

Unit I

Foundations for Gerontological Nursing

(COMPETENCIES 1, 9, 19)

CHAPTER 1 INTRODUCTION TO GERONTOLOGICAL NURSING (COMPETENCIES 1, 19)

CHAPTER 2 THE AGING POPULATION (COMPETENCY 19)

CHAPTER 3 THEORIES OF AGING (COMPETENCY 19)

LEARNING OBJECTIVES

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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 gerontological nursing practice.
- Examine core competencies in gerontological nursing.
- Compare the nine essentials of baccalaureate nursing education with the core competencies in gerontological nursing.
- Distinguish among the educational preparation, practice roles, and certification requirements of the various levels of gerontological nursing practice.

KEY TERMS

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Ageism

Attitudes

Certification

Core competencies

Geriatrics

Gerontological nursing

Gerontological rehabilitation nursing

Gerontology

Gerocompetencies



Chapter 1

[Competencies 1, 19]

Introduction to Gerontological Nursing

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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 (see **Figure 1-1**)! No matter where nurses practice, they will at some time in their career care for older adults. Nurses must recognize gerontological nursing as a specialty and use the science within this specialty to guide their practice. The healthcare movement is constantly increasing life expectancy; therefore, nurses should expect to care for relatively larger numbers of older people over the next decades. With the increasing numbers of acute, chronic, and terminal health conditions experienced by older adults, nurses are in key positions to provide disease prevention and health promotion, promote positive aging, and assist this growing population in end-of-life decision making.

The National Gerontological Nursing Association (NGNA), the *American Journal of Nursing*, the American Nurses Association (ANA), Sigma Theta Tau International (STTI), 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 healthcare



Figure 1-1 More nurses educated in gerontological nursing are needed to care for the growing number of older adults.

industry for elders occurred. In the 1970s, the Veterans Administration (VA) 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 they provided needed nurses who were educated in geriatrics to meet the growing needs of an aging population.

Terminology used to describe nurses caring for elders has included geriatric nurses, gerontic nurses, and gerontological nurses. These terms all have various meanings; however, gerontological nursing provides an all-encompassing view of the care of older adults. In 1976, the ANA Geriatric Nursing Division changed its name to the Gerontological Nursing Division and published the *Standards of Gerontological Nursing* (Ebersole & Touhy, 2006; Meiner, 2011).

The decade of the 1980s saw a substantial growth in gerontological nursing when the NGNA was established, along with the release of the revised ANA statement on the *Scope and Standards of Gerontological Nursing Practice*. Increased numbers of nurses began to obtain master's and doctoral preparation in gerontological nursing, 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 **Box 1-1**. 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 services and healthcare 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.

BOX 1-1 Research Highlight

Aim: To demonstrate that implementation of cognitively stimulating activities is clinically feasible and has the potential to reduce delirium severity and duration and functional loss in postacute-care settings in participants who experience delirium superimposed on dementia.

Method/Sample: Participants were recruited and enrolled at the time of discharge from the hospital and admission to a postacute care/rehabilitation center. Written consent for participation was obtained from each participant's legally authorized representative. Sixteen participants met enrollment criteria and were randomly assigned to one of two conditions: cognitive stimulation (intervention; $n = 11$) or usual care (control; $n = 5$). On average, the age in both groups was 85 and the majority was female.

Intervention: The intervention group received routine care and rehabilitation therapies for their medical-surgical condition. They also received cognitive stimulation using simple recreational activities that was increasingly challenging and tailored to each person's interest and functional ability. The control group received routine care and rehabilitation therapies without the cognitive stimulation.

Measures: Daily blinded assessments of delirium, delirium severity, and functional status were measured for up to 30 days.

Findings: The ease of clinical feasibility of using the various tools and implementing interventions was demonstrated. All nursing facility staff reported they were satisfied with the implementation/interventions and would recommend it to other facilities. The control group had a statistically significant decrease in physical function and mental status over time as compared with the intervention group. Delirium, severity of delirium, and attention approached significance and improvement over time favored the intervention group. The control group had more days of delirium than the intervention group.

