

# Gerontological Nursing Standards of Practice and Competencies (4<sup>th</sup> Edition, 2020)



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# PREFACE

The Canadian Gerontological Nursing Association is a national organization that represents Gerontological nurses and promotes gerontological nursing research and best practices across national and international boundaries. The face of gerontological nursing in Canada is evolving and changing in accordance with demographic imperatives, the growth of evidence-informed empirical nursing knowledge as well as emergence of new nursing knowledge in the realm of aesthetic/artful practice (e.g. non-pharmacological interventions, music, environments, technology). This Gerontological Nursing Standards and Competencies 2020 document is meant to reflect current knowledge and understanding of the nursing discipline. As such, this document is conditional, dynamic and subject to change because of the influence of new gerontological nursing knowledge within and in response to the social, cultural, economic and political contexts of the health care system.

The Canadian Gerontological Nursing Association (CGNA) responds to changing needs and expectations of older adults in Canada. CGNA is a designated special interest group of the Canadian Nurses Association (CNA) and thus collaborates with CNA to review and sustain a certification exam for eligible nurses to acquire the credential GNC(C). CGNA contributes to the health care system by meeting the following objectives:

- promoting high standards of evidence-informed gerontological nursing practice,
- providing education programs in gerontological nursing,
- delivering care to older persons in their preferred cultural context, including Indigenous and other marginalized communities,
- participating in affairs that promote the health and wellness of older persons,
- enhancing networking opportunities for all nurses,
- conducting and promoting gerontological nursing research,
- disseminating the results and engaging in knowledge translation activities of gerontological nursing research and best practice, and by
- advocating the views of CGNA to government, educational, professional, and other appropriate bodies as well as to older persons and their care partners and the general public.

The **mission** of CGNA is to address the health and quality of life of older Canadians and the nurses who participate with them in health care. In the year 2020, CGNA is a federation consisting of gerontological nursing groups from eight conjoint-member provinces: British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland & Labrador. Two provinces and three territories of Canada have non-conjoint membership, meaning members who join individually where there is no provincial gerontological nursing association: Saskatchewan, Quebec, North West Territories, Yukon Territories and Nunavut.

The **vision** of CGNA is to promote excellence in gerontological nursing through leadership, knowledge, and scholarship.

## Acknowledgements

The CGNA standards have a long history (Appendix A). This work is evidence of our professional organization's ongoing commitment to the development of Standards and Competencies for gerontological nursing practice, which have been evolving to align with current knowledge and health care system requirements since 1989. The 2018-2019 review and revision of these standards and competencies began as result of the Canadian Nurses Association requirement for nursing specialty organizations with a certification exam to engage in a Standards and Competencies renewal cycle every 5 years. In order to align with these requirements, the CGNA Board of Directors instituted a formal review process, approved at their strategic planning meeting held in May 2018, Kitchener, Ontario, Canada.

This 2020 Canadian Gerontological Nursing Standards and Competencies document is the culmination of effort received from many stakeholders. Many people contributed their best practice knowledge, critical thinking, time and writing during this project. A Gerontological Nursing Standards and Competencies Committee (GNS&C-C) was established in September 2018. The members for the GNS&C-C were recruited from the CGNA membership across the country, through email and recommendations by the Provincial CGNA directors. For continuity, and to acknowledge the historical-archival roots of our organization, members from previous Standards and Competencies project groups were involved. In addition, members from other jurisdictions, as well as representatives from various practicing roles within the gerontological nursing family participated.

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To ensure the relevance of the revised standards and competencies an external stakeholder review was conducted by experts across the country who provided a critical analysis of the document. We are grateful to the following CGNA-member Stakeholder Review Panel, including:

**Jennifer Baumbusch, RN, BSN, MS, PhD** – British Columbia  
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**Mollie Cole, Immediate Past-President**

**Heidi Holmes, Immediate Past-Director of Communications**

**Joyce Taekema, Secretary**

**Anthony Lombardo, CGNA Administrative Manager**

We would also like to recognize CGNA members and other people from across Canada who provided wisdom and insight to ensure that gerontological nursing practice remains grounded in current, evidence-informed standards. In particular, we would like to acknowledge all members of CGNA who responded to our Electronic Survey in March 2019. We incorporated our members' helpful and significant feedback into the final version. With thanks and respectfully submitted.

