

THIRD EDITION

# Gerontological Nursing

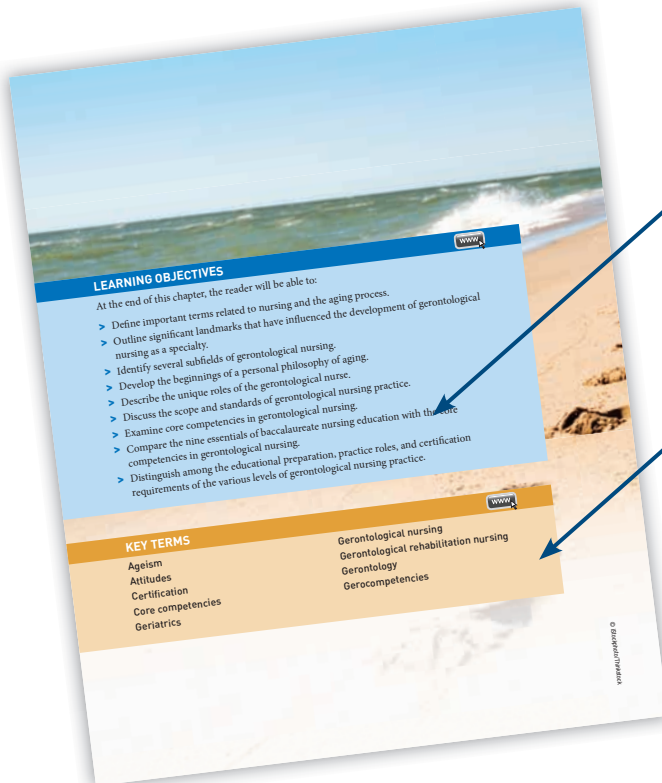
COMPETENCIES FOR CARE





# THE PEDAGOGY

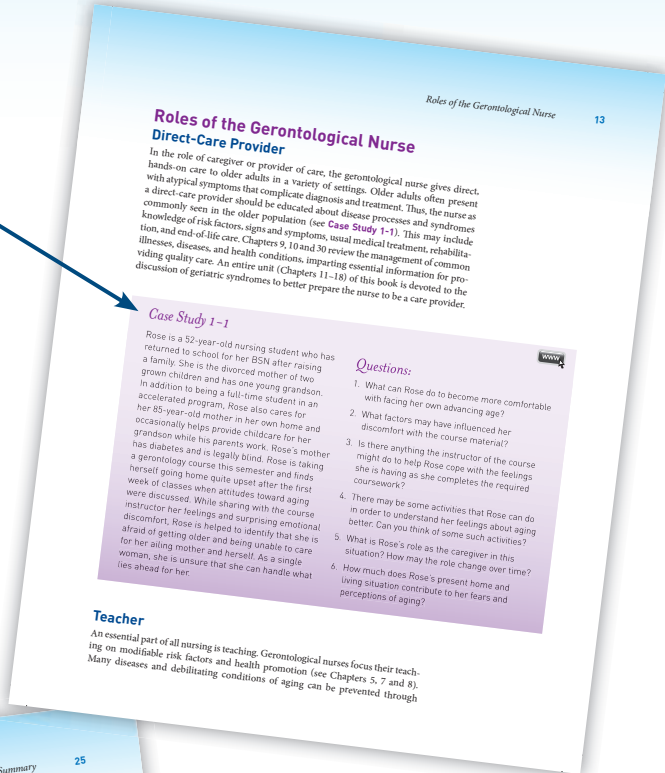
**G**erontological Nursing: *Competencies for Care, Third Edition* drives comprehension through various strategies that meet the learning needs of students, while also generating enthusiasm about the topic. This interactive approach addresses different learning styles, making this the ideal text to ensure mastery of key concepts. The pedagogical aids that appear in most chapters include the following:



**Learning Objectives** These objectives provide instructors and students with a snapshot of the key information they will encounter in each chapter. They serve as a checklist to help guide and focus study. Objectives can also be found within the text's online resources. Use the access code at the front of your book to view these additional resources.

**Key Terms** Found in a list at the beginning of each chapter, these terms will create an expanded vocabulary. The "www" icon directs students to the text's online resources to see these terms in an interactive glossary and use flashcards and word puzzles to nail the definitions. Use the access code at the front of your book to view these additional resources.

