

Gerontological Content in Canadian Baccalaureate Nursing Programs: Cause for Concern?

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Au cours des prochaines décennies, le nombre de personnes âgées au Canada devrait augmenter de manière spectaculaire. Cette transformation entraînera des répercussions sur les besoins en matière de professionnels de la santé spécialistes de la personne âgée, en particulier en ce qui concerne les infirmières. Le projet de notre étude visait à analyser le contenu axé sur la gérontologie dans les programmes de baccalauréat en sciences infirmières au Canada. On s'est servi du *Survey of Gerontological Curricula in Canadian Baccalaureate Nursing Programs* [Enquête sur les programmes d'études en gérontologie au sein des programmes canadiens de baccalauréat en sciences infirmières] de Earthy pour recueillir des données sur un échantillon de commodité constitué à partir des écoles et des facultés de sciences infirmières au Canada offrant le programme de baccalauréat. On a analysé ces données en utilisant des statistiques descriptives et de fréquence. L'étude révèle que la majorité des programmes intègrent la gérontologie, mais que seulement 8 % des heures en clinique portent sur les soins aux personnes âgées et 5 % des étudiantes choisissent la gériatrie comme dernier stage clinique avant d'obtenir leur diplôme. Les résultats suggèrent qu'il faudra développer des compétences au sein du corps professoral, miser sur l'interdisciplinarité en matière d'éducation en gérontologie au sein des sciences de la santé et se pencher sur le problème de l'âgeisme au sein de la profession infirmière.

Over the next several decades the number of older Canadians will rise dramatically. This shift will have implications for the demand for health-care professionals, particularly nurses, educated to work with an aging population. The purpose of this study was to assess the status of gerontological content in Canadian undergraduate nursing curricula. Earthy's *Survey of Gerontological Curricula in Canadian Baccalaureate Nursing Programs* was used to collect data from a convenience sample of Canadian nursing schools and faculties with baccalaureate programs. Data were analyzed using descriptive and frequency statistics. Gerontological content was found to be integrated into the majority of programs, but only 8% of clinical hours had a focus on the nursing care of older adults and only 5.5% of students chose geriatrics for their final clinical practica prior to graduation. Implications include the need to develop faculty expertise, the potential for interdisciplinary gerontology education in the health sciences, and the need to address ageism in the nursing profession.

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In the face of an aging population, it is almost certain that in the future every nurse will spend some portion of her or his career working with older adults, yet the inclusion of gerontological content in undergraduate nursing programs remains limited. Canada's population, similar to that of other Western countries, is getting older. In the year 2000, 3.8 million Canadians (12.5% of the population) were over the age of 65 (Statistics Canada, 2001). Over the next several decades, there will be a dramatic rise in the proportion of older adults. With the increasing number of aging "baby boomers" in the forthcoming decade, it has been projected that by the year 2011 five million Canadians will be over the age of 65 and that by 2031 the number will rise to 8.9 million — more than one fifth (22%) of the population (Moore & Rosenberg, 1997). A significant portion of this older group will be frail elders (85 years or older), who often have the heaviest care needs (Gioiella, 1993). It is expected that between 2020 and 2030 health-care professionals will come to spend 75% of their time with older adults (Aiken, 1997). As the general population ages, furthermore, so do nurses. The majority of registered nurses (RNs) in Canada are in their mid- to late 40s (Canadian Nurses Association, 2001a). Moreover, there are fewer new graduates to replace these soon-to-be-retiring nurses (Sibbald, 1998). Together, these factors — an aging population and a decreased supply of nurses — create a need to adequately prepare graduating nurses to work in the complex specialty of gerontological nursing.

One of the greatest challenges facing nurse educators, then, is to critically examine current programs for their appropriateness in preparing graduating nurses to meet the health-care needs of an aging population. The purpose of this study was to examine the inclusion of gerontology in Canadian baccalaureate nursing programs. The study was guided by three research questions: *How much gerontological content is currently included in Canadian baccalaureate nursing programs? What gerontological topics are currently being taught? How is gerontological content currently being taught?*

Literature Review

While nurse educators have been aware of the aging population trend for some time, the movement towards increased gerontological content in baccalaureate nursing programs has been slow. An initial survey of gerontological content in Canadian programs was completed in 1978. Although all of the programs reported some gerontology, the quality and quantity of the content varied (Hirst, King, & Church, 1996).