Sincerely,

Dr. Lori Schindel Martin, CGNA President, Co-Chair

Dr. Veronique Boscart, CGNA Past-President, Co-Chair

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# SECTION ONE

## Assumptions about Gerontological Nursing

1. Competencies are bound to the scope of practice held by different categories of nurses regulated by their Canadian jurisdiction. For example, Registered Practical Nurses, Licensed Practical Nurses, Registered Psychiatric Nurses, Registered Nurses and Nurse Practitioners-Adult are regulated by each Canadian province and territory.
2. All Gerontological nurses (Registered Practical Nurses, Licensed Practical Nurses, Registered Psychiatric Nurses and Registered Nurses) work within their regulated scope of practice.
3. Gerontological nursing practice standards are implemented by gerontological nurses to facilitate the health and well-being of and provide care to older persons across all settings.
4. Gerontological nurses practice in a manner that incorporates expected age related changes in a culturally sensitive manner.
5. Gerontological nurses demonstrate leadership in the health promotion and prevention, maintenance, rehabilitation and palliation of health related issues to address the needs, abilities, and expectations of older persons and their family members.
6. Gerontological nurses practice in a variety of contexts but always adhere to values included in the current Canadian Nurses Association (CNA) Code of Ethics (2017).
7. The role of the gerontological nurse is influenced by a number of factors (e.g., legal dimensions, legislative authority, human rights, current social, cultural and political trends, growth of the specialty and professional organizations that require inter-sectoral collaboration).
8. Gerontological nurses work in a variety of roles and in their practice apply theoretical, evidence-informed knowledge of aging across the continuum of aging, and promote wellness to enhance quality of life during acute and chronic illnesses and end-of-life.
9. Standards reflect the practice expectations for licensed practical nurses, registered practical nurses, registered psychiatric nurses, registered nurses and nurse practitioners-adult according to the regulatory and licensing bodies within jurisdictions across Canada.

CGNA has prepared this document to align with and reflect the Standards of Practice expected by the CNA. The document also reflects the entry-to-practice gerontological nursing competencies expected for students, developed by the Canadian Association of Schools of Nursing (CASN, 2017). Core principles from CGNA 2010 standards, CNA 2017 and CASN 2017 documents were integrated to develop a comprehensive list of requirements for Gerontological nurses embedded in the CGNA 2020, 4th Edition.

These standards will inform nurses at all levels of their practice when caring for older persons and their care partners. Gerontological nurses assume a variety of roles in their pursuit of the health and well-being of older persons. To fulfill the standards of practice and competencies specified in this document Gerontological nurses engage as advocates, clinicians, collaborators, communicators, educators, knowledge brokers, leaders, navigators, researchers and team member, in their care of older persons within Canadian society.

## Beliefs about Gerontological Nursing

- We believe each older person is unique. Each person has values, goals, strengths, limitations, rights and responsibilities. Each person develops within a society; and influences and is influenced by societal attitudes, culture, spiritual beliefs and the environment.
- We believe in the older person's human right to autonomy, dignity, equity and privacy.
- We believe that the older person has a range of abilities that influence expectations, life satisfaction and needs.
- We believe in the older person's right to make informed choices.
- We believe that families and friends play a central role in the life of the older person.
- We believe that gerontological nursing is an area of specialized knowledge and practice.
- We believe that gerontological nurses practice in collaboration with inter-professional team members to co-design care.
- We believe that evidence should inform gerontological nursing care.
- We believe that a conceptual framework is the foundation for gerontological nursing standards.
- We believe that registered practical nurses, licensed practical nurses, registered psychiatric nurses and registered nurses, and specifically gerontological nurses, practice in accordance with the provincial, territorial, and national standards of nursing practice and the Canadian Nurses Association Code of Ethics 2017.
- We believe that the health care system, within which gerontological nursing is practiced, contributes to outcomes that can support quality care for all older persons.

