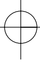
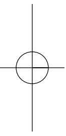
55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 1

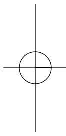
Unit One

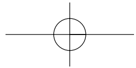
Core Knowledge

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 2









55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 3

SECTION

1

Critical Thinking

(Competencies 1, 2)

CHAPTER 1
Introduction to Gerontological Nursing

CHAPTER 2
The Aging Population

CHAPTER 3
Theories of Aging

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 4

CHAPTER 1

Introduction to Gerontological Nursing

Jeanne St. Pierre, MN, RN, GCNS-BC
Deborah Conley, MSN, APRN-CNS-BC, FNGNA

LEARNING OBJECTIVES

At the end of this chapter, the reader will be able to:

- Define important terms related to nursing and the aging process.
- Outline significant landmarks that have influenced the development of gerontological nursing as a specialty.
- Identify several subfields of gerontological nursing.
- Develop the beginnings of a personal philosophy of aging.
- Describe the unique roles of the gerontological nurse.
- Discuss the scope and standards of practice in gerontological nursing.
- Examine core competencies in gerontological nursing.
- Contrast various settings in which nurses care for older adults.
- Distinguish the educational preparation, practice roles, and certification requirements of the various levels of gerontological nursing practice.

KEY TERMS

- Activities of daily living (ADLs)
- Ageism
- Assisted living facility
- Certification
- Continuing care retirement community
- Core competencies
- Financial gerontology
- Geriatrics
- Gerontological nursing
- Gerontological rehabilitation nursing
- Gerontology
- Geropharmacology
- Geropsychology
- Hospice
- Independent living
- Middle old
- Old old
- Rehabilitation
- Skilled care
- Social gerontology
- Subacute care
- Unlicensed assistive personnel (UAP)
- Young old

THE HISTORY OF GERONTOLOGICAL NURSING

The history and development of gerontological nursing is rich in diversity and experiences, as is the population it serves. There has never been a more opportune time than now to be a gerontological nurse. No matter where nurses practice, they will at some time in their career care for older adults. The health care movement is constantly increasing life expectancy; therefore, nurses must expect to care

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 5

for relatively larger numbers of older people over the next decades. With the increasing numbers of acute and chronic health conditions experienced by elders, nurses are in key positions to provide disease prevention and health promotion, and to promote positive aging.

The *American Journal of Nursing,* the American Nurses Association (ANA), and the John A. Hartford Foundation Institute for Geriatric Nursing at New York University contributed significantly to the development of the specialty of gerontological nursing. The specialty was formally recognized in the early 1960s when the ANA recommended a specialty group for geriatric nurses and the formation of a geriatric nursing division, and convened the first national nursing meeting on geriatric nursing practice. The growth of the specialty soared over the next three decades. In the early 1970s, the ANA *Standards for Geriatric Practice* and the *Journal of Gerontological Nursing* were first published (in 1970 and 1975, respectively). Following the enactment of federal programs such as Medicare and Medicaid, rapid growth in the health care industry for elders occurred. In the 1970s, the Veterans Administration funded a number of Geriatric Research Education and Clinical Centers (GRECCs) at VA medical centers across the United States. Nurses were provided substantial educational opportunities to learn about the care of older veterans through the development of GRECCs. The Kellogg Foundation also funded numerous certificate nurse practitioner programs at colleges of nursing for nurses to become geriatric nurse practitioners. These were not master's in nursing–level programs, but provided needed nurses who were trained in geriatrics to meet the growing needs of an aging population.

Terminology used to describe nurses caring for elders has included geriatric nurses,orontic nurses, and gerontological nurses. These terms all have various meanings; however, *gerontological nursing* provides an encompassing view of the care of older adults. In 1976, the ANA Geriatric Nursing Division changed its name to Gerontological Nursing Division and published the *Standards of Gerontological Nursing* (Ebersole & Touhy, 2006; Meiner & Lueckenotte, 2006).

The decade of the 1980s saw a substantial growth in gerontological nursing when the National Gerontological Nursing Association was established, along with the ANA statement on the *Scope and Standards of Gerontological Nursing Practice*. Increased numbers of nurses began to obtain master's and doctoral preparation in gerontology, and higher education established programs to prepare nurses as advanced practice nurses in the field (geriatric nurse practitioners and gerontological clinical nurse specialists). Thus, interest in theory to build nursing as a science grew and nurses were beginning to consider gerontological nursing research as an area of study. Implementation of five Robert Wood Johnson (RWJ) Foundation Teaching-Nursing Homes provided the opportunity for nursing faculty and nursing homes to collaborate to enhance care to institutionalized elders. An additional eight community-based RWJ grant–funded demonstration projects enabled older adults to remain in their homes and fostered cooperation between social service and health care agencies to partner in providing in-home care.

In the 1990s, the John A. Hartford Foundation Institute for Geriatric Nursing was established at the NYU Division of Nursing. It provided unprecedented momentum to improve nursing education and practice and increase nursing research in the care of older adults. In addition, it focused on geriatric public policy and consumer education. The Nurses Improving Care for Healthsystem Elders (NICHE) program gained a national reputation as the model of acute care for older adults.

The 21st century has provided a resurgency in gerontological care, as older adults are gaining full status and recognition by society. As the baby boomers enter the older age group in 2011, this cadre of individuals will not only expect but demand excellence in geriatric care. In 2003, the collaborative efforts of the John A. Hartford Institute for Geriatric Nursing, the American Academy of Nursing, and the American Association of Colleges of Nursing (AACN) led to the development of the Hartford Geriatric Nursing Initiative (HGNI). This initiative substantially increased the number of gerontological nurse scientists and the development of evidence-based gerontological nursing practice. Today, there are multiple professional journals, books, Web sites, and organizations dedicated to the nursing care of older adults. One of the newest journals to emerge in 2008 was the *Journal of Gerontological Nursing Research*.

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 6

The development of gerontological nursing as a specialty is attributed to a host of nursing pioneers. The majority of these nurses were from the United States; however, two key trailblazers were from England. Florence Nightingale and Doreen Norton provided early insights into the "care of the aged." Nightingale was truly the first geriatric nurse, because she accepted the nurse superintendent position in an English institution comparable to our current nursing homes. She cared for wealthy women's maids and helpers in an institution called the Care of Sick Gentlewomen in Distressed Circumstances (Wykle & McDonald, 1997). Doreen Norton summarized her thoughts on geriatric nursing in a 1956 speech at the annual conference of the Student Nurses Association in London. She later focused her career on care of the aged and wrote often about the unique and specific needs of elders and the nurses caring for them. She identified the advantages of learning geriatric care in basic nursing education as: 1) learning patience, tolerance, understanding, and basic nursing skills; 2) witnessing the terminal stages of disease and the importance of skilled nursing care at that time; 3) preparing for the future, because no matter where one works in nursing the aged will be a great part of the care; 4) recognizing the importance of appropriate **rehabilitation**, which calls upon all the skill that nurses possess; and 5) being aware of the need to undertake research in geriatric nursing (Norton, 1956).

LANDMARKS IN THE DEVELOPMENT OF GERONTOLOGICAL NURSING

Nurse scientists, educators, authors, and clinicians forged the way for the overall development of gerontological nursing as we know it today. Some of the most notable pioneers were Irene Burnside, Sister Rose Theresa Barr, Virginia Stone, Lucille Gress, Laurie Gunter, Doris Schwartz, Eleanor Pingrey, Terri Brower, Thelma Wells, Pricilla Ebersole, Patricia Hess, Mary Opal Wolanin, Cynthia Kelly, Florence Cellar, Neville Strumpf, Bernita Steffl, Edna Stilwell, Charlotte Eliopoulos, Lois Evans, Mathy Mezey, Terry Fulmer, Jeannie Kyser-Jones, Cornelia Beck, Meridean Maas, Kathleen Buckwalter, and Anne Leukenotte.