**Case Studies** Case studies encourage active learning and promote critical thinking skills in learners. Students can read about real-life scenarios, and then analyze the situation they are presented with. Case studies are available for completion online using the book's full suite of interactive resources.



### 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

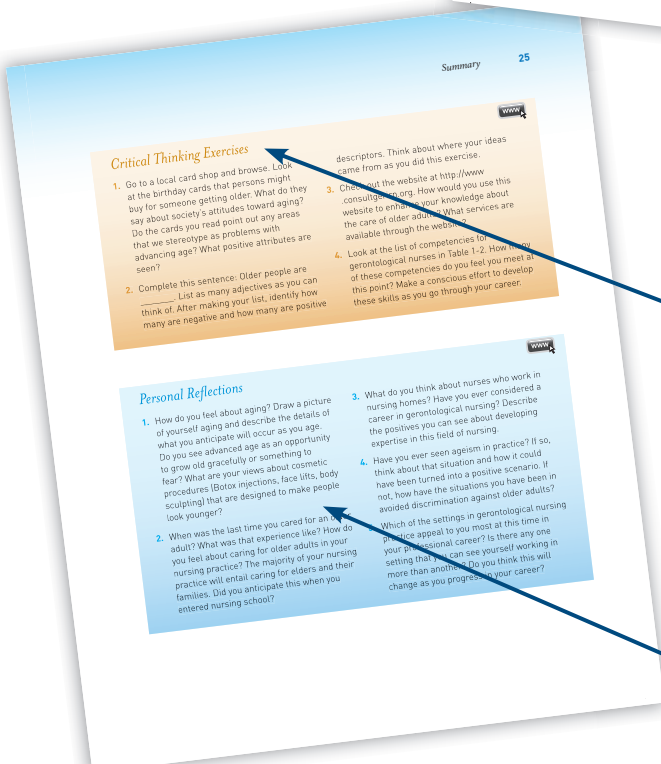
Rose is a 52-year-old nursing student who has returned to school for her BSN after raising a family. She is the divorced mother of two grown children and has one young grandson. In addition to being a full-time student in an accelerated program, Rose also cares for her 85-year-old mother in her own home 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 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



#### 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.careercentral.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? Which of the settings in gerontological nursing would appeal to you most at this time in your professional career? Is there any one you can see yourself working in setting that you can see yourself working in more than any other? Do you think this will change as you progress in your career?

### Critical Thinking Exercises

Review key concepts from each chapter with these exercises at the end of each chapter. Review these questions online within the interactive resources available.

### Personal Reflections

Reflect critically on the chapter content and further your knowledge by exploring these questions and activities found at the end of each chapter. Complete these Personal Reflections online using the book's full suite of interactivities.



THIRD EDITION

# Gerontological Nursing

COMPETENCIES FOR CARE

Edited by

**Kristen L. Mauk, PhD, DNP, RN, CRRN, GCNS-BC, GNP-BC, FAAN**

Professor of Nursing

Kreft Endowed Chair for the Advancement of Nursing Science

Valparaiso University

President

Senior Care Central, LLC

Valparaiso, Indiana



JONES & BARTLETT  
LEARNING

World Headquarters  
Jones & Bartlett Learning  
5 Wall Street  
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# DEDICATION

For my husband, Jim, for being my friend and partner in our many adventures.

And to all my wonderful children for their constant encouragement, love, and support:

Rachel, Cowboy Jim, Kenny, Jennifer Ann, Big Daniel, Elizabeth, Jordan, Vika, and Little Daniel.

You are the best family ever.







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**T**hanks to the parents and grandparents who have been a part of my life and the lives of my children:

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# PREFACE

**A**lthough there are numerous excellent gerontological nursing texts on the market today, the approach to this book is unique in that the first and second editions were based on an essential document from the American Association of Colleges of Nursing and the John A. Hartford Foundation Institute for Geriatric Nursing (July 2000), entitled *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*. The new edition uses the updated document, *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults* (September 2010), published by the same two organizations. This book is intended to be a basic baccalaureate-level gerontological nursing text, although much of the new edition is also appropriate for graduate level coursework, and it is structured to ensure that students will obtain the recommended competencies and knowledge necessary to provide excellent care to older adults. It can be used for a stand-alone course or in sections to be integrated throughout a nursing curriculum.

