

Running Head: GERONTOLOGICAL NURSING

An Exploration of Gerontological Nursing in Nursing Curricula

by

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BScN, University of Alberta, 1994

Dip Gero, Simon Fraser University, 1995

A Project Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF NURSING

in the School of Nursing, Faculty of Human and Social Development

Maneet Samra, 2009
University of Victoria

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Supervisory Committee

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Associate Director Undergraduate Education, School of Nursing

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Abstract

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The speciality of gerontological nursing is caught among health care directives, the position of older adults in society, practice setting challenges (i.e., staffing, workload, blend of various skilled staff), and various interests in curricular revisions and career development. The field of gerontology developed relatively recently, and as such often lacks the structural and institutional support needed. The significant increase in the older adult population has led to this field of practice becoming one of the most rapidly growing fields in nursing.

This project is an inquiry of the undergraduate nursing curricula, specifically in British Columbia, and how health and wellness of the older adult is addressed as student nurses make their way through a generalist approach in basic nursing education. I describe the status of the older adult population in the context of the social and health care systems. A brief overview is provided of political, cultural, and economic influences on nursing care of this particular population, including ideologies and discourses. I

present some background information on gerontology nursing, its competencies, and as a nursing specialty career path. I also describe the other population groups such as faculty, students, and health care employers that I address through my literature search and the methodology. The methodology includes an analysis of how the respective curricula of each of the four schools of nursing of interest in British Columbia address the recommendations for nursing education stated by the Canadian Gerontological Nursing Association and the National Gerontological Nursing Association. The analysis includes curriculum blueprints, required and elective courses, integrated curriculum, and specific learning activities. Overall the intent of the project is to influence nursing curricula and program implementation. Upon concluding the project I present recommendations that highlight gerontology nursing as a specialty that warrants recognition by schools of nursing, in order to further incorporate gerontology nursing into the curriculum.

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Acknowledgments

First and foremost I would like to express my gratitude to Dr. Jane Milliken for her mentorship. Her support from the initial stages of this project, advising me on my writing, and guiding me for the defence were insurmountable.

Thanks to Dr. Sharon Ronaldson who took interest in my project not only by being the external member on my advisory committee but also by sharing her perspective of the data analysis specific to this project. Thanks to Dr. Carol McDonald for her guidance at both the initial stages and the final stages of this project.

I would also like to acknowledge the following faculty members from British Columbia Institute of Technology: Dr. Tru Freeman, Jane Verner, MN, and Jim Hunter, MN, and also from the University of British Columbia, Dr. Alison Phinney. All of these educators responded to my need to understand their respective curriculum and took an interest in the value of my project.

Finally, to the Nurse Educator Pathway Project, without its members' generous support this project would not be possible.

Dedication

This project is dedicated to the nurses, care aides, and interdisciplinary professionals who advocate for the older adults who have built the community we all call our home. Respectfully, this project is also dedicated to those elders who have inspired me to share a story just as they have shared their stories with me.

Finally this project is dedicated to my daughters, Amrita and Simran; my husband, Sapinder; and the rest my family, who have supported me through this journey of motherhood, wife, student, and nurse.

Purpose

The purpose of this project is to identify the extent to which undergraduate nursing education prepares entry-level nurses with beginning competencies to care for older persons across the continuum of care. The major impetus for this project is to increase awareness of gerontology nursing through clinical practice and leadership, to identify career opportunities in select areas of practice in gerontology nursing, and to recognize the importance of nurses entering gerontological nursing practice as a career path and the potential for advanced practice. The anticipated outcome is that schools of nursing will recognize that nursing care of the older adult is established based on a specific body of knowledge that clearly delineates best gerontological nursing practices. The project concludes with recommendations for nurse educators who are grappling with nursing education issues concerning gerontology preparation.

There is published academic literature on the variables that contribute to envisioning the problem in a larger context. In reviewing the literature, I have identified a number of factors to be considered in this project. These include (a) ageism (Ferrario, Freeman, Nellett, & Scheel, 2008), (b) the image of gerontology nursing, (c) the subjective reality or attitudes of nursing students (Haight, Christ, & Dias, 1994), (d) faculty expertise, (e) specific competencies for gerontology nursing, (f) varied curriculum perspectives (Wallace, Greiner, Grossman, Lange, & Troth Lippman, 2006), (g) the clinical experience of students (Abbey et al., 2006), (h) the practice setting, (i) the medical model versus the holistic model, and (j) a lack of recognition of gerontology as a science and an art. It is essential to look beyond the practical tasks and skills of gerontology nursing to reveal the complexity of gerontological nursing practice

As I have reviewed the curricula from several schools of nursing, I have gained insight into how gerontology nursing is addressed. Ideas that have guided my exploration of the basic

nursing curricula include (a) how faculty envision gerontology nursing in the basic curriculum, (b) first-year nursing students' practica, (c) the learning of basic skills, (d) clinical practice settings, and (e) exposure to long-term care and the care team. Overall, my intention was to gain an understanding of how faculty members, students, and nurses in practice can collaborate in support of a curriculum that highlights gerontology nursing as a recognized specialty that warrants attention in the basic curriculum.

I have compared and contrasted the varied approaches of the specified schools of nursing by assessing how each of the schools presents gerontology content and how each school's philosophy of nursing directs curriculum and nursing education and practice. Through the analysis I have identified specific strategies or potential areas of development identified in the literature that can enhance undergraduate education in relation to gerontology nursing. The project concludes with recommendations, based on the analysis, of how academia could improve or revise the presentation of the older adult throughout the undergraduate curricula.

Background

The fastest growing age group in Canada consists of individuals aged 55 to 64 who are nearing retirement. According to Statistics Canada (2005), more than 4 million of Canada's total population would have been over the age of 65 in 2006. Currently persons over the age of 65 represent 13% of the total Canadian population. By 2031 this age group will increase to 25% of the total population. The Canadian Gerontological Nursing Association and National Gerontological Nursing Association (2008) indicated that, in total, health expenditures for individuals aged 75 to 84 account for the largest proportion of health expenditures (16.7%), while those 85 years and older are the second largest (11.6%). Older adults will likely experience one or more hospitalizations in their later years.

The dominant discourse of medicine and the modern school of thought have significantly influenced the direction of the health care system, especially with regard to the care of the older adult. Lack of recognition of the professional skills and knowledge of gerontology nurses is reflected in serious problems with recruitment and retention of satisfactory nursing staff, and this directly impacts the quality of care being offered to older adults. Short-sighted management practices have resulted in nurses having to do more with less, thus resulting in moral distress and burnout (Chang, Chenoweth, & Hancock, 2003). Educational initiatives intended to influence practice and enable positive change need to begin with support, recognition, and valuing by administrators. Strategic plans across the curriculum from entry to nursing school to post employment education must be fostered across sectors to promote positive attitudes toward the older adult.

Definitions

For the purpose of this paper, some common and not so common terms require a shared understanding. *Older adults* are understood to be those persons over the age of 65 years. Older adults are an extremely diverse group of people who possess a broad range of abilities and needs in all domains of function. The characteristics that individualize older adults may include lifestyle, experiences with illness, perception of health, history, social networks, and environmental conditions (Lach, 2007).

