Gerontological Nursing
2nd edition

Scope and Standards of Practice

ANA
AMERICAN NURSES ASSOCIATION

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The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 4 million registered nurses through its constituent/state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public.

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About the American Nurses Association

The American Nurses Association (ANA) is the premier organization representing the interests of the nation's 4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on healthcare issues that affect nurses and the public. ANA is at the forefront of improving the quality of healthcare for all. For more about ANA, go to http://www.nursingworld.org/.

About ANA's Specialty Nursing Standards

Since the late 1990s, ANA has partnered with other nursing organizations to establish a formal process for recognition of specialty areas of nursing practice. This includes the criteria for approving the specialty itself and the scope statement, and an acknowledgment by ANA of the standards of practice for that specialty. Because of the significant changes in the evolving nursing and

healthcare environments, ANA's approval of specialty nursing scope statements and its acknowledgment of specialty standards of practice remain valid for 5 years, starting from the publication date of the documents.

Readership

The primary readership of the *Gerontological Nursing: Scope and Standards of Practice, Second Edition* [American Nurses Association (ANA), 2019] consists of registered nurses (RNs), including advanced practice registered nurses (APRNs) and other RNs prepared at the graduate level, working with older adults in a multitude of roles and across varying settings. Students, administrators, educators, researchers, interprofessional colleagues, agencies, and organizations will find this an invaluable reference.

Legislators, regulators, legal counsel, and the judiciary system will also want to examine this nursing specialty scope of practice statement and accompanying standards of practice and professional performance. In addition, older adults, families, formal and informal carers, communities, populations, and other stakeholders can use this document to better understand and value gerontological nurses, their expertise, and commitment to their practice.

Scope of Gerontological Nursing Practice

Introduction

The scope of gerontological nursing practice describes the "who," "what," "where," "when," "why," and "how" of gerontological nursing practice and is presented via a comprehensive, holistic approach characteristic of experienced gerontological nurses. Each of these questions must be answered to provide a complete picture of the dynamic and complex practice of gerontological nursing and its evolving boundaries and membership.

The global population is aging with people living longer and with multiple chronic conditions. It is a new era for turning the page from dependency and critical illness. Today's focus is on wellness, health promotion, prevention of illness and injury, as well as keeping older adults physically and mentally healthy, functional, as independent as possible, and with optimal quality of life. The "who" community for gerontological nursing practice is described as resilient older adults.

Caregiving is addressed in the context of person- and family-centered care of older adults. Gerontological registered nurses (RNs), graduate-level prepared registered nurses, and advanced practice registered nurses (APRNs) comprise the professional nursing "who" constituency and have been educated, have been titled, and maintain active licensure and certification to practice gerontological nursing.

Gerontological nursing occurs "when" ever there is a need for gerontological nursing knowledge, wisdom, caring, leadership, practice, or education, anytime, anywhere. The definition of gerontological nursing provides a succinct characterization of the "what" of gerontological nursing practice. Gerontological nursing occurs in any environment "where" there is an older adult in need of information, care, support, empowerment, or advocacy with relevance across all settings.

The "how" of gerontological nursing practice is defined as the ways, means, methods, and manners with which gerontological nurses practice professionally. The "how" of gerontological nursing is supported by addressing the need for educating the workforce on knowledge, skills, abilities, attitudes, and competence to care for this aging population.

The "why" is characterized as gerontological nursing's response and commitment to the changing needs of society to achieve positive older adult health outcomes. *The Code of Ethics for Nurses With Interpretive Statements* (ANA, 2015) helps define the "why."

Description of Gerontological Nursing

Gerontological nursing is an evidence-based nursing specialty practice that addresses the unique physiological, social, psychological, developmental, economic, cultural, spiritual, and advocacy needs of older adults. Gerontological nursing focuses on the process of aging and the protection, promotion, restoration, and optimization of health and function; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of older adults, carers, families, groups, communities, and populations.

Gerontological nurses, as experts on aging, provide and promote individualized, person-centered, and holistic care of older adults. Gerontological nurses promote quality of life, wellness, autonomy, self-management, shared decision-making, optimal functioning, and comfort from healthy aging to the end of life. Gerontological nurses collaborate with older adults, families, carers, groups, communities, populations, and other stakeholders and lead interprofessional teams in the specialized care of older adults.

Definitions

The following definitions are provided to promote clarity and understanding for all readers:

Advanced practice registered nurses (APRNs) are registered nurses who have completed preparation through an accredited graduate-level education program and hold licensure for one of the four recognized APRN roles of certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP). Completion of additional education, certification, and practice requirements are required for specialization in gerontological nursing.

Carers are the family members, significant others, and friends, including paid or unpaid individuals, who are administering care to the older adult. There are varying definitions of caregiving and carer. In the United States, informal and formal caregiving are the common terms. The International Alliance of Carer Organizations (IACO) uses the terms caregiver, carer, or family caregiver interchangeably. The IACO definition is "an unpaid individual, such as a family member, neighbor, friend or other significant individual who takes on a caring

role to support someone with a diminishing physical ability, a debilitating cognitive condition or a chronic life-limiting illness," (IACO, 2017). Carers Trust defines a carer as "anyone who cares, unpaid, for a friend or family member due to illness, disability, a mental health problem or an addiction and cannot cope without their support" (Carers Trust, 2017).

Gerontological nurses are registered nurses who are experts on aging and provide and promote individualized, person-centered, and holistic care of older adults. Gerontological nurses promote quality of life, wellness, autonomy, self-management, optimal functioning, and comfort from healthy aging to end of life. Gerontological nurses collaborate with older adults, families, carers, groups, communities, populations, and other stakeholders, and lead interprofessional teams in the specialized care of older adults.

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Graduate-level prepared registered nurses are registered nurses prepared at the master's or doctoral educational level; have advanced knowledge, skills, abilities, and judgment; function in an advanced level as designated by elements of the gerontological nurse's position; and are not required to have additional regulatory oversight. For example, gerontological nursing administrators, clinical researchers, consultants, and educators fit this categorization.

Healthcare consumers are the older adults, carers, families, groups, communities, and populations who are the focus of attention and to whom the gerontological registered nurse provides care and services.

Older adults include individuals, groups, communities, and populations identified in a continuum as the young old (55–74 years old), old-old (75–84 years old), and the oldest-old (85 years and older) (Whitman & Shoffner, 2013). By 2050, the oldest-old subcategory is projected to exceed the number of beneficiaries aged 60 and older (Whitman & Shoffner, 2013).

History and Evolution of Gerontological Nursing as a Specialty Practice

The history of gerontological nursing is a proud and fascinating journey. In the beginning, the care of older adults with compromised health conditions was

primarily delegated to the nursing profession. Gerontological nurses have long cared for older adults navigating the tortuous course of chronic illnesses and, in so doing, have contributed to longer life expectancies of older adults. Gerontological nurses have supported older adults in their fight for optimal functioning and autonomy. The new age of health and wellness promotion enables gerontological nurses to celebrate the resiliency of older adults and longer lifespans.

1800s

Improving the quality of life and lowering healthcare costs for older adults had its beginnings with Florence Nightingale and Agnes Jones during the 1800s in England. Florence Nightingale, the first gerontological nurse, specialized in nonpharmacological interventions and allowed the body its own freedom to heal and to age. Nightingale pioneered the holistic approach toward patient care and advocacy and care for the environment that is foundational to gerontological nursing.

Early 1900s

Life expectancy in the 1900s was approximately 47 years. During this time, older adults received care provided by family members. From 1800 to the 1930s, almshouses were a common healthcare delivery setting for older adults and other populations living in poverty that created separation of these individuals from society. It was during this time that Lavinia Dock, a nurse, and Carolyn Crane, a social activist, found themselves attending to the chronic illnesses of older adults.

1930s–1940s

During the 1930s, almshouses became nursing homes and, with the passing of the Social Security Act in 1935, older adults could receive care funded through old age insurance and public assistance. There was no regulation of care, and the number of professional nurses was low. However, this changed in the 1940s when public health nurses conducted inspections, identified deficiencies in nursing homes, and made these evaluations available to the public. During this time, rehabilitation of older adults was emphasized.

1950s

In 1950, Newton and Anderson wrote the first book on nursing care of older adults. The first research article was published on chronic disease and the elderly in the generic issue of *Nursing Research* in 1952. The number of nursing homes began increasing in the 1950s, and the 1960 Kerr–Mills Medical Assistance to the Aged Act provided direct payment to care providers.

1960s

The first standards for gerontological nursing practice were developed by the ANA Gerontology Division in the early 1960s. ANA certification for gerontology nurses as generalists followed, and much later, certification became available to CNSs and NPs who had been prepared through master's and doctoral education in gerontological nursing.

Numerous policy changes occurred during the 1960s and 1970s, in part as a result of increased government involvement, research, and the growing numbers of older adults. By 1961, 15 million Americans were older than 65, and life expectancy was approaching 70 and beyond. Medicare and Medicaid programs were established in 1965 by Titles 18 and 19 of the Social Security Act. Significant changes in the delivery of healthcare services for hospital care resulted from the implementation of diagnosis-related groups (DRGs) and the subsequent reimbursement methodologies. Home health agencies and long-term care facilities were not exempt from the trickle-down impact of such healthcare system changes.

The Older Americans Act, passed by Congress in 1965, became a cornerstone in improving quality of life for older adults and significantly influenced gerontological nursing education, an influence that continues. Because of policymakers' concern for lack of community planning and social services for the aging population, this legislation established authority for state grants for community planning and social services, research and development projects, and personnel training in the field of aging. The resulting Administration on Aging (AoA) was created in the Department of Health and Human Services Administration to administer the grant programs and serve as the federal agency for matters concerning older persons. In 2012, the Administration for Community Living was established and brought together the AoA and the Administration on Developmental Disabilities (https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act).

