

# Unit I

## Foundations for Gerontological Nursing

(COMPETENCIES 1, 8, 9, 19)

CHAPTER 1 INTRODUCTION TO GERONTOLOGICAL NURSING (COMPETENCIES 1, 9, 19)

CHAPTER 2 THE AGING POPULATION (COMPETENCIES 1, 8, 19)

CHAPTER 3 THEORIES OF AGING (COMPETENCY 19)



## CHAPTER 1

# Introduction to Gerontological Nursing

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(Competencies 1, 9, 19)

### 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 gerontology.
- > 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

Ageism

Attitudes

Certification

Core competencies

Elder law

Geriatrics

Gerocompetencies

Gerontological nursing

Gerontological rehabilitation nursing

Gerontology

Landmarks in 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 (NYU) 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. The ANA *Standards for Geriatric Practice* and the *Journal of Gerontological Nursing* were first published (in 1970 and 1975, respectively). Following the enactment of Medicare and Medicaid, rapid growth in the healthcare industry for elders occurred. 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 funded numerous certificate nurse practitioner (NP) programs at colleges of nursing for nurses to become geriatric NPs.

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 masters and doctoral preparation in gerontological nursing, and higher education established programs to prepare nurses as advanced practice nurses in the field (geriatric NPs 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**).



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

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. Nurses Improving Care for Healthsystem Elders (NICHE) program gained a national reputation as the model of acute care for older adults and has since expanded into long-term care.

The 21st century has seen unprecedented growth in gerontological nursing care, as well as preparation of nursing faculty to teach in this specialty. 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.

**BOX 1-1 Research Highlight**

**Aim:** To gain an understanding of the perspectives of minimally health literate older females and their healthcare professionals as they navigate the healthcare system.

**Method/Sample:** A qualitative case study approach was used to illicit and explore these perspectives through the use of guided interviews. There were two samples, which included healthcare professionals (n = 4) and older female patients (n = 8). All participants met the inclusion criteria outlined by the investigators.

**Intervention:** Participants were interviewed using audio-recording during a 1-hour single interview session. All interviews were conducted by the primary investigator over a 6-month period. A semi-structured interview guide was used. Healthcare providers were interviewed at their site of employment or a destination of their choice. Patient respondents were interviewed at a place of their choice and most preferred their home. Participants were engaged in unspecific dialogue before starting the audio-recorder in order to facilitate relaxation and to encourage a steady transition to questioning. Field notes were taken, but were limited to allow undivided attention to the participant.

Audio recordings were transcribed with both electronic and hardcopy files for each interview. Transcripts were reviewed by hand and notes made to sort and organize the data. The data were entered into the computer program NVivo for analysis, categories were clustered for similarity. Word frequency criteria were limited to the categories of communication, education, relationships, listening, empowerment, and time. Relationships were ranked number one.

**Findings:** Demographic finds revealed the healthcare professional sample included three females (NPs) and one male (physician). Average years of experience was 13. Patient participants' age ranged from 65–89 with a mean age 71. All lived independently, five were married and three were widowed. All had graduated from high school, two had some college, and one had a Master's degree in Education.

Each of the primary categories provided development of the emerging themes. Themes included time challenges; relationships of trust, respect and empathy; patient-centered communication; and patient education, which paved the road to empowerment. Active listening was identified as the key to meeting patient needs.

**Application to practice:** Five primary areas were identified as impacting health care for minimally health literate older women and their professional caregivers in navigating the health system. The areas of communication and relationships were identified as critically important. A quality-patient relationship was noted to serve as a foundation for patient-centered care and communication. This quality-patient relationship promotes partnering and encourages open communication. Patients are more likely to ask questions if they do not understand what is being said, when there is honesty, openness, and trust. There were limitations to the study, which included lack of cultural diversity, age (all over 65), female gender, geography in the northwest United States, and ethnicity as all were Caucasian.

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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.

In 2008, the Honor Society of Nursing, 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.

Two important gerontological nursing faculty development programs were initiated in 2009 to 2010. The Geriatric Nursing Education Consortium (GNEC) was established by the AACN and funded by the John A. Hartford Foundation to enhance gerontological nursing content in senior-level undergraduate nursing courses.

Advancing Care Excellence for Seniors (ACES) was 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. These programs provide nursing faculty resources to prepare nurses to care for older adults (NLN, 2012). In 2015, the NGNA published a position paper on essential gerontological nursing education in registered nursing and continuing education programs. The intent of this position statement was to affirm the need for essential gerontological education for all pre-licensure registered nurse programs to build gerontological nurse competence. In addition, it recommended all registered nurses who provide care to older adults participate in ongoing gerontological nursing continuing education. The position paper can be found at [http://www.ngna.org/\\_resources/documentation/position\\_papers/NGNA-Position-Paper-EssentialGerontologicalNursingEducation.pdf](http://www.ngna.org/_resources/documentation/position_papers/NGNA-Position-Paper-EssentialGerontologicalNursingEducation.pdf).

