Historical Perspectives for the Roles of Gerontological Nurse Practitioners

Lim, Kyung-Choont

Introduction

Our rapidly aging population is expected to place heavy demands on all segments of society, particularly the healthcare resources needed to attend to health concerns associated with aging. As our health care system continues to evolve and seniors make up a fast growing segment of the population, the future of advanced practice nurses specialized in the care of older adults would appear to be bright.

The nurse practitioner role has existed since the late 1960s. Today, they are in many specialty practices and working in primary care practices to fill the gaps in chronic disease care, maintain quality, decrease costs, promote health, and prevent diseases (Alpert, Fjoe, & Cardela, 2002; Futrell & Melillo, 2005). To understand and explore the NP roles in Korea, we need to look directly at the evolution of nursing in the United States (US). The professional nurse was conceived during the turmoil of the Civil War (1861–1865) when the country was desperate to have a willing person care for the soldiers that were wounded. At this time, the US began to adopt the Florence Nightingale’s criteria for nursing and the first professional nurses were educated (Hamric, Spross, & Hanson, 2005). Since that time, societal forces have led to the changing role of the professional nurses.

"Nurse practitioner (NP)” is a frequently used title to identify advance practice nurses (APNs), but it has no universal definition. In its infancy, the term “nurse practitioner” referred to registered nurses, working in ambulatory or outpatient settings (Mick & Ackerman, 2002) and technical skills limited to cryotherapy of warts and giving immunizations (Alpert et al., 2002). Now NPs are performing complex procedures such as lumbar punctures and bone marrow aspirations (Alpert et al., 2002).

The US is an aging country and 35 million Americans were over the age of 65 in 2000 (US Department of Commerce, 2001). The highest

* Doctoral Candidate, Department of Physiological Nursing, School of Nursing, University of California-San Francisco (corresponding author E-mail: klim@usc.edu or kyungclim@hotmail.com)
rate of growth in the US is the oldest old, those who are over 85 years of age (Friedman, Steinwachs, Rathbou, Burton, & Mulsam, 2005; Mezey & Fulmer, 2002). This aging population has special health care needs, often related to functional impairments and chronic conditions, in addition to the normal changes that occur with aging. The purpose of this paper is to review the past and present roles of gerontological nurse practitioners (GNPs) in the US by historical perspectives and suggest strategies to help for developing the roles of GNPs in Korea.

**Historical Evolution of Nurse Practitioner in the US**

The advances by nurse leaders in the evolutionary process cannot be forgotten. Nurse leaders are the nurses that have pushed the limits of conventional nursing practice to ensure that all people had access to healthcare. Nurses like Alice Magaw, Lillian Wald, Mary Breckinridge, and Isabel Hampton Robb have all left indelible impact on the profession. Magaw was the first of these leaders mentioned because she was important in advocating professional nursing in the US. During the Civil War, Ms. Magaw was instrumental in providing documentation that a skilled nurse anesthetist was superior in delivering quality anesthetic care than a distracted surgical resident (Hamric et al., 2005). Lillian Wald provided care to persons who would not have had access to care related to lack of money. She also provided clear documentation of the successes that she and her cohorts achieved (Jewish Women's Archive [JWA], 2005). Mary Breckinridge was another nurse leader that delivered care to underserved rural dwellers during a time when there were no physicians to administer the care she developed. As was the case with Ms. Magaw and Ms. Wald, Ms. Breckinridge also detailed documented successes (Center for nursing advocacy, 2005). The ability of nurses to administer care that was traditionally delivered by physicians changed when the Henry Street House, founded by Ms. Wals, expanded and began to care for clients from the previously physician cared for sector of society. This led to a change in how nursing was defined in the US. Physicians began to feel economically threatened by the patients that were being drawn to the Henry Street House clinics (JWA, 2005).

Advanced practice nurses (APNs) have worked as educators, clinicians, and advocates for patients in so many different settings. It has been legislation that ultimately allowed for expansion of traditional nursing roles so that NPs might autonomously perform tasks that have traditionally been considered the domain of physicians (Furloog & Smith, 2005). The APN is in a most unique opportunity to bridge the interdisciplinary team (Futrell & Metillo, 2005; Lewis & Carson, 1998; Mezey & Fulmer, 2002). Some NPs focus on teaching and research, while spending little or no time in the clinic. Others are primary care providers, seeing clients with a diverse array of primary and urgent care needs. Increasingly, APNs are becoming experts in specialty areas such as pulmonology, orthopedics, diabetes, gerontology, cardiology, and pain management.