At Duke University School of Nursing, Virginia Stone (1966) developed the first master's degree program in gerontological nursing specific to the role of CNSs. The first master's degree program in gerontological nursing for NPs occurred in 1966 at the University of Massachusetts Lowell.

1970s

With federal funding from the U.S. Department of Health, Education, and Welfare, the 1970s brought about the expansion of programs in nursing schools for gerontological NPs and CNSs to place greater focus on advanced practice nursing care of older adults. In 1972, gerontological nurse, Barbara Resnick, and other nurse leaders, including Madeline Leininger, Hildegard Peplau, and Faye Abdellah, participated in a task force to provide some of the first formal recommendations to the Institute of Medicine on interprofessional practice (IOM, 1972).

1980s

During the 1980s, the National Institute of Mental Health (NIMH) supported minority nurses through an ANA educational program, with some trainees focused on geropsychiatric nursing. Concern for cultural beliefs and health and aging issues, particularly among ethnic and racial minorities and immigrant older adults, led to the development of postgraduate fellowships in ethnogeriatrics in 1988. For example, the Stanford Geriatric Education Center program enabled nurse educators, nurses at the pre- and postdoctoral levels, and APRNs to infuse the newly acquired knowledge and skills into their roles and responsibilities (http://sgec.stanford.edu/). Ethnogeriatrics served to enhance the education, research, and practice of transcultural nursing, particularly in regard to the national goal of eliminating health disparities.

1990s

Undergraduate gerontological nursing and specialty preparation garnered national attention. The Robert Wood Johnson Teaching Nursing Home Programs, along with Kellogg Foundation funding, provided a national focus on quality long-term care by linking nursing homes with academic nursing programs.

In 1996, The John A. Hartford Foundation (JAHF) funded the Hartford Institute for Geriatric Nursing (HIGN) at New York University (NYU) Rory Meyers College of Nursing for 10 years support for curriculum reform and development of academic centers of excellence in gerontological nursing. The HIGN enhanced the care of older adults through innovations in nursing practice, education, research, leadership, and policy. The infusion of evidence-based practice in the clinical care of older adults became a vital component in nursing education and in all healthcare facilities. HIGN is recognized around the globe for its online resources, which assist students, faculty, and practicing professionals in providing evidence-based care. Additional support for pre- and postdoctoral education in gerontological nursing created Centers of Gerontological Nursing Excellence (CGNE). See https://www.nhcgne.org/resources for a compilation of resources.

Early 2000s

One of The JAHF's program grants awarded to the American Academy of Nursing (AAN) established the Building Academic Geriatric Nursing Capacity (BAGNC) program, a coordinating center for a new program to build gerontological nursing capacity (2000–2016). BAGNC's focus provided support for The John A. Hartford (JAH) Scholars Program for predoctoral and postdoctoral scholars. An annual Leadership Conference was held and provided coordination for the newly created Hartford Centers of Gerontological Nursing (HCGNE). The original five HCGNEs included schools of nursing at University of Arkansas for Medical Sciences, University of Pennsylvania, Oregon Health

Sciences University, University of Iowa, and University of California at San Francisco. In 2007, The JAHF endorsed the establishment of four new centers at schools of nursing at Arizona State University, Pennsylvania State University, University of Minnesota, and University of Utah. The JAHF provided $80 million in focused support for gerontological nursing faculty and workforce development.

In 2002, under the umbrella and management of the AAN BAGNC Coordinating Center, seven schools were selected to participate in the Hartford Nursing School Geriatric Investment Program (NSGIP) to jump-start existing gerontological endeavors at the schools and improve academic training ad research resources. Schools of nursing receiving the 3 years of funding included Case Western Reserve University, University of Michigan, University of Minnesota, University of North Carolina, University of Rochester, University of Texas—Houston, and University of Washington.

In 2002, the Nurse Competency in Aging (NCA) project was launched to increase the knowledge and skills of RNs in specialty areas to deliver appropriate and science-based care to older adults. In 2004, Atlantic Philanthropies committed resources to post-doctoral fellowships in gerontological nursing. In addition, the Atlantic Philanthropies funded a 5-year initiative awarded to the ANA through the American Nurses Foundation (ANF) and resulted in a strategic alliance comprised of ANA, the American Nurses Credentialing Center (ANCC), and HIGN. The goals were to a) enhance gerontological activities of national specialty nursing associations; b) promote gerontological nursing certification; and c) provide a web-based comprehensive gerontological nursing resource center (Mezey, Stierle, Huba, & Esterson, 2007).

Building on the work of the NCA project, the HIGN supported the Resourcefully Enhancing Aging in Specialty Nursing (REASN) project to move to a new and higher level of engagement in geriatric/gerontologic care. The overall goal of the REASN project was to deepen the involvement of specialty nursing associations in improving nursing competencies in providing optimal care to older adults (Touhy, 2016, p. 18).

In 2008, a workgroup composed of representatives of advanced practice and professional nursing organizations and APRN certification organizations, in collaboration with the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee, released the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education* (APRN Consensus Model). The aim of the Consensus Model was to standardize requirements for licensure, accreditation, certification, and education and allow APRNs in all jurisdictions to practice at the full extent of their education and licensure. Adoption of the Consensus Model was intended to facilitate APRNs' ability to practice across state lines, thereby increasing patient access to safe, quality healthcare.

According to the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008), "Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they cannot be licensed solely within a specialty area" (p. 6). "APRNs are educated in one of the four roles: clinical nurse specialist, certified nurse practitioner, certified nurse midwife, and certified registered nurse anesthetist, and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psych/mental health" (p. 6). "The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and are titled Adult-Gerontology CNP or CNS" (p. 10).

In 2008, the Donald W. Reynolds Foundation funded the DWR Center of Geriatric Nursing Excellence, modeled specifically after the HCGNEs. Also, in 2008, The JAHF awarded the American Academy of Nursing and the Universities of Arkansas, Iowa, and Pennsylvania a 4-year collaborative project to enhance the cognitive and mental health of older Americans. This Geropsychiatric Nursing Collaborative (GPNC) was designed to help improve the education and competencies of nurses caring for older adults living with depression, dementia, and other mental health disorders.

The Gerontological Nursing Leadership Academy (GNLA) was established by Sigma Theta Tau International (STTI) Honor Society for Nursing as an 18-month mentored leadership experience to prepare and position nurses in various healthcare settings to lead interprofessional teams in the improvement of healthcare quality for older adults and their families. This program was designed for experienced gerontological nurses and Fellows of the GNLA who were selected through a competitive process.

2010 to Present

By December 2010, 48 national and international organizations representing nurses and APRNs in various specialties endorsed the Consensus Model. NCSBN (2018) continues to monitor implementation of all components of the Consensus Model and provides updated maps and a scoring matrix compilation (https://www.ncsbn.org/5397.htm). The Consensus Model illuminated a vision to address the limited number of APRNs prepared to meet the health needs of the growing population of older adults by integrating previously separate adult and gerontology areas into a single adult-gerontology population focus. This integrated population focus aimed to produce a larger number of APRNs qualified to address the unique needs of older adults.

Today, adult gerontology APRNs must meet new competencies and certification requirements for care of both adults and older adults. All educational

programs preparing APRNs who may care for older adults (including family NPs, certified nurse midwives, and certified registered nurse anesthetists) are expected to include additional specific content essential to the care of older adults. Within the Consensus Model, individuals who wish to develop and demonstrate a depth of expertise related to a discrete subset within their population may do so through specialty certification.

In undergraduate nursing programs, the integration of gerontology with mental health and psychiatric content into the curriculum has occurred in various ways:

- Pre-nursing requirement of a communications course,
- Clinical placements in long-term care settings, and
- Collaborative teaching of faculty in older adult care and in psychiatric nursing.

This blending continues to be a dynamic process, with the end goal of creating a generalist gerontological nurse who has knowledge and skills in the care of older adults.

In 2010, The JAHF funded development of the *Recommended Baccalaureate Competencies and Curricular Guidelines for Nursing Care of Older Adults.* The competencies provided guidance for baccalaureate nursing programs as a supplement to the 2008 AACN *Essentials of Baccalaureate Education for Professional Nursing Practice.*

In 2012, the BAGNC Coordinating Center became the National Hartford Centers of Gerontological Nursing Excellence (NHCGNE) and moved from AAN to the Gerontological Society of America (GSA). GSA's large, interdisciplinary-based membership and mechanisms were needed to sustain the important work of the NHCGNE, including the BAGNC Scholars and Fellows program to build stronger leadership, research, and policy initiatives in gerontological nursing.

In 2014, in anticipation of the end of funding support for the HCGNEs, the NHCGNE dropped the "s" in Centers to become a membership organization including the original HCGNEs and also welcomed other universities, organizations, and member institutions, including STTI, to continue to enhance the commitment to gerontological nursing excellence and quality healthcare for all older adults. In 2016, the NHCGNE Scholars/Fellows Training Award Program ended after 15 cohorts of scholars from 50 research-intensive schools of nursing (now named the Legacy Affiliates) completed the program (Perez, Harden, Mason, & Cortes, 2018). The NHCGNE continues to hold

a Leadership Conference each year for member schools, organizations, and gerontological nursing leaders interested in nursing research, education, policy, and career development.

Advances in surgical techniques, pharmacology, technology, genetic knowledge, and other innovations continue to transform gerontological nursing at a rapid pace. These advancements have a profound effect on the management of chronic illnesses and quality of life for older adults. As the emphasis has shifted away from acute illnesses, gerontological nurses demonstrate expert knowledge about chronic disease management. For example, cardiac medications have properties for decreasing mortality for those with hypertension and heart failure, chronic diseases that once profoundly shortened the lifespan of the aging population. Gerontological nurses educate older adults on lifestyle changes, monitoring symptoms, side effects, and benefits of pharmacological and nonpharmacological interventions to treat heart failure.