The following is a summary of significant landmarks in the development of gerontological nursing as a specialty:

1902 *American Journal of Nursing (AJN)* publishes first geriatric article by an MD

1904 *AJN* publishes first geriatric article by an RN

1925 *AJN* considers geriatric nursing as a potential specialty

Anonymous column entitled "Care of the Aged" appears in *AJN*

1950 First geriatric nursing textbook, *Geriatric Nursing* (Newton), published

First master's thesis in geriatric nursing completed by Eleanor Pingrey

Geriatrics becomes a specialization in nursing

1952 First geriatric nursing study published in *Nursing Research*

1961 ANA recommends specialty group for geriatric nurses

1962 ANA holds first National Nursing Meeting on Geriatric Nursing Practice

1966 ANA forms a geriatric nursing division

First Gerontological Clinical Nurse Specialist master's program begins at Duke University

1968 First RN (Gunter) presents at the International Congress of Gerontology

1970 ANA creates the *Standards of Practice for Geriatric Nursing*

1973 ANA offers the first generalist **certification** in gerontological nursing (74 nurses certified)

1975 First nursing journal for the care of older adults published: *Journal of Gerontological Nursing* by Slack, Inc.

First nursing conference held at the International Congress of Gerontology

1976 ANA Geriatric Nursing Division changes name to Gerontological Nursing Division

ANA publishes *Standards of Gerontological Nursing*

1977 Kellogg Foundation funds Geriatric Nurse Practitioner certificate education

First gerontological nursing track funded by the Division of Nursing at the University of Kansas

1979 First national conference on gerontological nursing sponsored by the *Journal of Gerontological Nursing*

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 7

1980 *AJN* publishes *Geriatric Nursing* journal

Education for Gerontic Nurses by Gunter and Estes suggests curricula for all levels of nursing education

ANA establishes Council of Long Term Care Nurses

1980 First Robert Wood Johnson (RWJ) Foundation grants for health-impaired elders given (eight in the United States)

1981 First International Conference on Gerontological Nursing sponsored by the International Council of Nursing (Los Angeles, California)

ANA Division of Gerontological Nursing publishes statement on scope of practice

John A. Hartford Foundation's Hospital Outcomes Program for the Elderly (HOPE) using a geriatric resource nurse (GRN) model developed at Yale University under the direction of Terry Fulmer

1982 Development of RWJF Teaching-Nursing Home Program (five programs in the United States)

1983 First endowed university chair in gerontological nursing (Florence Cellar Endowed Gerontological Nursing Chair) established at Case Western Reserve University

1984 National Gerontological Nursing Association (NGNA) established

ANA Division on Gerontological Nursing Practice becomes Council on Gerontological Nursing

1986 National Association for Directors of Nursing Administration in Long Term Care established

ANA publishes *Survey of Gerontological Nurses in Clinical Practice*

1987 ANA revises *Standards and Scope of Gerontological Nursing Practice*

1988 First PhD program in gerontological nursing established (Case Western Reserve University)

1989 ANA certification established for Clinical Specialist in Gerontological Nursing

1990 ANA establishes Division of Long Term Care within the Council of Gerontological Nursing

1992 Nurses Improving Care for Healthsystem Elders (NICHE) established at New York University (NYU) Division of Nursing based on the HOPE programs

1996 John A. Hartford Foundation Institute for Geriatric Nursing established at NYU Division of Nursing

NICHE administered through the John A. Hartford Foundation Institute for Geriatric Nursing

1998 ANA certification available for geriatric advanced practice nurses as geriatric nurse practitioners or gerontological clinical nurse specialists

2000 American Academy of Nursing, the John A. Hartford Foundation, and the NYU Division of Nursing develop the Building Academic Geriatric Nursing Capacity (BAGNC) program

2002 American Nurses Foundation (ANF) and ANA fund the Nurse Competence in Aging (NCA) joint venture with the John A. Hartford Foundation Institute for Geriatric Nursing

2003 The John A. Hartford Foundation Institute for Geriatric Nursing, the American Academy of Nursing, and the American Association of Colleges of Nursing (AACN) combine efforts to develop the Hartford Geriatric Nursing Initiative (HGNI)

John A. Hartford Foundation Institute for Geriatric Nursing at NYU awards Specialty Nursing Association Programs-in Geriatrics (SNAP-G) grants

2004 American Nurses Credentialing Center's *first* computerized generalist certification exam is for the gerontological nurse

2005 *Journal of Gerontological Nursing* celebrates 30 years

2007 NICHE program at John A. Hartford Foundation Institute for Geriatric Nursing at NYU receives additional funding from the Atlantic Philanthropies and U.S. Aging Program

2008 *Geriatric Nursing* journal celebrates 30 years

Journal of Gerontological Nursing Research emerges

ATTITUDES TOWARD AGING AND OLDER ADULTS

As a nursing student, you may have preconceived ideas about caring for older adults. Such ideas are influenced by your observations of family members, friends, neighbors, and the media, and your own experience with older adults. Perhaps you have a close relationship with your grandparents or you have noticed the aging of your own parents. For some of you, the aging process may have become noticeable when you look at yourself in the mirror. But for all of us, this universal phenomenon we call

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 8

aging has some type of meaning, whether or not we have taken the time to consciously think about it.

The way you view aging and older adults is often a product of your environment and the experiences to which you have been exposed. Negative attitudes toward aging or older adults (**ageism**) often arise in the same way—from negative past experiences. Many of our attitudes and ideas about older adults may not be grounded in fact. Some of you may have already been exposed to ageism, which is often displayed in much the same way as sexism or racism—via attitudes and actions. This is one reason for studying the aging process—to examine the myths and realities, to separate fact from fiction, and to gain an appreciation for what older adults have to offer.

Population statistics show that the majority of your careers as nurses will include caring for older adults. As Mathy Mezey, director of the John A. Hartford Foundation Institute for Geriatric Nursing at NYU, stated, "The population of older Americans is exploding. Geriatric patients are not one subgroup of patients but rather the core business of health systems" (Mezey, 2005). Providing high-quality care to elders requires knowledge of the intricacies of the aging process as well as the unique syndromes and disease conditions that can accompany growing older.

As you read and study this book, you are encouraged to examine your own thoughts, values, feelings, and attitudes about growing older. Perhaps you already have a positive attitude toward caring for older adults. Build on that value, and consider devoting your time and efforts to the practice of gerontological nursing. If, however, you are reading this chapter with the idea that gerontological nursing is a less desirable field of nursing, or that only those nurses who cannot find jobs elsewhere work in nursing homes, or that working with older people would be an option of last resort, then you may need to re-examine these feelings. Armed with the facts and some positive experiences with older adults, you may change your mind.

Advocates for older adults, such as Nobel laureate Elie Wiesel, feel that older adults, as repositories of our collective memories, should be appreciated and respected. As the 1997 American Psychological Association's keynote convention speaker, Wiesel said, ". . . an old person represents wisdom and the promise of living a full life . . . the worst curse is to make him or her feel worthless" (American Psychological Association, 2008).