A national Geropalliative Care nurse residency called AgeWISE was spearheaded in 2010 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 various acute care settings. More information about the AgeWISE residency may be found at [http://www.mghpcs.org/eed\\_portal/Documents/PI\\_EBP/AgeWISE%20booklet.pdf](http://www.mghpcs.org/eed_portal/Documents/PI_EBP/AgeWISE%20booklet.pdf)

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 this time; (3) preparing for the future, because no matter where one works in nursing, older adults will be a large 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:

- 1904** *American Journal of Nursing* (AJN) publishes first geriatric article
- 1925** AJN considers geriatric nursing as a 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** **American Nurses Association** (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 (L. 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 gerontological nursing journal published: *Journal of Gerontological Nursing* (JGN)
- 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
- 1981** First International Conference on Gerontological Nursing
- ANA Division of Gerontological Nursing publishes *Statement on Scope of Practice*
- John A. Hartford Foundations 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 Robert Wood Johnson Foundation Teaching-Nursing Home Program
- 1983** 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
- 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 advanced practice nurses as geriatric NPs 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 program

**2003** 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 Partners in Geriatrics (SNAP-G) grants

**2008** *Journal of Gerontological Nursing Research* emerges

**2009** Geriatric Nursing Education Consortium (GNEC) (AACN, 2012) faculty development initiative of AACN established; Sigma Theta Tau International (STTI) Geriatric Nursing Leadership Academy (GNLA) launches

**2010** NLN's Advancing Care Excellence for Seniors (ACES), AgeWISE Geropalliative Care Nurse Residency 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. As a nurse you will have the opportunity to influence in a positive way the lives of older adults and their families.

Population statistics show that the majority of your careers as nurses will include caring for older adults. Providing best practice in gerontological nursing 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.

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 Chapter 2), 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 experienced nurses. New graduates of nursing programs must be competent in caring for older adults across multiple health settings (Institute of Medicine, 2008), and it is vital that nursing students understand how coordinating care during significant life transitions for older adults is fundamental to ensuring culturally sensitive, individualized, holistic care for the older adult and their caregivers (see **Figure 1-2**).

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. 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.



**Figure 1-2** Assisted living facilities aid older people with activities of daily living (ADL).

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## 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, or frail elders (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 older adults. Geriatricians are physicians trained in geriatric medicine.

### CLINICAL TIP

Geriatrics refers to medical care of the aged, while gerontological nursing is the preferred term for this nursing specialty.

Social gerontology is concerned with the social aspects of aging versus the biological or psychological. 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. **Elder law** is another area of specialty, which focuses on legal and ethical issues associated with aging.

**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 holistic care of older adults. 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 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 27 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 6, 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 8). 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.

### CLINICAL TIP

Nurses who teach older adults should be familiar with andragogy or adult learning theory principles.

## 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 EBP, 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, 27, and 28.

## 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 who demonstrate multimorbidity and geriatric syndromes benefit by being cared for by nurses with specialty knowledge (McHugh et al., 2013). And while older Americans use more health care per capita than any other age group (Federal Interagency Forum on Aging-Related Statistics, 2012) less than 1% of nurses in the United States hold certification in gerontological nursing. 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 (**Box 1-2**).

**TABLE 1-1 Websites for Test Content Outlines**

<http://www.nursecredentialing.org/Documents/Certification/TestContentOutlines/AdultGeroPCNP-TCO.pdf>

<http://www.nursecredentialing.org/Documents/Certification/TestContentOutlines/AdultGeroAcuteCareNP-TCO.pdf>

### 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>

National League for Nursing ACES  
faculty development

<http://www.nln.org/professional-development-programs/teaching-resources/aging>

#### Associations

U.S. Administration on Aging

<http://www.aoa.gov>

Aging Life Care Association

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

American Geriatrics Society

<http://www.americangeriatrics.org>

American Nurses Credentialing Center (ANCC)

<http://www.nursecredentialing.org>

Gerontological Society of America

<http://www.geron.org>

Argentum-Assisted Living Federation of America

<http://www.alfa.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 Center for Assisted Living (NCAL)

[www.ahcancal.org/ncal](http://www.ahcancal.org/ncal)

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>

## Gerontology Certification—Entry Level

The ANCC offers a competency-based examination for certification in Gerontological Nursing that provides a valid and reliable assessment of the entry-level clinical knowledge and skills of registered nurses in the gerontological specialty. The credential awarded is Registered Nurse–Board Certified (RN-BC) (ANCC, 2016a).