Application to practice: Nurses are in key positions to positively impact patient outcomes using nonpharmacological nursing interventions in this patient population. Assisting older adults to regain adequate function after hospitalization so they may return to their homes is enormous in terms of quality of life, caregiver burden, and costs.

Source: Kolanowski, A., Fick, D., Clare, L., Steis, M., Boustani, M., & Litaker, M. (2010). Pilot study of a nonpharmacological intervention for delirium superimposed on dementia. *Research in Gerontological Nursing, 20*, 1–7. doi:10.3928/19404921-20101001-98

The 21st century has provided a resurgence in interest in gerontological care. As the baby boomers, who began turning sixty-five years of age in 2011, continue to age, 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, websites,

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*.

In 2008, the Honor Society of Nursing, Sigma Theta Tau International (STTI), recognized the ability of nurses to influence practice and patient outcomes in geriatric health care and developed the Geriatric Nursing Leadership Academy (GNLA). This 18-month mentored leadership experience for nurses is funded by the John A. Hartford Foundation and developed in partnership with the Hartford Foundation's Centers of Geriatric Nursing Excellence. GNLA is a premier opportunity for nurses dedicated to influencing policy and geriatric health outcomes. Fellows of the GNLA become active participants in the national network of gerontological nursing leaders. In 2011, this program received additional funding from Hill-Rom Inc. and the Northwest Health Foundation.

In 2009, the Geriatric Nursing Education Consortium (GNEC) was established by AACN and funded by the John A. Hartford Foundation to enhance gerontological nursing content in senior-level undergraduate nursing courses. To successfully incorporate content into the curriculum, faculty must be educated and have accessible evidence-based gerontological content, access to resources, and support from professional gerontological nursing colleagues.

A national Geropalliative Care nurse residency initiative in 2010 was spearheaded by Massachusetts General Hospital and funded in part by The Center to Champion Nursing in America, an initiative of the American Association of Retired Persons (AARP), the AARP Foundation, and the Robert Wood Johnson Foundation. Massachusetts General Hospital's Yvonne L. Munn Center for Nursing Research provided direction and oversight for the AgeWISE residency, which has been implemented in 13 acute care settings in the United States. More information about the AgeWISE residency may be found at <http://championnursing.org/blog/nurse-residency-geropalliative-care>.

The Advancing Care Excellence for Seniors (ACES) was established in 2010 and developed through a partnership between the National League for Nursing (NLN) and Community College of Philadelphia with funding from the John A. Hartford Foundation, Laerdal Medical, and the Independence Foundation. Implemented through the NLN, this nursing faculty development program has enhanced and empowered faculty to teach gerontological nursing content for undergraduate nursing students. ACES assist students to value the importance of individualized aging, complexity of care, and vulnerability during life transitions. Knowledge about care of older adults is framed around these ideas and guides selection of content in the nursing curriculum. More information on ACES can be found at <http://www.nln.org/facultyprograms/facultyresources/aces/index.htm>.

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 gerontological 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 (Ebersole & Touhy, 2006). 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 including 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. 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*

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) uses a Geriatric Resource Nurse (GRN) model developed at Yale University under the direction of Terry Fulmer

1982 Development of RWJ Foundation 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
- 2009** Geriatric Nursing Education Consortium (GNEC) faculty development initiative of AACN established: Sigma Theta Tau International (STTI) Geriatric Nursing Leadership Academy launches
- 2010** NLN's Advancing Care Excellence for Seniors (ACES), a nursing faculty development initiative, launches; AgeWISE Geropalliative Care Nurse Residency, a national initiative disseminated by Massachusetts General Hospital's Yvonne L. Munn Center for Nursing Research, is established