The older population is changing dramatically as the baby boomers (those born from 1946–1964) reach retirement age (as of 2011). Because this phenomenon is happening in many places around the globe (see Chapters 2 and 23), gerontology is the place to be! Caring for the largest number of older adults in history will present enormous opportunities. With the over-85 age group being the fastest growing, the complexity of caring for so many people with multiple physical and psychosocial changes will present a challenge for the most daring of nurses. Will you be ready?

The purpose of this book is to provide the essential information needed by students of gerontological nursing to provide quality care to older adults. In your study of this text, you will be presented with knowledge and insights from experienced professionals with expertise in various areas of gerontological nursing and geriatrics. Each chapter contains thought-provoking activities and questions for personal reflection. Case studies will help you to think about and apply the information. A glossary is included at the end of the chapter to help you master key terms, and plenty of tables and figures summarize key information. Web sites are included as a means of expanding your knowledge. Use this text as a guidebook for your study. Use all the resources available, including your instructors, to immerse yourself in the study of the aging process. By the end of this book, you will have learned about the essential competencies needed to provide excellent care to older adults.

DEFINITIONS

Gerontology is the broad term used to define the study of aging and/or the aged. This includes the biopsychosocial aspects of aging. Under the umbrella of gerontology are several subfields including geriatrics, social gerontology, geropsychology, geropharmacology, financial gerontology, gerontological nursing, and gerontological rehabilitation nursing, to name a few.

What is old and who defines old age? Interestingly, although "old" is often defined as over 65 years of age, this is an arbitrary number set by the

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 9

Social Security Administration. Today, the older age group is often divided into the **young old** (ages 65–74), the **middle old** (ages 75–84), and the **old old**, very old, or frail elderly (ages 85 and up). However, these numbers merely provide a guideline and do not actually define the various strata of the aging population. Among individuals, vast differences exist between biological and chronological aging, and between the physical, emotional, and social aspects of aging. How and at what rate a person ages depends upon a host of factors that will be discussed throughout this book. The aging population as well as theories and concepts related to aging are discussed further in Chapters 2 and 3.

Geriatrics is often used as a generic term relating to the aged, but specifically refers to medical care of the aged. For this reason, many nursing journals and texts have chosen to use the term *gerontological nursing* instead of geriatric nursing.

Social gerontology is concerned mainly with the social aspects of aging versus the biological or psychological. "Social gerontologists not only draw on research from all the social sciences—sociology, psychology, economics, and political science—they also seek to understand how the biological processes of aging influence the social aspects of aging" (Quadagno, 2005, p. 4). **Geropsychology** is a branch of psychology concerned with helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. **Geropharmacology** is the study of pharmacology as it relates to older adults. The credential for a pharmacist certified in geropharmacology is CGP (certified geriatric pharmacist).

Financial gerontology is another emerging subfield that combines knowledge of financial planning and services with a special expertise in the needs of older adults. Cutler (2004) defines financial gerontology as "the intellectual intersection of two fields, gerontology and finance, each of which has practitioner and academic components" (p. 29). This field is further discussed in Chapter 25.

Gerontological rehabilitation nursing combines expertise in gerontological nursing with rehabilitation concepts and practice. Nurses working in gerontological rehabilitation often care for older adults with chronic illnesses and long-term functional limitations such as stroke, head injury, multiple sclerosis, Parkinson's disease, spinal cord injury, arthritis, joint replacements, and amputations. The purpose of gerontological rehabilitation nursing is to assist older adults to regain and maintain the highest level of function and independence possible while preventing complications and enhancing quality of life.

Gerontological nursing, then, falls within the discipline of nursing and the scope of nursing practice. It involves nurses advocating for the health of older persons at all levels of prevention. Gerontological nurses work with healthy elderly persons in their communities, acutely ill elders requiring hospitalization and treatment, and chronically ill or disabled elders in long-term care facilities, skilled care, home care, and hospice. The scope of practice for gerontological nursing includes all older adults from the time of "old age" until death. Gerontological nursing is guided by standards of practice that will be discussed later in this chapter. Several roles of the gerontological nurse will be discussed in the following sections.

ROLES OF THE GERONTOLOGICAL NURSE

Provider of Care

In the role of caregiver or provider of care, the gerontological nurse gives direct, hands-on care to older adults in a variety of settings. Older adults often present with atypical symptoms that complicate diagnosis and treatment. Thus, the nurse as a care provider should be educated about disease processes and syndromes commonly seen in the older population. This may include knowledge of risk factors, signs and symptoms, usual medical treatment, rehabilitation, and end-of-life care. Chapters 13, 14, and 15 cover management of common illnesses, diseases, and health conditions, imparting essential information for providing quality care.

Teacher

An essential part of all nursing is teaching. Gerontological nurses focus their teaching on modifiable risk factors and health promotion (see Chapters 9, 11, and 12). Many diseases and debilitating conditions of aging can be prevented through lifestyle

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 10

modifications such as a healthy diet, smoking cessation, appropriate weight maintenance, increased physical activity, and stress management. Nurses have a responsibility to educate the older adult population about ways to decrease the risk of certain disorders such as heart disease, cancer, and stroke, the leading causes of death for this group. Nurses also may develop expertise in specialized areas and teach skills to other nurses in order to promote quality patient care among older adults.

Manager

Gerontological nurses act as managers during everyday practice as they balance the concerns of the patient, family, nursing, and the rest of the interdisciplinary team. Nurse managers must be skilled in leadership, time management, building relationships, communication, and managing change. Nurse managers may supervise other nursing personnel including licensed practical nurses (LPNs), certified nursing assistants (CNAs), technicians, nursing students, and other **unlicensed assistive personnel (UAP)**. The role of the gerontological nurse as manager and leader is further discussed in Chapter 23.

Advocate

As an advocate, the gerontological nurse acts on behalf of older adults to promote their best interests and strengthen their autonomy and decision making. Advocacy may take many forms, including active involvement at the political level or helping to explain medical or nursing procedures to family members on a unit level. Nurses may also advocate for patients through other activities such as helping family members choose the best nursing home for their loved one or listening to family members vent their frustrations about health problems encountered. Whatever the situation, gerontological nurses must remember that being an advocate does not mean making decisions for older adults, but empowering them to remain independent and retain dignity, even in difficult situations.

Research Consumer

The appropriate level of involvement for nurses at the baccalaureate level is that of research consumer. Gerontological nurses must remain abreast of current research literature, reading and putting into practice the results of reliable and valid studies. Using evidence-based practice, gerontological nurses can improve the quality of patient care in all settings. Although nurses with undergraduate degrees may be involved in research in some facilities, such as assisting with data collec-

Case Study 1-1

Rose is a 52-year-old nursing student who has returned to school for her BSN after raising a family. She is the divorced mother of two grown children and has one young grandson. In addition to being a full-time student in an accelerated program, Rose also cares for her 85-year-old mother in her own home and occasionally helps provide childcare for her grandson while his parents work. Rose's mother has diabetes and is legally blind. Rose is taking a gerontology course this semester and finds herself going home quite upset after the first week of classes when attitudes toward aging were discussed. While sharing with the course instructor her feelings and surprising emotional discomfort, Rose is helped to identify that she is afraid of getting older and being unable to care for her ailing mother and herself. As a single woman, she is unsure that she can handle what lies ahead for her as she is beginning to feel the effects of aging herself.

Questions:

1. What can Rose do to become more comfortable with facing her own advancing age?
2. What factors may have influenced her discomfort with the course material?
3. Is there anything the instructor of the course might do to help Rose cope with the feelings she is having as she completes the required coursework?
4. There may be some activities that Rose can do in order to understand her feelings about aging better. Can you think of some such activities?
5. What is Rose's role as the caregiver in this situation? How may the role change over time?
6. How much does Rose's present home and living situation contribute to her fears and perceptions of aging?

