No matter what area you decide to specialize in, geriatric nursing is bound to be part of your professional future. Older adults are the core business of health care in this country today, representing the majority of primary and home care visits, hospital admissions, and long-term care residents. Recent Census Bureau projections show that the rapid growth rate of those over 65 will not even begin to slow until after 2040. (Census Bureau Projection March 18, 2005).

One important engine driving development within the geriatric field is the John A. Hartford Foundation of New York City, a private philanthropy established in 1929 to ensure effective, affordable care to a rapidly increasing older population. (John A. Hartford Foundation Mission Statement, www.jhartfound.org) Today, the Foundation is America’s leading philanthropy with a sustained interest in aging and health. It supports robust programs in nursing, social work, and medicine, and provides a complement of professionals prepared to manage the care of older adults.

The Foundation’s trustees recognize the importance of nursing care for older adults, which has led to an increased emphasis on enhanced training, research, and practice in this area. Beginning in 1996 with the funding of the John A. Hartford Foundation Institute for Geriatric Nursing, the Foundation has...
A new cadre of leaders is emerging within the field of geriatric nursing.

In 2003, the coordinating centers of these three geriatric nursing programs, the Hartford Institute at New York University, the American Academy of Nursing, and the AACN, combined efforts to form the Hartford Geriatric Nursing Initiative (HGNI). This partnership weaves together the goals, strategies, resources, and opportunities represented within the collective programs. Coordinated communication among the programs serves as a valued resource for both HGNI programs as well as anyone needing resource information.

A new cadre of leaders is emerging within the field of geriatric nursing. These young, committed nurses from diverse backgrounds will continue the efforts of defining aging, translating geriatric nursing research into evidence-based practice and ultimately improve care for the elderly. We invite you to join a nationwide movement in which leaders from nursing education, practice, and research as well as in medicine, social work, policy, and industry have already laid a strong foundation for a new era of geriatric health care. The following are personal accounts from six scholars of the Hartford BAGN program, who tell us why they see geriatric nursing as their future.

The BAGNC program aims to reduce the disparity between society’s need for a health care system that can respond competently to increasing numbers of elders, and the relatively small nursing workforce currently prepared to meet those demands.

In 2000, in partnership with the American Academy of Nursing, the John A. Hartford Foundation established The Building Academic Geriatric Nursing Capacity (BAGNC) program. This initiative funds five Centers of Geriatric Nursing Excellence, establishes seven additional university-based investment projects, and provides awards for predoctoral scholarship and postdoctoral fellowships to build capacity in geriatric nursing education, leadership, research, and clinical practice. The BAGNC program aims to reduce the disparity between society’s need for a health care system that can respond competently to increasing numbers of elders, and the relatively small nursing workforce currently prepared to meet those demands. By producing expert academicians, practitioners, and researchers who will lead the field of geriatric nursing, the BAGNC program will ultimately improve the care of elders in our society. With the new cohort of Scholars and Fellows that began in July 2005, the number of participants in this program grew to 106 faculty members who will be teaching the next cadre of nurses and conducting ground-breaking research that will ultimately lead to the best care possible for older adults.

The generous support of the John A. Hartford Foundation and the success of the first three years of the program attracted others interested in supporting geriatric nursing initiatives. In 2004, the Atlantic Philanthropies provided funds into the Building Academic Geriatric Nursing Capacity Scholar Awards Program to support postdoctoral research, and the Mayday Fund contributed support for Scholars and Fellows focusing on pain in the elderly.

Additional programs exist to create new courses and enhance existing curricula and practice settings in nursing schools nationwide. Funded through the JAHF, and coordinated by the American Association of Colleges of Nursing (AACN), this program’s impact is felt at all levels of nursing education. In addition, the AACN administers a scholarship initiative that supports students enrolled in advanced practice geriatric nursing programs in both the geriatric nurse practitioner and geriatric clinical specialist tracks.
In my youth, I worked with the elderly in various volunteer capacities. While participating in a program at a nursing facility in Washington, DC, I saw how much one of the nurses that I worked with enjoyed her career, and I saw myself in this role. After a detour teaching English and physical education in Mexico, I applied to the University of Pennsylvania, both because of its first-rate nursing program, and because it offered undergraduate coursework in geriatric nursing, which not all programs do.

The undergraduate curriculum proved extremely challenging, but fortunately Penn has a strong undergraduate advisory program that paired me with Dr. Sarah Kagan as my advisor. Throughout the baccalaureate program, Dr. Kagan supported me through the academic coursework, and ultimately helped me to decide which opportunity to take for my first post-college job. I narrowed down my choices between a geriatric psychiatry position on a floor where I was working as a nurse extern, and a position as an oncology nurse at a different hospital.