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, as well as 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 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, care of older adults is clearly the “core business” of our health care system (Mezey, 2010, p. xiii). 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 text, 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 working with older people would be an option of last resort, then you may need to reexamine these feelings. Equipped with the facts and 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. Because of the rapid growth in the numbers of older adults worldwide (see Chapters 2 and 19), gerontological nursing is the place to be! Caring for the largest number of older adults in history presents enormous opportunities. With the over-85 age group being the fastest growing portion of the population, the complexity of caring for so many people with multiple physical and psychosocial changes will present a challenge for even the most daring of nurses. New graduates of nursing programs must be competent in caring for older adults across multiple health

settings (Institute of Medicine, 2008) (see Figure 1-1), and it is vital that nursing students understand how coordinating care during significant life transitions for older adults is fundamental to ensuring culturally competent, individualized, holistic care for the older adult and their caregivers (see Figure 1-2). However, this focus may not be sufficiently emphasized in today's nursing curricula, unless you are fortunate to be enrolled in a program that has a stand-alone gerontological nursing course. Will you be ready to care for this unique and challenging population?



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

Source: © Comstock Images/Alamy Images.

The purpose of this text is to provide the essential information needed by students of gerontological nursing to provide evidence-based 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, divided by chapter, is included at the end of this text to help you master key terms, and plenty of tables and figures summarize key information. Websites 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 gerontological nursing. By the end of this text, you will have learned about the essential competencies needed to provide quality evidence-based care to older adults and their families.

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, gerontological nursing, and gerontological rehabilitation nursing.

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 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 older adults, but specifically refers to the medical care of the older adults. Geriatricians are physicians trained in geriatric medicine. For this reason, many nursing journals and texts have chosen to use the term gerontological nursing instead of geriatric nursing because gerontological denotes a holistic viewpoint, including both wellness and illness care of older adults.

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. 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).

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 goal 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 falls within the discipline of nursing and the scope of nursing practice. It involves nurses advocating for the health of older adults at all levels of prevention. The health status of older adults is diverse and complex. A key focus of health promotion and disease prevention in gerontological nursing is to minimize the loss of independence associated with functional decline and illness. Gerontological nurses work with healthy older adults 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 palliative and hospice care. The scope of practice for gerontological nursing includes all older adults from about 65 years of age until death. Gerontological nursing is guided by standards of practice that will be discussed later in this chapter.

Roles of the Gerontological Nurse

Direct-Care Provider

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 direct-care provider should be educated about disease processes and syndromes commonly seen in the older population (see **Case Study 1-1**). This may include knowledge of risk factors, signs and symptoms, usual medical treatment, rehabilitation, and end-of-life care. Chapters 9, 10 and 30 review the management of common illnesses, diseases, and health conditions, imparting essential information for providing quality care. An entire unit (Chapters 11–18) of this book is devoted to the discussion of geriatric syndromes to better prepare the nurse to be a care provider.

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.

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?

Teacher

An essential part of all nursing is teaching. Gerontological nurses focus their teaching on modifiable risk factors and health promotion (see Chapters 5, 7 and 8). Many diseases and debilitating conditions of aging can be prevented through

lifestyle modifications in the areas of diet, smoking cessation, weight management, physical activity, and stress management, as well as routine healthcare screenings (see Chapter 7). Nurses have a responsibility to educate the older adult population about ways to decrease their risk of certain disorders such as heart disease, cancer, and stroke, the leading causes of death for this age group. Nurses may develop expertise in specialized areas and teach skills to other nurses in order to promote evidence-based care among older adults.

Leader

Gerontological nurses act as leaders during everyday practice as they balance the concerns of the patient, family, nursing, and the rest of the interprofessional team. All nurses must be skilled in leadership, time management, building relationships, communication, and managing change. Nurse leaders who are in management positions may supervise other nursing personnel including licensed practical nurses (LPNs), certified nursing assistants (CNAs), technicians, nursing students, and other unlicensed assistive personnel. The role of the gerontological nurse as manager and leader is further discussed in Chapter 19.

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 supporting family members who are in a caregiving role. 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.