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 11

tion or providing research ideas inspired by clinical problems, their basic preparation is aimed primarily at using research in practice. All nurses should read professional journals specific to their specialty and continue their education by attending seminars and workshops, participating in professional organizations, pursuing additional formal education or degrees, and obtaining certification. In being a research consumer, gerontological nurses can improve the quality of patient care in all settings.

Expanded roles of the gerontological nurse may also include counselor, case manager, coordinator of services, collaborator, geriatric care manager, and others. Several of these roles are discussed in Chapters 20, 23, and 25.

CERTIFICATION

To provide competent, current care to elders, nurses need to have gerontological nursing content in their basic undergraduate nursing curricula and are encouraged to become certified in gerontological nursing. Less than 1% of nurses in the United States are certified in gerontological nursing; however, more than 50% of the patients cared for are elders. Adults age 65 or older utilize 48–50% of the nation's total health care resources and represent approximately 38% of all admissions to hospitals (Stierle et al., 2006). Patients and their families are knowledgeable about quality health care and patient safety and want the most expert clinicians at the bedside. Certification provides reassurance to patients and their families that the nurses caring for them are highly skilled and possess expert knowledge in providing excellence in gerontological nursing care (Hartford Institute for Geriatric Nursing, 2008).

Nurse certification is a formal process by which a certifying agency validates a nurse's knowledge, skills, and competencies through a written examination in a specialty area of practice. There are two levels of certification: generalist and advanced practice level. Each has different eligibility standards. The American Nurses Credentialing Center (ANCC) is the certifying body for both levels of gerontological nursing practice.

Generalist Certification

The generalist in gerontological nursing has completed a basic entry-level program in nursing, which can be a diploma in nursing, or an associate or bachelor of science degree in nursing. Before meeting additional eligibility requirements to become certified in gerontological nursing, the applicant must be a licensed registered nurse for at least 2 years. ANCC offers the generalist computerized exam in gerontological nursing at over 300 computer-based testing sites across the country. This exam was the first one to become computerized, increasing the convenience of sitting for gerontological nursing certification.

Certified gerontological nurses utilize principles of gerontological nursing and gerontological competencies as they implement the nursing process with patients. Gerontological certified nurses:

- Assess, manage, and deliver health care that meets the needs of older adults
- Evaluate the effectiveness of their care
- Identify the strengths and limitations of their patients
- Maximize patient independence
- Involve patients and family members (American Nurses Credentialing Center [ANCC], 2008)

There are a number of compelling reasons for nurses to pursue gerontological nurse certification. Certified gerontological nurses:

- Experience a high degree of professional accomplishment and satisfaction
- Demonstrate a commitment to their profession
- Provide higher quality of care to older adults
- Act as resources for other nurses and interdisciplinary team members
- Demonstrate evidence-based gerontological nursing care
- Are recognized as national leaders in gerontological nursing care
- Create the potential for higher salaries and benefits
- Are actively recruited for employment at nursing faculty, in Magnet and NICHE designated hospitals, in long-term care facilities, in acute rehab, and in community health agencies (ANCC, 2008; Hartford Institute for Geriatric Nursing, 2008)

See the ANCC Web site (http://www.nursecredentialing.org) for eligibility requirements and information about gerontological nurse certification and recertification.

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 12

Advanced Certification

The ANCC offers two separate advanced practice certification exams in gerontological nursing: the clinical specialist in gerontological nursing (GCNS-BC) and the gerontological nurse practitioner (GNP-BC). There are different eligibility requirements for each exam. The ANCC Web site (http://www.nursecredentialing.org) provides eligibility requirements and information on certification and recertification. As with most certifications, minimum educational and practice requirements must be met and maintained. Both certifications are considered to signify expert clinicians; those certified must hold a minimum of a master's degree in nursing, which includes at least 500 hours of precepted clinical practice. Recertification mandates retaking the exam or submitting a portfolio that demonstrates that the candidate has met specific requirements.

Many states require advanced practice registered nurses (APRNs) to hold a separate license as an APRN. The advanced practice role encompasses education, consultation, research, case management, administration, and advocacy in the care of older adults. In addition, APRNs develop advanced knowledge of nursing theory, research, and clinical practice. The APRN is an expert in providing care for older adults, families, and groups in a variety of settings.

The gerontological clinical nurse specialist focuses on three spheres of influence: patient/family care, developing nurses, and impacting organizations and systems. Gerontological clinical nurse specialists (CNSs) play important roles in acute care by developing and implementing gerontological nursing evidence-based practice. In addition, some roles involve a collaborative practice or consultative role with hospitals or long-term care facilities and interdisciplinary teams. In some states, gerontological CNSs may obtain prescriptive authority and broaden their scope of practice. Gerontological CNSs have developed and managed clinics for common conditions in the older population such as incontinence, falls, wounds, or cognitive impairments. The ANCC describes the role of the gerontological CNS as follows:

> *The Clinical Nurse Specialist in Gerontological Nursing (GCNS) is a registered nurse prepared in a graduate level gerontological clinical nurse specialist program to provide advanced care for older adults, their families, and significant others. The GCNS has an expert understanding of the dynamics, pathophysiology, and psychosocial aspects of aging. The GCNS uses advanced diagnostic and assessment skills and nursing interventions to manage and improve patient care. Using theory and research, the GCNS's practice considers all influences on a patient's health status and the related psychosocial and behavioral problems arising from the patient's altered physiological condition. The GCNS practices in diverse settings and is actively engaged in education (e.g., patient, staff, students, and colleagues), case management, expert clinical practice, consultation, research, and administration. (ANCC, 2008)*

The gerontological nurse practitioner (GNP) practices in acute or long-term care settings and in collaborative practice with physicians who maintain large geriatric practices. GNPs make regular visits to nursing homes where patients in their collaborative practice reside. GNPs practice in rehabilitation facilities, working in outpatient clinics for rehabilitation patients after discharge or with specialty

TABLE 1-1 Web Sites for Test Content Outlines

http://www.nursecredentialing.org/NurseSpecialties/Gerontological.aspx
http://www.nursecredentialing.org/NurseSpecialties/GerontologicalCNS.aspx
http://www.nursecredentialing.org/NurseSpecialties/GerontologicalNP.aspx

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 13

BOX 1-1 Web Exploration

Explore the following Web sites for further information on certification and gerontological associations of interest to nurses.

Educational Web Sites

Hartford Geriatric Nursing Initiative, About HGNI
www.gerontologicalnursing.info

Hartford Geriatric Nursing Initiative, ConsultGeriRN.org
www.consultgeriRN.com

American Nurses Association (ANA)
www.nursingworld.org

Associations

U.S. Administration on Aging
www.aoa.dhhs.gov

American Geriatrics Society
www.americangeriatrics.org

American Nurses Credentialing Center (ANCC)
www.nursecredentialing.org

Gerontological Society of America
www.geron.org

Hospice and Palliative Nurses Association (HPNA)
www.hpna.org

John A. Hartford Foundation Institute for Geriatric Nursing
www.hartfordign.org

National Adult Day Services Association
www.nadsa.org

National Association of Geriatric Nursing Assistants (NAGNA)
www.culturechangenow.com/stories/nagna.html

National Association of Professional Geriatric Care Managers
www.caremanager.org

National Council on the Aging
www.ncoa.org/

National Gerontological Nursing Association
www.ngna.org

National Institute on Aging
www.nia.nih.gov

physicians, managing caseloads, and diagnosing and treating geriatric syndromes. The ANCC describes the role of the gerontological nurse practitioner as follows:

> *The Gerontological Nurse Practitioner (GNP) is a registered nurse prepared in a graduate level gerontological nurse practitioner program to provide a full range of health care services on the wellness-illness health care continuum at an advanced level to older adults. The GNP practice includes independent and interdependent decision making, and is directly accountable for clinical judgments. The graduate level preparation expands the GNP's role to include differential diagnosis and disease management, participation in and use of research, development and implementation of health policy, leadership, education, case management, and consultation. (ANCC, 2008, p. 1)*

SCOPE AND STANDARDS OF PRACTICE

The scope of nursing practice is defined by state regulation, but is also influenced by the unique needs of the population being served in a given setting. The needs of older adults are complex and multifaceted, and the focus of nursing care depends on the setting in which the nurse practices.

