

2-2002

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ScholarWorks Citation

Klein, Sarah A. and Bostrom, Andrea C., "Elders, Values, and Peppermint Candies" (2002). *Peer Reviewed Articles*. 11.

https://scholarworks.gvsu.edu/kcon_articles/11

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Elders, Values, and Peppermint Candies

Sarah A. Klein, BSN
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The demographics of the population of the United States are inexorably changing: The baby boomers, who have defined much of the culture of the past half century, will continue to do so over the next 50 years. Just as the population is aging, so are the members of the nursing profession. Working with elders as our patients and as our peers is a reasonable expectation. Encouraging younger nurses to embrace working with elders is a challenge. Learning about how we have come to value aging and our elders is one way to engage the change in the work that nurses do. This article explores the source of one young nurse's values toward the elderly.

Within a nurse's practice, caring for elders is inevitable. This is driven by several 20th-century changes that improved the health in our country: better nutrition, better public health and health care, and the rapid dissemination of new technologies and pharmaceuticals. The demographic data support this observation. In 1900, 1 of every 25 Americans lived to be 65. In 1990, this number was 1 in 8. By 2030, demographers estimate that the number of elderly residents in the United States will almost completely double to make up 20% of the total population (Keister & Blixen, 1998). As a larger portion of the population is composed of individuals 65 and older, a reconstruction of the traditional "population pyramids" will occur, leading to an overall flattening with fewer young people in comparison to the numbers of elders (Reed & Clarke, 1999, p. 209).

Keister and Blixen (1998) stated that the rapid growth of the elder population is due to several factors including improved technology. This enhanced technology has led to a decrease in birth rates as well as a

decrease in overall death rates. Simply stated, compared to previous decades, fewer people are currently being born and more people are living longer. This population trend creates some problems. The most significant of these may be the fact that the workforce will shrink as baby boomers reach retirement age, and fewer people will support a larger number of their elders. The possibility of an intergenerational conflict is easy to anticipate.

Although the intergenerational crunch affects the entire population, the nursing profession suffers acutely from the shift by baby boomers into the elder population. This is the result of not only more people living longer and eventually needing our care but also of fewer people entering nursing as a profession. Nurses and the nursing profession are aging right along with the rest of the population. As a result, the nursing profession must examine how to care for a greater number of patients with fewer members and resources. And, nurses must explore for themselves what it means to them to work with the elderly—as patients and as fellow workers.

Reed and Clarke (1999) referred to the care of elders as the "Cinderella service" of nursing due to the unpleasant conditions, heavy workloads, and challenges encountered in caring for the elderly (p. 208). McBride (2000) concurred with Reed and Clarke when she stated that "people involved in facilitating elderly individuals are regarded as being at the low end of the career pecking order" (p. 21). Presented with the current trends in nursing care and previous statistics related to the growth of the elder population, the obvious imperative is that nursing as a profession must reexamine several issues. Not only must the nursing profession address how they plan to meet the extreme shortage of caregivers but also how to correct the

Key Words: aging, elders, values

absence of respect for and valuing of the elderly in elder care.

Solving staffing issues, and recruitment planning, is an agenda that is probably best addressed at the national, corporate, and then the individual level. However, discerning and then changing values related to care of elders must first be accomplished at the individual, then the corporate, and ultimately at the national level. In other words, changing values assigned to elders starts with the individual nurse. The following is Sarah's story of rediscovering the values she feels toward elders, specifically, one named John.

JOHN

Potter and Perry (1997) stated, "Values become a part of an individual during socialization in the family, school, work, church and other social groups" (p. 309). When examining my own values related to elders, I knew that I believed respect for the elderly to be paramount in administering care to older persons. However, as I began to question why I had developed this particular value, I was unsure. I knew somewhere, someone must have led me to develop a belief that senior citizens are valuable and deserve a place of honor in society, but who? As I started to look back through my life and sought to find the origin of this value, suddenly, the smell of stale old peppermint candies came rushing back to me. Years have passed since I have even given thought to the source of that smell. However, as I began to reflect, the origin of my value to respect the elderly became clear—John.