Arthritis is the most common chronic illness experienced by older adults. Joint replacements relieve pain and increase mobility for older adults and have become a very popular and effective strategy to maintain a satisfactory quality of life. Again, gerontological nurses play a vital role during hospitalization, recovery, rehabilitation, and at each point along the pathway toward reaching goals for optimal functioning.

Gerontological nurses are instrumental in facilitating aging in place through home healthcare. They must be fluent in the use of technologies, such as Mobile health (mHealth), that allow older adults to manage their disease symptoms at home. In addition to use of technologies, gerontological nurses partner with interprofessional colleagues to find alternative resources and solutions that meet the needs of the individual older adult. Gerontological nurses are also mindful of potential carer/caregiver distress and burnout and recommend preventive strategies and solutions.

Overall, gerontological nurses are experts on aging, including chronological and biological aging. Health promotion and disease prevention are at the heart of healthier lives for the heterogenous aging population. Gerontological nurses rely upon specialized assessment skills to identify atypical symptoms. They are educated to prevent hospitalizations, decrease transitions of care, and prevent exacerbations and serious illnesses.

Gerontological nursing became a recognized nursing specialty over 65 years ago, has continuously adapted to changes in healthcare for the older adult population, and will be even more important in the coming years. In the future, care of older adults will become a healthcare imperative. According to the U.S. Census Bureau (2016), by 2050, it will be the first time in history that the population of adults 65 and older will be more than double the population of

children under 5 years old. The need for gerontological nurses is consistent with this trend in population growth.

Over time, gerontological nursing has matured into a specialty that has well-established, sustainable education, research, and practice models. Gerontological nurses remain ready and engaged in preparing the next generation of nurses with a fresh approach to the future.

Some key events from the last six decades of professional and other organizational support for gerontological nursing are chronologically highlighted in Table 1.

Table 1. Timeline of Professionalization of Gerontological Nursing

DATE	EVENT
1950	Geriatrics became a specialization in nursing
1962	ANA formed a national geriatric nursing group
1966	ANA created "Division of Geriatric Nursing"
1970	ANA established Standards of Practice for Geriatric Nursing Committee
1973	ANA defined Standards of Practice for Geriatric Nursing
1974	ANA offered certification in Geriatric Nursing Practice
1975	First nurses completed ANA certification in geriatric nursing
1976	ANA renamed "Division of Geriatric Nursing" to "Division of Gerontological Nursing Practice" to reflect a health promotion emphasis
1976	ANA published *Standards for Gerontological Nursing Practice*
1977	US Department of Health and Human Services, Bureau of Health Professions, Division of Nursing, provided funding for the first gerontological nursing track at the University of Kansas School of Nursing under Sr. Rose Therese Bahr's leadership
1981	ANA Division of Gerontological Nursing issued *Statement on the Scope of Gerontological Nursing Practice*
1984	ANA's Division on Gerontological Nursing Practice becomes Council of Gerontological Nursing
1987	ANA revised and issued *Scope and Standards of Gerontological Nursing Practice*
1989	ANA certified gerontological clinical nurse specialists
1990	ANA established a division of Long-Term Care within the Council of Gerontological Nursing

1993	National Institute of Nursing Research (NINR) established as separate entity, opening enhanced opportunities for research on care of older adults
1994	ANA redefined *Scope and Standards of Gerontological Nursing Practice*
1996	The Hartford Institute for Geriatric Nursing (HIGN) at New York University Rory Meyers College of Nursing was established and funded for the first 10 years by The John A. Hartford Foundation (JAHF) (1996–2006)
2000	The JAHF provided funding to AAN to launch the Building Academic Geriatric Nursing Capacity (BAGNC) Scholars and Fellows Program
2001	ANA revised *Scope and Standards of Gerontological Nursing Practice, Second Edition*
2002	The Hartford Nursing School Geriatric Investment Program (NSGIP) funded seven schools of nursing to accelerate the Building Academic Geriatric Nursing Scholars and Fellows Program
2007	The JAHF endorsed support for four new Hartford Centers for Geriatric Nursing Excellence
2008	NCSBN posted the APRN Consensus Model that merged adult and gerontology into Adult-Gerontology Primary Care and Adult-Gerontology Acute Care specialties JAHF awarded the AAN and the HCGNEs in Arkansas, Iowa, and Pennsylvania a 4-year collaborative project to enhance the cognitive and mental health of older Americans The GNLA mentored leadership development experience offered by STTI to prepare and position nurses in various healthcare settings to lead interprofessional teams in the improvement of healthcare quality for older adults and their families A $2.6 million Donald W. Reynolds Foundation Center of Geriatric Nursing Excellence, modeled specifically after the Hartford Centers, was created in May 2008
2010	American Nurses Association published *Gerontological Nursing: Scope and Standards of Practice*
2012	The BAGNC Coordinating Center and its programs (Pre- and Post-Doctoral Scholars, Leadership Conference, and HCGNEs) now called the NHCGNE was relocated to the GSA
2015	NGNA published Position Paper: Essential Gerontological Nursing Education in Registered Nursing and Continuing Education Programs The Gerontological Advanced Practice Nurses Association (GAPNA) developed Consensus Statement on Proficiencies for the APRN Gerontological Specialist

2016	The NHCGNE was housed at the NYU Rory Meyers College of Nursing
2017	The NHCGNE became an independent 501(c)(3) on-profit organization housed in Washington, DC
2018	GAPNA developed APRN Gerontological Nurse Specialist Certification Examination
2018	NHCGNE developed competencies for gerontological nurse educators and selected the inaugural class of Distinguished Educators in Gerontological Nursing

Adapted from Ebersole, P., & Touhy, T. A. (2006). *Geriatric Nursing: Growth of a Specialty.* New York: Springer Publishing Company, Inc.

Gerontological Nursing Education

Foundational Gerontological Nursing Education

The growing global aging population mandates that all nurses have competencies in caring for older adults. The Institute of Medicine's 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, underscored that need. Bednash et al. (2011) asserted that older adults are the core business of healthcare, making up the majority of patients in hospitals, nursing homes, and home care. The JAHF funded initiatives to develop faculty capacity to teach gerontological nursing in undergraduate nursing programs (Van Cleave et al., 2016) and to strengthen gerontological nursing curricula in undergraduate and graduate programs. To initiate these efforts, competencies in caring for older adults for baccalaureate prepared nurses aligned with the AACN's *Essentials of Baccalaureate Nursing Education for Professional Nursing Practice* (2008). The *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults* (AACN & HIGN, 2010) provided a road map to integrate gerontological nursing into baccalaureate nursing education programs. Competencies related to gerontological nursing education are summarized in Table 2.

Table 2. Competencies and Resources Related to Gerontological Undergraduate and Graduate Nursing Education (in order by original publication year; alphabetical within same year; see References and Resources for full authorship)

Document	Available at:
Hospital Competencies: Care of Older Adults (2002; Reviewed 2012)	https://consultgeri.org/tools/competencies
Multidisciplinary Competencies in Care of Older Adults (2009)	http://epadgec.jefferson.edu/pdfs/PHA-Multidisc-Competencies.pdf

Adult-Gerontology Clinical Nurse Specialist Competencies (2010)	http://nacns.org/wp-content/uploads/2016/11/adultgeroCNScomp.pdf
Adult-Gerontology Primary Care Nurse Practitioner Competencies (2010; Updated 2016)	http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/NP_Adult_Geri_competencies_4.pdf
Nurse Competencies for Nursing Home Culture Change (2010)	https://www.pioneernetwork.net/wp-content/uploads/2016/10/Nursing-Competencies-for-Culture-Change.pdf
Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults (2010)	http://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/AACN-Gero-Competencies-2010.pdf?ver=2017-05-18-132343-233
Recommended Competencies for Older Adult Care for CNSs Prepared for Women's Health/Gender Specific and Across the Lifespan Populations (2010)	http://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Recommended-Competencies-Older-Adult-Care-Lifespan-2010.pdf?ver=2017-05-18-132722-483
Recommended Competencies for Older Adult Care for the Family Certified Nurse Practitioners (CNP) and Women's Health CNP (2010)	http://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Adult-CareFNPWHNP2010.pdf?ver=2017-05-18-132445-517
Adult-Gerontology Acute Care Nurse Practitioner Competencies (2012; Updated 2016)	http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/NP_Adult_Geri_competencies_4.pdf
Geropsychiatric Nursing Competency Enhancements (2012; e.g., Entry Level Nursing, Gerontological CNS, Gerontological NP)	https://www.pogoe.org/productid/20660
Population Focused Nurse Practitioner Competency Content (2013)	http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf
Consensus Statement on Proficiencies for the APRN Gerontological Specialist (2015)	https://www.gapna.org/sites/default/files/documents/GAPNA_Consensus_Statement_on_Proficiencies_for_the_APRN_Gerontological_Specialist.pdf
Nurse Practitioner Core Competencies with Curriculum Content (2017)	https://www.nonpf.org/page/14

Clinical Experiences and Specialty Preparation

Nursing student clinical education opportunities serve as a prelude to practice and are integral to gerontological nurse preparation. Nursing students are expected to interact with older adults across all healthcare settings. While debate exists about what clinical settings are best for student learning, particularly for beginning students, there is support for learning experiences that involve healthy older adults that heightens students' understanding of the health/illness continuum for the aging population. In addition, varied experiences across a continuum of care in acute, rehabilitation, long-term, home, community, and primary care settings offer many positive gerontological nursing teaching and learning opportunities.

