

Adult and Gerontological Nursing: Practice and Care in the United States of America

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The elderly population is increasing worldwide and the United States must find a way to meet the health needs of this rapidly growing segment of the population. In 2012, the Department of Health and Human Services (DHHS) reported that 13.3 % of the 41.4 million people in the country are over age 65. Among this group, those who are 85 years and older, particularly those in the 90 to 94 years old age group, increased 26.4 percent over the previous two decades. In 2010, the U.S. Census Bureau estimated that there were 53,364 centenarians in the United States [1]. This increasing elderly population is expected to bring challenges to policymakers as future senior citizens are highly educated, more active, and come from diverse backgrounds. The demand for geriatric nursing care is rising since nurses play an essential role in providing acute and chronic care, as well as health education for these older Americans.

The growing elderly population and their health demands have drawn attention to deficits in the healthcare system. The need for making the delivery of care more cost effective may be found within the nursing workforce. With more than three million members, nurses certainly have the potential to affect changes. In 2010, IOM made the following recommendations that call for an increase in the use of nurses as leaders: health care institutions not restrict nurses in practicing at their skill and education levels; more nurses pursue higher education to become better equipped to meet increasing medical needs; and the nursing profession produce leaders “from the bedside to the boardroom” to effectuate change in the American health care system [2]. Nursing education programs and nursing associations need to prepare the nursing workforce to assume leadership positions across all levels. Public, private, and governmental health care decision-makers need to ensure that leadership positions are available to nurses [2].

What has been achieved since the IOM report was released in 2010? According to a 2014 survey completed by the American Association of Colleges of Nursing (AACN), the number of nurses enrolled in a doctoral degree program increased to 23,642 nurses, and nurses with a BSN degree increased by over 10.4 percent to 320,074 nurses. Nursing leadership has been emphasized by every nursing organization through workshops, webinars, symposiums, and seminars. In the field of gerontological nursing, AACN and the John A. Hartford Foundation *Institute published the Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults*. The 19 gerontological nursing competency statement provide a guide on how to provide high-quality care to older adults and their families [3].

Using the recommended competencies as a guide, we need to understand the gerontological ‘end-of-life’ challenge, spread awareness about it, and provide excellent care for older adults. The IOM [2] emphasized that nursing leadership is the solution to many issues. Nurses who are aware of these issues can provide strong leadership in the gerontological nursing field. Gerontological nurses need to be co-leaders with medical professionals and advocates for older adults and their families.

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Generally, people believe many myths about aging and the elderly. People tend to blame problems on someone’s advanced age, such as being dependent on others for financial support, transportation, and medical care. This type of problems can occur at any age and are attributed to many economic and social issues. Although people may have preconceived ideas about caring for older adults, statistics actually show that this stage of life is enjoyed by the majority of elders. Almost 70 percent of the elderly of non-Hispanic white origin reported having good to excellent health [4]. According to the 2012 DHHS older Americans profile, 3.6 percent of the population over age 65 lived in nursing homes, congregate care, assisted living, and board-and-care homes. In 2011, over 93 percent non-institutionalized elderly people over 65 years old were covered by Medicare [5].

The majority of elderly people prefer to live safely, independently, and comfortably in their own homes and communities instead of being institutionalized in their later stage of life. In 2015, Health care costs of residents in long-term care facilities averaged \$80,300 annually as compared to \$17,904 among community residents [6]. There are about 1.4 million American seniors who currently live in nursing homes [7]. Seventy percent of coverage for nursing home relies on Medicaid to pay the bill [8]. Medicaid eligibility is income-based and provides payment for health care for those with low income or assets. In 2011, the first wave of the oldest U.S. ‘Baby Boomers’ (born between 1945 and 1964) reached the retirement age of 65. Since then, 10,000 ‘Baby Boomers’ turn age 65 each day and it is evident that future costs to Medicaid will become serious concerns. It is essential that we provide more community-based, non-institutional care to improve the quality of life for all these aging ‘Baby Boomers’. The key to solving this dilemma is determining the kind of health care model that will be the best to use in the United States.

Federal and state funding for Medicare and Medicaid is the primary reimbursement mechanism for providing care for older adults in the U.S. Since the Affordable Care Act was passed in 2010, more elderly

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people have been enrolled for medical insurance with such benefits as free preventive health services, prescription drug discounts, and the expansion of employer health insurance coverage for early retirees between 55 and 65 years of age. The coming decades will certainly involve more political decisions that will affect elderly people, family members, and society. The reality of reducing social security benefits is being seriously discussed and more policies related to financing and services will be considered and generated.

With the aging of the 'Baby Boomers', the need for a nursing workforce capable of delivering quality care to older adults has become critical. It is essential that nurses are equipped with the skills and knowledge to provide competent care to older adults. To advance integrated systems of health care, achieve improved health outcomes, and foster new models for innovation, AACN released a new report on escalating academic nursing's impact on transforming health care entitled "Advancing Healthcare Transformation: A New Era for Academic Nursing" [9,10]. The findings emphasize academic nursing being a partner in healthcare transformation and the AACN recommends enhancing the ability of academic health systems to transform health care. The future of gerontological nursing will be more focused and further developed by using the AACN competencies for guidance, conducting more evidence based research, and influencing policy making.

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