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Professional training in gerontology: The case of nursing

By Dana C. Hughes

The health care professions in the United States are currently being chastised by many groups including governmental officials about their lack of interest and involvement in meeting the health needs of the aged population. Such criticisms are understandable given the increasing size of the aged group, particularly in the "old-old" high risk group; the aged's disproportionately high use of health care services (Institute for Medicine, 1978); and the rapidly rising health care costs. Undoubtedly pressures directed toward the health care professions will increase due to the continued growth of the aged group,¹ the changing expectations of persons now approaching old age,² and the growing body of knowledge which demonstrates that many of the aged's health problems and accompanying disabilities can be prevented or alleviated.

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Highest Professional training in gerontology: The case of nursing

Professional education has grown in institutions of higher education as evidenced by the emergence and growth of the Association for Gerontology in Higher Education (Hickey, 1978). However, the integration of gerontology into professional education programs including medicine, dentistry, social work and nursing has been minimal (Gunter and Estes, 1979; Hirschfield, 1979; Institute of Medicine, 1978; Lindsay, 1979). Although professional health schools are gradually responding to pressures to prepare their students to care for the aged, much needs to be done.

The purpose of this paper is to examine issues related to the integration of gerontology and geriatrics into nursing curricula. First, the importance of nurses becoming involved in helping meet the health needs of the aged population is examined.³ A brief history of the profession's involvement in geriatrics and gerontological nursing follows. Then the focus of gerontological nursing is presented. The importance of preparing generalists or specialists in gerontological nursing is examined next, and then questions faculty should consider in planning a nursing gerontology program are raised. Finally, the importance of continuing education in gerontological nursing is discussed. Although the focus of the paper is directed toward the nursing profession, many of the issues raised are applicable to other health disciplines.

Nurses and the Aged

The nursing profession's involvement in helping to meet the health needs of the aged is important in that nurses comprise the largest professional health manpower group. In 1977, more than 978,000 registered nurses were employed in nursing positions through the United States (Moses and Roth, 1979). With adequate knowledge of the aged population's health needs and a commitment to serving the elderly, nurses could play a vital role in the development and implementation of health policies and services directed toward this group. Unfortunately, this potential is not being met, for few nurses have this knowledge and are committed to serving the aged (Gunter and Estes, 1979; Lindsay, 1979).

According to Davis (1968), geriatric nursing became a reality in the United States in 1935 when retired and widowed nurses opened boarding homes for the aged following passage of the Social Security Act. The American Nurses Association's (ANA) interest in care of the aged began in 1962 with the initiation of a Conference Group in Geriatric Nurse Practice (Burnside, 1976). In 1966, ANA recognized geriatrics as one of five specialty areas and formed the Geriatric Division of Nursing Practice.⁴ A growing concern for all aged persons and not just the sick aged resulted in the division being retitled Division on Gerontological Nursing Practice in 1976.

As stated by ANA in its "Standards of Gerontological Practice,"

gerontological nursing is concerned with assessment of the health needs of older adults, planning, and implementing health care to meet these needs, and evaluating the effectiveness of such care. Emphasis is placed on maximizing independence in the activities of everyday living and promoting, maintaining, and restoring health . . . (Burnside, 1976:615).

Burnside (1976), Gunter and Estes (1979) and Tuck (1972) contend that nursing care of the aged is a distinct area of nursing practice which merits the same in-depth

focus that has been given to the specialty practice areas. However, as illustrated by the limited courses or programs in gerontological nursing and the absences of questions concerning the aged on state nursing licensure examinations, this has not happened (Gunter and Estes, 1979). Gerontological nursing is a low priority specialty area at this time. Two factors may account for this: society's discrimination toward the aged and the health profession's acceptance of the medical model of health care and its emphasis upon curing illness (Coe, 1967). A related factor is the extreme shortage of nurses qualified to assume leadership roles in the development of nursing gerontology curriculums.

Responding to pressures from societal groups and to the availabilities of monies allocated to training programs for geriatric/gerontology nurses through the Nurse Training Act of 1979 (Schechter, 1979), more and more schools of nursing are planning or modifying curricula focused on care of the aged. As faculty design and implement courses and programs, a multitude of questions need to be addressed. Many of these are addressed below.

Should Nursing Schools Prepare Nurse Generalists or Specialists to Care for the Aged?