Using the recommended competencies as a guide, each chapter is written to assist students of gerontological nursing in acquiring the essential knowledge and skills to provide excellent care for older adults. Competencies as set forth in the AACN/Hartford Foundation document are listed at the beginning of each chapter to help direct students' learning.

This book has several outstanding features. First, the framework, as described, is unique. In addition, the text is an edited work with a diverse authorship of nearly 70 contributors and numerous reviewers who represent all areas of gerontological nursing, including management, education, quality assurance, clinical practice in a variety of settings, advanced practice roles, research, business, consulting, and academia. This third edition adds 40 new authors, with the vast majority of authors from the last edition continuing their work in the new edition. All chapters have

been updated to include current resources and evidence-based clinical practice. Interdisciplinary collaboration of many chapters was accomplished by including nurse authors writing with colleagues whose backgrounds are in psychology, social work, pharmacy, speech therapy, gerontology, rehabilitation, biology, and sociology.

For this third edition, comments and recommendations of instructors who have used the text were carefully considered. In answer to requests, an entirely new unit was added on geriatric syndromes. There are 17 new chapters in the third edition, including chapters on polypharmacy, falls, delirium, depression and anxiety, incontinence, sleep disorders, dysphagia, pressure ulcers, culture and spirituality, elder abuse, pain management, care of the older adult with cancer, emergency care, caring across the continuum, current system models, and health policy. Healthy aging is a theme more heavily emphasized in the new edition. Many original photos and content portray older adults as actively aging.

The text has a user-friendly and comprehensive format. Several features were designed to appeal to students. The following pedagogical features are used:

- Learning objectives
- Key terms list (with terms highlighted in chapter)
- Tables that summarize key points
- Boxes to highlight interesting information and key practice points
- Web exploration and links
- Notable quotes of interest
- Pictures/diagrams/drawings
- Original photographs
- Research highlights with application to practice
- Evidence-based practice boxes and guidelines
- Critical thinking exercises
- Personal reflection exercises
- Case studies with questions
- Resource lists
- References (including websites)
- Recommended readings
- Glossary

Students will be delighted to have a glossary at the end of the text, as well as definitions of key terms within the chapters. The competencies recommended by the AACN/Hartford Foundation are threaded throughout the book. Students will also benefit from new online resources and educational materials available from the publisher.

Instructors will find the accompanying online instructor's manual to be a time-saving tool. It is designed to provide a complete curriculum for instructors and students, even for those who may lack a strong geriatric background. The instructor's

manual suggests activities for learning and in-class exercises, and provides PowerPoint slides for lectures that coincide with student readings in the main text. A test bank is also provided. Most of the work for development of a gerontological nursing course or integration in portions into the curriculum has already been done for instructors.

This book is divided into sections that directly follow the AACN/Hartford Foundation Institute's Competencies *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults* (September 2010, pp. 12–13). The 19 gerontological nursing competency statements shown here, with the corresponding Essential from the AACN Baccalaureate competencies, are those necessary to provide high-quality care to older adults and their families:

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 Essential 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*

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 Essential 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*

By using this text and the instructor's manual as a curricular guide, instructors should be able to ensure that nursing students will meet the essential competencies that are recommended for excellent care of older adults.

## REFERENCE

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 (pp. 12–13). Washington, DC: Author.







# FOREWORD

**T**he recently passed Patient Protection and Affordable Care Act has focused national attention on the importance of health in the well-being of all Americans. Nowhere is this more evident than for people 65 and over—the expanding aging population who now constitute the “core business” of our healthcare system: primary care, hospitals, home care, and nursing homes. With baby boomers having reached old age, and over one-half of older adults 75 years and older, the need for a health workforce capable of delivering quality care to older adults has never been more critical. As the largest group of healthcare providers, it is essential that nurses have the knowledge and skills commensurate to delivering competent care to older adults.

Baccalaureate nursing education has led nursing in assuring a nurse workforce prepared for care of older adults. Since 2000, with support from the John A. Hartford Foundation, the American Association of Colleges of Nursing (AACN) has taken major steps to assure the infusion of gerontological nursing into the curriculum of baccalaureate nursing programs. In 2008, AACN revised *The Essentials of Baccalaureate Education for Professional Nursing Practice* to include competencies in gerontological nursing. In collaboration with the Hartford Institute for Geriatric Nursing at New York University, AACN updated the document *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*. AACN and the Hartford Institute created a national initiative, the Geriatric Nursing Education Consortium (GNEC), to ensure that faculty were familiar with extensive online resources that provide a framework for baccalaureate nursing programs to structure curriculum to assure competencies in care of older adults in their graduates.