Underutilized settings include long-term care, ambulatory care, home, continuous care retirement communities, and community-based services, such as senior centers and adult day care. These settings provide opportunities to learn communication and leadership skills and how to function autonomously. Long-term care, which includes a wide variety of services (e.g., nursing homes, assisted living, all-inclusive care programs), offers rich opportunities for clinical experiences that help students understand the healthcare needs (health, illness, economics, personal, spiritual, and social) of older adults who have a disability or one or more chronic illnesses. Primary care settings help students develop insight into the health and illness issues that older adults and their families regularly face. Meeting older adults in their homes provides rich student learning opportunities about the requisite adaptations for aging in place, as well as the unique individuality of every older adult. Life review conversations with well older adults help students experience a time in history before their birth. These experiences and life stories can ignite interest in pursuing graduate gerontological specialization. Thus, an important focus for the clinical component in gerontological nursing education is a continuum of clinical care experiences that combine theory, science, and clinical practice grounded in reality.

High-fidelity simulation solutions that include geriatric, gerontology, and geropsychiatric content are now available to help adequately prepare nurses as a part of the interprofessional team. The International Nursing Association for Clinical Simulation and Learning promotes the transformation of practice and safety outcomes. Nursing programs need to incorporate additional simulation scenarios involving older adults. mHealth technology for chronic disease management can reach older adults in rural areas. Telehealth is another avenue for the involvement of gerontological nursing to include access to rural and underserved older adults.

To ensure that nursing students were also developing competencies in caring for older adults, the National League for Nursing (NLN) led a funded initiative from The JAHF, Laerdal, and the Independence Foundation to develop

Advancing Care Excellence for Seniors (ACE.S) to address competencies for nurses graduating from all types of pre-licensure nursing programs (Tagliareni, Cline, Mengel, McLaughlin, & King, 2012). ACE.S continues to provide nursing faculty with guidance and resources to integrate gerontological nursing into pre-licensure programs, including associate degree nursing programs (www.NLN.org/ACES).

The Health Resources and Administration Services (HRSA) Comprehensive Geriatric Education Program (CGEP) funded numerous schools of nursing for over 10 years to ensure development of a competent nursing workforce in caring for older adults. The Hartford Institute for Geriatric Nursing (HIGN) at NYU Roy Meyers College of Nursing and the founding members of the John A. Hartford Centers for Geriatric Nursing Excellence [renamed the National Hartford Center for Geriatric (NHCGNE) Nursing Excellence in 2014] all had unique initiatives to strengthen gerontological nursing content in nursing programs and increase faculty members' ability to teach gerontological nursing. The original members of NHCGNE were:

- Arizona State University College of Nursing and Health Innovation
- Oregon Health and Science University School of Nursing
- Penn State University College of Nursing
- University of Arkansas for Medical Sciences College of Nursing
- University of California San Francisco School of Nursing
- University of Iowa College of Nursing
- University of Minnesota School of Nursing
- University of Pennsylvania School of Nursing
- University of Utah College of Nursing

Having built on 20 years of support with The JAHF, the NHCGNE became a 501(c)3 organization in 2017. The NHCGNE is now an international organization of 249 Legacy Affiliates. Since 2001, the Legacy Affiliates include schools of nursing that have supported 280 pre- and post-doctoral scholars and leaders in gerontology. The Legacy Affiliates have produced $281,794,133 in funding and 955 research grants (Perez, Harden, Mason, & Cortes, 2018, p. 169).

The HIGN at NYU Rory Meyers College of Nursing was the first nursing entity funded by The JAHF. With this funding from 1996 to 2006, HIGN collaborated with AACN, Pioneer Network, American Nurses Association, Alzheimer's Foundation, and others to impact gerontological nursing education

and practice. Since then, HIGN has grown to be a widely recognized source for developing the nursing workforce to meet the unique needs of older adults across the healthcare delivery system.

The HIGN clinical website, ConsultGeri (https://consultgeri.org), houses multiple resources, including links to clinical protocols for geriatric syndromes. The gerontological protocols were developed in collaboration with the NYU Meyers College of Nursing's companion program, Nurses Improving Care for Healthsystem Elders (NICHE). The widely used *Try This:*® *Series* provides assessment tools and information on best practices in care of older adults for faculty, students, and clinicians. HIGN provides multiple e-learning resources such as educational modules for (1) interprofessional primary care of older adults, (2) geropsychiatric modules, (3) long-term care modules, (4) home care, as well as a gerontological nursing certification preparation review course, interprofessional education and practice eBooks, webinars, and APRN resources, including virtual patients and online case studies.

The Geriatric Nursing Education Consortium (GNEC), led by AACN and HIGN and funded by The JAHF, provided extensive resources to faculty for expanding, strengthening, and sustaining curricular innovations in gerontological nursing (Gray-Micelli et al., 2014). This multi-year initiative resulted in the development of nine curricular modules on gerontology-specific content. The modules were initially disseminated through six faculty development institutes held throughout the United States with the intent that faculty attending the institute would serve as champions in their schools for strengthening gerontological nursing curricular content. Over 800 faculty members from 418 schools of nursing attended the institutes, resulting in significant curricular expansions and innovations. Today, resources from the GNEC are available via videos and podcasts through HIGN at https://consultgeri.org/tools.

Knowledge and proficiency in evidence-based clinical practice guidelines for older adults is integrated into the preparation of the gerontological nurse. Gerontological nurses keep updated on clinical guidelines that are specific to older adults that result in positive outcomes. For example, successful implementation of appropriate pharmacological interventions, fall prevention, clinical guidelines for hypertension, delirium, dementia, and others require the judgment, evaluation, and expertise of gerontological nurses. They are well prepared to provide expert input within the interprofessional team on recommendations on best practice guidelines such as the American Geriatrics Society (AGS) 2019 Criteria® for Potentially Inappropriate Medication Use in Older Adults (https://nursinghomehelp.org/wp-content/uploads/formidable/17/Panel-2019-Journal_of_the_American_Geriatrics_Society.pdf), *The AGS White Paper on Healthy Aging* (2018), *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*, and other clinical guidelines.

APRN Specialty Education

In addition to ensuring that all nurses demonstrate competence in caring for older adults, there is a growing demand for APRNs to have additional specialized knowledge in caring for this population. The 2008 APRN Consensus Model defined the APRN role, specialty practice, and population foci, including the redefined combination of Adult-Gerontology Primary Nurse Practitioner and Adult-Gerontology Acute Care Nurse Practitioner. The requisite competencies were developed by the National Organization of Nurse Practitioner Faculties (NONPF) and the AACN in 2010 (primary care) and 2012 (acute care) with an update in 2016.

Older adults demonstrate late-life resilience. They have the capacity to manage psychiatric and mental health concerns along with multiple chronic conditions. A major psychiatric disorder will affect an estimated 20% of older adults (approximately 15 million individuals) by 2030 (Bartels, 2003). Depression, bipolar disorder, psychosis, and schizophrenia are among these late-life diagnoses. The growing number of older adults experiencing dementia calls for the unique experience of gerontological nurses across all settings. In addition, gerontological nurses are best prepared to care for older adults with delirium along with its underlying physical causes and delirium superimposed on dementia. Gerontological nurses have awareness and expert knowledge of these potential issues. The geropsychiatric nursing subspecialty is built upon key concepts that are the foundation for geropsychiatric nursing competencies.

Geropsychiatric nursing leaders recognized that most nurses were not adequately educated to meet the future mental health needs of older adults. The Geropsychiatric Nursing Collaborative (GNC), with support from The JAHF, formed to prepare nurses at all training/education levels in gerontological mental health with the goal to improve the health of older adults (Beck, Buckwalter, Dudzik, & Evans, 2011). The team of Beck, Buckwalter, and Evans (2012) developed *Geropsychiatric Nursing Competency Enhancements* with the support of the GPNC, HIGN, and The JAHF and made the materials available through The Portal of Geriatrics Online Education (POGOe) at https://www.pogoe.org/productid/20660.

During the 1970s, gerontological mental health, now known as geropsychiatric nursing, was added as a subspecialty in psychiatric nursing. The degree was originally intended for CNSs in long-term care and later adapted for NP programs for family, adult, and gerontology specialties. In that same decade, the addition of subspecialties in psychiatric nursing was enabled by the awareness in the rise of substance use/abuse and addiction and the unmet mental health needs for older adults (Morris & Mentes, 2006). In 1977, the term "geropsychiatric nursing" first appeared as a subject category in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) (Burnside, 1981).

Geropsychiatric nursing in the 1980s focused on the CNS role and long-term care (Morris & Mentes, 2006). In 1981, Burnside devoted nine chapters to mental health theory and therapy in the second edition of *Nursing the Aged*.

In 1990, the National Institute of Mental Health (NIMH) supported training for nurses in academic and clinical doctoral programs in geropsychiatric nursing. Most mental health conditions in older adults were unrecognized, undiagnosed, and untreated.

Unfortunately, a shortage of expert gerontological nurses caring for older adults dealing with anxiety, depression, illicit prescription drug use, alcohol abuse, post-traumatic stress disorder, elder mistreatment, delirium, and the dementias remains across all settings (IOM, 2012). Results from a survey of all accredited nursing graduate programs reported that most content on mental health in older adults is found in primary care curricula (Stephens, Harris, & Buron, 2016).

The future of geropsychiatric nursing includes integrating mental health conditions of older adults into continuing education and nursing curricula. Translational and interprofessional research is also needed to address end-of-life, genetics, family care giving, mental health promotion, and mental health conditions in the later decades of life (Kolanowski & Piven, 2006; Puentes, Buckwalter, & Evans, 2006). The growing recognition of older adults with mental health conditions has brought about changes in gerontological nursing education, practice, and research. Historically, several models for geropsychiatric nursing have been suggested to address the needs of older adults with mental health conditions.