In addition to holding a current, active RN license, eligibility for certification includes:

- Having practiced the equivalent of 2 years full-time as a registered nurse.
- Having a minimum of 2,000 hours of clinical practice in the specialty area of gerontological nursing within the last 3 years.
- Having completed 30 hours of continuing education in gerontological nursing within the last 3 years.

ANCC offers the generalist computerized exam in gerontological nursing at exam test sites across the country that can be located at [www.prometri.com/ANCC](http://www.prometri.com/ANCC).

Certification has been associated with improved patient outcomes and increased job satisfaction. Piazza, Donahue, Dykes, Griffin, and 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 (AACN, 2016). 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, 2016a)

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 NICHE designated hospitals, in long-term care facilities, in acute rehab, and in community health agencies (ANCC, 2016a; 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

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

## Nurse Practitioner (NP)

NPs are educated and practice at an advanced level to provide care, independently, in a range of setting and in one of six described patient populations. NPs are responsible and accountable for health promotion, disease prevention, health education and counseling, as well as the diagnosis and management of acute and chronic diseases. They provide initial, ongoing, and comprehensive care to patients in family practice, pediatrics, internal medicine, geriatrics, and women's health. NPs are prepared to practice as primary care NPs or acute care NPs, which have separate national competencies and unique certifications.

## Clinical Nurse Specialist (CNS)

The CNS is educated at an advanced level to care for patients in one of the six described populations and across the continuum of care. The role of the CNS encompasses the patient, the nurse, and nursing practice, as well as the healthcare organization and system. The CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities.

The ANCC currently offers three separate advanced practice certification exams in gerontological nursing: the Adult-Gerontology Acute Care NP, the Adult-Gerontology Primary Care NP, and the Adult-Gerontology CNS. There are different eligibility requirements for each exam and nurses must be prepared at the graduate degree level to apply. The ANCC Website has eligibility requirements and information on certification and recertification: <http://nursecREDENTIALING.org/certification.aspx>.

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 adult-gerontology clinical nurse specialist (AGCNS-BC) focuses on three spheres of influence: patient/family care, developing nurses, and impacting organizations and systems. CNSs play important roles in acute care by developing and implementing gerontological nursing EBP. In addition, some roles involve a collaborative practice or consultative role with hospitals or long-term care facilities and interprofessional teams. In some states, the adult-gerontology CNS may obtain prescriptive authority and practice independently, following the scope of practice in the state in which she/he is practicing. While most CNSs practice in acute care, some practice in ambulatory care, nursing administration, and academia.

The Adult-Gerontology Acute Care Nurse Practitioner (ACNPC-AG) or the Adult-Gerontology Primary Care NP are the NP certifications through ANCC for adult-gerontology (ANCC, 2016b). NP who specialize in gerontology may practice in hospitals, primary care, or long-term care settings diagnosing and treating geriatric syndromes. Nurse practitioners may practice in collaboration with physicians or may practice independently, depending on the rules of the state board under which they practice. NPs can be found in diverse settings, such as rehabilitation facilities, making home visits as part of a Medical Home program, or in academic settings. Per the American Association of Nurse Practitioners (2015), about 80% of NPs are prepared in primary care, of which 22% focus on adult and geriatric patients.

## 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 NGNA, 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*

**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.  
*Corresponding to Essential VIII*
2. Assess barriers for older adults in receiving, understanding, and giving of information.  
*Corresponding to Essentials IV & IX*
3. Use valid and reliable assessment tools to guide nursing practice for older adults.  
*Corresponding to Essentials IX*
4. Assess the living environment as it relates to functional, physical, cognitive, psychological, and social needs of older adults.  
*Corresponding to Essential IX*
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.  
*Corresponding to Essential VII*
6. Identify actual or potential mistreatment (physical, mental, or financial abuse, and/or self-neglect) in older adults and refer appropriately.  
*Corresponding to Essential V*

(continues)

**TABLE 1-2 Gerontological Nursing Competency Statements (continued)**

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 EBP 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*



### 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

Reproduced from American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.

### BOX 1-3 Additional Resources

American Nurses Credentialing Center (ANCC)  
8515 Georgia Ave, Suite 400  
Silver Spring, MD 20910  
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](mailto:mail@jhartfound.org)  
<http://www.hartfordign.org>

*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 (**Box 1-3**). 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).

## 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 EBP, 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 1-4 Research Highlight

**Aim:** Development of a tool to assess variables that may be related to professional caregivers’ perceptions regarding the appropriateness of elderspeak.

Lombardi, Buchanan, Afflerback, Campana, Sattler, and Lai have studied caregivers’ use of patronizing language when speaking to older adults and the impacts of that method of interaction. In an attempt to understand the reasons why a caregiver may employ this method of communication, the researchers

created a resource to assess the variables that may lead to use of elderspeak. Sign into your database of nursing literature (CINAHL or PubMed, for example) and use the citation below to perform a search for this article. Summarize the results of this research study.