This much-expanded third edition of *Gerontological Nursing: Competencies for Care* reflects extensive and exemplary use of these resources. New chapters, such as those on management of geriatric syndromes, culture and spirituality, and caring

across the continuum, reflect the new AACN gerontological competencies and build on GNEC resources. As was the case in the first and second editions, this text continues to offer faculty an authoritative resource to foster geriatric curricular implementation.

Despite major strides to prepare faculty in geriatrics, this text continues to serve a critical need because most baccalaureate programs have only a handful of faculty prepared in gerontological nursing. The unique approach adopted by this text can help gerontological nursing faculty transmit essential information to other faculty, thus helping to imbed and integrate gerontological competencies throughout the curriculum. It also provides the structure for curriculum development and course content for those schools seeking to create free-standing required or elective courses in gerontological nursing.

Mathy Mezey, EdD, RN, FAAN  
*Professor Emerita*  
*Senior Research Scientist*  
*Associate Director,*  
*the Hartford Institute for Geriatric Nursing*  
*College of Nursing*  
*New York University*



# CONTRIBUTORS

**Carol Ann Amann, BSN, MSN, RN-BC, CDP**

Gannon University  
Morosky College of Health Professions and  
Sciences  
Erie, Pennsylvania

**Demetra Antimisiaris, PharmD, CGP, FASCP**

Associate Professor  
University of Louisville Department of Family and  
Geriatric Medicine  
Louisville, Kentucky

**LaShonda Barnette, RNC**

Case Manager, Gaston Memorial Hospital  
Gastonia, North Carolina

**Kathleen Blais, RN, MSN, EdD**

Professor Emerita  
Florida International University  
College of Nursing and Health Sciences  
Miami, Florida

**Nora Bollinger, MSN, RN, CMSRN**

Clinical Nurse Educator  
Kennedy University Hospital  
Cherry Hill, New Jersey

**Lisa Byrd, PhD FNP-BC, GNP-BC**

Gerontologist  
Assistant Professor  
University of Mississippi Medical Center  
Jackson, Mississippi

**Teresa Cervantez Thompson, PhD, RN, CRRN**

Dean and Professor  
College of Nursing and Health  
Madonna University  
Livonia, Michigan

**Dennis J. Cheek, RN, PhD, FAHA**

Abell-Hanger Professor  
Texas Christian University  
Harris College of Nursing and Health Sciences  
Fort Worth, Texas

**David Cheesebrow, RN, MAPA, MA, CEN, CCRN-A**

Associate Professor  
Bethel University  
St. Paul, Minnesota

**Audrey Cochran, MSN, GCNS-BC, CCCN**

Care Planning and Education for the Elderly  
Bakersfield, California

**Deborah Marks Conley, MSN, APRN-CNS,  
GCNS-BC, FNGNA**

Gerontological Clinical Nurse Specialist - AgeWISE  
and NICHE Coordinator  
Nebraska Methodist Hospital  
Assistant Professor of Nursing  
Nebraska Methodist College  
Omaha, Nebraska

**Neva L. Crogan, PhD, GNP-BC, GCNS-BC,  
FNGNA, FAAN**

Professor  
School of Nursing  
Gonzaga University  
Spokane, Washington

**Margaret Dean, RN, CS-BC, NP-C,  
MSN, FAANP**

Assistant Professor of Nursing  
Geriatric Nurse Practitioner  
Associate Faculty School of Medicine  
Texas Tech Health Sciences Center  
Amarillo, Texas

**B. Renee Dugger, DNP, RN, GCNS-BC**

Associate Professor, Nursing  
University of South Carolina Beaufort  
Bluffton, South Carolina

**Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC**

Professor & Nurse Practitioner Program Director  
College of Nursing and Health  
Madonna University  
Livonia, Michigan

**Janice Edelstein, EdD, RN**

Nebraska Methodist Health System  
Omaha, Nebraska

**Carol Enderlin, PhD, RN**

Clinical Assistant Professor  
College of Nursing

University of Arkansas for Medical Sciences  
Little Rock, Arkansas

**Dawna S. Fish, RN, BSN, COS-C**

Quality Assurance Supervisor  
Great Lakes Home Health and Hospice  
Jackson, Michigan