In the early 1990s, Earthy (1991, 1993) surveyed generic baccalaureate nursing programs in Canada. Approximately half of the schools had

integrated gerontological content in their programs. Seven of the 22 schools sampled offered elective gerontology courses, while only two schools had required courses in gerontological nursing. Less than 10% of students' clinical hours were spent in a gerontological setting, as opposed to the more traditional settings of obstetrics, pediatrics, medicine, and surgery. For final clinical practica, only 2.5% of students chose a gerontological nursing experience. Faculty expertise in this area was also lacking: only 5% of the 550 faculty members teaching in these programs had gerontological preparation at the master's or doctoral level.

In a more recent review of American undergraduate nursing programs, Rosenfeld, Bottrell, Fulmer, and Mezey (1999) found some progress in the inclusion of gerontological content. Over half (63%) of the schools reported an integrated approach to gerontology. Most of the remaining schools offered separate, required courses. However, in the programs that took an integrated approach, the actual amount of course time devoted to gerontology was less than 25%. Reviews of other health-care disciplines, including medicine (Dalziel & Man-Son-Hing, 1994), occupational therapy (Aiken, 1997; Klein, 2001), and social work (Barusch, Greene, & Connelly, 1990), indicated similar amounts of gerontological content.

Other researchers have studied the effectiveness of various delivery formats on students' attitudes towards caring for older adults. Strumpf, Wollman, and Mezey (1993) describe an enriched gerontological nursing program for undergraduates. In this program, students received in-class instruction from faculty with gerontological expertise, coupled with clinical experience with older adults in acute-care and chronic-care settings.

The impact of an aging population on the health-care system will become an increasingly significant factor in curriculum development in baccalaureate nursing education. To meet the health-care needs of the population in the early decades of the 21st century, graduating nurses will require core content in gerontological nursing to effectively engage in clinical practice. In this study, we examined the current status of gerontological nursing education in Canadian baccalaureate nursing programs.

Methods

This was a descriptive study. All Canadian faculties and schools of nursing offering baccalaureate programs were invited to participate. Initially, a letter of introduction and a questionnaire were mailed to the dean or undergraduate director of each program, along with a pre-

addressed, stamped envelope. The letter requested that a person familiar with the content of the baccalaureate program complete the survey. Three weeks after the initial mail-out, a second mailing was sent to non-respondents. Data were collected between October 1999 and March 2000. Ethical approval for the study was obtained from the University of Western Ontario's review board.

Instrumentation

We used the *Survey of Gerontological Curricula in Canadian Baccalaureate Nursing Programs Questionnaire* (Earthy, 1991), which collects data on school and faculty characteristics, curriculum, amount and placement of content, patient issues and care techniques, and clinical experiences. Earthy established content validity by reviewing 19 previous questionnaires and consulting gerontological nursing experts. As well, the questionnaire was pilot tested by three faculty members in local nursing programs. For the current study, minor modifications were made to the instrument with the permission of the author, which involved updating some terminology to better reflect the current language used in health care.

Sample Characteristics

Twenty-one schools returned a completed questionnaire, for a response rate of 55%. Three (14%) of the 21 schools offered only direct-entry BScN programs, six (29%) offered only RN-BScN programs, and 12 (57%) had combined direct-entry and RN-BScN programs. Over half (52%) of the schools offered master's programs and about one fifth (19%) offered doctoral programs. Three (14%) of the schools reported having certificate programs in gerontological nursing. The number of students in the programs varied (see Table 1).

Table 1 *Size of Programs*

No. of Years	No. of Students (Average)	No. of Students (Range)
1	108	35-265
2	86	8-240
3	89	9-500
4	78	4-500

Findings

Responses to the questionnaire provided information on the topics, mode of delivery, and quantity of gerontological content in Canadian baccalaureate nursing programs. The data included information on clinical content and time spent in gerontological settings. As well, information was gathered on faculty preparation in gerontological nursing.

Faculty

A total of 594 faculty members taught in the 21 programs that participated in the study. Of these, 29% had doctoral degrees, 54% had master's degrees, and 18% had baccalaureate degrees. Of these faculty members, only 5.7% had some educational background in gerontology, comparable to the 5% in Earthy's (1991) study, and 3% had adjunct or joint appointments in clinical gerontological settings. One third of the programs had faculty members who were conducting research related to older adults.