Evidence-Based Clinician

The appropriate level of involvement for nurses at the baccalaureate level is implementation of evidence-based practice (EBP) principles. Gerontological nurses must remain abreast of current research literature, reading and translating into practice the results of reliable and valid studies. Using EBP, 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 posing a clinical inquiry or assisting with data collection, 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. By implementing evidence-based practice, gerontological nurses can improve the quality of patient care in all settings.

Expanded roles of the gerontological nurse may also include counselor, consultant, coordinator of services, administrator, collaborator, geriatric care manager, and others. Several of these roles are discussed in Chapters 19, 20, 31, and 32.

Certification

To provide competent, evidence-based care to older adults, nurses need to have gerontological nursing content in their basic undergraduate nursing curricula and are encouraged to become certified in gerontological nursing. Hospitalized older adults have multiple co-existing terminal and chronic health problems and a higher acuity level than their younger counterparts, requiring advanced nursing knowledge. Despite all the work that has been done to encourage gerontological nursing **certification**, less than 1% of nurses in the United States hold this designation. Adults age 65 and older utilize >48% of the nation's total healthcare resources and represent approximately 55% of all admissions to hospitals (Centers for Disease Control and Prevention [CDC], 2012). 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, 2012).

Nurse certification is a formal process by which a certifying agency validates a nurse's knowledge, skills, and competencies through a computerized exam in a specialty area of practice. There are two levels of certification: generalist and advanced practice level **Table 1-1**. 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.

TABLE 1-1 Websites 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>

BOX 1-2 Web Exploration

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

Educational Websites

American Nurses Association (ANA)

<http://www.nursingworld.org>

Hartford Geriatric Nursing Initiative,
ConsultGeriRN.org

<http://www.consultgeriRN.org>

Associations

U.S. Administration on Aging

<http://www.aoa.gov>

American Geriatrics Society

<http://www.americangeriatrics.org>

American Nurses Credentialing Center (ANCC)

<http://www.nursecredentialing.org>

Gerontological Society of America

<http://www.geron.org>

Hospice and Palliative Nurses Association (HPNA)

<http://www.hpna.org>

John A. Hartford Foundation Institute for Geriatric Nursing

<http://www.hartfordign.org>

National Adult Day Services Association

<http://www.nadsa.org>

National Association of Professional Geriatric Care Managers

<http://www.caremanager.org>

National Council on the Aging

<http://www.ncoa.org/>

National Gerontological Nursing Association

<http://www.ngna.org>

National Institute on Aging

<http://www.nia.nih.gov>

Certification has been connected to decreased medical errors and increased job satisfaction. Piazza, Donahue, Dykes, Griffin, & Fitzpatrick (2006) noted that nurse managers have reported that certification validates a nurse's specialized knowledge and demonstrates clinical competence and credibility. Additionally, by meeting national standards, certification empowers nurses as professionals and aligns them with an organizational goal of promoting positive work experiences for nurses. Certification creates an intrinsic sense of professional pride and accomplishment and validates competence in a specialized area to colleagues, peers, and the public.

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 (ANCC, 2012)

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 interprofessional 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 as nursing faculty, in Magnet and Nurses Improving Care for Healthsystem Elders (NICHE) designated hospitals, in long-term care facilities, in acute rehab, and in community health agencies (ANCC, 2012; Hartford Institute for Geriatric Nursing, 2012)

See the ANCC website (<http://www.nursecredentialing.org/certification.aspx#specialty>) for eligibility requirements and information about gerontological nurse certification and recertification.

Advanced Practice Certification

The ANCC currently 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 website <http://www.nursecredentialing.org/certification.aspx#specialty> has eligibility requirements and information on certification and recertification. Per the ANCC, current eligibility requirements for gerontological CNS certification include holding a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country and holding a master's, postgraduate, or doctorate degree from a clinical nurse specialist in gerontology program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty-supervised clinical hours in the Gerontological CNS role and specialty must be included in the educational program. This Gerontological CNS graduate program must include three separate courses in advanced physical/health assessment, advanced pharmacology, and advanced pathophysiology.