**Stephanie M. Grode, MSN, RN, OCN**

Adjunct Faculty  
Waynesburg University  
Waynesburg, Pennsylvania

**Sheila Grossman, PhD, FNP-BC, APRN, FAAN**

Professor and Coordinator  
Family Nurse Practitioner Program  
School of Nursing  
Fairfield University  
Fairfield, Connecticut

**Valerie Gruss, PhD, CNP-BC**

Department of Biobehavioral Science  
Institute for Health Care Innovation  
UIC College of Nursing  
Chicago, Illinois

**Lorna Guse, PhD, RN**

Associate Professor  
Faculty of Nursing  
University of Manitoba  
Winnipeg, Manitoba, Canada

**David Haber, PhD**

NTT Assistant Professor of Gerontology  
Western Oregon University  
Monmouth, Oregon

**Debra Hain, PhD, APRN, AGNP, BC**

Assistant Professor/Lead AGNP Faculty  
Florida Atlantic University  
Christine E. Lynn College of Nursing  
Boca Raton, Florida

Nurse Practitioner  
Cleveland Clinic Florida  
Department of Nephrology/Hypertension

**Jennifer Hamrick-King, PhD**

Graduate Center for Gerontology  
College of Public Health  
University of Kentucky  
Lexington, Kentucky

**Patricia Hanson, PhD, APRN, GNP**

Professor  
College of Nursing and Health  
Madonna University  
Livonia, Michigan

**Melodee Harris, PhD, APN, GNP-BC**

Associate Professor  
Carr College of Nursing  
Harding University  
Searcy, Arizona

**Barbara E. Harrison, PhD, FNP-BC, GNP-BC**

Associate Professor  
College of Health Sciences  
University of Delaware  
Newark, Delaware

**Linda J. Hassler, RN, MS, GCNS-BC, FNGNA**

Geriatric Program Manager  
Cultural Ambassador Coordinator  
Meridian Health Ann May Center for Nursing and  
Allied Health  
Neptune, New Jersey  
Adjunct Faculty, Georgian Court University  
Lakewood, New Jersey

**Janice M. Heineman, PhD**

Senior Research Associate  
Institute for the Future of Aging Services American  
Association of Homes and Services for the Aging  
Washington, D.C.

**Sandra J. Higelin, MSN, RN, CNS,  
CWCN, CLNC**

**Lisa Hutchison, PharmD, MPH,  
BCPS, FCCP**

Associate Professor of Pharmacy Practice  
University of Arkansas for Medical Sciences  
Little Rock, Arkansas

**Donald D. Kautz, RN, PhD, CRRN, CNE**

Assistant Professor of Nursing  
University of North Carolina at Greensboro  
Greensboro, North Carolina

**Annette Kelly, PhD, ARNP**

Nursing Research Consultant  
Adjunct Faculty  
School of Nursing & Health Sciences  
Florida Southern College  
Lakeland, Florida

**Mary Alice Kothe, MSN, RN, LNCC**

Faculty  
Western Governors University

**Luana S. Krieger-Blake, MSW, LCSW**

Social Worker  
Pines Village Retirement Community  
Valparaiso, Indiana

**Cheryl Kruschke, EdD, MS, RN, CNE**

Assistant Professor, Online Nursing  
Program  
Loretto Heights School of Nursing  
Regis University  
Denver, Colorado

**Jean W. Lange, PhD, RN, FAAN**

Founding Dean and Professor  
School of Nursing  
Quinnipiac University  
Hamden, Connecticut

**Ashley Leak, PhD, RN-BC, OCN**

Cancer Care Quality Training Post Doctoral  
Fellow

Gillings School of Global Public Health  
Department of Health Policy and Management  
Adjunct Assistant Professor, School of Nursing  
The University of North Carolina at  
Chapel Hill  
Chapel Hill, North Carolina

**Raeann G. LeBlanc, DNP, ANP-BC, GNP-BC**

Assistant Clinical Professor  
School of Nursing  
University of Massachusetts Amherst  
Amherst, Massachusetts

**Cheryl A. Lehman, PhD, RN, CNS-BC, RN-BC,  
CRRN**

Clinical Associate Professor  
The University of Texas Health Science Center, San  
Antonio  
School of Nursing  
Department of Health Restoration and Care Systems  
Management  
San Antonio, Texas

