Recognize the many facets of gerontological nursing

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Article:

Fact: Older adults influence hospital environments. This patient population is now the predominant recipient of services in all healthcare settings—50% of hospital patients, 70% of home care patients, and 90% of ambulatory patients.1 Patients over age 65 account for 48% of critical care unit admissions and more than 50% of critical care days.2 Hospitalized older patients use more resources and have higher charges and longer stays, accounting for up to 70% of cost outliers.[3,4]

Nurse leaders of hospital units with high percentages of patients over 65 years of age face numerous challenges, including personnel, organizational structure, and regulatory requirements. There's little information, however, on management issues in hospital units that aren't designated specifically for older adults.

Unique nursing needs

Hospital units that consider children their "core business" often support, and sometimes require, national certification for registered nurses in pediatric specialties; ensure adherence to national scopes and standards for pediatric nursing care; and meet Magnet or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements for staff competence in the care of pediatric patients. Yet when older adults are the "core business" of a hospital unit, there's usually no requirement for gerontological/geriatric certification for nursing staff, no adherence to national scopes and standards for care of older adults, and no consideration of Magnet or JCAHO requirements for staff competence in the care of older adults ("age-specific competencies").[5]

Nevertheless, hospitalized older adult patients have unique nursing needs. Admission to an acute care hospital doesn't necessarily improve older patients' health status; often the goal of treatment for geriatric patients is to maintain function or slow the decline of functional consequences of chronic health problems, rather than restore older patients to previous levels of health or better. This difference is significant in the philosophy of care for nursing staff who are accustomed to "making somebody well."

Older patients also frequently present with ambiguous illness symptoms. For example, an older person with pneumonia or urinary tract infection may not have the elevated temperature or changes in laboratory values that would be seen in younger adult patients. Because of age-related changes in the immune system, the only symptom of infection may be a change in mental status.

In addition to acute problems that prompt hospitalization, older patients are often dealing with chronic health problems such as arthritis, diabetes, hearing and vision problems, hypertension, and cardiovascular disease. Comorbid conditions can complicate treatment and recovery, increasing length of stay and leading to hospital charges that fall outside the established payment scale. Further, because of age-related physiological changes, older patients have fewer energy reserves and unpredictable responses to medical and nursing interventions. They're at greater risk for problems related to safety, acute confusional states, and iatrogenesis.[6]

Additionally, older patients' psychological responses to unfamiliar hospital environments and routines differ from those of younger patients. Older patients often view hospitalization as a loss of personal control and independence, fearing that this acute incident will result in their becoming a burden on their families, being admitted to a nursing home, or approaching dementia and death.

Current gaps in nursing preparation

Because older patients are admitted to hospitals with acute care events that are superimposed on chronic illnesses, age-related changes, and impaired functional status, they require knowledgeable, individualized nursing care. However, the current nursing workforce is inadequately prepared to give best care to older adult patients because they've had limited preparation in geriatric nursing. In 2003, approximately one-third of baccalaureate nursing programs offered a stand-alone required course in geriatrics.[7] Currently, of the 2.2 million practicing registered nurses, fewer than 1% hold professional recognition in gerontological nursing. Fewer than 4,200 master's-prepared advanced practice nurses are certified in a gerontology specialty, and that percentage has actually decreased since 2002.[8]

Older adults admitted to acute care settings often face stereotypic attitudes about characteristics and needs of older patients. Nurses are part of a Western culture that values youth and independence, and many hold the mistaken belief that to be old is to be sick with significant, time-consuming nursing needs. Acute care nurses often don't recognize that major accomplishments for hospitalized older patients are improved pain control, better management of chronic conditions, and minor functional improvements.

The knowledge and skills necessary to provide age-appropriate care to hospitalized older adults include knowledge of normal aging; assessment skills specific to the geriatric population; excellent communication skills for interacting with older people who have sensory changes and disease-compromised communication problems; recognition of realistic outcomes of interventions; and insight into values and beliefs about aging.

Shortcomings of acute care settings

Few acute care hospitals provide environments that adequately address the needs of hospitalized older patients. Hospital systems are highly technical environments focused on cure of disease based on a biomedical model. But effective care of hospitalized older adults focuses on management of diseases within a functional model, where the main goal may be symptom management.[9] Acute care environments that don't address the medical and functional needs of older patients are dangerous places for these adults, who are vulnerable to higher morbidity and mortality than younger patients.[10]

“Acute care for elders” units are dedicated hospital-based areas designed with special attention to the needs of older patients, including appropriate physical environments and staff education. Hospital-based or freestanding subacute units provide interventions to avoid or shorten expensive stays and are usually dedicated to a specific disease process, such as dementia. Another innovation to improve quality of care to geriatric patients is the hospital-based geriatric nurse case leader.[10] However, most hospital units don't have the luxury of offering these innovations.