Opportunities for Gerontological Education for Other Specialty Practices

Older adults surviving and living with cancer need the expertise and compassion from gero-oncology nurses. Gerontological nurses are knowledgeable and compassionate toward the older female who learns how to cope with body image disturbance while changing her first dressing after her mastectomy, or the hospitalized patient with lung cancer who can breathe easier because of a nurse's reassuring touch. Bluethmann, Mariotto, and Rowland (2016) project that the number of cancer survivors in the United States is expected to increase to 26.1 million by 2040 with older adults constituting a significant majority. Such projections reinforce the Oncology Nursing Society (ONS) and the Geriatric Oncology Consortium position paper in support of forgero-oncology nursing. The ONS integrated geriatric competencies into oncology nursing and has partnered with the European Oncology Nursing Association, the International Society of Nurses in Cancer Care, NYU Meyers College of Nursing's NICHE program, and other organizations to prepare the

workforce to improve the care of older adults with cancer through education, practice, and research (Bond, Bryant, & Puts, 2016).

Because older adults present with needs that are distinct from the traditional palliative care cancer model, hospice and palliative care nurses are committed to helping older adults and their families with difficult end-of-life choices. They provide compassion, the highest quality care, and quality of life for the last days and moments of older adults. The American Association of Colleges of Nursing offers geriatric end-of-life curricula (ELNEC) to address the need for hospice and palliative care specialties to increase quality of life for older adults (AACN, 2018; Saracino, Bai, Blatt, Solomon, & McCorkle, 2018).

Continuing Education and Professional Development

In 1983, grants from the U.S. Department of Health and Human Services were awarded to establish Geriatric Education Centers (GECs) (Cornell Law School, Legal Information Institute, 2010). The GECs were required to establish programs that addressed the training of health professionals, including developing and disseminating curricula related to the health conditions of older adults. The GECs were also required to support faculty development in geriatrics/gerontology and continuing education of health professionals who provided care for older adults. The GECs also focused on providing students with clinical training in geriatrics/gerontology in long-term care, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

In 1998, the GECs were required to ensure interprofessional training and education in geriatric care (Health Professions Education Partnership Act of 1998). Over the years, 50 GECs were funded. The focus of the GECs was "re-visioned" by the HRSA Bureau of Health Workforce with the creation of the Geriatric Workforce Enhancement Program (GWEP) in 2014. The GWEP grants provided collaborative opportunities to health professions' schools, healthcare facilities, and programs. The resultant geriatric/gerontology education centers were to integrate geriatrics/gerontology with primary care to develop a healthcare workforce that maximizes person and family engagement and improves health outcomes for older adults. Special emphasis is given to the primary care workforce in collaboration with community partners to address gaps in healthcare for older adults through individual, system, community, and population level changes. The partnership of clinical and community organizations is required to focus on the unique healthcare needs and approaches to maintaining optimum function and managing chronic diseases in the aging population. There were 44 GWEP programs in the United States as of January 2018.

Opportunities for professional development and continuing education in gerontological nursing are available through multiple organizations. The

Toolkit: Gerontology Resources for APRN Preceptors and Students is organized by gerontology care topics with links to websites and mobile device applications (apps) in the public domain.

The National Hartford Center for Geriatric Nursing Excellence (NHCGNE) has a mission to enhance and sustain the capacity and competence of nurses to influence policy and provide quality care to older adults (Perez, Harden, Mason, & Cortes, 2018). NHCGNE, with a selected Expert Panel, developed competencies for recognition as a Distinguished Educator in Gerontological Nursing (2018). NHCGNE hosts a yearly Leadership Conference for those interested in gerontological nursing research, policy, and career development.

The *Geriatric Nursing Review Syllabus: a Core Curriculum in Advanced Practice Geriatric Nursing*, published by the AGS, is a concise and comprehensive reference on the care of older adults. Other national organizations have special interest groups related to gerontological nursing, including the Gerontological Society of America's (GSA's) Nursing Care of Older Adults Interest Group and the American Academy of Nursing's Expert Panel on Aging. Other organizations that encourage nursing involvement and focus on educating individuals that work and care for older adults include the American Society on Aging (ASA) and the Association for Gerontology in Higher Education (AGHE).

Organizational Support in Gerontological Nursing Education

Throughout history, many organizations have contributed to the growth of gerontological nursing through a variety of initiatives. The Robert Wood Johnson Foundation (RWJF) supported the Teaching Nursing Home Program among other initiatives that have advanced gerontological nursing. The JAHF provided pre- and post doctoral fellowships to prepare nurse researchers in gerontological nursing. HRSA provided funding and support to increase the availability of gerontological nursing education programs. Geropsychiatric nursing has received recognition and major support from The JAHF and HRSA. The Jonas Nurse Leaders Scholarship Program and the Josiah Macy Jr. Foundation have also contributed support for gerontological nursing.

Specialty Certification

Gerontological registered nurse certification is available through the American Nurses Credentialing Center (ANCC). APRNs have multiple certification options provided by ANCC, American Association of Critical-Care Nurses (AACN), and the American Academy of Nurse Practitioners (AANP). The Gerontological Advanced Practice Nurses Association (GAPNA) developed a *Consensus Statement on Proficiencies for the APRN Gerontological Specialist* (2015), resulting in the development of a new APRN Gerontological Specialist certification examination released in 2018.

Integrating the Art and Science of Gerontological Nursing

Gerontological nursing builds on a core body of knowledge that reflects the dual components of art and science. The requisite judgment and skills are based on principles of the biological, physical, behavioral, and social sciences and involve the sharing of knowledge, scientific discovery, and social welfare. Gerontological nurses apply the best available evidence and research data for diagnosis and treatment decisions and continually evaluate the quality and effectiveness of nursing practice to optimize outcomes.

The art of gerontological nursing embraces spirituality, healing, empathy, mutual respect, compassion, integrity, and intangible aspects that promote health. Older adults are a heterogenous population and merit individualized plans of care. The gerontological nurse demonstrates a calm, gentle approach and understanding for the older adult who does not want to take a bath. The nurse schedules care in the evening because the time change is agreeable with the patient and promotes sleep. The nurse listens to the older adult who is afraid to have open heart surgery and provides spiritual care according to the patient's preference. In both instances, the science component and the art of gerontological nursing are combined. Advocacy, well-being, comfort, and dignity are all priorities for the humanity of all older adults, families, carers, groups, communities, and populations.

Tenets That Characterize Gerontological Nursing Practice

The conduct of gerontological nursing practice in all settings can also be characterized by the following tenets that are reflected in language threaded throughout the gerontological scope of practice statement and standards of practice and professional performance:

- Gerontological nurses focus on improving quality of life through shared decision-making and advocacy for the unique needs of the older adult, individually and in groups, communities, and populations.
- Gerontological nurses use the nursing process to plan and provide individualized holistic care for the older adult.
- Gerontological nurses coordinate care for older adults by establishing partnerships and collaborating with interprofessional teams to deliver safe, quality care.

The How of Gerontological Nursing

The "how" of gerontological nursing practice is defined as the ways, means, methods, processes, and manner by which the gerontological nurse practices

professionally. Gerontological nurses have insight into using a holistic approach that prevents omission of relevant data and information when implementing the nursing process. Gerontological nursing practice is more than the management and treatment of chronic illnesses. The gerontological nurse focuses on an older adult-centered approach, collaborates and partners to treat all older adults with the utmost respect, and continuously strives to improve quality of life. The gerontological registered nurse demonstrates culturally congruent practice and advocates for older adults to be informed about their healthcare and exercise their autonomy to make final decisions regarding their preferred care.

To achieve the best health outcomes for older adults, the "how" requires the gerontological RN to employ evidence-based practice as a means to incorporate the best available evidence, older adult preferences, provider expertise, and contextual resources in which gerontological nursing is delivered. Closely linked to the best outcomes for older adults is the need for effective interprofessional collaboration. Thus, an essential component of the "how" of gerontological registered nursing is care coordination through effective communications.

The "how" of gerontological registered nursing practice encompasses methods such as communicating predictably and comprehensively using approaches such as informatics, electronic health records, and established processes to prevent errors. Methods can include situation, background, assessment, recommendation (SBAR) (The Joint Commission Enterprise, 2012), I-PASS (https://ipassinstitute.com/), and TeamSTEPPS® (Strategies and Tools to Enhance Performance and Patient Safety) as evidence-based methods of building teamwork and communication skills (Agency for Healthcare Research and Quality, 2017; Department of Defense, 2014).

The "how" of gerontological registered nursing practice reflects the manner in which the gerontological RN practices to care for older adults in complex situations. For example, the gerontological nurse takes the time that is required to explain a procedure by writing down instructions in large print for the older patient with hearing and visual deficits. Mutual collaboration and person- and family-centered care are needed for the single older female who cares for her three young grandchildren in addition to managing her own diabetes, hypertension, pain, and disability after a knee replacement. Similar attention is necessary for the older adult caring for older parents, siblings, spouses, or significant others. The gerontological nurse is a part of the intimate care, life choices, and identification of what matters most to the older adult. Older adults are often faced with many losses, including loved ones, their home, function, and independence. The gerontological nurse is sensitive to the older adult who is faced with nursing home placement and is grieving the loss of home and their social support network. The gerontological nurse establishes a practice, presence, and rapport with older adults based upon trusting, caring relationships.