Ageism encompasses a complex set of social values and attitudes that both influences older adults' position in society and counteracts recruitment of healthcare professionals to work with older adults (Ferrario, Freeman, Nellett, & Scheel, 2008). Older adults have been stereotyped as a homogenous group. There is a discourse of older adults being frail, socially withdrawn, and dependent on health and social welfare systems (Alabaster, 2006). Despite

advancements in medical science improving health and life expectancy, older adults may still face barriers to adequate care. In health (and social) care, ageism is manifested in a variety of ways, such as underresourced services, unskilled labour, unattractive working environments, and unappealing career structures.

Negative attitudes about aging, may also be influenced by nursing curricula that is based upon knowledge from a medical and/or disease prevention perspective. When declining characteristics of aging are highlighted within the curriculum, nursing students may develop negative attitudes toward aging that can deter them from a career path in the direction of aged care. Research has revealed that ageism persists as students continue to form their own opinions independent of new knowledge that is gained during course work. (Cottle & Glover, 2007).

Gerontology comes from the Greek term *geron*, which means “old man,” and *logos*, which means “speech,” and is therefore literally translated as “to talk about old age.” It is an applied science that focuses on the social, psychological, and biological aspects of aging. From this perspective the process and effects of normal aging are sought to be understood.

Gerontology is further defined according to a specific discipline, thus gerontology nursing.

Geriatrics, in contrast, is the branch of medicine that studies and practices to address the medical problems and care of older adults with diseases (Lach, 2007).

Lach (2007) refers to Gunter’s and Estes’s 1979 definition of *gerontology nursing* as a health service that incorporates generic nursing methods and specialized knowledge about the aged to establish conditions within the patient and within the environment that will do the following:

1. increase health-promoting behaviours in the aged;

2. minimize and compensate for health-related losses and impairments related to aging;
3. provide comfort and sustenance through the distressing and debilitating events of aging, including death and dying; and
4. facilitate the diagnosis, palliation, and treatment of disease in the aged (pp. 91–92).

According to the Canadian Nurses Association ([CNA] 2009), in 2008, the specialty of gerontology has the most certified registrants at 2,104, followed by psychiatric/mental health nursing with 1,750 certified registrants. British Columbia has the largest number of registrants at 665, followed by 609 in Ontario and 341 in Alberta.

Bevis (1989) defines *curriculum* as interactions that take place amongst students, clients/patients/residents, mentors (experienced nurses), and educators with the intention that learning is to take place. She summarizes curriculum into four categories:

1. Curriculum as the program of studies.
2. Curriculum as planned learning experiences or as a plan for learning.
3. Curriculum as all the experiences that students have under the auspices of the school.
4. Curriculum as a structured series of intended learning outcomes (Bevis, 1989, p. 68).

For the purpose of this paper, contact was made with specific faculty at four nursing schools in order to access curriculum documents which included (a) a curriculum matrix, (b) the philosophy of nursing and nursing education, (c) course descriptions, (d) learning activities, (e) clinical experiences, and (f) learning outcomes.

Assumptions about Gerontology

Nurses are key providers for the older adult and need to consider assumptions that guide their care for older adults. Gerontological nursing is practiced within the framework of professional nursing and therefore is subject to professional norms and a code of ethics. Gerontological nurses take a holistic approach in caring for older adults and are concerned with preserving health and function, as well as with preventing and curing disease. Gerontology nursing interventions are based upon a matrix of values, beliefs, reflection, intuition, and knowledge. No matter what the nurse's role or setting of practice, this unique body of knowledge is directed toward enabling independence, optimizing rehabilitation potential, minimizing disability, and providing supportive care during end of life.

In spite of the current need for specialists in this field, gerontological nursing is not a popular choice and nurses often lack adequate preparation to care for older adults. The learning resources and opportunities provided in nursing curricula have the potential either to positively or to negatively affect the development of and/or changes in attitudes toward older adults (Williams, Anderson, & Day, 2007). There are practical challenges to devoting entire portions of programs to one speciality. Faculty do struggle with curriculum overload as the global population grows in diversity. Technological advances are also putting greater demands on educators' time and energy. There is a significant amount of new content contending for inclusion in the baccalaureate program (Baumbusch & Andrusyszyn, 2002)

Statement of Problem

In nursing, gerontology is troubled by its unpopular status and negative image. The language of gerontological nursing is critiqued for its potential to devalue the field by association with "old people" when the body of the older adult is depersonalized, passive, and reduced to the

sum of its malfunctioning parts. The student, in particular, often relates gerontology nursing to basic nursing care. The discourse of basic care is seen to be secondary to the technical and clinical aspect of nursing work. The routine geriatric style of caring promotes an image of gerontology as lacking a specialized body of knowledge that is highly valued. Unfortunately, the care of older adults often becomes overshadowed by other specialty areas.

Without a doubt, the overwhelming majority of the people who are sick and seek health care are older adults. As the population ages and becomes more aware of health and disease processes, it is essential that nurses (and other health care professionals) be well equipped with the necessary evidence-based knowledge and skills to care competently for the needs of older adults. Nurses care for older adults, both frail and healthy, in a variety of settings, such as through in-home and community services, acute care services, and residential care. Others work across these settings as case managers. The one factor that unifies these nurses is the fact that they all work with older adults and require a unique body of knowledge and skills to competently care for this sector of society.

Methodology

A systematic inquiry guided the process of evaluation and comparison of a sample of nursing schools' perspectives on gerontology nursing. The curricula were analyzed to compare the presentation of the older adult population in an integrated and a core perspective of gerontology in curricula. By answering the following research questions, this study contributes to students' understanding of the value and worth of gerontological nursing as a specialty area of nursing.

Research Questions

The project was guided by the following three research questions:

1. How can nursing school faculty prepare nurses to have positive attitudes toward caring for older adults?
2. How are nursing schools shifting curricula to recognize the need for gerontological nursing?
3. What are the factors in nursing students' clinical experience that can potentially impact their choice of career options to consider a focus on gerontological nursing?

Nursing Undergraduate Curricula in British Columbia

In order to ascertain an understanding of the undergraduate nursing program and how the older adult is envisioned by the nursing schools, faculty, and nursing students, I contacted nursing educators at the following nursing programs in British Columbia: (a) University of British Columbia (UBC), (b) Langara College, (c) Collaborative Academic Education in Nursing (CAEN), and (d) British Columbia Institute of Technology (BCIT). Permission was obtained to review their respective curricula, followed by a request for data to be analyzed. The leaders responded by forwarding curriculum blueprints, course syllabi, learning activities, and/or position statements that I could analyze for the purpose of this project. This project is not a comprehensive analysis, since the entire curriculum of each of the schools of nursing was not analyzed. My objective for this project was to analyze how aspects of the curriculum from each of the schools have incorporated the recommendations stated by the Canadian Gerontological Nursing Association (CGNA) and the National Gerontological Nursing Association (NGNA) in 2008 through a joint position statement called *Prescriptions for Excellence in Gerontological Nursing Education*.