**Mary Beth Lochner, RN, DNP, FNP-C**

Gerontologist – Owner and Chief Clinician  
Journeys Health Clinic at the Voyager Resort  
Tucson, Arizona  
Adjunct Clinical Professor, College of Nursing  
The University of Arizona

**Patrick Luib, GNP-BC, RN**

Manager  
Geriatric Clinical Services  
Visiting Nurse Service of New York

**Kristen L. Mauk, PhD, DNP, RN, CRRN,  
GCNS-BC, GNP-BC, FAAN**

Professor of Nursing  
Kreft Endowed Chair

Valparaiso University  
President  
Senior Care Central, LLC  
Valparaiso, Indiana

**Kerry Mees, BA**

Graduate Student, SLP  
University of Kansas  
Lawrence, Kansas

**Michelle Moccia, MSN, ANP-BC, CCRN**

Program Director, Senior ER  
St. Mary Mercy Hospital  
Livonia, Michigan

**Joan Nelson, RN, MS, DNP**

Associate Professor  
University of Colorado Denver  
College of Nursing  
Denver, Colorado

**Carole A. Pepa, PhD, RN**

Professor of Nursing  
Valparaiso University  
Valparaiso, Indiana

**Linda L. Pierce, PhD, RN, CNS, CRRN, FAHA,  
FAAN**

Professor  
College of Nursing  
University of Toledo  
Toledo, Ohio

**Karen M. Rose, PhD, RN**

Assistant Professor of Nursing  
University of Virginia  
Charlottesville, Virginia

**Susan Saboe Rose, PhD, PMHNP-BC, GCNS-BC,  
ARNP**

Legacy Medical Group  
Portland, Oregon

**Beth Scaglione Sewell, PhD**

Associate Professor of Biology  
Valparaiso University  
Valparaiso, Indiana

**Christine E. Schwartzkopf, MSN, RN, CRRN**

Nursing Instructor  
Dayton VAMC  
Dayton, Ohio

**MaryAnne Pietraniec Shannon, PhD, RN,  
GCNS-BC**

Professor of Nursing  
Sault College BScN Collaborative with  
Laurentian University  
Sault Ste. Marie, Ontario, Canada

**Jeanne St. Pierre, MN, RN, GCNS-BC**

Gerontological Clinical Nurse Specialist  
NICHE Program Coordinator  
Fellow, Geriatric Nursing Leadership Academy  
Salem Hospital  
Salem, Oregon

**Victoria Steiner, PhD**

Associate Professor  
College of Medicine  
University of Toledo  
Toledo, Ohio

**Kathleen Stevens, PhD, RN, CRRN, NE-BC**

Director of Nursing Education  
Rehabilitation Institute of Chicago  
Assistant Professor  
Northwestern University, Feinberg School of  
Medicine  
Chicago, Illinois

**Deborah M. Strickland, MSN, RN**

PhD Student, West Virginia University  
Faculty  
Penn State New Kensington Campus

**Marilyn Ter Maat, MSN, CRRN-A, NEA, BC,  
FNGNA**

Rehabilitation Nurse Consultant  
Windcrest, Texas

**Prudence Twigg, PhDc, RN, ANP-BC,  
GNP-BC**

Visiting Lecturer  
Department of Family Health  
Indiana University School of Nursing at  
Indianapolis  
Gerontological Nurse Practitioner  
Advanced Healthcare Associates  
Indianapolis, Indiana

**Brenda Tyczkowski, RN, DNP**

University of Wisconsin – Green Bay  
Professional Program in Nursing  
Assistant Professor  
Academic Director – Health Information  
Management Technology (HIMT)

**Kathleen Urban, MS, BSN, CRRN, CCM**

Director, Rehabilitation Services  
Nursing Administration, Nursing Safety Officer  
Garden City Hospital  
Garden City, Michigan

**Karion Gray Waites, MSN, DNP, RN, FNP-BC,  
CRRN**

Nurse Practitioner  
Department of Physical Medicine and  
Rehabilitation  
Department of Rehabilitation Nursing  
University of Alabama at Birmingham Hospital  
Birmingham, Alabama