So, where do leaders in regular units find guidance to cope with the overwhelming number of geriatric patients? To guide practice, the American Nurses Association offers Scope and Standards for Nurse Administrators and Scope and Standards of Gerontological Nursing Practice.[11,12] The American Association of Colleges of Nursing and The John A. Hartford Institute for Geriatric Nursing have identified critical competencies necessary to provide high quality nursing care to older adults and their families.[13] Acute care nurse leaders can use these standards to create a unit culture that's appropriate for elderly patients and ensure that nursing staff are prepared to provide the highest quality care to elderly patients.

Appropriate unit culture

Nurse leaders need to ensure that nursing care is delivered in a safe environment that's appropriate for their

elderly patient population. The design characteristics of hospital environments support health professionals but challenge and sometimes overwhelm older patients who have sensory and functional impairments. For example, beds are often at higher-than-normal distances from the floor to reduce strain on caregivers' backs; the environment is dominated by alarms, beepers, pages, and housekeeping activities rather than by human voices; and visual stimuli are primarily pieces of highly technical medical equipment such as cardiac monitors and oxygen and suction units. Nurse leaders can modify acute care environments to promote independence and prevent functional decline. Changes that can be made quickly include:

- increased lighting during the day and night; lights from dusk until dawn
- calendars and clocks in patient rooms
- sensory assistive devices, e.g., eye glasses, magnifiers, and hearing aids available and working well
- favorite programs on TV and radio
- medical equipment placed out of direct sight and sound
- floor space clear of obstructions
- signage that identifies bathrooms, closets, and lounge areas
- sturdy, stable furniture with arm rests
- nonslippery surfaces
- personal care items in reach.

These changes, which are well within the purview of nurse leaders, will facilitate nursing care delivery and may decrease falls and restraint use in acute care units.

Nurse leaders organize geriatric patient care through consideration of the characteristics of patients, the nursing tasks required, the level of expertise required, the optimal nursing personnel to perform these tasks, and coordinating older adult patient care needs with several other disciplines. Core members of a geriatric multidisciplinary team are nurse leaders, caregivers, case managers and staff educators; a physician geriatrician; and a geriatric social worker. Ideally, pharmacy, nutrition, physical and occupational therapy, and chaplaincy disciplines would participate. Geriatric multidisciplinary collaboration can result in improved quality of care, better-coordinated care, clarification of ethical issues, elimination of unnecessary treatments, and earlier discharge.[14]

Nursing personnel and practice

Standards of practice for gerontological nurse leaders include consideration of needs of the aging population in the recruitment, selection, and retention of nursing personnel. Nurse leaders in units with high percentages of geriatric patients need to provide an appropriate orientation of nursing personnel, and education, credentialing, and continuing development. The closer the fit between nurses' expectations and actual experiences, the greater the chance that nurses will be satisfied and the unit stable.

An interview for a nurse applying to a unit with a high percentage of older patients might include questions about experience working with older patients, education in geriatric nursing, and professional goals related to care of older adults. Case scenarios are particularly useful for determining willingness and motivation to work with older patients, attitudes toward geriatric nursing care, and ability to problem-solve elder care challenges.

For example, a scenario focusing on pain management provides an opportunity for applicants to demonstrate knowledge of physiological and psychological issues for older patients, decision-making ability, and a positive attitude toward aging. Nurse leaders need to screen applicants for the knowledge and skills needed to care for older patients, such as assessment skills specific to geriatric patients, appropriate diagnoses and outcomes, and strategies to prevent functional decline and promote independence. Orientation to the unit should emphasize values related to aging, geriatrics as a valued nursing specialty, and policies and procedures specific to older patients.

Managers shouldn't assume that experienced nurses have the attitudes and skills expected of geriatric nurses. Geriatric nursing is a relatively new specialty, and the attributes needed to effectively and efficiently care for geriatric patients differ from those expected for younger patients. Nursing strategies that have been successful with younger patients aren't often effective with geriatric patients. Nurses who display anger and frustration when caring for older patients may be demonstrating role stress/ strain.15

In addition to dealing with sources of stress in current hospital settings, such as unpredictable staffing levels, work overload, and crises management, experienced nurses feel pressures resulting from problems concerning confidence and competence in providing quality care to a geriatric patient population. Nurse leaders can provide experienced nurses with special attention as they socialize to geriatric nursing.

Difficulties with “resocialization” to gerontological nursing usually center around unclear role expectations, perceived inability to meet job expectations, or deficiencies in motivation. By clarifying organizational values and role expectations about geriatric best practices, managers are able to create a homogeneous staff. Nurse leaders can collaborate with nurses to create professional development plans that will modify and expand their attitudes, emotions, values, motivation, skills, and knowledge in caring for older patients. Take responsibility for making maximal use of resources to support the nurses' plan. Nurse leaders can work with staff development to identify knowledge deficits, provide training to meet educational needs, provide relevant learning materials, and evaluate outcomes. Geriatric resource nurses or advanced practice geriatric nurses can clarify geriatric best nursing practices by demonstrating appropriate skills and social interactions.