## Conceptual Framework Underpinning Gerontological Nursing

### Introduction

The professional standards demonstrate to older persons, their care partners, the general public, governmental bodies, as well as other key stakeholders that Canadian gerontological nurses are dedicated to maintaining public trust, and are accountable and responsible for upholding the criteria of the distinct focus of its professional practice.

### Theoretical Foundations

The practice of gerontological nursing combines nursing theory and ways of knowing, including empirical knowledge, aesthetic knowledge, ethical knowledge, self and personal knowledge as well as socio-political knowledge (Carper, 1978; White, 1995; Chinn & Kramer, 2019, Potter & Perry, 2019). Gerontological nurses base their practice on the inter-relationships between person (individuals, care partners, families, groups, communities, populations, society and the national landscape); health (individuals and populations); nursing (registered practical nurses, licensed practical nurses, registered psychiatric nurses, registered nurses and nurse practitioners-adult); environment (cultural context of the organizations, communities, facilities, sectors, networks and partnerships; and socio-economic-political landscape within which care is delivered).



Gerontological nursing is a dynamic interaction between the older person and nurse to achieve health and well-being and respond to illnesses experienced by older persons within the environment. There are four concepts inherent in the conceptual framework: Person, Nursing, Health and Environment (Arnold & Boggs, 2016; Chinn & Kramer, 2018; Clune & Gregory, 2015). The person and the nurse both contribute to the interaction, thereby collaborating to achieve the older person's goals. Older persons bring their unique experiences, personal knowledge and their own health and well-being expertise; nurses bring their specific body of gerontological knowledge, their nursing skills and the art and science of nursing, all integrated within a relational care approach. The historical and current social and cultural climates, political influences and values of the communities and society also influence the interaction.

## **PERSON**

Gerontological nurses recognize older persons as unique individuals with values and beliefs, strengths and limitations, hopes and dreams, worthy of life privileges and human rights as well as holding potential to take up personal responsibilities. The definition of "an older person" varies from person to person, and culture to culture; one's understanding of the concept of "an older person" is shaped by individual and societal perspectives. Gerontological nurses care for older persons and their care partners. Gerontological nurses also care for older persons as members within groups, aggregates, communities or broader jurisdictions such as global organizations. Gerontological nurses recognize that care partners are the significant and unique people in the older person's life who are identified by that person. Care partners can include, but are not limited to, family, children, siblings, neighbours, friends and significant people in the older person's community (RNAO, 2015). All persons who receive care from Gerontological nurses are understood through the complex interplay between the biological, psychological, social, cultural, developmental, economic, political and spiritual dimensions that influence total life experience (Kitwood, 1997; McCormack & McCance, 2017; Potter & Perry, 2019).

## **NURSING**

Gerontological nursing is both an art and a science. Gerontological nursing is action taken by the nurse on behalf of or in collaboration with the older person and their care partners; it is a mutual process (Fawcett & Desanto-Medeya, 2013). Gerontological nursing uses a unique body of knowledge to guide the professional practice of nurses. Gerontological nursing is based on an accepted professional code of ethics. Gerontological professional practice is based on provincial and federal standards of practice for clinicians, educators, researchers, and administrators.

Gerontological nursing adds a specialized and expanding body of nursing knowledge in gerontology and geriatrics in addition to general nursing practice. In their gerontological practice, nurses collaborate with older persons and their care partners to promote well-being, optimize all abilities, and provide care and services where needed. Gerontological nurses apply research and practice knowledge to meet the older persons' goals and expected outcomes. Gerontological nurses identify clinical questions and conduct research so that nursing practice continues to expand beyond the boundaries of tradition. Gerontological nurses engage in collaborative advocacy with older persons to influence healthy aging policy.

