

# Book Reviews/Comptes rendus

Theris A. Touchy, Kathleen F. Jett, Veronique Boscart, and Lynn McCleary. *Ebersole and Hess' Gerontological Nursing and Healthy Aging* (Canadian Edition). Toronto, ON: Elsevier Canada, 2012

Reviewed by Dorothy Forbes, University of Alberta

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Adapted from *Ebersole and Hess' Gerontological Nursing and Healthy Aging* (3rd ed.), the first Canadian edition could not be more timely as we begin to experience the "gerontological explosion" with the first wave of baby boomers reaching age 65. Older adults are the "core business of health care" (John A. Hartford Foundation, n.d.). Nurses, as well as other health care providers, will increasingly be caring for and providing services to older adults from diverse cultural backgrounds in a variety of Canadian health care settings. Theris Touchy, Kathleen Jett, and the Canadian authors Veronique Boscart and Lynn McCleary correctly approach caring for older adults from a health perspective, rather than a disease perspective, with an emphasis on strengths, resilience, resources, and capabilities that promote wellness and functional ability.

This comprehensive book is written for Canadian nursing students, nurses, and educators. Older adults and their care partners would also find most of the chapters relevant and useful to them in promoting or maintaining their own health. The book is organized around four major topics: (a) foundations of healthy aging, (b) changes of aging, (c) coping with chronic illness, and (d) caring for older adults and their caregivers. Section I examines the foundations of healthy aging and gerontological nursing, communicating with older adults, and the influence of culture and ethnicity on nursing practice. Historical and current trends are also reviewed. Section II presents changes in normal aging (i.e., biological, social, psychological, spiritual, cognition, nutrition, hydration, continence, sleep, activity, skin, and safety), and the nurses' role, in partnership with older adults, to maintain or restore wellness. Section III describes a variety of chronic illnesses experienced by older adults (e.g., diabetes, musculoskeletal, visual, auditory, cardiovascular, respiratory, and cognitive conditions), and the implications for nursing practice. Section IV focuses on economic and legal issues, relationships, roles, transitions, and care across the continuum that affect older adults and their caregivers. Mental health issues and loss, dying, and death in later life are also discussed in section IV. Additional components found in each chapter of the book, which promote optimal learning, include objectives, glossaries,

key concepts, activities, discussion questions, and lists of additional resources. Further ancillaries for instructors and students can be found at <http://evolve.elsevier.com>.

Each chapter provides an excerpt from qualitative research that describes the lived experience, description of the issue or disorder, assessment tools, detailed intervention strategies, and boxes, tables, and figures that clearly summarize and describe the information. The content is most applicable to practicing nurses and other health care providers, in whatever setting they work, and is consistent with the Canadian Gerontological Nursing Association's (2010) *Standards of Practice* and the National Initiative for Care of the Elderly's (2010) *Core Interprofessional Competencies for Gerontology*.

Research studies such as that by Wong et al. (2005) cited in chapter 17 and the study by Resnick et al. (2005) in chapter 18 are excellent examples of how nursing research can inform evidence-based nursing practice. The book would be strengthened, however, by greater recognition of the research conducted by Canadian nurses who describe and explore these chronic conditions with older adults and their care partners and who examine interventions that impact health care providers' and older adults' ability to manage their chronic conditions. In addition, the book's applicability to practicing nurses would be enhanced with a chapter highlighting that nurses are expected to use best available evidence, stating where this evidence can be found (e.g., Cochrane Library [[www.thecochranelibrary.com](http://www.thecochranelibrary.com)], Joanna Briggs website [[www.joannabriggs.edu.au](http://www.joannabriggs.edu.au)], NurseOne [[www.nurseone.ca](http://www.nurseone.ca)]), and explaining how to assess the quality of evidence.

Currently in Canada, nurse educators struggle with attempting to ensure that gerontological nursing content is adequately taught in undergraduate nursing programs, as this content is often integrated within other content areas. This book will make an important contribution to gerontological curriculum development and implementation. I would welcome the opportunity to teach a gerontological nursing course that is based on the *Ebersole and Hess' Gerontological Nursing and Healthy Aging* (Canadian edition).

## References

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Keith E. Whitfield (ed.). *Focus on Biobehavioral Perspectives on Health in Late Life (Annual Review of Gerontology and Geriatrics, vol. 30)*. New York, NY: Springer Publishing Company, 2010

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Over the past decade, we have not only witnessed an expansion of research dedicated to the aging population, but have also observed a shift from a unidimensional to a multidimensional approach to understanding health predictors and outcomes in older adults. Specifically, to understand variance in and contributors to both healthy and pathological aging, we must incorporate an interdisciplinary model that addresses biological, social, and behavioral factors as well as their interdependent associations with health in late life. *Focus on Biobehavioral Perspectives on Health in Late Life* presents a compendium of research aimed, from a biobehavioral standpoint, at understanding the etiology, precipitating factors, and course of health status in older adults.

The goal of presenting biobehavioral research is arduous. Whitfield, of Duke University, has attempted to apply Anderson's (1998) five levels of analysis within the scope of biobehavioral health research: (a) social/environment, (b) behavioral/psychological, (c) organ system, (d) cellular, and (e) molecular. Although Whitfield accomplished this goal, the more ambitious goal of traversing these levels (i.e., interactions across the five levels) was not necessarily achieved. Nonetheless, this book provides a respectful summary of the biobehavioral work published up until 2009.

*Focus on Biobehavioral Perspectives* is clearly written and divided into three sections: Introduction (three chapters), Cells to Homeostatic Systems (five chapters), and Person to Society (six chapters). Appropriately, Whitfield begins by defining "biobehavioral" and outlining the importance of an interdisciplinary perspective in health research. Sarah Szanton and colleagues continue with a

biobehavioral, "society-to-cell model" of resilience in older adults, which emphasizes that an individual's potential for health resilience in late life is determined by changes at multiple levels, including the societal, community, individual, physiological, and cellular levels. The potential for resilience in late life is determined by earlier life experiences, which emphasizes the significance of researchers' taking a biobehavioral lifespan perspective. Szanton and colleagues' discussion prepares the reader for subsequent chapters that focus on correlates of health in late life at each of the aforementioned levels. Finally, Whitfield and colleagues end the Introduction by discussing methodological considerations for complex interdisciplinary systems. Of notable importance is their discussion on socioeconomic status and ethnic diversity, two significant factors that are highly interrelated yet commonly ignored or given low priority in health research.

In the book's second section, Cells to Homeostatic Systems, Susan Motch and Roger McCarter (Pennsylvania State University) examine the role of oxidative stress as an aging mechanism as well as the role of potential defenses against oxidative damage, including nutrient intake, caloric restriction, and exercise. Although free radicals are considered agents of damage, the authors recognize that free radicals are also required for health maintenance. Despite the chapter's thorough examination of the effects of exercise and caloric restriction on oxidative damage, the authors should have more cautiously interpreted data regarding the positive effects of caloric restriction and resveratrol on health, which require further investigation in humans (this is especially the case for resveratrol about which there