Gerontological nursing is practiced in accordance with standards developed by the profession of nursing. In 2001, the ANA Division of Gerontological Nursing Practice developed the second edition of the *Scope and Standards of Gerontological Nursing*

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 14

BOX 1-2 Additional Resources

American Nurses Credentialing Center (ANCC)
P.O. Box 791333
Baltimore, MD 21279-1333
202-651-7000
800-284-2378
www.nursecredentialing.com

John A. Hartford Foundation
55 East 59th Street
16th Floor
New York, NY 10022-1178
212-832-7788
E-mail: mail@jhartfound.org
www.hartfordign.org
www.jhartfound.org

Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing (GNRS) (2003–2005)
Available from the American Geriatrics Society
1-800-334-1429 ext. 2529

Practice, in collaboration with the National Gerontological Nursing Association, the National Association of Directors of Nursing Administrators in Long Term Care, and the National Conference of Gerontological Nurse Practitioners. Standards are provided both for clinical care and for the professional role of the nurse. These standards include assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The standards of professional gerontological nursing performance include quality of care, performance appraisals, education, collegiality, ethics, collaboration, research, and research utilization. Students should note that these are the basic standards for professional nursing, but here they are applied to the care of the older adult. Core competencies, discussed in the next section, provide specific guidelines for gerontological nursing care. A full description and copy of the scope and standards is available at www.nursingworld.org or www.ngna.org.

CORE COMPETENCIES

Specific **core competencies** have been identified for gerontological nursing in addition to general professional nursing preparation. These competencies are influenced by the level at which the nurse will function and the role expectations of the nurse. Core competencies provide a foundation of added knowledge and skills necessary for the nurse to implement in daily practice. For example, the gerontological nurse in advanced practice has expanded expertise and skills to fulfill specialized roles. Common bodies of assumptions, knowledge, skills, and attitudes that are essential for excellent clinical nursing practice with older adults have been developed and provide the basic foundation for all levels of gerontological nursing practice.

The American Association of Colleges of Nursing (AACN) and the John A. Hartford Foundation Institute for Geriatric Nursing gathered input from qualified gerontological nursing experts to publish *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care* (2000). This document also provided the framework for this text. The core competencies set forth for gerontological nursing appear in **Table 1-2**. The purpose of this document specific to gerontological nursing was to use the AACN's *Essentials of Baccalaureate Education for Professional Nursing Practice* (1998) as a framework to help nurse educators integrate specific nursing content into their programs. The original AACN document suggested core competencies, knowledge, and role development for professional nurses. These appear in **Table 1-3**. The geriatric competencies in Table 1-2 correlate with and were derived from the suggestions in the more general AACN document in Table 1-3. By using these published documents as guides, nursing professors and others who educate in the area of gerontological nursing should be able to prepare students to be competent to provide excellent care to older adults.

CONTINUUM OF CARE

Gerontological nurses practice in a multitude of settings. Adults over age 65 comprise 48% of patients

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 15

TABLE 1-2 Competencies Necessary for Nurses to Provide High-Quality Care to Older Adults and Their Families

1. Recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families.
2. Adopt the concept of individualized care as the standard of practice with older adults.
3. Communicate effectively, respectfully, and compassionately with older adults and their families.
4. Recognize that sensation and perception in older adults are mediated by functional, physical, cognitive, psychological, and social changes common in old age.
5. Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social, and spiritual status of older adults.
6. Assess older adults' living environment with special awareness of the functional, physical, cognitive, psychological, and social changes common in old age.
7. Analyze the effectiveness of community resources in assisting older adults and their families to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment.
8. Assess family knowledge of skills necessary to deliver care to older adults.
9. Adapt technical skills to meet the functional, physical, cognitive, psychological, social, and endurance capacities of older adults.
10. Individualize care and prevent morbidity and mortality associated with the use of physical and chemical restraints in older adults.
11. Prevent or reduce common risk factors that contribute to functional decline, impaired quality of life, and excess disability in older adults.
12. Establish and follow standards of care to recognize and report elder mistreatment.
13. Apply evidence-based standards to screen, immunize, and promote healthy activities in older adults.
14. Recognize and manage geriatric syndromes common to older adults.
15. Recognize the complex interaction of acute and chronic co-morbid conditions common to older adults.
16. Use technology to enhance older adults' function, independence, and safety.
17. Facilitate communication as older adults transition across and between home, hospital, and nursing home, with a particular focus on the use of technology.
18. Assist older adults, families, and caregivers to understand and balance "everyday" autonomy and safety decisions.
19. Apply ethical and legal principles to the complex issues that arise in care of older adults.
20. Appreciate the influence of attitudes, roles, language, culture, race, religion, gender, and lifestyle on how families and assistive personnel provide long-term care to older adults.
21. Evaluate differing international models of geriatric care.
22. Analyze the impact of an aging society on the health care system.
23. Evaluate the influence of payer systems on access, availability, and affordability of health care for older adults.
24. Contrast the opportunities and constraints of a supportive living arrangement on the function and independence of older adults and on their families.
25. Recognize the benefits of interdisciplinary team participation in care of older adults.
26. Evaluate the utility of complementary and integrative health care practices on health promotion and symptom management for older adults.
27. Facilitate older adults' active participation in all aspects of their own health care.

(continues)

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 16

TABLE 1-2 (continued)

28. Involve, educate, and when appropriate, supervise family, friends, and assistive personnel in implementing best practices for older adults.
29. Ensure quality of care commensurate with older adults' vulnerability and frequency and intensity of care needs.
30. Promote the desirability of quality end-of-life care for older adults, including pain and symptom management, as essential, desirable, and integral components of nursing practice.

SOURCE: American Association of Colleges of Nursing and the John A. Hartford Institute for Geriatric Nursing. (2000). *Older adults: Recommended baccalaureate competencies and curricular guidelines for geriatric nursing care*. Washington, DC: Author.

seen in the hospital, 80% of home care patients, and 90% of those in nursing homes (Mezey, 2005). A few of these settings will be discussed here. Some additional unique areas of employment are suggested in Chapter 23.

Because of the nature of the aging process, it is likely that older adults will enter and exit the health care system at many different points throughout old age. **Figure 1-1** presents the web of health care that often occurs when older adults enter the system due to illness or accident.

Settings of care can be described and titled in a variety of ways. Following is a brief description of some of the most common settings of care, employing commonly used nomenclature.