I chose the oncology nursing position, and worked there for five years. It proved to be an intense and valuable learning experience that has framed my clinical perspective. While working in the hospital, I decided to pursue a master’s degree as a geriatric nurse practitioner (GNP) to strengthen my working in the hospital, I decided to pursue a master’s degree as a geriatric nurse practitioner (GNP) to strengthen my skills and allow me more autonomy. The GNP program was challenging and exciting, and during my multiple rotations at skilled nursing facilities, my interest in the business side of long-term care was peaked. Later, while working as an NP for a chain of five urban nursing homes, I saw the need for strong clinicians to be included in the health care business decisions that affected the elderly. I knew I needed the skills to participate in these decisions. A mentor told me about the Hartford Foundation’s Building Academic Geriatric Nursing Capacity (BAG, NC) program, which sponsors nurses interested in geriatrics to pursue an MBA, and I jumped at it.

I attended the Wharton School as a Hartford BAGNC MBA scholar, and the experience taught me how to think of business and health care globally and strategically. I graduated with an MBA in healthcare management, and pursued a position with EverCare, a medicare special needs program that focuses on acculturation and health in older Hispanics. Many Hispanic groups are living most of their lives in the United States, and I was interested in seeing if the Americanization process was related to health.

In the greater Miami area alone, there are elders from Cuba, Central and South America, and Haiti.

My career path in geriatric nursing started while I was working in a medicare-certified home health agency. I enjoyed the autonomy of working in home care, and found the patients to be clinically challenging. My dissertation focused on acculturation and health in older Hispanics. Many Hispanic groups are living most of their lives in the United States, and I was interested in seeing if the Americanization process was related to health.

Working with older persons always presents a challenge. People are living longer and dealing with more chronic disease. Health care systems have become complex, and nurses need to be able to help older persons navigate within these systems. Furthermore, providing culturally competent care is also challenging. Miami, with its diversity, provides unique challenges.

Caring for older persons has been very rewarding, and I know that I have truly made a difference in the lives of my patients. As a nurse practitioner practicing in HIV/AIDS care, many of my patients are older, as those with HIV are living longer, and require unique care.

There are many options for nursing students today. Many believe that geriatric nursing is not “glamorous” enough. The truth is, geriatric nursing is challenging and rewarding. Think about the differences you will make.

My path toward geriatric nursing was somewhat unexpected. When I graduated from the University of Pennsylvania in 1996, I decided that I wanted to see the country and experience something different, so I packed up my bags and moved to San Francisco. It was extremely difficult to obtain a position at an acute care hospital, so I worked at a San Francisco nursing home, where I became acutely aware of the consequences of inadequate staffing. I had just graduated from nursing school and had limited clinical experience, but still I was placed in charge of a large unit, where I was the only nurse to provide care for 45 very ill
older people as well as supervise 5 nurse aides.

The patients on my unit had complex nursing care needs, from cognitive impairments to acute pain, not to mention loneliness and depression. While the job itself was overwhelming at times, I loved working with the patients. I was their primary caregiver over several months at a time, and therefore I heard stories about their lives, their children, and their grandchildren. I was also usually with them when they died. However, being the only nurse on the unit too often forced me to confine my duties to immediate priorities, such as dispensing medications and dressing pressure ulcers. There was rarely time to thoroughly assess or treat the patient’s symptoms, and consequently, many suffered needlessly.

I was introduced to Dr. Jeanie Kayser-Jones, a professor at the University of California in San Francisco, who interviewed me as part of a study she was conducting on the experience of death and dying in nursing homes. She encouraged me to attend graduate school, and when I entered the doctoral program at UCSF, I focused my studies on how changes in nurse staffing levels influence the quality of patient care.

In 2002, I was fortunate to receive a postdoctoral fellowship from the John A. Hartford Foundation, which allowed me time to publish results from my dissertation research, and to perform research on conditions in Connecticut and California nursing homes. While on opposite coasts, there were unifying traits shared by the best homes. Being a Hartford Scholar also allowed me to foster relationships with other bright, motivated nurse scholars.

I am currently an associate research scientist at Yale University, where I teach first-year clinical nursing skills in the Graduate Entry Program, in addition to continuing my research on the nursing home care of older adults. My advice is that you seriously consider geriatric nursing, and working in nursing homes, which can be very rewarding indeed.

Joseph Morris
MS, RN, GNP

I grew up in a single-parent home in Bessemer, Alabama, a small, rural community outside Birmingham. As a private duty home-health aide, my mother worked full-time caring for the cognitively impaired elderly. She dreamed of one day becoming a registered nurse, but suffered a cerebral vascular accident that left her both cognitively and physically challenged.

As the eldest, I assumed the leadership role at an early age. I learned from my mother to be responsible, exercise perseverance, seek knowledge and understanding, and “always respect my elders.”

I pursued a career as a chemical engineer, but was more interested in the functions of the human body and the psychological disorders of the brain. I spent several months researching nursing, and grew to appreciate the diversity it offered. In the fall of 1993, I was accepted to the University of Michigan School of Nursing, where I advocated for older adults, and volunteered in a variety of geriatric settings. Upon completion of a bachelor’s of science in nursing, master’s in gerontology, and the post master’s GNP Certification from the University of Michigan, I worked in the inner city of Detroit as a clinical specialist. There, I faced the challenge of being a “double minority” in a field that is predominantly made up of women. Nonetheless, I realized the impact that I had on the urban community through increasing the participation of older African-American men in health screening initiatives: specifically blood pressure and prostate evaluation.