All of these schools except BCIT and UBC were once members of the Collaborative Nursing Program of British Columbia (CNPBC) and shared a curriculum until the partnership

dissolved in 2004. Langara College revised the CNPBC curriculum by offering the remaining 4 semesters of the original curriculum to develop its Bachelor of Science in Nursing (BSN) program. The University of Victoria continued to offer the CNPBC curriculum in a new partnership, the Collaboration for Academic Education in Nursing (CAEN), which consists of institutions in British Columbia and the Northwest Territories. This shared curriculum is currently undergoing a major revision. BCIT is recognized as an institution of technical knowledge and skills that focuses on acute care nursing (i.e., emergency, critical care, perinatal). UBC offers a compressed version of the nursing program over five semesters. Students who apply for admission to the program already have either an undergraduate degree or the equivalent number of credits. I examined the curriculum of each of these schools in order to determine the direction of undergraduate studies in relation to the health care needs of older adults.

Literature Review

Based upon a literature review, four factors were identified that must be considered when schools of nursing are considering gerontology within the undergraduate curriculum. The factors include gerontology in baccalaureate curricula, clinical experiences, nursing faculty, and student perspective.

Gerontology in Baccalaureate Curricula

Abbey et al. (2006), Mossop & Wilkinson (2006), Rosenfeld, Bottrell, Fulmer, and Mezey (1999), and Small (1993) have referred to several factors contributing to the lack of attention given to gerontology in the undergraduate nursing curriculum: (a) no specific testing of knowledge related to gerontology in the licensing exams, (b) curriculum overload, (c) lack of interest or enthusiasm among faculty and students in working with older adults, (d) lack of consensus as to what basic knowledge is related to nursing care of the older adult, (e) the absence

of faculty members who are specialized in gerontology nursing, (f) limited clinical experiences in gerontology, and (g) lack of resources from the university. In order to create a culture that values care of older adults, schools of nursing must address these barriers with the possibility of offering a clinical major in gerontological nursing.

In 1993, Earthy surveyed 22 baccalaureate nursing programs in Canada. The analysis revealed that half of the schools of nursing integrated gerontology content in their programs. Of the 22 schools, seven offered a gerontology elective and only two had a required course in gerontology. Less than 7.4% of the clinical practice hours were in a predominantly older adult nursing care setting. Only 2.5% of students chose a gerontology placement as their practicum placement immediately prior to graduation.

Currently there are two approaches to take into account when examining gerontology nursing in nursing school curriculum: the core approach, which offers essential gerontological knowledge in one or more specific courses, and the integrated approach, which includes the gerontological perspective throughout the program. There is a shift toward more integration of gerontological nursing into nursing curricula (Berman, A., Mezey, M., Kobayashi, M., Fulmer, T., Stanley, J., et al., 2005), although, few programs have a required course dedicated to gerontological nursing. There are reasons for and against both approaches. The rationale behind schools of nursing choosing to offer or not offer a final preceptorship placement in a care setting that focuses on older adults is another decision that educators make.

In highlighting schools of nursing that have acknowledged gerontological content in their curricula, Rosenfeld et al. (1999) state that “required, stand alone courses, faculty preparation and centers of excellence typify the nursing programs with the best gerontological content” (p. 91). The authors found that the nursing programs that demonstrated exemplary practices in

undergraduate nursing education in gerontology were influenced by factors including the following: (a) offering a stand-alone course in gerontology, (b) two or more clinical placements sites that specifically address gerontological nursing, (c) offering an advanced practice degree in gerontology, (d) at least one full-time faculty member with a certification in gerontology, and (e) a center for aging within the educational institution.

The nursing profession has slowly embraced a strategy to prepare all practicing nurses with basic geriatric competencies as a way to ensure that older adults experience appropriate nursing care. Virtually all nurses in the course of their careers care for older adults: providing preventive and wellness programs, helping patients manage multiple chronic conditions and deal with increased mental and physical frailty, and facilitating a peaceful death. It is imperative that these nurses have basic competence to deliver care to older adults. Lach (2007) has identified the following key components that contribute to the knowledge base for gerontological nursing: (a) physical, psychological, and social aspects of aging throughout the life span and the resulting impact on the individual and the family; (b) pathophysiology, epidemiology, treatment of chronic disease, and the impact of disease processes and therapeutic regimens; (c) health services available to the elderly in the community, and how that relates to the national spectrum of health services; (d) signs and symptoms of atypical manifestation of disease in older individuals, as well as common geriatric syndromes; (e) altered pharmacology of drugs in the older adult; (f) the influence of environmental factors on human performance and health status in the aged; (g) the impact of ethnicity on age-related changes, disease, and developmental events; (h) approaches to health promotion, disease prevention, and risk of reduction in later life; (i) ethical reasoning and problem solving; (j) key issues for older patients relevant to the various settings of care; and (k) current theory, research, and evidence for nursing interventions and standards of care for the

older adult. Nursing care of the older adult must be based on an established body of knowledge that clearly delineates the best gerontological nursing practices.

Wallace et al. (2006) have constructed a program to emphasize the theoretical knowledge base and clinical practice applications of the care of older adults. Their curriculum blueprint includes theories of aging, common geriatric problems, assessment instruments, normal versus pathological aging, and best gerontological nursing practices. When these concepts, practices, and issues are brought forward in the curriculum, there is potential for nurses to feel more confident and passionate about caring for this population throughout various environments of care.

Clinical Experiences

There is a need for more emphasis on clinical experiences in gerontology for undergraduate students. Michael Villeneuve and Jane MacDonald (2006) state in *Toward 2020: Visions for Nursing*, a document prepared for the Canadian Nurses Association, that

acute-care placements will be a much smaller, but still important, part of the curriculum. . . . The curriculum will need to be equally as strong in two streams: hands-on caring and knowledge development. There will be more attention to chronic diseases, aging, long-term care, end of life issues, complementary healing and ethical decision making. (p. 82)

In order to increase geriatric competency education, a required course in gerontology nursing with two components, a practicum experience and a seminar, must be built into the undergraduate nursing curriculum (Berman et al., 2005). Clinical experiences should complement classroom learning and the practical skills introduced in simulation environments. The interplay of these components provides the opportunity to integrate theory and practice. Such a course is characterized as being highly interactive, with students sharing experiences with

other students and faculty experts in gerontology. Practicum experiences must be designed to include successive, increasingly complex nursing responsibilities, in order to prepare learners for their professional autonomous role.

By emphasizing the complex interpersonal and organizational skills required in gerontological nursing practice, such as collaboration, advocacy, delegation, accountability, and respect, such a program may counteract the more negative interpretation sometimes produced by the lack of technical skills in the gerontology practice environment. Thus, although the technical skills may not be complex, the autonomous role of the gerontological nurse can be quite intimidating and does require exposure and practice. To ensure adequate gerontology practice education, schools must establish strong clinical partnerships with residential care settings and community gerontology services, where undergraduate nurses work alongside a registered nurse preceptor who is engaged in full-scope gerontological nursing practice.