Eligibility requirements for gerontological NP certification are the same as for the CNS with the addition of graduate coursework in health promotion and disease prevention, and differential diagnosis and disease management.

The advanced gerontological specialty certification will be phased out by 2015 in favor of the Adult-Gerontology Clinical Nurse Specialist (expected launch 2014), Adult-Gerontology Acute Care Nurse Practitioner, and Adult-Gerontology Primary Care Nurse Practitioner (expected launch 2013). Only CNSs and NPs who are

currently certified in gerontology will be able to maintain the current much-needed specialty certification, but the ANCC will no longer offer certification exams for the GNP and GCNS after the phase out.

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 GCNS focuses on three spheres of influence: patient/family care, developing nurses, and impacting organizations and systems. Gerontological clinical nurse specialists 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, GCNSs 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, p. 1)

The geriatric nurse practitioner (GNP) practices in acute or long-term care settings and in collaborative practice with physicians who maintain large geriatric practices. Geriatric nurse practitioners make regular visits to nursing homes where patients in their collaborative practice reside, and they also practice in rehabilitation facilities, working in outpatient clinics for rehabilitation patients after discharge or with specialty physicians, managing caseloads, and diagnosing and treating geriatric syndromes. The ANCC describes the role of the gerontological nurse practitioner as follows:

The GNP is a registered nurse prepared in a graduate level geriatric 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. 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 2010, the ANA Division of Gerontological Nursing Practice published the third edition of the *Scope and Standards of Gerontological Nursing 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. These standards are divided into clinical care and the role of the professional nurse, both at the generalist and advanced practice nurse level of practice. There are six standards, which include assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The eight standards of professional gerontological nursing performance include quality of care, performance appraisals, education, collegiality, ethics, collaboration, research, resource utilization, and transitions of care. Students should note that these are the basic standards for professional nursing, but they are specifically developed for the care of older adults. 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 <http://www.ngna.org> or <http://www.nursesbooks.org/Main-Menu/Specialties/Gerontology/Gerontological-Nursing-Practice.aspx>.

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. 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 AACN and the John A. Hartford Foundation Institute for Geriatric Nursing at NYU College of Nursing assembled input from qualified gerontological nursing experts to publish *Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care* in 2008. These gerocompetency statements were updated in 2010 and are a supplement to *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). The gerocompetency statements provide the framework for this text. There are 19 gerocompetency statements, which are divided into the 9 *Essentials* identified in the AACN document, with associated rationale, suggestions for content, teaching strategies, resources, and glossary of terms (see **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* (2008) as a framework to help nurse educators integrate specific nursing content into their programs. These appear in **Table 1-3**. The *gerocompetencies* 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 faculty and others who educate in the area of gerontological nursing will be able to prepare students to be competent in providing gerontological best practices to older adults and their families. As students, we want you to understand the rationale for including gerocompetency content in your nursing education. It is essential for you to become competent in gerontological nursing concepts and principles as you move forward in your education and nursing practice, in order to be prepared for the tsunami of older adults you will be caring for (Stierle, et al., 2006).

TABLE 1-2 Gerontological Nursing Competency Statements

- | | |
|----|---|
| 1. | Incorporate professional attitudes, values, and expectations about physical and mental aging in the provision of patient-centered care for older adults and their families.
<i>Corresponding to Essential VIII</i> |
| 2. | Assess barriers for older adults in receiving, understanding, and giving of information.
<i>Corresponding to Essentials IV & IX</i> |
| 3. | Use valid and reliable assessment tools to guide nursing practice for older adults.
<i>Corresponding to Essentials IX</i> |
| 4. | Assess the living environment as it relates to functional, physical, cognitive, psychological, and social needs of older adults.
<i>Corresponding to Essential IX</i> |
| 5. | Intervene to assist older adults and their support network to achieve personal goals, based on the analysis of the living environment and availability of community resources.
<i>Corresponding to Essential VII</i> |
| 6. | Identify actual or potential mistreatment (physical, mental, or financial abuse, and/or self-neglect) in older adults and refer appropriately.
<i>Corresponding to Essential V</i> |