My interest in health disparities amongst older adults, especially African-American elders, coupled with the desire to become a scientist, influenced my decision to further pursue a career in gerontology. Throughout the years, I became increasingly interested in working with Alzheimer’s patients, who are often underrepresented in research. My career interests are centered on: 1) addressing the biobehavioral concerns of African-Americans with Alzheimer’s disease and other related dementias; 2) developing community-based research programs that focus on understanding the health disparities among older adults, especially African-American men; and 3) becoming a tenured faculty in a research-one level nursing school and continuing to act as a positive role model for underrepresented minorities in nursing.

Through the BAGNC program, I have gained a greater respect and appreciation for the nursing profession. The program’s impact on the early stages of my career path was significant, providing me with the opportunity to study and gain a quality graduate education from a renowned university, refine my research skills, and interact with scholars and leaders in the field of gerontology.

Janine Overcash
PhD, ARNP

In high school, I worked as a nurses’ aide at a nursing home in New Smyrna Beach, Florida, and from that point on I wanted to become a geriatric nurse. I received a scholarship from the American Business Women’s Association, and enrolled at Florida State University School of Nursing to earn my bachelor degree. I continued my education at the University of South Florida College of Nursing, earning a master of science with a specialization as a geriatric nurse practitioner. In graduate school, I was supported by strong geriatric nursing mentors, who helped guide my academic progress and research focus. I was very interested in pain assessment and treatment of the older person. I worked at a local hospice, where I was a co-investigator in a small pilot study. From there, I was offered a position at the H. Lee Moffitt Cancer Center and Research Institute to help construct the Senior Adult Oncology Program.
Jennifer Lingler
PhD, FNP

When I was in high school, a nurse I knew helped me to find a nursing assistant position at the residential care facility where she worked. That experience sparked my interest in older adults that continues today. I realized that caring for frail elders could be incredibly gratifying, and I felt privileged to play a role, however small, in peoples’ lives. At the same time, I became increasingly curious about what it means to age successfully. I questioned why some people seemed to age so gracefully, while others succumbed to physical illness, mental decline, or both.

My growing fascination with the aging process led to me explore several possible career paths. As I applied to colleges, I considered majoring in gerontology, nursing, or even a basic science. I was disheartened to find that gerontology programs were usually offered at the graduate rather than the undergraduate level. Even more worrisome were the adults in my life who questioned the “practical value” of a career in aging studies. I continued to consider geriatric nursing, but I wasn’t convinced that it was right for me. I suspected that there could be a depressing, or worse yet, a “boring side” to geriatric nursing. Another source of concern was that, although I felt drawn to the altruistic ideals of nursing, my academic strong suits had always been math and science. Ultimately, it was that immensely rewarding experience of working with institutionalized elders which led me to an “eleventh hour” change of majors - from chemistry to nursing - as I began undergraduate studies. Although I initially considered the switch to be a victory of my altruistic aims over my affinity for science, I soon realized that my chosen career path would uniquely position me to satisfy my zeal for both service and science.

Since that time, my passion for geriatric nursing has continued to deepen. My career choice has challenged and surprised me in ways that I could have never anticipated. Within two years of obtaining my BSN, the desire to better understand the diagnosis and management of geriatric conditions motivated me to become a nurse practitioner. Within just a year of working as a nurse practitioner, I found myself back in school, this time pursuing a master’s degree in bioethics and a doctoral degree in nursing. I wanted to study ethical and relationship issues specific to late-life disorders of cognition. As a doctoral student, I learned of BAGNC and had the fortuitous experience of being selected to participate in its innovative scholars program.

Through BAGNC, I learned that there is immense practical value in aging studies and that gerontology is a multidisciplinary field in which nursing plays a critical role. The program exposed me to a group of nurses who, like me, found geriatric nursing to be uniquely rewarding and stimulating.

As a BAGNC alumnus, I now divide my time serving as a nurse practitioner at a memory disorders clinic, teaching an ethics course in a gerontology program, and conducting research on family caregiving. I am encouraged by the realization that as current students contemplate the array of opportunities before them, seek counsel from trusted mentors, and gain exposure to various clinical populations, the next generation of geriatric nurses will emerge. And, I am confident that in doing so, they will set their own course for affecting change in the lives of society’s most vulnerable members.

resources

The Building Academic Geriatric Nursing Capacity Program
www.geriatric_nursing.org

The Hartford Foundation Institute for Geriatric Nursing
www.hartfordign.org

2006 Scholar & Fellow Applications
www.geriatricnursing.org

Hartford Geriatric Nursing Initiative
www.HGNI.org

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