In nursing programs there should also be a balanced exposure to both well and frail older adults. Educators must emphasize that frail and dependent older adults residing in residential care are atypical for this population group. Instead of focussing primarily on the medical model of care, initial experiences of interacting with well older adults can influence students more positively and challenge the stereotype of older adults by presenting illness as a deviation from health. Visits with well older adults could emphasize their views on aging and health, daily routine and lifestyle, safety, use of health care and social services, and social networks (Ryan, Melby, & Mitchell, 2007).

MacDonald and Gallant (2007) have written about elders as mentors of nursing students. They identified a strategy to bring forth faculty, elder mentors, and nursing students to collaborate in order to achieve student learning outcomes. They stated that older adults “have

many assets that may be deployed in a purposeful way to share knowledge, facilitate learning, and begin to shape the professional identity of nursing students” (MacDonald & Gallant, p. 58). This strategy is dependent upon the older adult making a commitment to a one-to-one mentoring relationship with nursing students. The experience consists of nursing students completing a series of five to six visits with an older adult mentor for a period two months for the purpose of examining values, beliefs, and attitudes toward aging and health, identifying daily experiences of an older adult, and, through a professional relationship, developing a health-protection promotion plan for the older adult. Through reflective learning the students integrate scientific information about the aging process based on the experiences in health and aging of their elder mentor. It is expected that from this experience students address their own biases and societal biases of aging and understand the lives and circumstances of older adults.

Brown, Nolan, Davies, Nolan, and Keady (2007) have argued that practice placements represent the main means by which student nurses are socialized into the profession. Within the field of gerontology there has been a long-standing value for students to obtain direct personal experience working with or serving older adults. It is essential that schools secure input and support from community agencies in order to advocate for substantial and rewarding mentoring experiences. Through community partnerships, faculty will be able to identify additional field sites that serve older adults and that can provide practicum experiences for students.

Nursing Faculty

The curricula must reflect nursing faculty’s commitment to addressing the health care needs of the burgeoning number of older adults. Often, schools of nursing rely on faculty, whose expertise might be medical-surgical, mental health, or community health nursing (but not gerontology) to incorporate gerontological nursing concepts in their courses. As a result, many

nurse faculty focus largely on the disease state of the older adult. Earthy (1993) stated that the lack of positive role models to foster empathetic attitudes in nursing students toward older adults is a significant factor in graduates not choosing to work in areas primarily focused on gerontology. As an aside, but supporting the lack of gerontological focus in many nursing schools, Earthy surveyed 22 schools of nursing and found that only 5% of them offered a master's or doctorate with a focus in gerontology.

When faculty members are recognized by schools of nursing in terms of their commitment to gerontological nursing, an important message is relayed about the value of gerontological nursing in the curriculum. Faculty members with strong gerontological experiences are essential for the successful implementation and maintenance of gerontological curricular enhancement. Modeling humanistic caring in the teacher–learner relationship transmits the values and norms that are essential to the care of older adults in any setting. Thornlow, Latimer, Kingsborough, and Arietti (2006) indicated that gerontological nursing will not progress unless faculty members foster positive attitudes toward aging, expand their geriatric nursing knowledge base, and integrate geriatric content into the curricula.

Small (1993) has addressed specific goals for educators to strive toward in gerontology nursing teaching strategies:

1. Promoting positive attitudes toward older persons and the care of older persons.
2. Creating positive learning environments suitable to students' learning needs, styles and abilities.
3. Motivating students to acquire the necessary knowledge and skills in gerontological nursing that meet entry level practice competencies.

4. Integrating gerontology nursing concepts in all teaching and learning opportunities.
(p. 62)

These goals can be achieved when the learning/teaching setting, curriculum, students, and faculty are considered in relation to gerontology.

Student Perspective

Modeling humanistic caring in the teacher–learner relationship transmits the values and norms that are essential in caring for older adults in any setting. Learners share the responsibility for identifying their learning needs and planning and evaluating their learning experiences. The students and teacher are colearners within a collaborative learning process (CAEN, 2007b). Factors that may sustain more positive attitudes of students toward the health care needs of frail older adults include faculty’s encouraging influence on students’ learning and faculty’s demonstrating positive attitudes toward older adults.

It is essential to consider student attitudes, stereotypical beliefs, and intent to pursue gerontological nursing. Student characteristics such as maturity, past experiences, and motivation also influence learning. Students who have socially interacted with older adults and who acknowledge a degree of positive exposure display more favorable attitudes toward them. King (2005) stated that “meaningful learning opportunities occur when students hear stories of older adults who have experienced and critiqued their health care” (p. 7). First impressions and emotional factors are significant in shaping students’ experiences. Being able to interact with older adults influences students in a positive manner. Balanced exposure to well and frail older adults is essential. It must be emphasized that institutional care is atypical to this population group and that gerontology nursing is not just that. The exposure to well older adults has a lasting effect (Earthy, 1993; Ryan et al., 2007).

Undergraduate nursing students care for older adults at some time during their practice education and, with the possible exception of those who work in maternal and childcare, they will continue to do so throughout their careers. The exposure to underresourced environments or lack of experts and mentors may deter students from working in settings that provide care to the majority of older adults. It is essential that student nurses are supported not only by educators but also by practice setting leaders and clinicians and are made to feel welcome and part of the team. As students gain insight into opportunities to practice with older adults, erroneous views they might have had about aging and older adults may be dispelled. A well-designed curriculum highlighting the challenges and rewards in this field of nursing and leadership by positive role models, in both academia and practice, will cultivate positive attitudes and promote older adult nursing care as a viable career option.

Analysis

For the purpose of this project the analysis of gerontology in the undergraduate nursing curriculum has focused on following schools of nursing in British Columbia: (a) BCIT, (b) University of Victoria – the CAEN curriculum, (c) Langara College, and (d) UBC. For each school, a brief overview of the curriculum and philosophical framework is provided, followed by a description of how the program approaches gerontology and nursing education.

British Columbia Institute of Technology

BCIT has recently accelerated its program to allow students to obtain a BSN in three years. It also plans to increase enrolment capacity by 50% by the fall of 2010. To meet this goal and ensure that the standards for BSN education are maintained, the program is dependent on faculty experts and on the creative use of technology, including simulation experiences and on-line instruction.

The program integrates problem-based learning by approaching a problem as a starting point for learning. With the help of a tutor, students work together to acquire the knowledge they need to nurse patients with the identified health problem. Each course presents two to three problems (BCIT, 2008c). In the course syllabus for the first course of the program, NURS 1000: Applied Nursing Science I, BCIT (2008a) identifies problem-based learning as “a teaching/learning strategy that is focused on small group, problem-based, student directed learning” (p. 3). According to BCIT (2008c), problem-based learning has two purposes: the development of foundational knowledge in relation to the problem and the development of reasoning and problem-solving skills through critical thinking. Applied Nursing Science I identifies two problems that are reflected upon from a gerontological perspective. The first presents diagnoses of hemiplegia and behaviour challenges; the second identifies diagnoses of confusion related to dementia and delirium and urinary incontinence. As the course progresses the goal is to develop care plans for each of these patients, including potential and actual patient problems, nursing interventions, and related rationale. Through this approach the tutor guides the students to assess the situation, identify learning gaps, engage in discussion to facilitate new learning, and develop a nursing care plan that centers on the individual or a group (i.e., family). This learning approach provides the students with the skills necessary for interacting effectively with other health care team members.