7. Implement strategies and use online guidelines to prevent and/or identify and manage geriatric syndromes.
Corresponding to Essentials IV & IX
8. Recognize and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for older adults.
Corresponding to Essentials IV & IX
9. Recognize the complex interaction of acute and chronic comorbid physical and mental conditions and associated treatments common to older adults.
Corresponding to Essential IX
10. Compare models of care that promote safe, quality physical and mental health care for older adults such as PACE, NICHE, Guided Care, Culture Change, and Transitional Care Models.
Corresponding to Essential II
11. Facilitate ethical, noncoercive decision making by older adults and/or families/caregivers for maintaining everyday living, receiving treatment, initiating advance directives, and implementing end-of-life care.
Corresponding to Essential VIII
12. Promote adherence to the evidence-based practice of providing restraint-free care (both physical and chemical restraints).
Corresponding to Essential II
13. Integrate leadership and communication techniques that foster discussion and reflection on the extent to which diversity (among nurses, nurse assistive personnel, therapists, physicians, and patients) has the potential to impact the care of older adults.
Corresponding to Essential VI
14. Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care (e.g., home, assisted living, hospice, nursing homes) for older adults and their families.
Corresponding to Essentials IV & IX
15. Plan patient-centered care with consideration for mental and physical health and well-being of informal and formal caregivers of older adults.
Corresponding to Essential IX
16. Advocate for timely and appropriate palliative and hospice care for older adults with physical and cognitive impairments.
Corresponding to Essentials IX
17. Implement and monitor strategies to prevent risk and promote quality and safety (e.g., falls, medication mismanagement, pressure ulcers) in the nursing care of older adults with physical and cognitive needs.
Corresponding to Essentials II & IV
18. Utilize resources/programs to promote functional, physical, and mental wellness in older adults.
Corresponding to Essential VII
19. Integrate relevant theories and concepts included in a liberal education into the delivery of patient-centered care for older adults.
Corresponding to Essential I

Source: AACN/Hartford Foundation, 2010, p. 12–13. Retrieved from http://www.aacn.nche.edu/geriatric-nursing/AACN_Gerocompetencies.pdf

TABLE 1-3 The Nine Essentials of Baccalaureate Education for Professional Nursing Practice

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Essential III: Scholarship for Evidence-Based Practice

Essential IV: Information Management and Application of Patient Care Technology

Essential V: Healthcare Policy, Finance, and Regulatory Environments

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Essential VII: Clinical Prevention and Population Health

Essential VIII: Professionalism and Professional Values

Essential IX: Baccalaureate Generalist Nursing Practice

Source: American Association of Colleges of Nursing [AACN]. (2008). The essentials of baccalaureate education for professional nursing practice. Washington, DC: Author.

Research in Gerontological Nursing

Nursing research can be defined as the “diligent, systematic inquiry or investigation to validate and refine existing knowledge and generate new knowledge” (Burns & Grove, 2011, p. 2). Research in gerontological nursing is robust as evidenced by the growth in recent years of gerontological nursing journals, books, and other medical and nursing publications. Many colleges and universities support research in gerontological nursing, particularly the nine academic centers that host Hartford Centers for Geriatric Nursing Excellence in Arizona, Arkansas, California, Iowa, Minnesota, Oregon, Pennsylvania, and Utah.

Using nursing research in practice is called evidence-based practice, defined as “the conscientious use of best research evidence in combination with a clinician’s expertise, as well as patient preferences and values, to make decisions about the type of care that is provided” (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 1). Nursing practice based on the best available evidence ensures that optimal quality of care is provided by helping nurses to know what works and how evaluate outcomes.