## **HEALTH/WELL-BEING**

Canadian gerontological nurses understand that the older person's and their care partners' state and perception of health will be unique, influenced by factors within one's culture, values, beliefs and experiences. Canadian gerontological nurses contribute to assisting the older person and their care partners to achieve the highest state of well-being possible within the context of healthy aging, acute and chronic illnesses and/or end-of-life care.

## ENVIRONMENT

Canadian gerontological nurses aspire to influence societal viewpoints and the healthcare system such that older persons flourish during the later stages of their lives. Gerontological nurses understand that while older persons may experience challenges during acute and/or chronic illnesses, nurses strive to optimize older persons' well-being to the highest level possible, across all places where older persons reside, thereby influencing our society as a whole.

## Processes for Integration and Application of Gerontological Standards

Gerontological nurses understand that nursing practice is complex and is delivered as an integrated whole, involving enactment of each of the SIX standards that underpin gerontological nursing care. These standards are **Relational Care, Ethical Care, Evidence-Informed Care, Aesthetic/Artful Care, Safe Care and Socio-Political Engaged Care**. Gerontological nurses understand that these six standards often overlap and therefore are all considered in the planning and provision of care. Canadian Gerontological nurses enact the standards simultaneously, committing to a professional way-of-being that supports and reinforces *continuous learning, innovating, care partner participating, community building, team building, mentoring, student guiding and health system advocacy*. Through these actions Gerontological nurses contribute to the strengthening of a healthy culture within which the health needs of older persons and their care partners are met. The integration of all these elements is illustrated in Figure I, below.



Figure 1: Processes for Integration and Application of Gerontological Standards, © CGNA 2020

## SECTION TWO

Practice standards describe the appropriate therapeutic health and well-being of Gerontological nurses to facilitate the older person's health, recovery and/or well-being and comfort. "The primary purpose of having standards is to provide direction for professional practice in order to promote competent, safe and ethical service for clients" (CNA, 2008, p. 9).

Competencies are the behaviors through which Gerontological nurses enacts the standards during practice encounters with the older person and their care partners (Tardif, 2006). The competencies explicate the knowledge, skills, judgement and attitudes that all Gerontological nurses should apply when caring for the older person, whether individually, within groups, in communities or across regions.

### Purpose of Standards of Practice

- Define the scope and depth of gerontological nursing practice
- Establish criteria and expectations for high quality nursing practice and safe, ethical care
- Provide criteria for measuring actual and desired performance
- Support ongoing development of gerontological nursing
- Promote gerontological nursing as a specialty, providing the foundation for certification of gerontological nursing by the Canadian Nurses Association
- Promote components of gerontological nursing knowledge as entry-to-practice competencies, setting a benchmark for new graduates
- Inspire excellence in, commitment to and accountability for gerontological nursing practice

### Using the Standards of Practice

- Nurses in clinical practice use the standards to guide and evaluate their practice
- Nursing educators include the standards in course curricula to prepare new graduates for gerontological practice across all settings
- Nurse administrators use the standards to direct policy and guide performance expectations
- Nurse researchers use the standards to evaluate interventions, to measure and guide the development of knowledge specific to gerontological nursing and to recommend revision to standards based on current evidence
- Nurse advocates use the standards to support social justice initiatives for policy change at local community, provincial and national levels

## STANDARD 1: RELATIONAL CARE

**Definition:** Gerontological nurses develop and preserve relational care. Gerontological nursing is a humanistic enterprise in which reciprocal communication and respectful interactions, empathy and understanding are foundational to the provision of high-quality care for older persons and their care partners (Arnold & Boggs, 2016; Clune & Gregory, 2015; Dalhke & Baumbusch, 2015; Gottlieb, 2012; McCormack & McCance, 2017; McGilton, et al., 2017; Sakamoto, et al., 2017; Wright & Leahy, 2016).