Lombardi, N. J., Buchanan J. A., Afflerback, B. A., Campana, K., Sattler, A., & Lai, D. (2014). Is elderspeak appropriate? A survey of certified nursing assistants. *Journal of Gerontological Nursing, 40*(11), 44–52.

### BOX 1-5 Research Highlight

**Aim:** To test the efficacy of a web-based version of a dementia feeding skills educational intervention for nursing home (NH) staff.

**Methods:** Two U.S. nursing homes with similar characteristics participated in the study. In the control NH staff provided usual care. In the intervention NH staff received web-based training and coaching in feeding elders with dementia. Meal observations were conducted in both NHs by trained research assistants blind to the study outcomes. In addition, staff were tested on their knowledge and self-efficacy related to items such as dementia, signs of swallowing difficulty, and feeding skills.

**Findings:** While aversive behaviors increased in both NH resident groups, the intervention NH

staff spent more time providing assistance and meal intake doubled. In the control group, meal intake decreased. This study demonstrated the effectiveness of using an evidence-based training program to improve meal intake in NH residents with dementia.

**Application to practice:** For persons with dementia who have poor meal intake, staff feeding skills training can improve outcomes.

Data from Batchelor-Murphy, M., Amella E. J., Zapka, J., Maueller, M., & Beck, C. (2015). Feasibility of a web-based dementia feeding skills training program for nursing home staff. *Geriatric Nursing, 36*, 212–218.

## 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.

### *Clinical Reasoning 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. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- American Association of Colleges of Nursing. (2012). *GNEC*. Retrieved from <http://www.aacn.nche.edu/geriatric-nursing/gnec>
- American Association of Colleges of Nursing. (2016). Select your certificate program. Retrieved from [http://www.aacn.org/wd/certifications/content/selectcert.pcms?menu=certification&lastmenu=divheader\\_select\\_your\\_program](http://www.aacn.org/wd/certifications/content/selectcert.pcms?menu=certification&lastmenu=divheader_select_your_program)
- American Association of Colleges of Nursing 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. Retrieved from [http://www.aacn.nche.edu/geriatric-nursing/AACN\\_Gerocompetencies.pdf](http://www.aacn.nche.edu/geriatric-nursing/AACN_Gerocompetencies.pdf)
- American Nurses Association. (2010). *Scope and standards of gerontological nursing practice*. Washington, DC: Author.
- American Nurses Credentialing Center. (2016a). *Gerontological nursing*. Retrieved from <http://nursecredentialing.org/Certification/NurseSpecialties/Gerontological>
- American Nurses Credentialing Center. (2016b). *Adult gerontology CNS*. Retrieved from <http://nursecredentialing.org/AdultGerontologyCNS>
- Batchelor-Murphy, M., Amella, E. J., Zapka, J., Maueller, M., & Beck, C. (2015). Feasibility of a web-based dementia feeding skills training program for nursing home staff. *Geriatric Nursing*, 36, 212–218.
- Burns, N., & Grove, S. K. (2011). *Understanding nursing research: Building an evidence-based practice* (4th ed.). St. Louis, MO: Elsevier Saunders.
- Carollo, S. (2015). Low health literacy in older women: The influence of patient-clinician relationships. *Geriatric Nursing*, 36, 38–42.
- Ebersole, P., & Touhy, T. (2006). *Geriatric nursing: Growth of a specialty*. New York, NY: Springer.
- Federal Interagency Forum on Aging-Related Statistics. (2012). *Older Americans 2012: Key Indicators of Well-Being*. Washington, DC: U.S. Government Printing Office. Retrieved from <https://agingstats.gov/docs/PastReports/2012/OA2012.pdf>
- 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.
- Lombardi, N. J., Buchanan, J. A., Afflerbach, B. A., Campana, K., Sattler, A., & Lai, D. (2014). Is elderspeak appropriate? A survey of certified nursing assistants. *Journal of Gerontological Nursing*, 40(11): 44.
- McHugh, M. D., Kelly, L. A., Smith, H. L., Wu, E. S., Vanak, J. M., & Aiken, L. H. (2013). Lower mortality in magnet hospitals. *Medical Care*, 5, 382–388.
- Meiner, S. (2011). *Gerontologic nursing* (3rd ed.). St. Louis, MO: Mosby.

- National Gerontological Nursing Association. (2015). *Position paper on essential gerontological nursing education in Registered Nursing and continuing education programs*. Retrieved from [http://www.ngna.org/\\_resources/documentation/position\\_papers/NGNA-PositionPaper-EssentialGerontologicalNursingEducation.pdf](http://www.ngna.org/_resources/documentation/position_papers/NGNA-PositionPaper-EssentialGerontologicalNursingEducation.pdf)
- National League of Nursing. (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.
- 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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