Of the three problem-based learning situations presented in Applied Nursing Science IV, one reflects the case of a 91-year-old woman who has been admitted to a major health care centre with a diagnosis of heart failure, delirium, and possible dementia and also a history of angina and myocardial infarction. Student learning is supported by medical-surgical textbook reading and also a wide array of journal articles. Since one of the subheadings of this problem in

the course syllabus is “older adult,” it is evident that gerontological nursing is highlighted (BCIT, 2008b). There is also a required reading list that reflects challenges that older adults experience, such as loss of independence with activities of daily living, nutrition, dehydration, and positive outcomes in the care setting and postdischarge.

Learning opportunities in hospitals include clinical practice with acutely ill older adults, adults, and children. Learning opportunities in community health include clinical practice in public health, home care, and other community health agencies. In the first semester, clinical practice occurs on an adult medical nursing unit. The scope includes recognition and consideration of the health needs of people entering the hospital, as well as of the health needs that will require follow-up after discharge. As students master concepts in the clinical techniques of a focused assessment, they pursue safe and confident performance of skills.

Collaborative Academic Education in Nursing

CAEN is a partnership of nine schools of nursing in British Columbia and the Northwest Territories. The partnership includes Aurora College, Camosun College, College of the Rockies, North Island College, Selkirk College, Thompson Rivers University, UBC Okanagan, University of Victoria, and Vancouver Island University. The curriculum consists of eight academic semesters and consolidated practice experiences (CPEs) after each year. Students enter the program at one of the college or university sites, with the exception of the University of Victoria. After completing five academic semesters and two CPEs, students may continue at one of the partners that has university status to finish the three additional academic semesters and the CPEs needed to complete the degree requirements, or they may transfer to the University of Victoria to complete their program (CAEN, 2009).

Core concepts of the curriculum that are highlighted throughout the eight semesters include the client, relational practice, context, nurse, and inquiry. The depth of the discussion and learning based on the core concepts is dependent upon the students' increasing competencies and the specific focus of each particular semester. There are four course streams: health and healing, relational practice, professional practice, and health sciences.

In Semesters 1 and 2 students focus on families, health promotion and illness prevention strategies, and holistic health assessments. The CPE after Semester 2 is based on skills that are foundational to providing personal care. Students spend two weeks in a practice setting where they have the opportunity to practice personal care and assessment.

Semesters 3, 4, and 5 focus on chronic and episodic health challenges and students experience more complex and advanced health challenges. They also gain an understanding of healthy pregnancy and children and mental health. The CPE includes a variety of settings such as home care, rehabilitation, residential care, transitional care, and acute care and focuses on developing competencies in nursing practice rather than on a particular location of care.

In Semesters 6 and 7 learning is based on increasing complexity of nursing care. Students focus on the sociopolitical and economic context of nursing. They participate in advanced explorations of global health issues and leadership roles in nursing as they develop skills involved in change processes within the context of the nursing profession, practice setting, community, or a global health issue (CAEN, 2008).

In Semester 7 there is a provision for an advanced nursing elective. Students also choose two nonnursing electives, one in each of Semesters 4 and 6, depending on their interest. They are advised to choose elective courses that inform nursing practice in their area of focus. There is a

possibility that students can be given provision to participate in a postbasic specialty course at another institution.

CAEN (2005b) has explored specialty education since publishing their position statement *Specialization and Specialty Education in Nursing*. CAEN has acknowledged that all domains of nursing practice require an in-depth focus and schools of nursing must consider the possibility of strengthening nurses working in such domains through specialized education. However, in a second position statement, *Entry Level RN Education and Specialization of Practice*, CAEN (2005a) has expressed the belief that “baccalaureate education in nursing provides a strong generalist education with opportunities for students to gain beginning experiences in an area of focus in the last semester of the program.” Following that, newly graduated nurses can pursue continued professional development and specialization.

CAEN has been revising their curriculum since 2007 based upon student evaluation feedback, faculty input, graduate follow-up evaluation data, and practice agency feedback. The review process has identified a need to strengthen the ideas of caring and health promotion within the curriculum values and beliefs. Also, a component of caring for the ill and dying is also needed to strengthen the students’ experiences with relational caring practice. The intention is to provide emancipatory and transformative experiences for students. The CAEN (2007a) curriculum ends in view include “influencing the current reality and future of nursing practice and health care at economic, political, social, and professional levels by anticipating and responding to the changing needs of society” (p. 10).

Langara College

Langara College was once a partner in the CNPBC, and since 2003 it has been granting the degree of a BSN to graduating nursing students by offering the collaborative curriculum in its

entirety. The curriculum at Langara College supports a unique program design to “educate nurses to work with individuals, families, groups, and communities in a variety of settings guided by an ethic of caring and a health promotion perspective” (Langara College, Nursing Department, 2008, p. 4). Although Langara College developed its own curriculum in 2004, revisions were made within the original philosophical perspective of the CNPBC framework: people’s experience with health, people’s experiences with healing, people’s experiences with self and others, and people’s experiences with professional growth.

In Term 1 students observe nurses’ work in various practice settings. In Term 2 students are introduced to residential care settings as they explore people’s experiences by practicing skills in communication and decision-making. Terms 3 and 4 include practice experiences in acute care medical units and surgical units.

In the theory course offered in Term 2, Nursing 1111: Health II—Facilitating Health and Families, students focus on chronic health challenges as they become involved with individuals and family units to unveil their personal meaning of health, health promotion, and healing (Langara College, 2008). Through group learning activities students identify communication strategies that address visual, hearing, speech, and cognitive impairments that include the three Ds: delirium, dementia, and depression. Language and cultural challenges are also addressed from the perspective of the family in relation to the health care system and the health care provider, as holistic care is brought to the forefront to determine the course of health care.

In the practice course in Term 2, Nursing 1141, students must understand the concepts of the role of the registered nurse in residential care. Learning outcomes include being able to define residential care, to articulate the student’s perception of the role of the registered nurse in residential care, and to identify leadership behaviours demonstrated by the registered nurse. By

journaling their experiences, students question their assumptions and readiness for professional practice. Through critical reflection students interpret experiences and probe into areas that can influence their ontological space.

Term 7 of the curriculum focuses on health promotion and community empowerment. The practice experience consists of working with a community on an identified health issue. Students come to an understanding of how housing can be a determinant of health. One learning activity gives the students an opportunity to learn about community agencies that support older adults in living in their own home. Students also explore the range of housing options available to older adults from home care to assisted living to residential care.

Nursing 4182: The Lived Experience of Disability is one of the elective courses. A learning activity within the course focuses on gerontology and ageism. Upon completion of this activity it is expected that students will be able to define *ageism* and *ableism*, identify common issues for those aging with and without a disability, and explain the cultural model of disability. In a second learning activity, students discuss the reality of family members often being informal care providers for people with disabilities and the role of the nurse in the lived experience of disability. They also identify with the role of the nurse in relation to aging with a disability and their work with individuals and their families.