Critical to the practice of professional gerontological nursing is ethical conduct of research, scholarly inquiry, and quality improvement to translate evidence-based knowledge to practice using theory-driven approaches. The capacity to provide informed consent and help assures the best interests of older adults as a vulnerable population are paramount. The conduct of gerontological professional nursing practice is guided by the *Code of Ethics for Nurses With Interpretive Statements* (ANA, 2015), standards for professional nursing practice, institutional review boards' protocols, and directives of other governing and regulatory bodies.

Societal, Cultural, and Ethical Dimensions Describe the Why of Gerontological Nursing

Social and Cultural Issues in Gerontological Nursing

Older adults' need for healthcare is universal and transcends differences with respect to the culture, values, goals, and preferences of the individual, family, group, community, and population. Diversity characterizes the healthcare environment inhabited by older adults, their families, and their carers. Gerontological nursing is responsive to the changing needs of society and the expanding knowledge base of its theoretical and scientific domains. One objective of gerontological nursing is to achieve positive outcomes that maximize older adults' quality of life until the end of life. Positive, meaningful outcomes for quality of life are based upon individuality and cultural differences.

To effectively promote meaningful outcomes, gerontological nurses embrace diversity and engage in culturally congruent gerontological nursing practice. Culturally congruent gerontological nursing practice is the application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of older adults, their families, and carers. Cultural humility represents the process by which gerontological nurses demonstrate culturally congruent gerontological nursing practice. Gerontological nurses design and direct culturally congruent practice and services for diverse older adults to improve access, promote positive outcomes, and reduce disparities. An example of a tool to implement culturally congruent practice is the helpful mnemonic ASKED (**A**wareness, **S**kill, **K**nowledge, **E**ncounter, **D**esire) (Transcultural C.A.R.E. Associates, 2015).

Gerontological nurses enable and promote the interprofessional and comprehensive care provided by healthcare professionals, paraprofessionals, and volunteers dedicated to the care of older adults, their families, and their carers. Gerontological nurses also engage in consultation and collaboration with other healthcare colleagues to inform decision-making and planning to meet older adults' needs. Gerontological nurses are members of interprofessional teams to provide care for older adults, their families, and their carers.

Gerontological nurses are accountable for nursing judgments made and actions taken in the course of their nursing practice. The gerontological nurse is responsible for assessing one's own individual competence and is committed to the process of lifelong learning. Gerontological nurses develop and maintain current knowledge and skills through formal and continuing education and must be encouraged to always seek and maintain certification to the fullest extent available.

Gerontological nurses and other healthcare professionals exchange knowledge and ideas about how to deliver safe, high-quality, focused gerontological healthcare. Team-based care improves safety, satisfaction, quality, and efficiency. Gerontological nurses lead and contribute to the provision of team-based person-centered care and development of a collegial work environment [Interprofessional Education Collaborative (IPEC®), 2016]. Such interprofessional team collaboration involves recognition of the expertise of others within and outside one's profession and referral to those providers when appropriate.

Gerontological nurses promote equitable distribution, access to, and availability of healthcare services for older adults, their families, and their carers throughout the nation and the world. Gerontological nurses regularly evaluate safety, effectiveness, and cost in the planning and delivery of gerontological nursing care. They strive to be fiscally responsible and resourceful in the allocation and utilization of resources and recognize that resources are limited and unequally distributed. The potential for better access to care requires innovative approaches, such as caring for older adults in gerontological nurse-managed healthcare centers, smart houses, through robotics, and via telehealth services.

Applying "The Code" in Gerontological Nursing Practice

Gerontological nurses are bound by a professional code of ethics, the *Code of Ethics for Nurses With Interpretive Statements* ("The Code," ANA, 2015). This ethical framework includes nine provisions that explicate key ethical concepts and actions for all nurses in all settings. Detailed descriptive interpretive statements for each of the nine provisions of the Code are wholly embraced by gerontological nurses and can be reviewed at https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/.

The following examples identify how gerontological nurses incorporate the nine provisions into gerontological nursing practice.

Provision 1: ***The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.***

Each gerontological nurse values the dignity and uniqueness of every older adult and ensures all should be treated with respect and compassion. Older adults hold the secrets to optimal and successful aging. They leave younger adults with lessons

learned and a final legacy on how to live, how to face mortality, and how to die. An example of how to incorporate compassion and respect is commonly seen in the nursing home setting. Many older adults in nursing homes are separated from loved ones due to distance, death, or other reasons. It is the gerontological nurse who has the privilege of holding the hand of an older adult to ensure that he/she is not alone when drawing the final breath before passing from this life.

Issues and decisions related to end of life are concerns for the gerontological population and are often an important focus of gerontological nursing practice. Considering advance directives as living documents and engaging in regular review and affirmation with older adults helps codify the individual's own personal decision-making about choices as conditions change (Mitty, 2012).

Dying with dignity is an important concern or issue for the older adult, family, and significant others and should be addressed in open, frank discussions. Questions are answered with honesty, and the value of comfort and palliative care options may also merit introduction. Advanced care planning is one strategy to respect and follow the older adult's choices and preferences for end of life, even if the older adult is unable to communicate (AGS, 2017). It is the gerontological nurse who navigates these difficult conversations, calms fears, and assists in providing peace for older adults and their carers.

The gerontological nurse serves as a role model for other care team members (family and staff) to help them think at a higher level about alternative interventions when caring for a patient with specific unmet needs. An example might be an older adult who may be in pain demonstrated by body position, change in engagement, or facial grimacing (Herr et al., 2006).

The gerontological nurse who knows the older adult well can interpret and address the older adult's communication style because they are aware of the older adult's social and historical perspective. Utilizing life review and reminiscence also helps understand how the older adult's past relates to current behavior(s). For example, an older woman with dementia began going into other patient rooms, looking around, wiping her hand across the furniture, lifting and moving things. She was not stealing, but she would put things in a closet or another place. She was merely demonstrating her work activities of over 45 years as a housekeeper in a small rural hotel. Once the older adult's story was known by garnering insights from family members and other carers, therapeutic interventions were put in place that supported the older adult and addressed the unwanted behaviors.

Provision 2: ***The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.***

Older adults are in constant transition due to a variety of reasons, including poor health, accumulated losses of loved ones, or change in their living environment. The older adult who has recently immigrated to the United States may find it

difficult to navigate the healthcare system or find a place in society. Gerontological nurses reach out across language barriers and provide case management to connect the older adult with needed community resources. As another example, the homeless older adult who is struggling with the stigma of addiction can benefit from the person-centered care from the gerontological nurse.

Person-centered care encompassing the individual and their family, carers, groups, communities, and populations reflects the gerontological nurse's primary commitment to the recipient of care. For example, language matters when addressing older adults (Fick & Lundjeberg, 2017). Person-centered care is of critical importance and must be incorporated for those in marginalized, historically at-risk populations, such as those with minority racial, ethnic, or religious backgrounds; immigrants or refugees; those dealing with substance use and abuse; or members of lesbian, gay, bisexual, transgender, questioning/queer (LGBTQ) communities (AGS Expert Panel on Person-Centered Care, 2016). The resources and publications collection at www.age-pride.org provide valuable insights about aging in the LGBTQ population.

The gerontological nurse is proactive and futuristic in planning care for all older adults and includes all carers in discharge planning and education. The gerontological nurse needs to implement deliberate strategies based on inclusivity when addressing health disparities of different populations. Strategies to eliminate health disparities and promoting health equity are as important as educating older adults on disease process itself and lifestyle changes. For example, providing local transportation services for older adults is one method for considering older adults without transportation options, rather than having them drive to care providers and senior centers hours away. Today's technology solutions via smart phones, telehealth, connected health, and mHealth can help make access to healthcare services ubiquitous for older adults and their carers.

The gerontological nurse develops community partnerships that promote greater access and resources to high-quality care for older adults. Community partnerships integrate older adults as equal partners in their care. Local senior centers and houses of worship provide a place for counseling, meals, social activities, and other services that increase the social and engagement networks of older adults.

Provision 3: ***The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.***

The gerontological nurse's advocacy for the older adult has enhanced meaning when the older adult has lost the capacity for decision-making, when there is family abdication, or no legally authorized representative or advanced directives. Advocacy and recognition of the older adult's capacity for decision-making are frequently demonstrated by gerontological nurses in nursing homes. For example,

they support the decisions and rights of an older adult to refuse dialysis and decline any further aggressive treatment options. The gerontological nurse develops a mutual treatment plan to provide the highest quality care for the older adult that reflects their preferences and life goals. The gerontological nurse is an important member of the interprofessional team to address clinical situations and policy issues to protect vulnerable older adults and their rights (Farrell et al., 2016).

Mandatory elder abuse reporting addresses physical, financial, psychological abuse, or neglect by others or self. Potential mistreatment of any person has to be investigated. Improvements are needed in today's patchwork of laws, rules, criteria, and reporting mechanisms and centers across the nation. Some federal elder justice acts/laws exist, but state law is the primary source of sanctions, remedies, and protections related to elder abuse [Center for Elders and the Courts (http://www.eldersandcourts.org/) and National Center on Elder Abuse (https://ncea.acl.gov/index.html)].

Provision 4: ***The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.***

The gerontological nurse is knowledgeable about the scope of practice, demonstrates competence, and is prepared to make difficult and hard decisions based on evidence. The gerontological nurse focuses on wellness, health, well-being, health promotion, risk reduction, quality of life, and individual strengths, not what is missing or wrong. The gerontological nurse recognizes the resiliency of older adults and views health promotion through the lens of what the older adult can do instead of their limitations.