Nurse leaders can maintain a positive and enthusiastic image as role models for geriatric nursing care. Communicate to nursing staff that opportunities to experience challenges and self-growth make nursing practice exciting. Creating a community with nursing staff, geriatric patients, and their families will promote enthusiasm and positive attitudes among nursing staff. Community-building strategies with nursing staff might include sharing art and literature about aging, displaying personal photos of older patients, starting a collage of materials reflecting aging issues among staff, or encouraging storytelling about experiences with older adult patients. Finally, a motivating manager recognizes that caring for older patients can be difficult and frustrating. Nurse leaders can provide nurses a safe environment to ventilate frustrations, while listening attentively to identify unmet needs that can affect nurses' progress toward expertise in geriatric nursing.

Nurse leaders are responsible for determining how well nurses apply principles of geriatric nursing best practices through performance appraisals. Performance appraisal can be an important tool for nurse leaders to develop and motivate nursing staff to enhance knowledge and skills in geriatric nursing care, using the nurses' professional development plan as the standard. Frequent informal work performance appraisals are an important management function and provide opportunities to use appropriate coaching techniques to promote nurses' growth in actual performance with older adults and their families.

Policies and procedures

To sustain an acute care environment that's conducive to older adults, nurse leaders should develop policies and procedures that guide the delivery of quality care for this population. Policies and procedures governing architectural design, equipment purchases, staff selection and advancement, and delivery and evaluation of care for the older adult should be well articulated to guide unit management and practice. These guidelines

should be readily available to multidisciplinary team members who care for the older adult. The use of multimedia technology such as television, computers, or computer assistive devices to display policies and procedures in the patient's room allows the care delivery team and older patients to view these together. Policies and procedures that are carefully designed and implemented should protect older patients and the care delivery team from deviations in care that could result in allegations of intentional torts such as assault and battery, as well as non-intentional torts resulting from negligence. Current standards of gerontological care should be used to update policies and procedures on a regular basis. Input from older adult consumers of care and their families is valuable in the evaluation process.

Careful consideration

Nurse leaders of acute care units have a critical role in addressing the management of quality care for older adults. Unique attributes of older adults, healthcare personnel, the environment, and interventions must be considered to maintain quality care for this population in acute care settings. As the older adult population of acute care patients continues to grow, so will the demand for well-prepared nurse leaders who can meet their complex and unique needs.

REFERENCES

1. Bernstein A. Health Care in America: Trends in Utilization. Hyattsville, Md: U.S. Department of Health and Human Services Publication no. 2004–1031:03–0357; Centers for Disease Control and Prevention; National Center for Health Statistics; 2004.
2. O'Neill G, Barry PP. Training physicians in geriatric care: responding to critical need. Public Policy and Aging Report. 2003;13 (2):17–21.
3. Scott J, Rantz M. Managing chronically ill older people in the midst of the health care revolution. Nurs Adm Q. 1997; 21(2):55–64. HTML Full Text Request Permissions
4. Tucker D, DiRico L. Managing costly Medicare patients in the hospital. Geriatr Nurs. 2003;24(5):294–297. HTML Full Text
5. Mezey M. National Gerontological Nursing Association. Palette of Nurses Contribution to the Care of Older Adults. Paper presented at: Annual meeting of National Gerontological Nursing Association; Las Vegas. 2004. Available at: http://www.geronurseonline.org/uploaded_documents/NGNASlides.pdf. Accessed July, 25, 2005.

6. Huckstadt AA. The experience of hospitalized elderly patients. J Gerontol Nurs. 2002;28(9):25–29. HTML Full Text [Context Link]
7. Berman A, Mezey M, Kobayashi M, et al. Gerontological nursing content in baccalaureate nursing programs: comparison of findings from 1997 and 2003. J Prof Nurs. 2005;21(5):268–275. HTML Full Text [Context Link]
8. Bednash G, Fagin C, Mezey M. Geriatric content in nursing programs: a wake-up call. Nurs Outlook. 2003;51(4):149–150. [Context Link]
9. Lueckenotte AG. Overview of gerontologic nursing. In: Lueckenotte AG, ed. Gerontologic Nursing. St. Louis, Mo: Mosby; 2000: 1–19. [Context Link]
10. Vosylius S, Sipylaite J, Ivaskevicius J. Determinants of outcome in elderly patients admitted to the intensive care unit. Age Ageing. 2005;34(2):157–162. [Context Link]
11. American Nurses Association. Scope and Standards for Nurse Administrators. 2nd ed. Silver Spring, Md: American Nurses Association; 2004. Publication no. 03SSNA. [Context Link]
12. American Nurses Association. Scope and Standards of Gerontological Nursing Practice. 2nd ed. Silver Spring, Md: American Nurses Association; 2001. Publication no. GNP31. [Context Link]
13. American Association of Colleges of Nursing, The John A. Hartford Institute for Geriatric Nursing. Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care. Washington, DC: American Association of Colleges of Nursing; 2000. [Context Link]
14. Cohen HJ, Feussner JR, Weinberger M, et al. A controlled trial of inpatient and outpatient geriatric evaluation and management. N Engl J Med. 2002;346(12):905–912. HTML Full Text [Context Link]
15. Lambert VA, Lambert CE. Literature review of role stress/strain on nurses: an international perspective. Nurs Health Sci. 2001;3(3):161–172. [Context Link]

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