Content

Content areas of focus included: theoretical foundations of gerontological nursing, sociopolitical contextual issues, physiology, pharmacology, special-care considerations, assessment skills, and leadership. Of the 49 items listed under content, those reported by respondents ranged from 18 to 49, with a mean of 44. The range demonstrates the inconsistency of content among the programs. Items most often reported as "not offered" were: the history of gerontological nursing, gerontology as an interdisciplinary field, political issues, ethnic issues, and principles of rehabilitation and activation. Items not included on the survey but reported as present in a few programs were: elder care, care of the informal caregiver, personhood, and spiritual care.

Mode of Delivery

Over half of the programs (52.4%) had separate, required courses in gerontological nursing. The programs that did not have a required course tended to have electives. Additionally, the majority of programs had some degree of integrated gerontological content. Data on the mode of delivery (i.e., didactic or clinical) for patient issues and care techniques were gathered. The majority of these items — which focused on mobility, skin breakdown, continence, polypharmacy, alterations in sleep, pain management, and "the three Ds" — depression, dementia, and delirium — tended to be part of required course content and were

delivered in didactic and clinical formats. Items that were primarily offered in didactic format only included sleep deficits with aging, socialization therapies, and substance and financial abuse. Substance abuse was the sole item that was offered only in elective courses in some programs.

Clinical Experiences

Clinical hours in "traditional" specialties taught in undergraduate programs followed an expected pattern. Medical/surgical accounted for the largest number of hours (417, or 40%). Although students might have primarily older clients in this portion of their clinical, without the theoretical focus of geriatrics in the classroom they may not develop skills specific to the assessment, planning, intervention, and evaluation of nursing care for older adults. Community experience accounted for the second-largest number of clinical hours (285, or 28%), followed by Maternal/Child (124, or 12%), Mental Health (119, or 12%), and Gerontology (86, or 8%).

In addition to clinical specialty areas, we collected data on time spent in clinical settings where students would come in contact with older clients. Acute Care Hospital accounted for the greatest number of hours (455, or 67%), followed by Chronic/Long-term Care Unit (105, or 16%), Rehabilitation Hospital (48, or 7%), Senior Centre or Club (26, or 4%), Seniors Day Care Unit (17, or 3%), Wellness Clinic (12, or 2%), and Private Residence of an Older Person (12, or 2%). Notably, the greatest number of clinical hours were devoted to settings with acutely and chronically ill older adults, rather than in health-promotion settings with healthy older adults.

For their final, consolidating clinical experience, only 5.5% of students chose a geriatric focus. In response to the question about students' choices for these final practica, some faculty members offered the following unsolicited comments: "Since most acute-care med-surg units have an overwhelming geriatric population and *bed-blockers*, the majority will care for the elderly"; "Older adults are in most hospital settings." These comments illustrate the misconception that caring for older clients is equivalent to having a learning experience as a gerontological nurse.

Limitations of the Study

This study had several limitations. Some respondents commented that the survey was confusing or that the questions were difficult to respond

to accurately when the school had combined programs for direct-entry and RN-BSN students. As well, the survey was lengthy, taking approximately 1 hour to complete. Many respondents remarked on this fact, a notable one in an era when faculty resources are stretched. Finally, the voluntary nature of a survey makes it difficult to ascertain the generalizability of the information that is gathered.

Discussion and Implications

The findings of this study on the inclusion of gerontological content in Canadian baccalaureate nursing programs demonstrate that there remains much potential for development. Caring for older adults will become a major focus of nursing as the population ages. In the past, though, gerontological nursing has been stigmatized by perceptions that it requires less expertise and knowledge than other clinical specialties (Eliopoulos, 1982). A current indication of nurses' commitment to this specialty area is the number who pursue certification in gerontological nursing through the Canadian Nurses Association. Of the 8,820 nurses who were certified in 2000, 6% were in gerontological nursing, compared to 22% in perioperative nursing, which accounted for the highest percentage. Other areas of acute care, including critical care, emergency, nephrology, neuroscience, and oncology, accounted for a further 43% of certifications (Canadian Nurses Association, 2001b). With the historical attitudes towards gerontological nursing, it is not surprising that such a large proportion of nurses identify more with these clinical areas even though the majority of their clients are probably older adults. As the population ages, though, there will be a growing demand for gerontological expertise in all settings and the passion for this specialty will have to be ignited during a nurse's education.