The gerontological nurse engages in policy advocacy within institutions, communities, states, insurance programs, and other settings. The tension between autonomy versus risk associated with safety decisions needs attention at home, community, long-term care, and other institutions and must balance choice with safety. Questions related to an older adult's capacity to make decisions may eventually involve legal determination of competence by a judge (Farrell et al., 2016). Understanding such a difference is critical and often merits extensive education for family, carer, and healthcare providers. Enrollment of older adults into research programs must include informed consent and absence of coercion.

Provision 5: ***The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.***

Wholeness of character and integrity are key concepts for ethical practice for self-care. Without self-care, gerontological nurses cannot care for others. They

must promote safety, health, and a healthy work environment through such measures as the implementation of safe patient handling equipment, infection prevention, and control measures. Gerontological nurses address unhealthy work environments, disruptive behaviors, and their impact on others and care of older adults to ensure that incivility, bullying, and work place violence are absent. Gerontological nurses must keep abreast of changes in clinical guidelines and pertinent research involving older adults. Engaging in continuing education and lifelong learning is imperative to maintain professional competence.

Provision 6: ***The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality healthcare.***

Gerontological nurses need to acknowledge and address observed unethical behavior with the person or the chain of command. The gerontological nurse knows that a safe environment for healthcare professionals is also a safe environment for older adults. The gerontological nurse needs to advocate for appropriate access and quantity of supplies and resources needed to provide quality healthcare. Vigilance in the interprofessional work environment needs to focus on such things as the physical environment with potential exposures to chemicals, safe disposal of medications, disaster preparedness, and protection of the global environment. Inadequate long-term care and assisted living staffing, especially RN staffing coverage, must be addressed by gerontological nurses and involves development and implementation of clear policies and procedures to articulate expectations (Harrington, Schnelle, McGregor, & Simmons, 2016). The gerontological nurse seeks to prevent persistence of problems through continuous assessment and ongoing evaluation.

Provision 7: ***The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standard development, and generation of both nursing and health policy.***

Research and scholarly inquiry are at the heart of the gerontological nursing specialty and have a positive impact by guiding gerontological nursing practice through evidence. Gerontological nursing research provides new knowledge that can be used to improve care for older adults (Perez, Harden, Mason, & Cortez, 2018). One example is eliminating the use of restraints. It was once accepted that restraint use was a best practice. Through nursing research, the rights of older adults were recovered, injuries and death were prevented, and today the majority of nursing home residents live restraint free. Dissemination and translation of research to practice is critical and includes engaging all staff in learning about and doing research and quality improvement initiatives.

Provision 8: ***The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.***

The gerontological nurse approaches this provision proactively by promoting health equity rather than reducing health disparities. The RWJF (2018) supports an Action Framework for building a culture of health through shared values, collaboration, community, the integration of health services, and population health. Gerontological nurses promote well-being and health equity to build a culture of health for older adults. The gerontological nurse can demonstrate protection of human rights by ensuring that the affected older adult is involved in decision-making for any transitioning/transferring planning process. Numerous opportunities exist for gerontological nurses to continue to advocate for regulations that support individualized, person-centered care for older adults and a home-like environment in long-term care facilities.

Provision 9: ***The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.***

The Gerontological Advanced Practice Nurses Association (GAPNA) is one example of an organization that provides educational conferences for individuals educated and certified and/or interested in gerontology. GAPNA identified a new cohort of conference attendees seeking enhanced education, training, and board certification in gerontology care and expanded its target audiences to include CNSs and other healthcare professionals (therapists, social work, dentists, physicians) who also need education about caring for older adults. GAPNA now provides resources and presentations for both preceptors and students. GAPNA published a 2015 white paper about proficiencies of those caring for older adults at an advanced, proficient level (above Benner's competencies level, the document is available at https://www.gapna.org/sites/default/files/documents/GAPNA_Consensus_Statement_on_Proficiencies_for_the_APRN_Gerontological_Specialist.pdf.

The American Geriatrics Society (AGS) is an interprofessional organization that has developed many valuable resources for gerontological nurses. Gerontological nurses use the best practice recommendations and resources related to unnecessary tests and procedures available at Choosing Wisely (http://www.choosingwisely.org/). Resources for Choosing Wisely are promoted on the AGS website. One valuable AGS resource, the *Clinician's Guide to Assessment and Counseling Older Drivers*, is available at https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/812228_cliniciansguidetoolderdrivers.pdf. Access to clinical practice guidelines on ethics and palliative care, falls, high-quality multicultural geriatric

care; pocket cards on multimorbidity and the Beers Criteria, slide shows on numerous topics that can be used by nurse educators; journals and numerous updated resources are accessible at https://americangeriatrics.org/.

The Gerontological Society of America (GSA) is another interprofessional organization that provides mentorship and resources for gerontological nursing policy and research. The NHCGNE hosts its annual leadership conference before GSA. The Nursing Special Interest Group is the largest special interest group at GSA. AGS and GSA both have had gerontological nurses as the president of these organizations.

The National Institute on Aging sponsors the Go for Life campaign. Older adults who participate in Go for Life have access to many methods for maintaining independence with improved nutrition, less costly food sources, and walking for physical activity rather than joining expensive gym/fitness centers (https://go4life.nia.nih.gov/).

NICHE based at NYU Rory Meyers College of Nursing is an organizational membership program designed to improve the quality of care by educating nurses on evidence-based practices known to improve outcomes for older adults. NICHE members gain access to continuing professional education, clinical practice guidelines, and consultation to implement evidence-based models with the goal of transforming healthcare services that consider the unique needs of older adults.

The "Where" of Gerontological Nursing Practice: Settings and Advocacy for Care

Gerontological nursing occurs in any environment where an older adult lives and/or needs care, information, or advocacy. Originally, gerontological nurses provided specialized nursing services to older adults and their families in home settings and hospital inpatient units for acute care services. Gerontological nursing is now evident in public and community health settings with a focus on prevention initiatives and community and population health services and outcomes. Gerontological nursing care is provided in home health, post-acute care (e.g., assisted living, long-term care facilities, community-based living), palliative and hospice care, outpatient, and ambulatory settings.

This evolution of gerontological nursing practice has significant importance as transitions in care, cost-reduction measures, financial penalties for adverse outcomes, and healthcare reform initiatives materialize. Ongoing innovations in care delivery also enable gerontological nursing services to be provided in other settings such as outpatient centers; ambulatory surgical centers; interventional service facilities for cardiology, oncology, and radiology studies and therapies; and infusion and dialysis centers.

Gerontological nursing practice occurs in correctional facilities, during air and ground transport services, and less commonly identified, during emergency preparedness and disaster support. Gerontological nursing practice in educational settings is represented as school and college health nursing clinical services for faculty and students or encompasses academic and professional development and continuing education faculty roles. Other gerontological nursing practice settings include occupational health departments, public and private organizations or businesses, faith communities, research and quality improvement organizations, administrative and informatics positions, and entrepreneurial ventures.

Smartphone and telehealth technologies, wearable devices, and remote monitoring, as well as social media and the Internet, are transforming access and delivery to healthcare and nursing services to virtual access and "always on" capabilities. Such technology solutions enable gerontological nursing practice to expand beyond local settings and communities to national, international, and global venues. Even space travelers may need gerontological nursing services, as demonstrated via the National Air and Space Administration's (NASA) delivery of an older adult astronaut to and from the International Space Station in 1998.

Advocacy is fundamental to gerontological nursing practice in all settings and occurs at the individual, interpersonal, organization, systems, community, and policy levels (Earp, French, & Gilkey, 2008). At the individual level, the gerontological nurse engages in informing older adults so they can consider actions, interventions, or choices in light of their own personal beliefs, value, attitudes, and knowledge to achieve the desired outcomes. Older adults learn self-management and person-centered decision-making related to personal values and goals.

At the interpersonal advocacy level, the gerontological nurse empowers the older adult by providing emotional support, attainment of resources, and necessary help through interactions with families and significant others in their social support network. For example, the Vietnam veteran with a left above the knee amputation, hypertension, coronary heart disease, and hyperlipidemia may be directed to the Veterans Administration for help with medications, assistive devices, support groups, and mental healthcare for post-traumatic stress disorder. When addressing advocacy at the organization, systems, and community levels, the gerontological nurse supports cultural transformation of organizations, communities, or populations to enable and build capacity to identify and address issues and concerns affecting older adults.

Gerontological nurses firmly believe it is their obligation to improve environmental and societal conditions related to health, wellness, and care of the older adult. This obligation includes attention to protective labor laws, minimum wage, communicable disease programs, antibiotic stewardship, immunizations, women's health, violence prevention, and end-of-life care.

At the policy advocacy level, the gerontological nurse translates the consumer voice into policy, legislation, and regulation that address such issues as control of access to healthcare, regulation of healthcare services, protection of the older adult, and environmental justice. Gerontological nurses also advocate as seated members in state and national legislative bodies, National Academy of Medicine committees, and organizational leadership level boards. They lobby for healthcare issues and resources and join with vulnerable communities to fight industry and dilapidated housing threats affecting the health of individuals, groups, communities, and populations. Gerontological nurses are advocates when addressing malpractice concerns, fraudulent insurance billing, and identity theft in their roles as legal nurse consultants or when engaged in legal practice as nurse attorneys.

The gerontological nurse understands that "place matters" because of the environmental impact of where people grow, age, learn, work, and reside (social determinants of health). Advocacy, as defined by nursing, can take place wherever an older adult or their needs require representation (e.g., streets to the halls of legislatures). Gerontological nurses must continue advocacy and lobbying efforts for the evaluation and restructuring of healthcare, reimbursement and value of nursing care, funding for nursing education and research, identifying the role of nurses and nursing in health and medical homes, comparative effectiveness, and advances in health information technology. Gerontological nurses are strong advocates for older adults, their care, healthcare, and the nursing profession.