University of British Columbia

The UBC School of Nursing's web site indicates that it takes an innovative approach to providing excellence in nursing education within a flexible and dynamic learning environment (University of British Columbia, 2009). Eligible students include those with advanced standing (with a minimum of 48 UBC transferable credits) or who have a previous bachelor's degree and have completed the prerequisite courses. They enter directly into third year to focus exclusively

on nursing courses in order to complete the BSN degree in two years. The program combines focused nursing study with solid academic support to prepare professional nurses.

Knowledge and skill development are accomplished through courses in which the students investigate population-based approaches to nursing of individuals, families, and communities, as well as issues in research and professional nursing. Students also develop and refine management and leadership skills and pursue their specific learning interests by selecting electives from a wide variety of nursing and other university courses. Students enter clinical practice in the first term. Clinical practice settings include the community, hospitals, and other agencies that provide them with valuable opportunities to apply what they learn.

The mission of the UBC School of Nursing is “to prepare outstanding nurses who are committed to excellence and innovation, and to develop and transmit knowledge regarding nursing practice and the human experience of health, illness and healing” (UBC, 2008c, p. 2). UBC has recently revised its curriculum, which will be introduced to the September 2009 intake of students. The curriculum’s vertical thread is based on the four core nursing concepts of person, health, environment, and nursing. These concepts are the basis for nursing knowledge development. The conceptual threads that are represented horizontally in the curriculum include relational practice, critical inquiry, leadership, and professional practice. These are integrated throughout the courses in the undergraduate program and influence practice competencies, such as knowledge, skills, and attitudes. In order to prepare students to meet the CNA’s entry-level practice competencies, the clinical component of the program has been increased to further enhance development of clinical competencies.

At UBC nursing students are introduced to concepts specific to older adults during the second half of their first term. In Nursing 303: Introduction to Professional Nursing Practice with

Adults, Older Adults and Their Families (UBC, 2008a), students are introduced to theories, concepts, and competencies guiding professional nursing practice with these groups. This course is foundational in the critical inquiry of the interrelationship of theories, concepts, and competencies in the practice setting specific to this population group. This course includes a lecture component, lab time, and clinical practice. Topics within the course include human development and normal aging; acute and chronic illness; physical, functional, and psychosocial assessments; nursing care planning; mobility and safety; skin care challenges; cognition; the elimination system; the gastrointestinal system; cardiovascular and respiratory function; and endocrine function.

In the second term, students continue on to Nursing 337: Professional Nursing Practice with Adults, Older Adults and Their Families. This is one of five core courses that represent a specific stream of practice: maternity, pediatric, mental health, community, and adult/older adult. Students are directed to analyze and apply theories, concepts, and competencies guiding professional practice with adults, older adults, and their families in a variety of settings and contexts. The course is a collection of theory, clinical practicum, skills development within a lab setting, and simulation-based learning (UBC, 2008b).

Term 2 and 3 students practice at Level 2 competencies. As students progress through the terms their competency level will increase to Level 5. A point that must be made is that the five core courses are spread over three terms. Therefore, students at Level 3 who are taking Nursing 337 for the first time in Term 3 will be at a higher level of competency, knowledge, and skill. As students progress through the levels, their attitudes toward older adults can shift positively, but will not necessarily do so. The degree of exposure to clinical experiences and mentors is highly influential on student attitudes. The question that can be answered only as the curriculum

unravels is this: When is it the best time to capture those students who have expressed an interest in working with older adults?

For the first six weeks in Level 4 (Term 5) of the UBC curriculum, students choose a clinical major from the five streams they have experienced in the previous three terms. By focusing on a clinical nursing major, both the student nurse as well as the particular practice setting benefit. The student nurse identifies his/her preferred area of practice and the practice setting builds upon recruitment and retention strategies at a time of nursing shortage and specific population need. Finally, in the last six weeks of the program, students join a preceptorship learning experience. Possibilities are being explored for students who ask for a gerontology placement.

Discussion

In May 2008 the Canadian Gerontological Nursing Association (CGNA) and the National Gerontological Nursing Association (NGNA) released a joint position statement called *Prescriptions for Excellence in Gerontological Nursing Education*. The statement included five recommendations:

1. All students require core knowledge specific to the health and well-being of older adults. This knowledge should include current evidence about the social, psychological, spiritual, developmental, and biological changes associated with aging.
2. A gerontology-specific practicum should be required of every student.
3. Infuse gerontological content into current nursing courses.
4. Gerontological content should be taught by a nurse educator with experience, interest, and knowledge of seniors' health. We recommend certification. Interest and involvement in research is an asset in maintaining currency of content.

5. Develop and implement a mentor program between nursing students and nursing professionals with a commitment to gerontological nursing practice (pp. 3–4).

The intent of the joint statement is to give guidance to nursing schools and educators to enhance curricula by advancing gerontological nursing knowledge. The statement can be used by schools of nursing that are considering revisions to their curriculum and intend to add gerontological content. The statement is the framework for my analysis of undergraduate nursing curricula.

Core Knowledge in Gerontology

Supporters of a focused course argue that content would be realized as significant by educators, students, and employers. A stand-alone course in any speciality signifies its importance, although it does limit the specialty to only one course. Students may receive a broader and more positive perspective on the aging process when they take a course in gerontology. However, the focus of such a course can be problematic when it emphasizes chronic illness and long-term care instead of prevention, health promotion, and normal aspects of the aging process.

A focused course on gerontology nursing versus integrating gerontology content into existing courses remains an area of debate for schools of nursing. An integrated curriculum infuses gerontology competencies throughout the curriculum, but this approach does not give the specialty a “home” leaving it at risk to become a diluted specialized field of knowledge (Thornlow et al., 2006). Often this perspective minimally addresses the health care and psychosocial needs of the older adult. A rich blend of a core course in gerontology and infused content throughout the curriculum has the potential to inspire students to pursue a career in gerontology.

In UBC's curriculum blueprint, two core courses, one in each of Term 1 and 2, focus on adult and older adult healthcare. Course topics include normal aging, acute and chronic illness, physical and functional assessment, cognition, mobility, and safety.

Gerontology-Specific Practicum

The clinical experience reflects the epistemology (knowing), the ontology (being), and the praxis (the integration of skills knowledge, beliefs, values, concepts, and issues) of previous learning (Langara College, 2008). Emancipatory and transformative experience must be designed to challenge and capture the interest of students towards a career in gerontology nursing.

First impressions are significant in shaping the student's practice experience. Robinson et al. (2008) discuss the critical nature of the orientation process to welcome student nurses to the practice setting. Mentors must be established within practice settings to welcome students and nurture them through the experience. This can have a significant effect on the student as he or she evolves as a professional.

It must be acknowledged that as schools of nursing increase their intake of students, placements for clinical practice will become an even greater challenge. From my own experience, I have discovered that the practice of placing first-year nursing students in residential care settings is not as common as it was in the past. The majority of acute medical care units consist of older adults. As nursing students are exposed to these units, they are enlightened by the specialized care that older adults require.