John was an elderly man in the church that I attended as a young child. To my 4-year-old brain, he seemed to be at least 110 years old, although in reality I believe he was in his late 80s. John attended every service and always wore a long blue cotton overcoat with immense pockets. In the deep bowels of his pockets were several peppermint candies. He carried the candies knowing how much the children in the church enjoyed them and found great pleasure in distributing them to small, upraised hands. My hands were often among the little palms outreached for peppermints, but the gift came at a price. We had to talk to John. Many times, I would ask my mom if I could have one of John's peppermints, and she would reply that it was fine, I just had to ask him. Asking, that was tough.

At 4 years of age, I had been exposed to few elderly people. Outside of my grandparents who were relatively young and in good health, my experiences with

the elderly were limited to visits to the nursing home to visit my great-grandmother. I hated going to the nursing home as a child. The smell made my little belly rebel and try to hide in the depths of my big toe. I counted the minutes from arrival to departure time, and they never went quickly enough. In spite of my feelings, my mother and father wanted to convey to me the importance of showing respect to my great-grandmother by giving her time and attention through our visits. Often, I carried a homemade construction paper card in my pocket made for Grandma Melie. She loved the cards and proudly showed them off to fellow residents. I remember thinking, "Why can't I just send a card and not have to come to this awful place?" My questions were answered by my mother's actions and words. She would state,

Kids, it is very important that we go to the nursing home to see your great-grandmother today. Grandma Melie has lived many years and we need to show our respect to her for her life experiences and for making it possible for us to have a family.

Then, she would pile all six of us into the van, and we would be on our way. I knew that soon I would have to once again confront that smell, and once again my little nose would tell my little belly to run and hide.

That smell, that is what made asking so hard. John was an individual carrier of that smell. To get close enough for him to hear me request a candy, I would have to get close enough to smell him. However, my parents refused to act as ambassadors on my behalf; if I wanted a peppermint, I would have to overcome my fear of the elderly and their smell. Somewhere within me, my discomfort related to elderly people was always overcome by my desire for a peppermint, and eventually I became quite used to talking with John. As I grew older, the desire to get the peppermint candies faded, and I found that it had been replaced by a friendship and respect for John. I became truly interested in John and his many years of life experience. Once, I had the opportunity to visit his home and had a wonderful time talking and exploring the significant stories and objects he had accumulated over a lifetime. My parents knew what they were doing. They knew if they could get me past what was comfortable and if they led by example that I would learn to respect the elderly through their actions and then, later, through my own experiences.

One day after church, I sought John out but he was nowhere to be found. I questioned my parents regarding

his absence on the drive home. My dad dropped his tone of voice, and his expression changed to one I associated with the recent death of my own grandfather. Dad quietly told me that John had become quite ill and had been placed in a nursing home. In the following weeks, I often heard my parents' muffled voices talking in low tones. With my entrance into the room, their discussions would abruptly end. Soon after, on a Friday night, my parents informed my siblings and me that we would have a sitter as they were going out to the nursing home to visit John. The following morning, I inquired how my old friend was doing. My dad's eyes became solemn and glassy, and he began to tell me that John's stomach was really bad—so bad that John needed a feeding tube. With John's illness, his son had almost magically appeared from a distant out-of-state location. He had some paper that said he could make important decisions for John, such as decisions about feeding tubes. John's son did not want John to have any feeding tubes or water. As a result, all John could have were moist sponges. I did not understand how anyone could live on moist sponges. Then I realized—they could not. I asked my dad if John wanted to die. He said that although John was able to verbalize his desire to live, his son had the ultimate power to make the final decision. In spite of my parents' and other church members' petitions on John's behalf, he passed away about 5 days after my conversation with my father.

Looking back over John's life, I see how my values related to respect for the elderly changed dramatically. Through his life, I learned what the elderly have to offer when given the opportunity. I progressed from a feeling of awkwardness and behaviors of avoidance to a feeling of respect and seeking out John for a chance at conversation. My values were not only shaped through John's life but also through his death. In John's death was born in me the belief that the elderly should be heard even in their final moments and given a voice in what they would choose regarding their care.

I do know, however, that no matter how I choose my future career, it will not be determined without the smell of stale old peppermint candies coming back to

remind me that I value elderly people and, as a result, will always respect them.

CONCLUSION

Most nurses have a recollection of someone important to them who happened to be old. In the hustle and bustle of our practice, sometimes it helps to think back and reflect on this important person. We need to take the time to let our frustrations with older patients and aging peers melt away in a pleasant memory—just like a peppermint candy.

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