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GERIATRIC TRANSITIONAL CARE: BRIDGING THE GAP

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Background: In many countries, including Canada, United Kingdom, Australia, the United States, Japan and Sweden, many health care systems promote the slogan of shortened hospital stays, due to which many of the elderly are facing problems with serious negative implications for their well being because of the lack of continuity of care during the transition from hospital to another health care setting (Tomura, Yamamoto-Mitani, Nagata, Murashima, & Suzuki, 2011). We could say that it is an important concern for those elderly people who are unable to maintain their wellbeing without the support of health care services, making them more susceptible to avoidable readmissions.

Objective: This paper reports our exploration of the link between transitional care and frequent rehospitalisation of older adults with chronic illness.

Method: A comprehensive literature review was conducted, based on computerized databases of MED Pub, CINAHL, and Medline; a numerous studies were retrieved by using keywords such as older adult, Transitional care, discharge teaching, acute care, chronic illness, and rehospitalisation.

Discussion: The overview of literature exhibits that interventions like arranging follow-up and educating patients will not likely improve the quality of patient care but reduce rehospitalisation. Evidences from the literature suggest that holistic and multifaceted interventions are required for better quality care.

Conclusion: Based on the above presented literature review, it can be concluded that despite the increasing quantity of older adults using long-term and post-acute care services, there is still a knowledge gap about the transition from hospital to other health care settings.

INDIVIDUAL, COMMUNITY AND NATIONAL RESILIENCIES AND AGE: ARE OLDER PEOPLE LESS RESILIENT THAN YOUNGER INDIVIDUALS?

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The present study explores the resilience of older Israelis compared to younger age groups, and further validates new measures of resilience. A random sample of the Jewish population in Israel (N=1022) was employed. The participants were three adult age-groups (18-35, 36-64, and 65+ years), with some college education and average income, who were mainly secular or traditional. Half of them were females, and they evenly represented left-wing and right-wing political attitudes. Individual, community, and national resiliencies were measured by the ratio of strength and vulnerability in each of these domains. Two additional resilience supporting measures were employed: self-efficacy and sense of coherence. Results supported the hypotheses: Indices of resilience, accounting concurrently for protective factors and for risk factors, were validated by resilience promoting factors, and indicated higher resilience at old age. Furthermore, older people reported lower levels of distress symptoms than younger individuals. These data support the validity of the new measures of resilience, and the contention that older Israelis are more resilient than younger cohorts. Their long direct or indirect experience with wars and terror attacks has not decreased their resilience, and has perhaps even strengthened it.