Acute Care Hospital

The acute care hospital is often the point of entry into the health care system for older adults. Nurses working in hospitals are likely to care for older adults even if they do not specialize in geriatrics, because about half of all patients in this setting are 65 years of age or older. In this setting, gerontological nurses focus on nursing care of acute problems, often involving exacerbations of cardiopulmonary conditions, cancer treatment, and orthopedic problems. All nursing units (with the exception of labor and delivery, postpartum, and pediatrics) in acute care hospitals admit older adults, so nurses may encounter elderly patients in critical care or rehabilitative services or anywhere in between. The goal of inpatient care will be to promote recovery and prevent complications.

Acute Rehabilitation

Rehabilitation may be found in various degrees in several settings, including the acute care hospital,

TABLE 1-3 AACN Essentials (1998)

Core Competencies
Critical thinking
Communication
Assessment
Technical skills

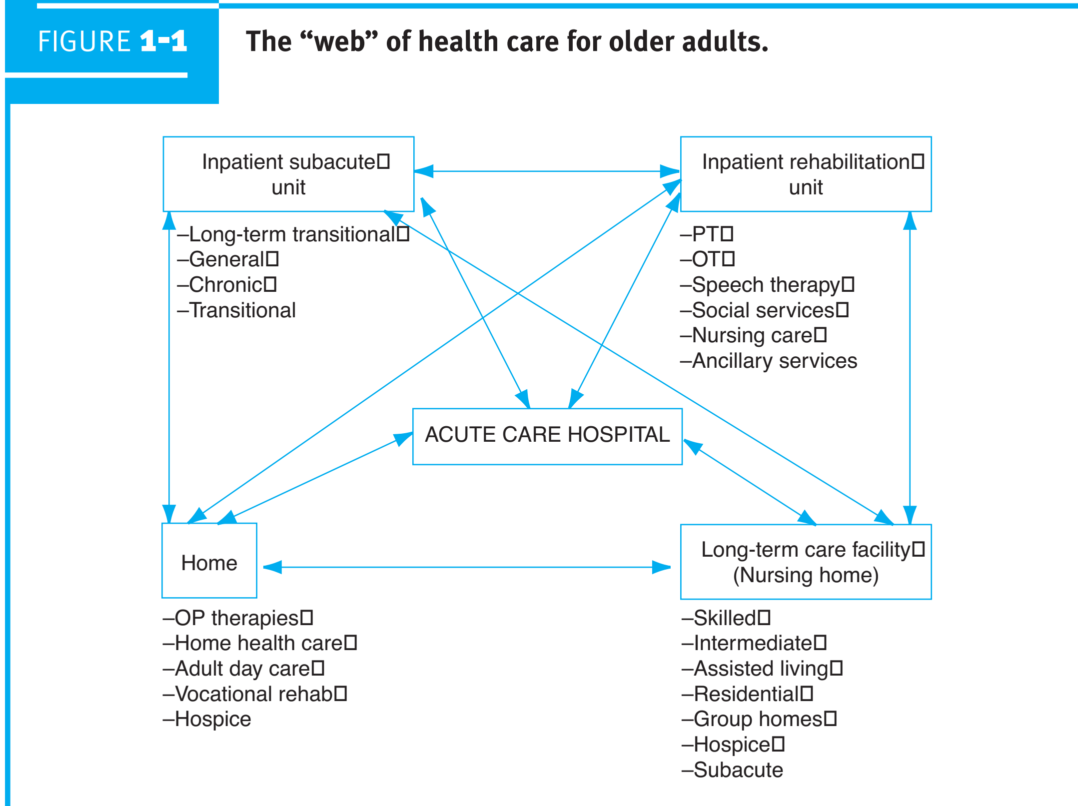
Core Knowledge
Health promotion, risk reduction, and disease prevention
Illness and disease management
Information and health care technologies
Ethics
Human diversity
Global health care
Health care systems and policy

Role Development
Provider of care
Designer/manager/coordinator of care
Member of a profession

SOURCE: American Association of Colleges of Nursing. (1998). *Essentials of baccalaureate education for professional nursing practice.* Washington, DC: Author.

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 17

FIGURE 1-1 The "web" of health care for older adults.



SOURCE: Easton, K. L., 1999, Gerontological Rehabilitation Nursing, p. 14. Philadelphia: W.B. Saunders. Used with permission.

subacute care or transitional care, and long-term care facilities (LTCFs). Regardless of the setting, rehabilitation is accomplished through the work of an interdisciplinary team that includes nurses, therapists, and physicians as well as other professional staff. The goals of rehabilitation are to maximize independence, promote maximal function, prevent complications, and promote quality of life within each person's strengths and limitations.

The level of intensity of acute rehabilitation is greater than for subacute or long-term care. For older adults to qualify for rehabilitation in the acute care hospital, they must be able to tolerate at least 3 hours of therapy per day. The interdisciplinary team will work together to set up mutually established goals with the patient. Inpatient rehabilitation in the acute setting is beneficial to help persons recovering from or adapting to such conditions as stroke, head trauma, neurological diseases, amputation, orthopedic surgery, and spinal cord injury.

Home Health Care

Independent-living older adults requiring a longer period of observation or care from nurses may be candidates for home health care services. Home health care is designed for those who are homebound due to severity of illness or immobility. Visiting nurse associations (VNAs) have long been known for their positive reputation in providing home health care. For reimbursement of allowable expenses, home health care services must be ordered by a physician and the person must be considered homebound. There has been record growth in the number of home health agencies in the past

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 18

decade. People's desire to be cared for in familiar surroundings by their families, versus an institution, has fueled the need for more agencies.

Although physical, occupational, and speech therapies may be obtained through home care, as well as home health aide services, a nurse must open the case file and the individual must warrant some type of nursing services to qualify. The majority of home health care patients are elderly with a variety of nursing needs, such as wound care, intravenous therapy, management of newly diagnosed diabetes, and tube feedings.

Long-Term Care Facility

Traditionally referred to as nursing homes, long-term care facilities (LTCFs) provide support to persons of any age who have lost some or all of their capacity for self-care due to illness, disability, or dementia. Though not acutely ill, residents of LTCFs, like hospitalized patients, require 24-hour nursing care (SeniorHousingNet, 2008).

Registered nurses working in long-term care provide care planning and oversight of numerous residents, often directing and coordinating the care via licensed practical nurses and certified nursing assistants or other unlicensed assistive personnel (UAP). Nurses working in long-term care will be challenged to maintain the functional and nutritional status of residents, while preventing complications of impaired mobility such as pressure ulcers and falls. Dementia care is often a substantial part of the nursing care provided, as is managing residents' health conditions and medication regimens. Long-term care facilities often house specialty care units such as skilled nursing units and Alzheimer's care units, described in the next section.

Skilled Nursing Facilities

Skilled nursing facilities (SNFs), sometimes called subacute or transitional care, are for those patients requiring more intensive nursing care than provided in long-term care and are usually found as specially designated units within long-term care facilities or occasionally within hospitals (SeniorOutlook.com, 2008). SNF patients are often transferred from the hospital to continue their recovery from an acute episode and often require continued therapy (physical, occupational, and/or speech). Frequent patient assessments are needed for a limited time period for stabilization or completion of a treatment regimen. "Typical individuals seen in subacute care are those needing assistance as a result of non-healing wounds, chronic ventilator dependence, renal problems, intravenous therapy, and coma management and those with complex medical and/or rehabilitative needs, including pediatrics, orthopedics, and neurological. These units are designed to promote optimum outcomes in the least expensive cost setting" (Easton, 1999, p. 15).