**Kristine Williams, RN, PhD, FNP-BC, FGSA,  
FAAN**

Sally Mathis Hartwig Professor in Gerontological  
Nursing  
Iowa City, Iowa



**Patricia Warring, RN, MSN, ACHPN**

Clinical Nurse Specialist

VNA of Porter County

Valparaiso, Indiana

**Andrea Wirt, RN, MSN, GNP-C**

Geriatric Nurse Practitioner

Department of Geriatrics

University of Texas Medical Branch

Galveston, Texas

**Deanne Zwicker, DrNP, ANP/GNP- BC**

Assistant Professor

George Mason University School of

Nursing

Manassas, Virginia



# REVIEWERS

**Helen Brantley, PhD**

Associate Professor  
South Carolina State University  
Orangeburg, SC

**Julie Britton RN-BC, MSN, GCNS, FGNA**

Genesis HealthCare

**Glenda C. Broad, MSN, RN**

Adjunct Instructor  
Lancaster General College of Nursing and  
Health Sciences

**Kathryn M. Cacic, DNP, APNP, RN, ANP-BC,  
CCRN**

Nurse Practitioner  
Clinical Research – University of Wisconsin

**Dia D. Campbell-Detrixhe, PhD, RN,  
FNGNA, CNE**

Assistant Professor of Nursing  
Oklahoma City University, Kramer School of  
Nursing

**Brenda Y. Cartwright, EdD, CRC, NCC, MHC**

Professor and Program Director  
University of Hawaii at Manoa

**Cassandra Sligh Conway, PhD,  
CRC, GCDF**

Chair/Associate Professor,  
South Carolina State University  
Orangeburg, SC

**Charles W. Ewing, PhD, CLAS, CHES**

University of North Texas, Department of  
Sociology/Gerontology

**Kay Foland, PhD, RN, PMHNP-BC**

Professor  
South Dakota State University

**Rita Gilpatrick, MSN, FNP-BC**

Clinical Service Manger  
Nurse Practitioner  
Evercare/Optum Health

**Johannah Uriri Glover, PhD, MSN,  
MNSc, RN**

Arizona State University College of Nursing &  
Health Innovation  
Clinical Associate Professor/Core Director  
of the ASU College of Nursing John  
Hartford Center for Nursing Excellence  
Integration Core

**Kathleen Hall, PhD, RN**

Clinical Instructor  
University of Vermont College of Nursing and  
Health Sciences

**Barbara A. Heise, PhD, APRN, BC, CNE**

Brigham Young University  
College of Nursing

**Ann Kriebel-Gasparro, MSN, FNP-BC, GNP-BC,  
DrNP-c**

**Constance Lemley, MSN, RN, GCNS-BC**

Adjunct Assistant Professor  
Valparaiso University College of  
Nursing

**Catherine T. Milne, MSN, APRN, ANP/ACNS-BC,  
CWOCN**

Connecticut Clinical Nursing Associates, LLC  
Bristol, Connecticut

**Linda Miles, MSN, RN**

Program Director for Center for Excellence in  
Gerontological Studies; Assistant Professor  
Bryan College of Health Sciences

**Linda Murphy, MSN, RN-BC, ONC**

Associate Professor of Nursing  
College of the Desert

**Nancy Rowe, PhD, RN, CNS**

Assistant Professor  
Retired from Mount Carmel College of  
Nursing

**Karen R. Rue, RNC, MBA**

Gerontology Nurse, Certified  
Hailind Consulting

**James Siberski, MS, CMC**

Assistant Professor  
Misericordia University

**Frances Sparti, DNP, APRN**

Associate Professor  
UALR DON

**Gail Vitale, EdD, RN, CNS**

Associate Professor  
College of Nursing and Health Professions  
Lewis University  
One University Parkway  
Romeoville, IL

**Kimberly Walker-Daniels, RN, BSN, RN-BC,  
CMSRN, WCC**

**Marjorie G. Webb, DNP, RN, ACNP-BC**

Associate Professor  
Metropolitan State University

**Teresa A. Wenner, MSN, RN-BC**

Instructor of Nursing  
DeSales University  
Center Valley, Pennsylvania

**Ellen Zisholtz**

Director/Professor  
South Carolina State University  
Orangeburg, SC

# 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

www

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

www

Ageism

Attitudes

Certification

Core competencies

Geriatrics

Gerontological nursing

Gerontological rehabilitation nursing

Gerontology

Gerocompetencies



# Chapter 1

[Competencies 1, 19]

## Introduction to Gerontological Nursing

Deborah Conley  
Jeanne St. Pierre

### 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