**The Middle Range Nursing Theory of Successful Aging**

The middle range nursing theory of successful aging developed by Meredith Flood PhD, APRN, BC can be used here to address the problem of depression in older adults living in assisted living facilities.

The conceptual definition of successful aging by Flood is that “an individual's perceived favorable outcome in adapting to the cumulative physiologic and functional changes associated with the passage of time, while experiencing spiritual connectedness and a sense of meaning or purpose in life” (Flood, 2005, p.36).

**Successful aging**

….is rooted in a conceptual holistic model of coping processes encompassing the physical (functional performance mechanisms), the mental (intrapsychic factors, and the spiritual (spirituality).  Successful coping in these three areas leads to gerotranscendence,  a coping process in itself where achievement means a higher world view or major shift in personal worldview and how a person sees themselves in the world (Flood, 2005).

**Gerotranscendence**

When successful survival, growth and mastery of a subset of foundational coping processes is achieved, gerotranscendence is possible.  This encompasses attainment of the goals of personal and environmental transformation.  Indications of Successful Aging are reached through gerotranscendence with more meaning, purpose in life, and greater life satisfaction (Flood, 2005).

**Coping Processes**

**Perceptions and responses to the 3 basic coping processes:**

1. **Functional performance mechanisms:**

* Cumulative physiologic & functional changes over passage of time
  + - Physical Health,
    - Health Promotion Activities
    - Physical Mobility

        2. **Intrapsychic:**

* Mental Health, Sense of optimism or positivity
* How a person understands personal character traits and responds to environment:
  + - Creativity,
    - Personal Optimism/ Low Levels of Negativity
    - Personal Control

         3. **Spirituality:**

* Personal views and behaviors related to a greater power or being
  + - Religiosity
    - Spiritual Perspective

**Depression**

Older adults face depression for a variety of reasons and successful interventional treatments have been used in *behavioral, cognitive, and psychodynamic methodologies.*  (Fiske, Wetherell, & Gatz, 2009).  This relates directly to the foundational subset coping processes of Flood’s successful aging theory.

“Depression is perhaps the most frequent cause of emotional suffering in later life and significantly decreases quality of life in older adults” (Blazer, 2003).

* Reasons for depression are complicated and interconnected.
* Etiologies include biological, psychological, social, socio-economical, spiritual, & existential (Blazer, 2003; Fiske, Wetherell, & Gatz, 2009).
* Upwards of 35% to 42% of  Long Term Care Facility residents have been found to have depression in different large studies (Blazer, 2003).

**Successful Aging Theory Addresses Depression in Older Adults in**

**Assisted Living Facilities**

* The three-pronged coping processes of functional performance mechanisms, intrapsychic factors, and spirituality and the dimensions of coping within them, serve to address every type of etiology of depression listed by researchers.
* Gerotranscendence is the culmination and world-view shift made by older adults when successful output is achieved in the other coping processes.
* These processes are interconnected and depression can result from deficiency in coping in any one area, or all areas. To its benefit, successful aging theory dimensional constructs serve as the framework with which to address any deficit contributing to depression.
  + **Intrapsychic Factors:** Older adulthood is an important time for reflection.  As the awareness of mortality becomes more acute, interest in fulfilling dreams, deepening religious convictions, strengthening family ties and planning and providing for the welfare of future generations becomes increasingly important.  Nurses can help by creating a calm, comfortable environment away from a patient’s room or apartment to allow for planning and reflection.  Additionally, this is an important time for adults to reflect on obstacles they’ve overcome, celebrate achievements, and provide insight for younger generations.  Nurses should encourage patients to complete a life review.  This process can take many forms such as an oral history, scrapbook or developing and lifemap or timeline.  Finally, it is not uncommon for older adults to experience feelings of guilt, unachieved aspirations and perceived failures which can lead to emotional or psychological distress.  Nurses can help by making connections or referrals to social workers or other mental health professionals who can help the older adult to resolve these issues.
  + **Spirituality**: Faith, hope, forgiveness, prayer, meditation, love, and social support are aspects of spirituality that assisted living facilities can promote by providing access to clergy and lay ministers from the resident's faith tradition as well as transportation to services and other events at local places of worship. Staff should assess the faith traditions and practices of their residents, asking them how they prefer to engage in spiritual practices. Then, facilities could also organize groups for religious study, group meditation or prayer, service projects, or other events desired by residents which would could promote spirituality.
  + **Functional Performance:** Focus on health promotion activities, physical health and mobility.  Factors such as self-destructive behaviors, somatic symptoms, irritability, and inappropriate use of defense mechanisms can be indicators of impaired coping age-related physiologic and physical changes such as a new diagnosis. Programs that focus on health education such as fostering realistic expectations of aging or lifestyle changes dues to a new diagnosis can help foster healthy behaviors. This includes ideas such as  heart healthy cooking classes, groups that focus on meal and trips to the grocery store, and gardening to promote nutritious food options.   Resources within assisted living facilities should be utilized to promote and manage the physical health of its residents, especially for those who may not a strong family support system. For example, ensuring that all residents work closely with case managers and community health workers to help with navigating the healthcare system, ensuring that everyone is going to scheduled doctors appointments, and transportation services are arranged for when needed.  Finally, activities that promote mobility and socialization should be intertwined into the daily lives of residents. Examples include aerobics classes of varying degrees of difficulty and dances such as intergenerational proms.