Good assessment and communication skills are needed to care for these complex patients. The skilled care nurse should have knowledge of transfer techniques, prevention and assessment of swallowing problems, bowel and bladder management, and nutrition. The gerontological nurse working in skilled care must have expertise in preventing the hazards of immobility such as pressure ulcers and contractures. Gerontological nurses working in this setting would benefit from having a critical care background and rehabilitation experience as well.

Alzheimer's Care

A growing trend in LTCFs is to offer dedicated units for the care of persons with Alzheimer's disease and other dementing illnesses. Because of the high rate of Alzheimer's with advanced age, there is a growing need for units that provide nursing care for elders in the various stages of dementia. Often, family members can care for their loved ones at home during the early stages. However, due to impaired judgment that may pose safety issues, during middle and late stage dementia the older adult cannot be left alone. As memory loss progresses, home caregivers often feel overwhelmed and unable to provide the required care.

The goal of dementia care is to preserve the functional status of the demented person via supportive care that fosters self-worth and socialization even within the context of diminishing cognitive capacity. Alzheimer's units can be a great benefit to the community by having gerontological nursing staff with expertise in the management of this challenging disease. Nurses can help family members understand disease progression and assure them that their loved one is being well cared for even to the end of this ultimately fatal disease.

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 19

Hospice

Gerontological nurses may also choose to work in **hospice**, caring for dying persons and their families. Although many patients in hospice are not elderly, the majority of the dying are older. The concept of hospice is centered on holistic, interdisciplinary care that helps the dying person "live until they die." (See Chapter 24 for further discussion.) A number of team members who specialize in thanatology and palliative care work together to provide quality care for patients in their last months, weeks, days, and hours of life. Pain management and comfort care are the standards upon which treatment is based. Nurses and physicians work closely with social workers, chaplains, psychologists, and other hospice professionals to make death as comfortable and as easy a transition as possible.

Hospice care is found in a variety of facilities. Some hospices are stand-alone organizations with their own building. Home care often offers hospice, and certain nursing homes will offer a hospice unit or care within the skilled unit or from an outside hospice nurse. Clinical nurse specialists provide a great service as expert clinicians and consultants to the hospice team. Whatever the setting, hospice requires a great deal of patience, expertise, understanding, interdisciplinary communication, and compassion on the part of the gerontological nurse.

Respite Care

Caregiving for a dependent older adult can be a demanding task. Caregivers often need a break from caregiving to relieve stress and prevent burnout. Respite care provides time off for family members who care for someone who is ill, injured, frail, or demented. Respite care can be provided in an adult daycare center, in the home of the person being cared for, or in an **assisted living facility** or long-term care facility. Although there are different approaches to respite care, all have the same basic objective: to provide caregivers with temporary, intermittent, substitute care, allowing for relief from the daily responsibilities of caregiving.

Respite care is not covered by Medicaid or Medicare, but may be covered by long-term care insurance policies or by local social service agencies, with fees based on a sliding scale of financial need.

Continuing Care Retirement Community (CCRC)

Also referred to as a life care community, a **continuing care retirement community** (CCRC) provides a continuum of care from **independent living** to **skilled care** (the latter consisting of care typically provided by traditional nursing homes), all within a single campus, with levels of care adjusted to individual needs. Depending on the facility's contract, additional services are provided for an additional fee or are included in a lump-sum upfront payment. Older adults can move seamlessly among independent living, assisted living, skilled care, or long-term care as their conditions warrant. Some CCRCs include independent and assisted living, but provide home health services within the facility instead of moving the resident to a skilled unit. Nurses play a role in the care of CCRC residents as they progress from independent living to requiring skilled nursing care, but gerontological nurses may also function in the area of health promotion to help older adults maintain independence for as long as possible.

Assisted Living

As older persons continue to age, it is likely that common disorders associated with the aging process may interfere with their ability to care for themselves. Assisted living facilities (ALFs), a burgeoning option for older adults, provide an alternative for those older adults who do not feel safe living alone, who wish to live in a community setting, or who need some additional help with **activities of daily living (ADLs)**. The ALF may be connected with a long-term facility or care network, or may be free-standing. For those units that are part of a larger facility, residents who find themselves in need of greater assistance may then progress to the next level of care. The drawback of a free-standing facility is that older adults whose condition worsens and who need greater assistance may need to pay extra for that assistance, depending on the terms of their contract. Some may even need to find an alternate facility that provides a higher level of care than that provided by their ALF.

The typical resident in an assisted living facility has a private room or apartment (with a variety of designs available for different costs). All rooms will

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 20

have some type of kitchen or kitchenette and private bathroom with shower. The rest of the space includes a bed or bedroom, living area, and closet space. Older adults who enter an ALF often sell their homes and plan to spend as long as possible living with minimal assistance.

Assisted living facilities generally provide healthy meals, planned activities, places to walk and exercise, and pleasant surroundings where adults can socialize with others in a safe and protected environment. Walking paths, aviaries, workout rooms, beauty salons, community gathering rooms, chapels, and game rooms are part of many assisted living facilities.

Foster Care or Group Homes

Foster care and/or group homes are for those older adults who can do most of their ADLs, but may have safety issues and require supervision with some activities such as dressing or taking medications. Foster or group homes generally offer more personalized supervision in a smaller, more family-like environment than a traditional nursing home and, depending on state regulations, may be licensed to provide such services. Some persons offering this service have a small number of elders inside their existing home, whereas others have purchased a larger dwelling for this purpose (see

FIGURE **1-2** **Assisted living facilities aid older people with activities of daily living.**

SOURCE: © Comstock Images/Alamy Images.

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 21

Figure 1-2). This type of setting provides an alternative to nursing home care for some older persons. Although nurses may own and operate a group home, there is no requirement that a person have a health care background to do so, nor is there a requirement that a nurse's services be available, so persons should take care to investigate the facility prior to placement of a loved one. Social workers can usually provide good information about local foster or group homes.

Green House Concept

Endorsed by the Centers for Medicare & Medicaid Services, the Green House model, as conceived by geriatrician Dr. William Thomas (Thomas, 2004), is becoming an increasingly popular alternative to traditional long-term care facilities. The first Green Houses were constructed in Tupelo, Mississippi, in 2003. Now that an intensive evaluation has documented their success, Thomas has teamed up with the Robert Wood Johnson Foundation to replace more than 100 nursing homes nationwide with clusters of small, cozy houses, each housing 8 to 10 residents in private rooms, with private bathrooms and an open kitchen.

The primary purpose of the model is to serve as a place where elders can receive assistance and support with activities of daily living and clinical care without that assistance becoming the focus of their existence. Caregivers in Green Houses are empowered to provide individualized care to older adults who retain control over daily activities, in short, creating an environment that is a home.

Adult Daycare

Adult daycare or day services provide another avenue for older adults who are unable to remain at home during the day without supervision. These services are often used by family members who are caring for older parents or loved ones in their own home, but who may work during the day and wish to have their relative safely cared for in their absence. This is an excellent alternative to institutionalization. "Adult day services are community-based group programs designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care. These structured, comprehensive programs provide a variety of health, social, and other related support services in a protective setting during any part of a day, but less

BOX 1-3 Research Highlight

Aim: This study described what caring meant for geriatric nurses.

Methods: Parse's phenomenology was used to survey 30 nurses in Taiwan who worked on medical-surgical units caring for older adults. The nurses were asked open-ended questions about the meaning of caring in providing care to the elderly.

Findings: The researcher concluded that, for geriatric nurses, the meaning of caring included several concepts: deliberation, concern, tolerance, sincerity, empathy, initiative, and dedication. The author suggests that caring for the elderly should be natural and not superficial in order for the elderly to feel cared for.

