As a result of modern medicine finding new cures and treatments for illnesses and diseases which used to be incurable, a new challenge has presented itself in the form of an aging population. The increase in the number of people living into their 80s, 90s and beyond has led to a greater demand for professional eldercare workers and geriatric specialists.

If you are considering a career in either of these specialties, there are a few things you should know.

Working with the elderly, whether in a hospital setting, a hospice or in residential care can be incredibly rewarding but it takes a special skill-set to cope physically and emotionally. On the physical side, care workers need to have the strength to turn bedridden patients so as to avoid the patient developing bedsores and to help infirm patients to the bathroom when needed, while also being aware that patients who are suffering from osteoporosis must be moved in a careful manner. Whereas from the emotional side, all care workers need to be able to connect with their patients and offer them companionship.

Although it may seem that companionship is less important than physical care, the truth is very different. In fact patients in residential care, may only have interaction with their care workers and it is this interaction which helps to keep their cognitive functions working correctly. This is especially true in the case of patients with dementia, who need regular conversation and company to help hold back the signs of the condition and with family members often living far from them, this duty is assumed by the carer. If the family live closer, a carer can be faced with another challenge as often the next of kin and the patient do not agree on the best course of care, which can lead to additional stress on the patient.

As well as the more common duties like monitoring and administering medication regimens, a care worker also needs to feel comfortable in a variety of duties from bathing and grooming through to changing bed sheets for the incontinent, and all the while bearing in mind that for their patients these activities can be degrading. It is common for elderly patients to suffer from functional disability, in which they are unable to carry out a certain action - even though, they are physically able. In these situations, it is vital to maintain the dignity of the patient.

Another factor to consider is the added difficulty in working with patients who often suffer from multiple ailments and impairments. If you are prescribing a drug for one condition, you must be aware of the possible outcomes on the other pre-existing conditions and whether or not the drug is safe to take in combination with the patients existing prescriptions. For example, there are certain medications for glaucoma which cannot be used if the patient has anemia.

If this sounds too demanding, there is another option in the form of respite care. More
and more often after a stay in hospital, seniors are checking into respite care while they recuperate. Working in this setting offers the advantage of working with different patients each month and hopefully helping them to recover enough to return to their lives outside of a care home.

As you can see a career in elder care is not an easy option, but it does offer the carer a chance to work with interesting people and while it may not always be possible to 'cure' your patients, you can make their lives more comfortable and give them the chance to enjoy their twilight years.

**Discussion Questions**

What are the specific challenges of working with the elderly?

Do you agree that eldercare work could be more rewarding than other areas of health care? Why/why not?

In your opinion, should elderly relative live with the family or should they live in a specialist care home? Why?