The controversy concerning the importance of preparing generalists at the basic level or specialists at the graduate level is irrelevant in the nursing profession. Both generalists and specialists in gerontological nursing are needed if the profession is to play an important role in meeting the health needs of the elderly.

Introduction of gerontology into basic nursing education programs is imperative since 95 percent or more of all nurses will complete their formal nurse training in a diploma, associate or baccalaureate school of nursing (USDHEW, 1979).² If nurses are to develop a commitment toward the aged, increase their knowledge of the aged and their health needs, and develop skills in caring for them, gerontological nursing must be introduced at the basic level.

Specialists in gerontological nursing are also needed to serve as educators, researchers, nurse practitioners, and clinicians. They should be prepared to work in a variety of health care settings and in the community. According to Gunter and Estes (1979), nurse gerontologists employed as specialists are needed to work in the subareas of health promotion as well as in primary care and long-term care.

"Health nursing emphasizes the promotion of health and healthy development, . . . and encompasses primary, secondary, and tertiary prevention" (p. 107). Primary care refers to initial patient health assessment, management of health, evaluation and management of symptoms and appropriate referrals.

"Long-term care consists of those services designed to provide symptomatic treatment, maintenance, and rehabilitative services . . . in a variety of health care settings" (p. 109). Due to the depth and breadth of materials covered, preparation for specialists roles must follow the basic nurse training program.

Several nursing schools now offer graduate programs in gerontological nursing. In 1979, 22 schools of nursing (21 percent of the master's level nursing programs accredited by the National League for Nursing) offered a geriatric and/or gerontological nursing program (NLN, 1979a).³ Only one of the 21 doctoral nursing programs offered a gerontological focus (NLN, 1979b).⁴ Since fewer

graduate gerontological nursing programs were enrolled in 1978 (Shields, 1978), and fewer than five percent of the working nurses will earn a masters or doctoral degree in nursing during the 1980s, the supply of specialists in gerontological nursing will not begin to meet the needs of nursing schools and other health care agencies and institutions. This suggests the importance of faculty development programs in gerontological nursing so that curricula at all levels can be planned and implemented. Faculty in basic education programs cannot wait for the specialists to design and implement curricula for students as suggested by Seigel (1979).

What Questions Should Faculty Consider in Planning a Nursing Gerontology Program?

Several sets of questions should be addressed by faculty planning a nursing gerontology program.⁵ They include questions related to program philosophy and goals, curriculum content and format, faculty responsible for program, and nature of support for program. Some of the questions are applicable to all nursing curricula, while others are specific to gerontological nursing. The questions are relevant to both basic and graduate nursing programs.

Several questions concern the philosophy and goals of the program. What philosophy concerning the aged and their health needs underlies the program goals? What are the program goals? What are the minimal competencies that program graduates are expected to master? In what settings are graduates prepared for and expected to work? What roles are they expected to perform according to faculty, to employers, and to consumers?

Five questions focus on program content. Should the program reflect an emphasis upon application of knowledge or the development of gerontological nursing techniques and theory? How much emphasis should be placed upon the normative and/or pathological processes of aging? Should students be taught to promote health of the aged, to assess and treat the aged ill in the community, and/or to care for the aged in long-term care institutions? Finally, should aging issues be viewed from the perspective(s) of the individual, family, community, and/or society?

Four questions focus on program format. Should the gerontology courses be segregated, or should the program materials be integrated into other courses? How much time should be devoted to increasing knowledge, changing attitudes, and developing skills? In what settings should students do their clinical assignments? Should students have experiences with the well aged, the sick aged, or both?

Several questions are related to faculty resources and support for a nursing gerontology program. Should the gerontology courses comprising the program be taught by nursing faculty or by an interdisciplinary faculty group? How much and what types of support are available to faculty both within the school of nursing and the community? How many qualified and committed faculty members are able and willing to help implement the program? Are funds available to hire needed faculty and/or consultants? Are funds adequate to support faculty development? Finally, are staff in the clinical settings utilized by the students knowledgeable about needs of the aged and supportive to the students' learning needs?

Answers to the above and Highest Professional Training in gerontology: The case of nursing assist faculty in determining the nature and scope of a gerontology nursing program that they are capable of implementing within their school of nursing. Schools with limited faculty resources and funds for bringing in additional faculty will need to limit their program or seek additional resources. A faculty development program may be the first step to initiating a nursing gerontology program. By contrast, schools with qualified faculty, resources and adequate support from administration may choose to implement gerontological nursing in both their basic and graduate programs. See Gunter and Estes (1979) for specific suggestions concerning the design of gerontological nursing curriculums.