Gerontological nursing research has made contributions to nursing science in many areas. Examples include delirium superimposed on dementia, medication issues at discharge for patients with heart failure, and older adult stereotypes among care providers (see **Boxes 1-4** and **1-5**).

BOX 1-3 Additional Resources

American Nurses Credentialing Center (ANCC)

P.O. Box 791333

Baltimore, MD 21279-1333

202-651-7000

800-284-2378

<http://www.nursecredentialing.org>

John A. Hartford Foundation

55 East 59th Street

16th Floor

New York, NY 10022-1178

212-832-7788

Email: mail@jhartfound.org

<http://www.hartfordign.org>

BOX 1-4 Research Highlight

Aim: To compare two categories of experiences—contact with older adults versus education about older adults—for their impact on ageist stereotypes.

Methods: Two hundred twenty-five caregivers assisting older adults at five residential care sites in Tasmania, Australia, most of whom were of European descent, participated in psychometric testing regarding prejudice and attitudes toward older adults.

Findings: Regular contact with older adults, especially if the contact underscores the older adult's dependency, may not reduce stereotypes; rather, it may even reinforce them. Higher levels of general education, as well as specific education about aging and older adults, seems to

be associated with fewer stereotypes and more positive attitudes towards elders. This finding is also supported by other studies on ageism.

Application to practice: The researchers suggest that while contact with older adults may not improve ageist stereotypes, education shows promise as a starting point for developing more favorable care provider attitudes. In addition, the authors cite research in empathy education, which may also be an effective strategy for reducing prejudice.

Source: Reyna, C., Goodwin, E. J., & Ferrari, J. R. (2007). Older adult stereotypes among care providers in residential care facilities. *Journal of Gerontological Nursing*, 33, 50–55.

BOX 1-5 Research Highlight

Aim: To describe discharge medication reconciliation discrepancies in older adults with heart failure who were discharged to home from the hospital.

Methods: A secondary analysis of medical records collected during a randomized controlled trial testing transitional care interventions for older adults with heart failure.

Findings: Seventy-one percent of hospital discharges had at least one medication reconciliation problem, with an average of 1.3 per discharge. A majority of problems involved high-risk medications that have been shown to be associated with adverse drug events.

Application to practice: Nurses are usually involved in discharge teaching and can therefore make a positive impact by ensuring clear medication instructions that include the time the medication was last given, noting any changes to the patient's prior medication regimen, and clarifying vague terms, such as "take as directed."

Source: Foust J. B., Naylor, M. D., Bixby, M. B. & Ratcliffe, S. J. (2012). Medication problems occurring at hospital discharge among older adults with heart failure. *Research in Gerontological Nursing*, 5, 25–33.

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. It requires specialized knowledge in the art and science of nursing, coupled with gerontological nursing best practices, to manage the complex needs of this population. Caring for older adults is influenced by many factors, one of which is recognizing one's own attitude about aging. It is imperative, with the aging of today's population, that all nurses have basic gerontological nursing concepts and principles taught in their undergraduate program. With the growth of the older population, more nurses certified and specializing in gerontological nursing 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. Focusing on the individualization of the aging person, nurses should explore the multiple career options in this rewarding, exciting, creative, and uniquely innovative field of gerontological nursing.

Critical Thinking Exercises



1. 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? What positive attributes are seen?
2. 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.
3. Check out the website at <http://www.consultgerirn.org>. How would you use this website to enhance your knowledge about the care of older adults? What services are available through the website?
4. 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.

Personal Reflections



1. How do you feel about aging? Draw a picture of yourself aging and describe the details of what you anticipate will occur as you age. Do you see advanced age as an opportunity to grow old gracefully or something to fear? What are your views about cosmetic procedures (Botox injections, face lifts, body sculpting) that are designed to make people look younger?
2. When was the last time you cared for an older adult? What was that experience like? How do you feel about caring for older adults in your nursing practice? The majority of your nursing practice will entail caring for elders and their families. Did you anticipate this when you entered nursing school?
3. What do you think about nurses who work in nursing homes? Have you ever considered a career in gerontological nursing? Describe 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 in 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?