**The Development of Gerontological Nurse Practitioner**

The American Nurses Association (ANA) took quick action and arranged a focus group in 1992 to discuss gerontological nursing. After the first gerontological practice group assembled and the first gerontological master's program was started at Duke University in 1996, the Geriatric Division of the ANA published the first geriatric nursing standards in 1968. At
about this time, the Social Security Act founded Medicare and Medicaid (Futrell & Melillo, 2003; Mezey & Fulmer, 2002). These programs were among a multitude of factors that contributed to geriatric nursing research, practice, and education along with changes in health policy, redistribution of funding, and an ever-growing number of older adults with fewer individuals who were trained to care for their unique and often challenging conditions (Futrell & Melillo, 2003; Mezey & Fulmer, 2002).

In the US, three notable foundations in particular served to advance the field of gerontological nursing: the Robert Wood Johnson Foundation, the Kellogg Foundation, and the John A. Hartford Foundation. Through their commitment to funding and research, geriatric nursing curriculums were developed and improved upon; academic centers of excellence were founded; scholarships were made available for predoctoral and postdoctoral studies; and research within nursing homes and other practice settings were made possible (Ebersole, 1985; Mezey & Fulmer, 2002; Mezey, Fulmer, & Fairchild, 2002).

In 1975, the Division of Nursing of the Department of Health, Education & Welfare funded six nursing schools throughout the US who developed the GNP role (Futrell & Melillo, 2005). Since then, slowly but steadily, nursing schools have begun to offer gerontology as a specialty for NPs. Graduates of these programs, such as Marianne Matzo, have contributed significantly to the advancement of the GNP role through obtaining federal funding for the adoption of gerontology into undergraduate nursing curriculum. Another GNP who graduated in the late 1980’s, Alice Bonner, developed PACE, Program of All-Inclusive Care for the Elderly. The Program for All-Inclusive Care for the Elderly (PACE) became an official health care provider under Medicare with the 1997 Balanced Budget Act. This program is a community-based, comprehensive, capitated system of acute and long-term care, targeted toward low-income, non-institutionalized frail and disabled persons who are eligible for nursing home care, and are dually eligible for Medicare and Medicaid funding. Care is provided primarily at a day health center, comprehensively assess participants and deliver the full range of appropriate services across settings by an interdisciplinary team that individualizes care based on the individuals’ needs. The approach removes the financial disincentives across providers and unites the health care team around the goals of better long-term management and least restrictive environments (Friedman et al., 2005; Young, 2003). Its stated goals are to maintain or improve the functional independence of its participants so as to delay or prevent the need for institutionalization, at the same or lower cost than nursing home care. Individuals who choose to enrol in PACE are not only frail but also have strong preferences for remaining in the community.

The NPs have many overlapping roles in primary care, they perform unique functions that are patient-oriented and broaden the spectrum of health care delivery (Alport et al., 2002). There have been a number of studies that have focused on role performance, cost effectiveness and acceptance in clinical practice of NPs. The researches have demonstrated the cost-effectiveness and impact of the GNP to the NP/physician team in managed care and long-term care facilities and the quality of primary care delivered by NPs is equivalent to that by physician (Futrell & Melillo, 2005; Hemani, Rastegar, Hill, & Al-ibrahim, 1999; Lenz, Mundinger, Kane, Hopkins, & Lin, 2004; Young, 2003). Laurain and colleagues (2005) studied to evaluate the outcomes of NP substitution of Medical Doctors (MD) in primary care setting. The study concluded that
there were no differences between NPs and MDs in health outcomes for patients, processes of care, and resource utilization. However, patient satisfaction was found to be much higher with care delivered by NPs and NPs achieve good health outcomes for patients as well (Laurant, Reeves, Hermens, Braspenning, Grof, & Sibbald, 2005).