## **Gerontological nurses address:**

- Relationships of older persons and their care partners to optimize health and well-being
- Preferences of older persons and their care partners to reflect unique experiences, cultural contexts, and social determinants of health
- All aspects of care as part of an inter-professional collaborative team

## **This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following:**

1.1 Assessing need for and encouraging social relationships between older persons and those who are meaningful to the older person

1.2 Communicating effectively, respectfully and compassionately with older persons and their care partners

1.3 Appreciating the influence of attitudes, roles, language, culture, race, religion, gender, and lifestyle on older persons' views of health, well-being, illness and aging

1.4 Assuring participation of older persons and their care partners in all aspects of decision-making related to their health and well-being

1.5 Assessing care partners' knowledge, skills, and needs, as well as their experiences

1.6 Facilitating care partners' self-awareness of their own abilities, strengths and resilience and recommending resources for self-care and maintenance of well-being

1.7 Facilitating communication between older persons and their care partners when they transition across and between home, hospital or long-term care services utilizing appropriate technologies

1.8 Supporting those who are dying, death, grief and loss and celebrating with those who are experiencing significant life events

1.9 Promoting team problem-solving, decision making and inter-professional collaboration by jointly assessing care needs; planning individual and group interventions; evaluating the impact and outcomes on older persons, care partners and team members; facilitating continuity of care; and developing new and innovative working relationships

1.10 Using decision-making tools and resources, communication strategies, and making appropriate referrals, in collaboration with inter-professional members, in order to provide appropriate care and services related to the needs and abilities of older persons and their care partners

## **STANDARD 2: ETHICAL CARE**

**Definition:** Gerontological nurses understand the importance of the ethical underpinnings of nursing. Gerontological nurses are consciously aware of and think critically about *what ought to happen, what should be done and what is fair and just* (Chinn & Kramer, 2018; Walton, 2019). Gerontological

nurses are respectful of older persons' right to self-determination, choice and collaborative decision-making. Gerontological nurses recognize that the ethical care of older persons and their care partners will involve clarification of conflicting values and exploring alternatives (Chinn & Kramer, 2018). Gerontological nurses understand that ethical principles and codes form the basis upon which ethical decisions and actions rest (Chinn & Kramer, 2018; Storch, et al., 2012; Walton, 2019).

### **Gerontological nurses address:**

- Older persons and care partners as their advocates
- Human rights for autonomy, diversity, inclusion
- Self-determination and freedom of expression
- Ethical, moral and legal contexts of nursing practice
- Collaborative decision-making (e.g. beginning and ending treatments, end-of-life care, medical assistance in dying)
- Access to and provision of care reflecting the person's preferences and cultural requirements
- Promotion and support of autonomy and independence

### **This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following:**

2.1 Creating ethical workplaces through provision of leadership and mitigating moral distress of nursing and inter-professional colleagues

2.2 Using established criteria to prevent and identify elder abuse and follow standards of care to recognize and report mistreatment (e.g., physical, financial, sexual, neglect, emotional, and social)

2.3 Using ethical decision-making care models to balance person-centred care, older persons' autonomy and well-being

2.4 Protecting the older person's and their care partners' rights through mediating situations of tension or conflict between older persons and others

2.5 Acting within the law with respect to capacity, informed consent and advance directives for person-focused decision-making

2.6 Intervening to eliminate or minimize the use of physical, chemical, and environmental restraints (e.g. alternative strategies to prevent falls, to prevent treatment interference, and to understand personal expressions and responsive behaviours)

2.7 Facilitating older persons' active participation in all aspects of their own health care (e.g., access to information, right to self-determination, right to live at risk, access to information and privacy)