What Role Should Continuing Education Play in Preparing Nurses to Care for the Aged?

Since a majority of working nurses did not receive gerontological nursing in their basic nurse training program (Gunter and Estes, 1979), continuing education can and must play a significant role in helping nurses increase their knowledge and skills in caring for the aged. Continuing education can also play an important role in disseminating new knowledge and techniques to gerontological nurses prepared as generalists and specialists. In short, program activities are needed for all levels of nursing personnel beginning with the nurse aide and continuing through the nurse prepared at the doctoral level.

Program goals, format, and content of specific programs must be directed to the target student population, as student needs and interests will vary. Although space limits prohibit a discussion concerning who is capable of conducting continuing education programs, planning groups should uphold professional ANA standards for such programs. Furthermore, they should do their utmost to provide a stimulating informative program. Nurses can be seduced into gerontological nursing by positive educational experiences.

Conclusions

Available data demonstrates that the nursing profession's commitment to meeting the health needs of the aged population is far from adequate. Although all the health professions will need to work together to resolve the health concerns and problems of this rapidly growing group, nursing can play a vital role in the development and provision of quality health services. Nursing's unique contribution can lie in its simultaneous concerns with health and illness factors as they interact with the biological, psychological and sociological dimensions of aged persons and their families.

However, before the nursing profession can reach its potential in serving the aged population, there must be a cadre of nurses prepared as generalists and specialists in gerontological nursing. Knowledge of basic nursing skills is necessary but insufficient for meeting the frequently complex and multiple needs of the aged. The integration of gerontology into nursing curricula in basic and graduate programs is an important step. However, continuing education programs in gerontological nursing must also be developed in that a majority of working nurses graduated from educational programs lacking a gerontological focus. Furthermore, few of these nurses will have or take the opportunity to enter graduate nursing programs.

ing nurses to meet the health needs of society. Thus, they must accept the responsibility for preparing gerontological nurses. The time to move forward is now.

FOOTNOTES

1. By 2030 the U.S. Bureau of Census has estimated that the number of elderly 65 and over will increase from 23 million (10.9 percent of population) to almost 55 million (14-22 percent of population depending on future fertility levels) **Changes—research on aging and the aged**, USDHEW Pub. No. (NIH 78-85, 1978, 5).
2. In general, the future elderly will be better educated, more affluent, and they will be more apt to regard health and social services as "rights" rather than privileges (**USDHEW, Changes—research on aging and the aged**).
3. Nurse, unless specified otherwise, refers to registered nurse.
4. The four other speciality areas designated by the American Nurses Association are pediatrics, mental health/psychiatric nursing, community nursing, and obstetrical/gynecological nursing.
5. Currently there are 3 types of nursing programs that prepare students to take the state nursing licensure examination. Diploma school, the oldest type, is generally associated with a hospital and requires about 3 years of study and service. The graduate is prepared to do bedside nursing. The associate degree program, the newest type, is currently growing faster than the others. Through 2 years of nursing and supporting coursework, students are prepared for staff nursing positions which involve direct patient care (**NLN, Associate Degree Education for Nurses, 1979-80**, 1979, Pub. No. 1309). The baccalaureate program offers the first professional degree in nursing and is associated with a college or university. Nursing theory and practice courses as well as supporting courses in the humanities, behavioral, biological and physical sciences comprise the 4 year program. Graduates are qualified to work in a variety of settings giving care to patients and their families, and directing care given by other nursing staff (**NLN, Baccalaureate Education in Nursing Key to a Professional Career in Nursing, 1979-80**, 1979, Pub. No. 15-1311).
6. One program on family nursing included a focus on aging. In addition to the geriatric/gerontology courses, 19 schools offered a masters in adult health. Although the assumption could be made that the aged adult was covered in the program, the time devoted to the aged would necessarily be limited. There was some data that suggested that the programs were entirely separate in that 5 of these 19 schools also offered programs in geriatrics or gerontological nursing.
7. One doctoral program offered a focus in adult health.
8. Many of these questions are similar to those posed by C.J. Cooney, "Functions of Academic Gerontology" (Undergraduate Level) in Seltzer, et al., **Gerontology in Higher Education: Perspectives and Issues**, Wadsworth Publishing Company, Inc.: Belmont, California, 1978, p. 80-85.

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