The relatively small percentage of faculty who are academically prepared to teach and conduct research in gerontology is a challenge to making this specialty area a significant part of the classroom and clinical experience. The results of other, similar, studies also highlight the small resource pool of gerontological specialists among faculty members (Olson, 1994; Verderber & Kick, 1990). Historically, those faculty members interested in gerontology were self-taught or had entered nursing education through another clinical specialty (Holtzen, Knickerbocker, Pascucci, & Tomajan, 1993). In addition, surveys have indicated that the proportion of doctoral students pursuing academic careers in the specialty remains small (Mezey, Fulmer, & Fairchild, 2000). This raises concerns over the ability of current and future pro-

grams to develop and deliver curricula that adequately prepare students to work with older adults, regardless of a student's chosen specialty.

We must examine how best to maximize the academic knowledge and time of these experts. Traditional modes of distance education are rapidly expanding to virtual classrooms, where, through the Internet and videoconferencing, a large number of students can be taught by a core group of faculty members with gerontological expertise. The lack of well-developed gerontological content in other health sciences presents opportunities for faculties and schools to pool resources and offer interdisciplinary courses. If students have the benefit of clinical experience with experts in the field, they will be better able to extend their theoretical learning into real-life care of older clients.

Developing separate, specialized courses versus integrating gerontological content into existing programs remains an area of debate for educators. Although there is some question as to the amount of integrated content that students actually learn as distinct "gerontological nursing," there are also practical challenges to devoting entire portions of programs to one specialty. With growing diversity in populations, and with technological advances putting greater demands on nurses' time and energy, there is a significant amount of new content vying for inclusion in baccalaureate programs (Baumbusch & Goldenberg, 2000). Even when gerontological content does exist, the question is raised: What is essential? The range of topics included in the programs surveyed for this study demonstrates the inconsistency of information being offered to students. Previous suggestions regarding core content have included a wide range of areas: theories of aging, changes in normal aging, common problems of aging, the advocacy role of gerontological nurses, evidence-based care for older adults, differences in care of adults and older adults, and sociopolitical contextual factors that impact on the delivery of care to older adults (Baumbusch & Goldenberg; Gioiella, 1993; King, 1995). There is the further issue of integrating this content into programs, with an emphasis on the latter portions, in order to stress the complex nature of nursing care for older adults. Developing this type of comprehensive, practice-based content requires the involvement of clinical experts. As this study found that only 3% of faculty members have adjunct or joint appointments with clinical gerontological settings, there is a need to strengthen the connections between academia and clinical practice in order to create and deliver relevant content to students.

The debate between separate and integrated content continues to rage. In general, however, programs that place greater emphasis on aging issues — regardless of the nature of the program — have been shown to increase students' positive attitudes towards older adults (Mosher-Ashley & Ball, 1999). There are many opportunities for faculty to make the nursing of older adults interesting and stimulating, thereby encouraging students to pursue careers in this area upon graduation. With one third of faculty conducting research in the area of older adults, students could be introduced to a wide variety of older clients and health situations by participating in research programs while at the same time experiencing the connection between research and practice. These types of learning opportunities would enable students to experience first-hand the interface between the aging population and health-care policy and service delivery. Not only would they gain practical experience with older adults, through exposure to some of the broader issues of health care, but they might choose the burgeoning field of gerontology as their career path. Now and in the future, students need to have wide exposure to older adults in various stages of health and in non-traditional settings in order to truly experience the fulfilment that can come from working with this population. Programs that offer these types of opportunities will remain relevant and thrive as the health-care system shifts to meet the needs of an aging population.

Conclusion

The purpose of this study was to examine how much nursing students are learning about the care of older adults in Canadian baccalaureate nursing programs. Although there has been some progress since Earthy's (1991, 1993) study, there remain vast opportunities to enhance the nursing care of older adults through nursing education. Meeting this challenge requires a shift in attitudes towards gerontological nursing. "Care of older adults should be conceptualized more as an expansive synthesizing clinical experience than as a traditional specialty because the behaviour of elderly individuals is shaped by more factors than similar experiences in younger adults" (McBride, 2000, p. 23). If the current slow trend of integrating gerontological content into baccalaureate nursing programs continues, there is a risk that there will be an insufficient number of nurses prepared in the expansive specialty of gerontology to care for the diverse population of older adults in the coming decades.

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