## **STANDARD 3: EVIDENCE-INFORMED CARE**

**Definition:** Gerontological nurses recognize that nursing care of older persons and their care partners is evidence-informed, comprehensive and complex. In the case of multiple co-existing



health issues, gerontological nurses must be able to recognize and respond to factors that are a priority. Gerontological nurses have inquiring minds, question the status quo, and seek new evidence-informed knowledge to answer questions when faced with nursing care challenges (Boscart & McCleary, 2012; Chinn & Kramer, 2018; Forbes et al., 2015). Gerontological nurses provide comprehensive assessment and treatment of older persons' needs using standardized assessments, including reliable and valid measures and evidence-informed interventions (Baumbusch, et al., 2016; Hirst & Cole, 2014). Gerontological nurses actively engage in knowledge to action translation (Graham, et al., 2006; Kislov et al., 2014; Ploeg, et al., 2014; Ward, 2017) aiming to achieve promotion and optimization of older person's well-being, regardless of presence of acute/chronic illness or end-of-life care needs (Boscart & McCleary, 2012; Beuthin & Bruce, 2019; Duggleby et al., 2016; Wickson-Griffiths, et al., 2016).

### **Gerontological nurses address:**

- All aspects of health and well-being
- Information and educational needs
- Assessment of health, functional and cognitive capacities
- Geriatric syndromes
- Pain and symptom management
- Acute illness and chronic health conditions management
- Medication management,
- Behaviour and cognitive therapy
- Adaptive communication needs
- Advance care planning
- Coping and grieving
- End-of-life care (EoLC) and Medical Assistance in Dying (MAiD)

### **This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following:**

3.1 Understanding and consideration of expected age related changes

3.2 Completing a nursing history and examinations when there is a change in health status, setting, or well-being

3.3 Performing interventions (e.g., screening, immunization and risk-assessment) to promote well-being and optimal care, optimize quality of life, prevent disease, injury and excess disability, maximize function, maintain desired level of autonomy and independence, promote rehabilitation, and provide palliative care

3.4 Performing standardized assessments through the use of valid and reliable tools in the domains of physical health and illness conditions, functional and cognitive ability, mental health, and psychological function including social support system and life course changes

3.5 Preventing or reducing common risk factors that contribute to functional and cognitive decline, impaired quality of life and excess disability in older persons

- 3.6 Recognizing and managing geriatric syndromes and interaction of acute and chronic co-morbid conditions
- 3.7 Distinguishing the clinical presentations of delirium, dementia, and depression (3D's) using validated and reliable screening tools and involving the inter-professional team in care planning and management
- 3.8 Assessing and addressing mental health and well-being needs including risk factors along with advocating for treatment and strategies to promote recovery and well-being
- 3.9 Implementing falls prevention protocols, employing a valid and reliable measure of fall risk assessment, and by promoting least restraint approaches in injury prevention programs
- 3.10 Applying evidence-based standards and best practice guidelines to promote health promotion activities (e.g., rest/sleep, activity and exercise in older persons)
- 3.11 Assisting older persons to optimize homeostatic regulation through assessment and management of physiological care to minimize adverse events associated with medications, diagnostic or therapeutic procedures, nosocomial infections or environmental stressors
- 3.12 Planning and evaluating appropriate interventions to promote function in response to change in activities of daily living (ADL) and instrumental activities of daily living (IADL)
- 3.13 Assessing endurance capacities of older persons in supportive living arrangements, including appropriate use of technology and assistive devices to promote and maintain optimal function, independence and safety
- 3.14 Completing pain assessment and management, which includes the implications of depression, anxiety, fear, fatigue, and cognitive changes
- 3.15 Completing accurate and valid pain assessment for cognitively impaired people and intervening appropriately
- 3.16 Recognizing that all emotional/physical personal expressions and responsive behaviours have meaning
- 3.17 Recognizing changes that affect communication, assessing barriers, and using communication strategies, including technologies to meet needs for optimal communication
- 3.18 Addressing health-related learning needs and developing, implementing and evaluating learning plans to accommodate changing cognitive and sensory conditions
- 3.19 Supporting nutrition/fluid balance in consideration of older persons' abilities and wishes
- 3.20 Identifying use of prescription medications, over-the-counter medications, herbal remedies and complementary and alternative therapy; and using established criteria for assessment and management of polypharmacy