UBC and the CAEN curriculum also offer, in fourth year, an elective that focuses on gerontology. Students who choose this area of practice as a clinical major will build upon skills that involve leadership, advocacy, complex care, and communication. As students become

involved in the practice setting, they become more established in articulating their role as a gerontological nurse.

Infusion of Gerontology Throughout the Curriculum

Helping students obtain the necessary attitudes, knowledge, skills, and competencies for successful practice in gerontology is not a simple process. According to the CAEN (2006) position statement on academic education in nursing, “it is essential that educators promote and support an educational curriculum that foster nurses’ ability to think critically, engage in scholarship and challenge the status quo.” Schools of nursing must consider specific competencies needed by a gerontological nurse in addition to generic professional nursing preparation.

My initial intention was to review only curriculum blueprints and course syllabi. As my inquiry deepened it became evident that much of the gerontological content is encompassed in the enactment of teaching and learning; that is, how the gerontological content is infused into courses. Through innovative learning activities, educators enable students to pull together creative solutions for managing the challenges associated with older adult health. These may include intensive case management programs, targeting at-risk older adults, partnerships with families, enhanced assistive technology, and promoting healthy aging (Young, 2003).

BCIT and Langara College have infused a wide range of problem-based learning activities throughout their curriculum that focus on health care and social issues that often affect older adults. Examples include specific learning activities that focus on medical conditions such as dementia or stroke; communication strategies that address visual, hearing, speech, and cognitive impairments; the development of care plans to address loss of independence with activities of daily living; or more complex learning activities that include social issues (i.e.,

living conditions, finances, and end-of-life decisions). Such examples present gerontology nursing as a dynamic field, that addresses health care and psychosocial interventions from both acute and long-term care perspectives.

Gerontology Certified Educators

The proportion of nurses advancing their preparation in gerontology remains quite small (Mezey et al., 2000). This is a cause for concern, as experts and resources in the field will be limited in their ability to support current and future programming to develop or revise curricula that address older adult health care needs and prepare competent nurses. Schools of nursing must allow time for faculty experts in gerontological nursing to (a) build a sustainable program, (b) develop a network of field instructors to mentor students, (c) develop a proposal that will gain support from school leaders, (d) provide opportunities for students to have contact with other professionals in the field, (e) encourage a shared sense of professional identity among students, (f) foster critical thinking about the relationship between theoretical learning in the classroom and practice learning experiences in the field and (e) develop educational resources for mentors in the field.

The purpose of this project is to analyze specific nursing curricula in British Columbia. My literature review has identified the importance for schools of nursing to include a full-time faculty member who specializes in gerontology nursing and thereby has the expertise to establish core courses, electives, and practica. Identifying a specific faculty member at each of the schools under study was not within the scope of this project.

Gerontology-Focused Mentor Program

All too often, first-year nursing students are placed in a residential care environment to master basic personal care skills (e.g., hygiene care, bowel/bladder care), communication, and

body mechanics. All of these skills could also be learned in an acute care environment. However, because this experience is restricted to residential care, many student nurses equate gerontology nursing with personal care. Often, these beginning students work only with an aide or directly with their instructor. They may not ever experience the registered nurse's role in this environment. Consequently, they miss a significant portion of the nurse's role in gerontology. This teaching strategy, in which few students are exposed to the complex decision-making required in gerontological nursing practice, has the potential to affect their eventual career decisions. In fact, the ultimate result is to threaten the perception of gerontology as a speciality within nursing.

The Hartford Institute has developed a strategy that provides early, positive, and self-directed experiences for nursing students at the University of Iowa College of Nursing. The Young Gerontological Nurse Clinician Program is a mentoring program for undergraduate students who have demonstrated an interest in gerontological nursing. This clinical opportunity allows students to increase their clinical and leadership knowledge skills beyond the scope of the basic curriculum. The program provides an awareness of clinical practice, leadership, and career opportunities that help students select an area of gerontology specialization (e.g., mental health, rehabilitation, acute care, residential care, community, etc.), identify an entry-level position and career goals, and consider the possibility of graduate education (Specht & Mobily, 2005).

In Term 9 of the Langara College program, students engage in influencing changes that impact the health care system. Students spend 12 weeks in a specific practice setting and collaborate with clinical leaders. In gerontology settings, students have worked on projects that include least restraint clinical practice guideline, revision of the kardex system, palliative care, advanced care planning, and assessment tools. Students have the opportunity to affect various

perspectives of the healthcare system, such as organizations, protocols, policies, and health/illness issues (Langara College, 2009).

Recommendations for Curriculum Revisions

A rigorous effort in several areas can have an undeniable impact on nursing education and future health care practices and policies. King (2005) suggests that programs that provide students a combination of classroom, laboratory, institution and community learning experiences, and faculty who encourage students to use experiences in innovative and strategic ways, help them grasp the complexity of older adults' needs and care, and important contributions they make to older adults' well being. (p. 6)

To meet the health care needs of the aging population, graduating nurses will require core content in gerontology nursing to effectively engage in clinical practice. The objective of curriculum revisions is to integrate experiences of caring for older persons into all required courses. For courses and practice experiences focusing on families and children, students can work with grandparents who have responsibilities in raising children within the family.

Baumbusch and Andrusyszyn (2002) refer to Strumpt, Wollman and Mezey's description of an enriched gerontology program, in which learners receive both in-class didactic teaching from faculty experts and focused clinical experience with older adults in a variety of care settings.

When schools choose to develop a core course, a decision has to be made as to where the course fits in the curriculum blueprint. If located in an earlier semester, gerontology risks being perceived as a setting in which to learn basic skills. Alternatively, when gerontology is offered in the senior year of the program, it may be perceived as an avenue for knowledge synthesis, strengthening leadership and experiencing collaborative activities within a multidisciplinary team.

In order for students to understand the complexity of older adult nursing care from a social and health care perspective, it is vital that the curriculum is dynamic and evolving. Curriculum review and revision is based on data from a number of sources including faculty input, graduate follow-up, evaluation data, practice agency feedback, and student evaluation feedback. Overall, the reality of nursing education must be respondent to the health care needs of the aging society.

From my literature review I have identified the following strategies for infusing gerontology into the baccalaureate curriculum:

1. Faculty expertise should be developed to engage educators in curriculum revisions that are supported by the philosophical foundation of the specific school of nursing.
2. The licensing exams for registered nurses must reflect and test the competencies that are demonstrated by a gerontological nurse. As the age range of health care consumers increases, so too should the profile of the nursing licensure exam.
3. Student nurses in their final year of the program who demonstrate academic excellence and an interest in gerontology could be given the opportunity to be mentored by an advanced practice nurse who has specialized in gerontology nursing.
4. Curriculum revisions may also include courses that are enhanced by technology (i.e., Web-based courses). This allows for flexibility in accessing clinical practicum settings further away from the educational institution while still engaging in online course work.
5. A whole spectrum of practice settings (e.g., mental health, community care, residential care, adult day programs, high acuity) should be identified through case

- studies or learning activities that deepen the learners' understanding of the role and expertise of the gerontology nurse.
6. A required stand-alone course in gerontology should demonstrate various settings for practice that include well older adults, dementia care, acute illness, assisted care, community care, and mental health.
 7. An elective course at a senior level on gerontology nursing that engages students with clinical leaders in practice should be included in the curriculum blueprint. Timing of the course must be varied to allow access to all students without affecting the timing for completion of the program.
 8. The school should cultivate community and clinical partnerships with agencies that serve the older adult population, and these relationships should be mutually beneficial (e.g., employed student nurse).
 9. Health care leaders should be engaged in advocating for academic preparation for nurses who choose to "major" in gerontology by preparing statements on emerging practice issues as components of the specific gerontology course, such as clinical practice guidelines, person-centered care, assessment tools used by specific health authorities, quality practice indicators, and non-regulated care staff.