The Present Role of Gerontological Nurse Practitioners

Older adults may have compromised function due to a combination of causes, including normal aging, psychosocial and environmental conditions, new or existing chronic illness, acute disease and the adverse effects of drugs and other treatments (Young, 2003). As a primary care provider, GNP’s have worked as educators, clinicians, consultants, and advocates for patients in many different settings. Also, GNP’s are often involved in developing, managing, and evaluating clinical programs in their work sites. Unfortunately, most health care providers lack gerontological preparation and may, therefore, be unable to understand and meet older adults’ needs or to critique the quality of their care and comprehend its consequences. A major shortfall in older adults’ care is mistaken assumptions about what physical and mental changes are normal with aging and a subsequent lack of attention to the underlying causes of signs and symptoms.

Several studies (Futrell & Melillo, 2003; Mezey & Fulmer, 2002; Ruiz, Tobolski, & Frazier, 1995; Young, 2003) identified that the unique role of a GNP is to provide direct patient care, perform physical and psychosocial assessment, and treat acute and chronic illnesses with prescriptive authority in community-based settings, particularly in ambulatory care where health care reforms, budget constraints, institutional mergers, and lack of primary care physicians have created opportunities for GNP’s. Today, GNP’s offer home based primary care in various home health agencies in collaboration with physicians. GNP’s have critical roles in adult day health centers, ambulatory care outpatient geriatric evaluation teams (consisting of geriatricians, GNP’s, and social workers), retirement centers, senior housing units, in geriatric/gerontological research providing data influential in changing policy, reimbursement, and regulations (Mezey & Fulmer, 2002).

Specifically, GNP’s deliver primary care to older clients within a holistic framework while addressing all aspects of physical and biological, psychosocial, cultural, and family functioning. GNP’s often practice with considerable autonomy, use protocols to address medical problems, and obtain consultation from physicians and specialists whenever necessary. Most recently, the National Conference of Gerontological Nurse Practitioners’ (NCGNP) Position Statement from the Annual meeting on September 20, 2003, recognize that GNP’s also provide therapeutic interventions to restore or maintain an optimal level of function, or when appropriate, palliative care.

Although gerontological nurses have made impressive research contributions to improve patient care and prove their worth as health care providers, relatively few nurses have opted for this field. Of 70,000 nurse practitioners in the US (Alport et al., 2002), only 3,700 have received certification as gerontological nurse practitioners (Mezey et al. 2003). Mezey and Fulmer (2002) conclude that “advanced practice nurses exert a minimal impact on the health care needs of the majority of older adults” (p. M439), due to their small numbers and tendency to practice in urban areas and in long-term care settings.

Identified barriers to the utilization of GNP’s
in cost-effective healthcare delivery to the older population include restrictive state nurse practice acts, limitations in prescriptive authority, reimbursement barriers including lower rates and a narrower rate of reimbursable services, difficulty in obtaining malpractice insurance for some NPs, and limitation of institutional privileges in the hospital and nursing home (Ruiz et al., 1995). These barriers still exist to this day. The NCGNP at the 2003 Annual meeting recognized that GNP's are still subjected to the various age related practice restrictions based on the perception that practice scopes are defined by certification category rather than by education, ability, experience, and collaborative practice agreements (NCGNP, 2003).

The NP's scope of practice identifies the legal boundaries of professional nursing activities as defined under each state's nursing practice act and associated rules and regulations (Lewis & Carson, 1988). The NCGNP (2003) supports that specialty certification may be a supporting element leading to the development of the scope of practice, but may not necessarily define practice boundaries or limitations. GNP's are recognized in accordance with individual state rules and regulations concerning advanced practice nursing. Today, aside from obtaining the education at a master's or post master's level, GNP's are generally required to have national certification through a nationally recognized credentialing center. However, this certification still largely varies depending on the individual practice settings, collaborative arrangements with physicians, and level of competence based on the NP's experience, education, knowledge, and abilities.

For obtaining total autonomy and independent practice for GNP's in addition to enable nursing to do its part in meeting the growing health care needs of the elderly, several strategies have been proposed (Alpert et al., 2002; Mezey & Fulmer, 2002). By increasing teamwork across the network of services for the aging, the health sector, public and private organizations, and academia, there is a great opportunity to enhance the health and well-being of older adults. To prepare APNs for the greying of the population, there has been labeled a shift from a focus on place to a focus on person in nursing education. Futrell and Melillo (2005) suggest that GNP's have traditionally been prepared for practice in primary care settings, while gerontological clinical specialists have been seen as acute and long-term care nurses. Over the years, however, the reality of ultimate practice settings has been changed, with many nurse practitioners now functioning in the context of a team within long-term care, tertiary care, and home care settings. Therefore, Futrell and Melillo (2005) argue that "education should prepare a nurse to function in any environment and advanced practice nursing encompasses place and person" (p. 20).