Trends and Issues in Gerontological Nursing

Demographic Changes

The older adult population continues to grow in number and diversity. By 2060, the general older adult population is expected to double, and the subset of those 85 and older is projected to triple. This has an impact on racial and ethnic groups. The Hispanic population continues to grow exponentially from 8% in 2014 to 22% of the population of older adults in the United States (U.S. Census Bureau, 2015). The non-Hispanic African American older adult population is projected to grow from 4 million in 2014 and reach 12 million by 2060 (U.S. Census Bureau, 2015). These demographic changes will require gerontological nurses to meet the specific needs of these populations for cardiovascular disease, diabetes mellitus, cancer, arthritis, and other chronic illnesses.

Carers

With the growing older adult population, the needs of carers must not be overlooked. Carers are paid and unpaid caregivers. One of the largest carer groups are middle-aged and those of retirement age who are caring for children,

grandchildren, parents, grandparents, and their own needs. Some must retire to manage parents in their homes. Distance carers also contribute their support and care. Middle-aged and older carers may not be in an economic position to retire because they will likely live a longer life as well. It is a time when economic resources and healthy aging are a high priority in the aging process. Gerontological nurses provide guidance for family dynamics due to role changes and recommend resources for changes in living environments.

Regulations, Legislation, and Advocacy

Gerontological nurses at all levels of professional practice must be knowledgeable about and comply with federal, state, and local statutes, regulations, and laws, including licensure requirements. Gerontological nurses should be aware of how they can influence legislative and regulatory processes and organizational and other policies related to older adults and their care. Gerontological nurses must take action to assure a policy and regulatory environment exists that promotes health and fosters high-quality healthcare for older adults.

Gerontological nurses advocate for recognition of the uniqueness of caring for older adults and lead in assuring that older adults receive optimal healthcare across the continuum. Gerontological nurses utilize evidence-based practice, including quality improvement and risk management activities, to promote safe high-quality, person-centered care with the goal of optimizing the health and healthcare outcomes in older adults. The shift from critical illness to chronic disease self-management, health promotion, and resiliency has changed healthcare. For example, programs, such as the National Institute on Aging's Go for Life campaign program, align with gerontological nursing and its focus on health promotion and optimal functioning for older adults.

Gerontological nurses address person-centered legal requirements, including those related to privacy and self-determination; advance directives and guardianship; prevention and reporting of mistreatment, neglect, abuse, and exploitation; and capacity and competence. Older adults are living longer into their retirement years. Retirement villages, continuing care retirement communities, and longer, healthier lifespans have generated an environment for sexual relationships that continue into later life. Sexuality and awareness of sexually transmitted infections (STIs), including HIV, prevention, treatment, and reporting garner increased attention from gerontological nurses with the changing demographics of today's older adult population. Education on health promotion and prevention of sexually transmitted diseases and cultivating healthy physical and emotional relationships are vitally important in these communities. Further, gerontological nurses must recognize and address the care needs of the LBGTQ populations who are less likely to access care and services that allow them to live healthy, independent lives (AGS, 2015).

Gerontological nurses engage in legislative activities that influence health, healthcare, and practice. Efforts include actively participating in community, professional, and interprofessional organizations; monitoring governmental and organizational (e.g., hospital, care center) activities that have an impact on professional practice; educating older adults and other members of the public regarding health and healthcare policy; and leading legislative advocacy for older adults and gerontological nursing practice. Gerontological nurses participate in the regulatory process by engaging in activities such as, but not limited to, voting in elections, serving on expert panels convened by regulatory agencies or professional associations, or submitting formal comments regarding proposed regulations.

End-of-Life and Other Ethical Dilemmas

Nurse competencies related to practice with older adults emphasize that autonomy, personal choices, and shared decision-making are key determinants of the care plan (Burger et al., 2008). Identification of transition points in the trajectory of chronic illness and prognostication regarding the end of life are frequently difficult to make and to communicate to older adults and other stakeholders. Examples of issues that can trigger ethical dilemmas for gerontological nurses include evaluation of decisional and self-care capacity (such as assessing an older adult's ability to drive or live independently), planning for end-of-life care, implementing Do Not Resuscitate (DNR) or Allow Natural Death (AND) orders, applying powers of attorney for healthcare purposes, symptom management (e.g., chronic pain), and supportive comfort care (e.g., end-of-life preferences).

Intellectual and Developmental Disorders and Other Disabilities

Older adults with intellectual and developmental disorders (I/DD) have unique needs. Life expectancy for individuals with I/DD has increased by 200% (Tinglin, 2014). Often, these individuals outlive their parents and carers. Syndromes and illnesses normally associated with aging or advanced age may appear earlier in those with I/DD (e.g., dementia diagnosed in the fifth decade). As I/DD symptomatology progresses, age-related conditions also develop leading to more complex healthcare needs and comorbidity conditions. Data indicate that 30–70% of older adults living with I/DD have coexisting mental health diagnoses (Worchester, 2015). For these reasons, gerontological nurses need to understand the multifactorial impact of safely caring for these individuals into old age.

Social and spiritual needs along with community, financial, and legal aid resources are important to embrace when caring for older adults with I/DD. Familiarity with the disability resources and advocacy organizations in one's

community and state is imperative. Components of the Americans With Disabilities Act (ADA) provide numerous protections for older adults with I/DD. Aging and Disability Resource Centers (ADRC) assist with access to housing and long-term support and services for older adults including home healthcare and assistive technology (Kaldy, 2017). Federally funded Protection and Advocacy Services defend rights and work within the framework of the National Disability Rights Network (NDRN). Legal service organizations provide free legal assistance, including accessing Social Security and Medicaid benefits as well as guardianship issues.

Palliative Care

Palliative care offers a holistic approach to the biopsychosocial, cultural, and spiritual needs of older adults throughout the trajectory of a chronic illness. Palliative care services are increasingly available in all care settings. Hospice care is one phase of palliative care and, because of current Medicare regulations, focuses on the last 6 months of life. There is a continued need to integrate gerontological and palliative care nursing because an aging population has needs requiring the knowledge and expertise of both specialties. Gerontological nurses are familiar with palliative care and understand that knowing and honoring the older adult's goals of care are critical to providing person-centered, quality nursing care.

Opioid Crisis

Gerontological nurses have key knowledge and experience that contribute to the awareness and strategies for solving the looming opioid crisis. Screening for substance use disorders is overlooked in older adults. Gerontological nurses have expert knowledge in the physical and mental health of older adults. They can provide specialized brief interventions and referrals (SBIRT) for older adults with opioid or other substance use disorders. The integration of behavioral health into primary care through the SBIRT model has been tested and shown to be effective in reducing opioids in older adults. Challenges and barriers in the delivery of palliative care include nonpharmacological alternatives to opioids, an awareness of effective pain and symptom management for cancer and persistent pain, and the stigma associated with opioids (Paice, Battista, Drick, & Schreiner, 2018).

Workforce Issues

Despite the well-documented demographic predictions demonstrating an influx of older adults into the healthcare system and the fact that most healthcare workers will care for older adults, the current healthcare workforce is under-resourced and ill-prepared to meet the unique healthcare needs of older

adults (Gray-Miceli et al., 2014; IOM, 2008). The current supply of gerontological nurses simply cannot meet the demand of the growing aging population (Bardach & Rowles, 2012).

Unlicensed assistive personnel currently provide the majority of nursing care in long-term and residential care environments. These individuals fill entry-level positions. Gerontological nurses must provide these critical personnel with the education, training, and support to meet the care needs and challenges they will encounter when caring for older adults.

Insufficient numbers of nursing faculty with the educational preparation, practice expertise, and certification in gerontological nursing, coupled with few gerontological nursing preceptors and mentors for students, hamper development of the future gerontological nursing workforce (Perkinson, 2013). The wages and benefits for gerontological nurses frequently are not competitive with those of other nursing specialties. This financial disparity is especially evident in long-term care settings where nurses often face physically taxing work environments and professional isolation, as well as inferior professional development opportunities (Perkinson, 2013).

Healthcare reform has impacted gerontological nursing and the cost of quality of care for older adults. The growing population of older adults with multiple chronic illnesses contributes to healthcare costs. The Diagnosis Related Group (DRG) is a patient classification system that was developed for hospital reimbursement to match patient severity with available resources. The DRG system is revised as technology and new procedures evolve and are designed to allocate appropriate resources including rehospitalizations to decrease costs (CMS, 2016).

Medicare also has made changes that allow greater involvement and autonomy for billable services and care coordination performed by registered nurses under general supervision (ANA, 2017). This is especially beneficial when there is potential for cost savings. However, direct billing to Medicare is still through the physician or APRN. These changes support that nurses should practice to the full extent of their education and practice (IOM, 2010).

Research and Development

While the breadth of knowledge regarding gerontological nursing care is expanding, it is essential that gerontological nurses continue to participate in research and development of evidence on which to base practice (Levin & Kaplin Jacobs, 2016). There is unprecedented growth in the number of older adults in the United States, and the majority of these individuals have at least two chronic conditions, such as diabetes, heart disease, or Alzheimer's disease (USDHHS, 2017). Nurses must take a leadership role in addressing this public health issue and identify, implement, and refine new approaches to care. More

nurse scientists who are passionate about conducting research are needed to provide the evidence for interventions and healthcare policy to improve the quality and quantity of life for older adults.

Since 2010, the IOM *Future of Nursing Report* has contributed to the transformation of gerontological nursing. Gerontological nurses are proactive. There are more nurses with doctoral degrees, more nurse scientists, and more incentives for registered nurses to complete higher education. Gerontological nurses are well positioned to be full partners with other healthcare professionals to lead the redesign of healthcare and development and forward movement of policies for the best interest of older adults.