless of

background or other identities, receive the desired health care they need and deserve by concentrating on reducing disparities of seriously ill older individuals(Brody, H. (2019).

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