Upon establishing an academic and clinical infrastructure, geriatric nursing will be well positioned to play a central role in improving the health of the nation's older adults now and in the future. This will become more evident as new nurses become ambassadors for the field of aging care, provide mentorship to students, and contribute to and influence public policy to improve aging care.

I have stated that the major impetus of this project is to increase awareness of gerontology as an area of specialty nursing practice. As schools of nursing consider the recommendations given above, nursing career development, the well-being of the older adult, the health care system, and advanced nursing practice will be positively influenced. The following section identifies future implications as schools of nursing consider curriculum revisions.

Implications for Nursing and the Canadian Health Care System

The direction of curriculum revisions must be in accordance to population need. The reality is that there is a persistent emphasis on adding content to curriculum without removing other content, leading to “curriculum overload” (Gilje, Lacey, & Moore, 2007). It is essential for nursing education to respond to population dynamics, especially the health care needs of our aging society, by adopting pedagogies that overcome this problem. The current curricula of nursing programs are persistently growing by adding more content without removing any content that has become outdated or could be learned as graduates move into the practice field.

As curriculum planners or coordinators address matching the education needs of nurses to changes in the population demographics, implications for other areas in nursing and health care will gain attention. Such areas include nursing career development, health care for older adults, the Canadian health care system and advanced nursing practice

Nursing Career Development

Educational initiatives intended to influence practice and enable positive change need to begin with support, recognition, and valuing by health care employers. Differences in perceptions of educators and service personnel suggest the need for continuing dialogue and additional research. Health care employers must equally promote all practice areas for initial employment and further career enhancement opportunities. As core essential concepts and

learning outcomes are identified and validated in the baccalaureate programs, a basis for continuing education for educators and service personnel who lack gerontological preparation can be established (Edman, 1984).

The John A. Hartford Foundation Institute for Geriatric Nursing is dedicated to providing health service innovations to older adults. The foundation has also collaborated with the American Association of Colleges of Nursing (2000) to outline competencies that are required for a nurse to provide quality care of older adults. These competencies are supported by a knowledge base that promotes gerontological nursing to be safe, effective, and evidence-based practice. The organization recognizes schools of nursing within the United States that collaborate with the health care provision sector, health care administrators, and policy makers, as well as with community-level interest sectors, to influence gerontological nursing from the perspective of the individual nurse and the entire health care system.

Gerontological practice settings are threatened by nurses retiring and positions being vacated. Incentives must be proposed so that Employed Student Nurses can be mentored into roles on the team that will eventually lead to employment. Department managers of various sectors can strategize to create positions that are half time in acute care and half time in gerontology. The time in gerontology can be focused in areas such as long-term care, home care, adult day care centers, acute care for the elderly units, or discharge planning units. This strategy allows the nurse to continue to practice technical skills, psychosocial skills, and leadership skills.

Health Care for Older Adults

Health care policy makers and employers are faced with serious problems with recruitment and retention of satisfactory nursing staff, which directly impacts the quality of care offered to older adults. Aspects of care that are not seen as acute can be marginalized by nurse

managers and practitioners in acute care environments, resulting in gaps in delivery of care. Flatley and Bridges (2007) state that a significant proportion of the needs of older adults in acute care are not openly acknowledged and can therefore be marginalized. The devaluing of certain aspects of nurses' work has resulted in the substitution of nurses by non-regulated workers. The result of these needs not being met can have devastating effects on the individual and his or her family.

The education level of older adults continues to rise and they have the capabilities to access health care information. Health care providers are encouraged to focus on the strengths of older adults as they work with them as equal partners to develop their health care plan. Gerontology nurses' practice focuses on directing attention towards enabling older persons to maintain optimal health and quality of life that is reflective of their dignity.

Canadian Health Care System

Attitudes towards aging are inextricably tied to history. The discourse of hierarchy in health care has influenced society's image of older adults and in turn nursing care of older adults. Historically, in the medical model diagnostic testing plays a dominant role in the direction of care for the older adult. This has led to unnecessary further testing, intrusive procedures and hospitalization that may not support the person's quality of life. In the process of diagnosing, the person is fragmented and objectified to the point that an individual's personal experiences are not acknowledged. In contrast, gerontological nursing fosters strategies that promote empowerment, collaboration and advocacy.

Advanced Nursing Practice

In the Canadian Nurses Association (2006) document *Report of 2005 Dialogue for Advanced Nursing Practice*, one of the key messages is that service programs should be

developed in which a Clinical Nurse Specialist in gerontology works with emergency room nurses. Mezey and Fulmer's (2002) review of programs preparing adult and family advanced practice nurses suggested that geriatric content and best practices, such as dementia care, chronic illness, pain management, and the use of physical restraints, have been minimally addressed. There is a great need for more advanced practice nurses in gerontology who can serve as clinical leaders and change agents to improve care of older adults. They can affect the direct care of the older adult population, as well as the delivery of health care services and the direction of health care policies.

Conclusion

The subjective reality of nursing students impacts how they perceive gerontology. One major factor that requires further investigation is how the subjective reality of the student is altered upon completion of studies. This analysis recommends the pursuance of gerontological nursing as a specialized body of knowledge and a career-fulfilling, recognized specialty. The most persuasive data, that which could be obtained by interviewing graduates, is a topic suitable for future research.

By engaging in community partnerships and collaboration with health employers, mentors, and practice settings to create enriched environments, schools of nursing are more likely to positively influence students' perception of gerontology. By including student nurses within practice settings, both those in the setting (including residents, nurses, and interdisciplinary professionals) and the students will benefit. Students may become more aware of shortcomings such as constraints on practice, staffing challenges, technological challenges, and gaps in care. Students may strive toward advocating not only for the older adult but also for the specialty by addressing the challenges they experience, thus influencing the experience of

future students. This is an example of transformative learning that enables students and their mentors to collaborate and reflect upon their practice

With initiatives and strategies to support the preparation of nurses in gerontology, the well-being of the older adult will be enhanced and further advances in the knowledge base that underpins nursing practice will be explored. In providing care for older adults, the best results will be achieved through the integration of current research, clinical expertise, older adult needs and preferences, and available resources. A concentrated effort is needed to stimulate innovations in curricular design and clinical experiences, so that institutions of higher education can stimulate further advances in the knowledge base that underpins gerontological nursing practice. Essentially, nursing students must graduate with a fundamental set of knowledge, skills, and attitudes that will enable them to provide competent care to older adults, promote quality of life, and maximize function through knowledgeable and respectful nursing practice.

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