Application to practice: Geriatric nurses in this study demonstrated the meaning of caring in several distinct ways. Core moral and ethical values appeared in their descriptions of the meaning of caring for older adults. Nurses may improve their care of older adults by attending to these core concepts related to caring. Gerontological nursing education may benefit by including more about caring theory.

Source: Lui, Shwu-Jiaun. (2004). What caring means to geriatric nurses. *Journal of Nursing Research, 12*(2), 143–152.

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 22

than 24-hour care" (National Adult Day Services Association, 2008).

Adult daycare programs may be sponsored by a variety of different organizations including churches, hospitals, health care systems, or the local YMCA. Centers provide socialization, planned outings, nutritional meals, and therapeutic activities that would appeal to older adults with moderate physical and/or mental decline. All functions are supervised by qualified personnel. Services are offered only during the day, often from 6 a.m. to 6 p.m. (or normal business hours) with an emphasis on recreation and some health promotion. Some programs offer weekend hours. Costs vary depending on the sponsoring agency.

SUMMARY

Gerontological nursing is a specialty practice that focuses on the unique needs of older adults and their families. It builds on the theories and foundations of nursing practice, with application of a growing body of literature generated by gerontological nursing scientists. Caring for older adults is influenced by many factors, one of which is recognizing one's own attitude about aging. It is important with the aging of today's population that all nurses should have basic gerontological nursing concepts and principles taught in their undergraduate programs. With the growth of the older population, more nurses specializing in gerontology will be needed. Gerontological nurses practice in almost all settings and there are emerging subfields of this specialty that offer promise of future roles for nurses who care for older adults. Nurses should explore the multiple career options in this exciting, creative, and innovative field of gerontological nursing.

Case Study 1-2

The Brokowskis are a close-knit family of five whose grandfather, Papa B., has been living with them in their home since he was widowed 10 years prior. Papa B. is 88 years old and has recently been diagnosed with Alzheimer's disease in the early stage. The family is having increasing difficulty supervising Papa B. and feels it is no longer safe for him to be at home alone. Both parents in the family work, and the three children are in high school during the day. The family wishes to keep Papa B. at home, but do not know what possibilities there are in the community to help them.

Questions:

1. What services might the Brokowski family use to help them keep Papa B. at home? Do these services seem feasible at this time?
2. As Papa B.'s condition worsens with the progression of Alzheimer's disease, what other services discussed in this chapter might be necessary at various points in time?
3. What assessments would a nurse need to make in order to determine the best placement for Papa B.? Given the history of this family, what recommendations for the future might be made? Which interdisciplinary team member could provide additional information to the nurse and the family about community services?

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 23

Critical Thinking Exercises

1. Do this exercise with another student as a partner. Close your eyes. Picture yourself as an 85-year-old. Note your appearance, sights, sounds, and surroundings. Open your eyes and describe yourself at 85 to your partner. Then discuss how your mental image of yourself as an older person might have been influenced by your family history, grandparents, and perceptions about aging.
2. Go to a local card shop and browse. Look at the birthday cards that persons might buy for someone getting older. What do they say about society's attitudes toward aging? Do the cards you read point out any areas that we stereotype as problems with advancing age?
3. Complete this sentence: Older people are . . .
   List as many adjectives as you can think of. After making your list, identify how many are negative and how many are positive descriptors. Think about where your ideas came from as you did this exercise.
4. Check out the Web site at www.consultgerirn.org. How could you use this Web site to enhance your knowledge about the care of older adults? What services are available through the Web site?
5. Look at the list of competencies for gerontological nurses in Table 1-2. How many of these competencies do you feel you meet at this point? Make a conscious effort to develop these skills as you go through your career.
6. Visit a local nursing home that offers various levels of care. Call ahead of time to arrange a tour from a nurse and ask questions about the services they offer to older adults.

Personal Reflections

1. How do you feel about aging? Do you dread getting older, or look forward to it? Do you see advanced age as a challenge or something to fear?
2. Have you ever cared for an older adult? If so, what was that experience like? How do you feel about caring for older adults in your nursing practice?
3. What do you think about nurses who work in nursing homes? Have you ever considered a career in gerontology? What are the positives you can see about developing expertise in this field of nursing?
4. Have you ever seen ageism in practice? If so, think about that situation and how it could have been turned into a positive scenario. If not, how have the situations you have been in avoided discrimination against older adults?
5. Which of the settings for gerontological nursing practice appeal to you most at this time in your professional career? Is there any one setting that you can see yourself working in more than another? Do you think this will change as you progress in your career?

55805_CH01_0001_0025.qxd 2/19/09 1:01 PM Page 24

References

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice.* Washington, DC: Author.

American Association of Colleges of Nursing & the John A. Hartford Foundation Institute for Geriatric Nursing. (2000). *Older adults: Recommended baccalaureate competencies and curricular guidelines for geriatric nursing care.* Washington, DC: Author.

American Nurses Association. (2001). *Scope and standards of gerontological nursing practice*. Washington, DC: American Nurses Publishing.

American Nurses Credentialing Center. (2008). *Clinical nurse specialist in gerontology*. Retrieved September 12, 2008, from http://www.nursecredentialing.org/Documents/Certification/Application/NursingSpecialty/GerontologicalCNS.aspx

American Psychological Association. (2008). *Why practitioners need information about working with older adults.* Retrieved July 3, 2008, from http://www.apa.org/pi/aging/practitioners/why.html

Cutler, N. E. (2004). Aging and finance 1991 to 2004. *Journal of Financial Service Professionals, 58*(1), 29–32.

Easton, K. L. (1999). *Gerontological rehabilitation nursing*. Philadelphia: WB Saunders.

Ebersole, P., & Touhy, T. (2006). *Geriatric nursing: Growth of a specialty*. New York: Springer.

Eliopoulos, C. (2005). *Gerontological nursing*. Philadelphia: Lippincott.

Hartford Institute for Geriatric Nursing. (2008). Retrieved May 9, 2008, from http://www.consultgerirn.org

Lui, S-J. (2004). What caring means to geriatric nurses. *Journal of Nursing Research, 12*(2), 143–152.

Meiner, S., & Lueckenotte, A. (2006). *Gerontologic nursing*. St. Louis, MO: Mosby.

Mezey, M. (2005). *About us.* Retrieved December 25, 2005 from http://www.geronurseonline.org

National Adult Day Services Association. (2008). Retrieved October 12, 2008, from http://www.nadsa.org/

Norton, D. (1956, July 6). The place of geriatric nursing in training. *Nursing Times*, 264.

Quadagno, J. (2005). *Understanding the older client*. Boston: McGraw-Hill.

SeniorHousingNet. (2008). *Finding senior housing and care*. Retrieved July 3, 2008, from http://www.seniorhousingnet.com/seniors

SeniorOutlook.com. (2008). *Glossary of senior housing terms*. Retrieved July 3, 2008, from http://www.senioroutlook.com/glossary.asp

Stierle, L. J., Mezey, M., Schumann, M. J., Esterson, J., Smolenski, M. C., Horsley, K. D., et al. (2006). Professional development. The Nurse Competence in Aging initiative: Encouraging expertise in the care of older adults. *American Journal of Nursing, 106*(9), 93–94, 96.

Thomas, W. (2004). *What are old people for? How elders will save the world.* Acton, MA: Vanderwyck & Burnham.

Wykle, M., & McDonald, P. (1997). The past, present and future of gerontological nursing. In Dimond M. et al. (Eds.), *A national agenda for geriatric education*. New York: Springer.