3.21 Identifying factors associated with increased risks specific to complications (i.e. cardiovascular disease, renal disease, diabetes, frailty, thromboembolic disease and neuropsychiatric disorders) and recommending a management plan that minimizes the risks for adverse outcomes

3.22 Collaborating with others to include complementary and integrative health care practices for health promotion and symptom management for older persons

3.23 Identifying and managing bowel and genital urinary functions with most appropriate intervention

3.24 Promoting quality end-of-life care (EoLC) for older persons, including pain and symptom management, advance care planning, and support for care partners

3.25 Implement care within the context of Medical Assistance in Dying (MAiD) according to policy and ethical code of conduct

## STANDARD 4: AESTHETIC/ARTFUL CARE

**Definition:** Gerontological nurses recognize that nursing care of older persons and their care partners must reflect aesthetic practices, the *art* of nursing (Henry, 2018). Gerontological nurses recognize the importance of searching for the deeper meanings of older persons' health, illness or dying experiences. Consequently, Gerontological nurses seek to connect to the human experience of sickness, suffering, recovery, transitioning and death through provision of care that is creative, artful, person-centred, and grounded in evidence-informed, ecopsychosocial practices (Ziesel, et al., 2016). Gerontological nurses understand that environmental strategies are effective in supporting the delivery of person-centered care and can have a strong potential in making positive impact on aging experiences (Chaudhury, et al., 2017; Fleming, et al., 2016; McDonald & Monteiro, 2019). Gerontological nurses understand that the 'experience' of care is highly influenced by the social and physical environment within which care is delivered (Hung, et al., 2017; McCormack & McCance, 2017). Therefore, Gerontological nurses are sophisticated in their ability to interact with older persons and their care partners to create a holistic environment that is pleasing, comforting and supportive. In addition, Gerontological nurses ensure that older persons and their care partners have access to evidence-informed aesthetic practices (reminiscence, music, poetry, stories, drawings, etc.) that promote interpersonal strength, coping and resilience (Legere et al., 2017).

### **Gerontological nurses address:**

- Needs of older persons to share experiences and their meanings
- Aesthetics of living/caring spaces
- Environmental design
- Need for music, warmth, comfort, food, artistic elements, presence of familiar people or objects
- Access to activities that address the need for cultural, creative and spiritual expressions through social/health resources such as worship, prayer, art, music, mindfulness, yoga, dance, massage, movement, art therapy, interaction with living organisms such as plants, animals, pets, nature
- Appropriate skill mix, shared decision-making, shared power, effective staff relationships and supportive organizational systems

**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following:**

- 4.1 Developing and sustaining interpersonal connections that provide the foundation for knowing older persons and their care partners at a deep level of understanding
- 4.2 Promoting an environment within which the older person and care partner are free to express their concerns, hopes, dreams, feelings, values and beliefs
- 4.3 Facilitating the older person's search for the deeper meaning of their health, illness or dying experiences through therapeutic conversations
- 4.4 Providing care that is person-centred, and grounded in evidence-informed, ecopsychosocial practices
- 4.5 Providing input to environmental design features of care facilities to ensure they incorporate features critical for the aesthetic and safety needs unique to older persons and their care partners
- 4.6 Ensuring that the environment promotes healing, nurturing, care, belonging and sensory engagement through strategic placement of pictures, sculptures, installations, use of light, sounds, and smells
- 4.7 Collaborating with inter-professional team members to advocate for appropriate equipment for older persons to engage in meaningful activities
- 4.8 Collaborating with inter-professional team members and organizational leaders to ensure that the environment provides opportunities to share ideas and develop innovative care approaches

## STANDARD 5: SAFE CARE

**Definition:** Gerontological nurses are responsible for assessing the older person and the environment for hazards that threaten safety, as well as planning and intervening appropriately to maintain a safe environment (Hirst, 2014; Parke, et al., 2013). Gerontological nurses collaborate with the older person and care partners in acknowledgement of their right to live at risk and need for autonomy (Gillis, 2019; Hirst, et al., 2016; Potter & Perry, 2019; Varcoe & Kolar, 2019).