Another strategy towards betterment of health care for older adults is the development of academic capacity and leadership in the field of gerontological nursing (Alpert et al., 2002; Mezey & Fulmer, 2002). Several organizations and foundations have dedicated funds to support doctoral studies for nurses, recognizing the need for future educators and researchers. As of late, they have also pledged support to the development of leadership skills among nurses. As gerontological nursing matures as a field, GNP's must make their voices heard and counted, more than they have to date. This is increasingly seen as the responsibility of the profession as a whole, but, as has always been

Strategies for Success in GNP’s Future Role
the case in history, it may also represent an opportunity for individual advanced practice nurses.

For developing the roles of GNP's and ensuring success of this position in the health care delivery system in Korea, following strategies are suggested based on reviewing the GNP's role in the US:

* Establishing foundations to support gerontological nurses, future educators, and researchers in gerontology
* Organizing structures to get general consensus in order to maintain quality control over practice
* Identifying the boundaries of the discipline and the scope of advanced practice nursing while exploring ways to expand GNP's scope of practice in addition to maintaining competency
* Articulating best practices to subsequently improve care for older adults across settings by building nursing research in gerontology
* Conduct evaluative research on the outcomes of APNs or GNP's care that elucidate the time and money saved by using early interventions based on in-depth clinical expertise
* Creating curriculum in gerontology with well-designed materials and participating in ongoing professional education planning for current and newly proposed health skills
* Recruiting qualified providers of primary care as the preceptors to train the students in GNP programs
* Developing leadership at the national level, encouraging all APNs including GNP's to understand the importance of communication about the role, forming collaborative relationships, and the value of networking
* Communicating with members of health policy and the public about gerontological needs, administrative support, a broader model of care, gerontological standards of care, and comprehensive programs of gerontological care

**Conclusion**

The role of the GNP emerged out of a notable and growing need to provide care for older adults and their families. They already play a crucial role by providing appropriate health promotion education, routine screening and episodic care, referral, service planning, developmental and emotional support, and reinforcement to facilitate self-care activities and behavior changes that promote healthy aging. The health care system in the US is complex. Today, APNs are uniquely placed to shape their own practice environments as well as policies affecting the clients they serve through expertise, advocacy, and leadership.

Future footsteps in nursing must stem from a basic understanding and appreciation for the early nursing pioneers and their contribution to the present role of the APN. There are a few items to note as the frontiers open for the future role expansion of APN (specifically the GNP). For the future direction of this role, we need to advocate the continued promotion of affordable quality patient care and satisfaction, as well as increased nursing leadership influence in the health care delivery system.

Independent practice will afford GNP's new and challenging opportunities, increasing responsibilities and skills to master and new relationships with patients, administrators, and nursing and medical colleagues. Then, the scope of practice for GNP's will continue to evolve and grow.

**References**


Center for nursing advocacy: Increasing public understanding of nursing, *Biography of


노인 전문 간호사 역할에 대한 역사적 고찰

임경운*

미래의 보다 나은 간호는 초창기 선구자들이 오늘날의 상급 설문 간호사들을 위한 공헌도에 대하여 이해와 감사를 바탕으로 이루어져야 한다. 이 논문의 목적은 미국에서의 노인전문간호사가 어떻게 되겨에 도입되었고 현재 행하는 역할이 무엇인지에 대해 역사적으로 고찰하여 한국에서의 노인 전문간호사의 역할 개발에 도움이 되고자 한다. 본원 고찰을 통하여 미국에서의 전문간호사의 역할, 노인 전문간호사의 역할 개발 과정 및 현재의 역할에 대해 시사하였다. 이를 바탕으로 한국 사회에서의 노인전문간호사 역할을 개발하고 성공적으로 자리매김하기 위한 전략들을 제언하였다. 결론적으로 미래의 상급 설문 간호사들이 나아가야 할 역할의 방향은 환자들에게 수준 높은 질적 간호 제공으로 만족도를 높이면서 리더십을 발휘하여 현재의 보건 정책 체계 내에서 자리매김해 나가는 것이다.

* 캘리포니아주립대학 노인간호학 박사과정