References

- American Association of Colleges of Nursing [AACN] (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Association of Colleges of Nursing [AACN]. (2012). *GNEC*. Retrieved from <http://www.aacn.nche.edu/geriatric-nursing/gnec>
- American Association of Colleges of Nursing [AACN] and the John A. Hartford Institute for Geriatric Nursing. (2010). Recommended baccalaureate competencies and curricula guidelines for nursing care of older adults, a supplement to the essentials of baccalaureate education for professional nursing practice. Washington, DC: Author.
- American Nurses Association [ANA]. (2010). *Scope and standards of gerontological nursing practice*. Washington, DC: Author.
- American Nurses Credentialing Center [ANCC]. (2008). *Clinical nurse specialist in gerontology*. Retrieved from <http://www.nursecredentialing.org/Documents/Certification/Application/NursingSpecialty/GerontologicalCNS.aspx>
- American Nurses Credentialing Center. (2012). Gerontological Nursing. Retrieved from <http://www.nursecredentialing.org/NurseSpecialties/Gerontological.aspx>
- Burns, N. & Grove, S.K. (2011). *Understanding nursing research: Building an evidence-based practice* (4th ed.). St. Louis, MO: Elsevier Saunders.
- Centers for Disease Control and Prevention [CDC]. (2012). Key aging statistics. Retrieved from http://www.cdc.gov/nchs/nchs_for_you/older_americans.htm
- Cutler, N. E. (2004). Aging and finance 1991 to 2004. *Journal of Financial Service Professionals*, 58(1), 29–32.
- Ebersole, P., & Touhy, T. (2006). *Geriatric nursing: Growth of a specialty*. New York, NY: Springer.
- Foust J. B., Naylor, M. D., Bixby, M. B. & Ratcliffe, S. J. (2012). Medication problems occurring at hospital discharge among older adults with heart failure. *Research in Gerontological Nursing*, 5, 25–33.
- Hartford Institute for Geriatric Nursing. (2012). Retrieved from <http://www.consultgerirn.org>
- Institute of Medicine. (2008). *Retooling for an aging America: Building the health care workforce*. Washington., DC: The National Academies Press.
- Kolanowski, A., Fick, D., Clare, L., Steis, M., Boustani, M., & Litaker, M. (2010). Pilot study of a nonpharmacological intervention for delirium superimposed on dementia. *Research in Gerontological Nursing*, 20, 1–7. doi:10.3928/19404921-20101001-98
- Meiner, S. (2011). *Gerontologic nursing* (3rd ed.). St. Louis, MO: Mosby.
- Mezey, M. (2010). Foreword. In K. L. Mauk (Ed.) *Gerontological Nursing: Competencies for Care* (pp. xviii). Sudbury, MA: Jones and Bartlett Publishers, LLC.
- National League of Nursing [NLN]. (2012). *Faculty resources*. Retrieved from <http://www.nln.org/facultyprograms/facultyresources/aces/index.htm>
- Norton, D. (1956, July 6). The place of geriatric nursing in training. *Nursing Times*, 264.
- Piazza, I.M., Donahue, M., Dykes, P.C., Griffin, M. Q., & Fitzpatrick, J. J. (2006). Differences in perceptions of empowerment among nationally certified and non-certified nurses. *Journal of Nursing Administration*, 36(5), 277–283.
- Quadagno, J. (2005). *Understanding the older client*. Boston, MA: McGraw-Hill.
- Reyna, C., Goodwin, E. J., & Ferrari, J. R. (2007). Older adult stereotypes among care providers in residential care facilities. *Journal of Gerontological Nursing*, 33, 50–55.
- Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000). *Evidence-based medicine: How to practice and teach EBM* (2nd ed.). Edinburgh, UK: Churchill Livingstone.

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

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