**Gerontological nurses address:**

- Health literacy
- Culturally competent, safe and sensitive care
- Equipment requirements for maintaining safety
- Risk reduction and monitoring of risk over time
- Assessment, prevention and mitigation of all forms of abuse
- Safe interpersonal relationships, including relationships of intimacy
- Assessment of risk; reduction, mitigation, and monitoring of risk over time
- Food safety and security
- Access to safe and affordable housing

**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following:**

- 5.1 Assessing the older person for health and financial literacy, socio-economic vulnerability, food safety and security, cultural diversity needs and ability to make safe choices about housing and healthcare options
- 5.2 Analyzing the effectiveness of community resources in assisting older persons and their care partners to retain personal goals, maximize function, maintain independence in accordance with the desired level of autonomy, and live safely in the least restrictive environment
- 5.3 Forming partnerships and engaging in collaborative decision-making with older persons, their care partners, communities and inter-professional health care teams, to achieve mutually agreed upon health outcomes and transition safely through the system
- 5.4 Applying principles of risk, safety and needs assessment during societal periods when older persons are particularly vulnerable, such as broad spread of communicable diseases, pandemic or disaster
- 5.4 Respecting and promoting older persons' rights to dignity and self-determination, safety, freedom from abuse within the context of the law and safety concerns
- 5.5 Identifying that older persons may be at risk and need education/protection in relation to their right to privacy and information

## **STANDARD 6: SOCIO-POLITICALLY ENGAGED CARE**

**Definition:** Gerontological nurses are aware of the socio-economic-political contexts that influence all aspects of care. As such, Gerontological nurses collaborate with older persons and their care partners to advocate for equitable access to health system resources that address their care needs. Gerontological nurses provide systems to support and sustain practice changes, including ongoing social justice advocacy, education, policies and procedures and job descriptions (Gillis, 2019; McIntyre & McDonald, 2019).

**Gerontological nurses address:**

- Ageism that limits health care delivery and stigmatizes older persons within society
- Care inequities across all sectors of health care delivery
- Health policy at the local, provincial and national levels
- Advocacy needs of older persons within the healthcare system

**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following:**

- 6.1 Recognizing and identifying when ageism is limiting the dignity of older persons and the quality of care that they receive in the health care system

6.2 Collaborating with older persons, a variety of public and professional organizations as well as other stakeholders to challenge ageist language, ageist practices and policies that dis-empower older persons from actively participating in society and making healthcare decisions

6.2 Meeting educational needs of older persons, their care partners and other stakeholders regarding emergent trends and critical issues such as ageism that will impact on health care needs of the aging population in the future

6.3 Identifying and evaluating the accessibility, availability, and affordability of healthcare for older persons to promote their goals

6.4 Identifying gaps, barriers, and fragmentation in the health care system and applying evaluation and research findings to address these challenges

6.5 Lobbying governmental policy makers to influence healthcare and social policy and social determinants of health using comprehensive strategies such as electronic and social media, letters to officials, briefing notes, letters to the editor, media releases and resolutions

6.6 Advocating for healthcare and social services that will enhance care of older persons within specific organizations and across society

6.7 Collaborating with the older person and their partner in care to advocate for health care needs and requirements from health care system, community, societal and global perspectives

### **Final Note**

The above Standards and Competencies aim to promote gerontological nursing research and best practices across a variety of settings. As a professional organization responsive to the changing needs of older persons and their care partners in Canada, CGNA promotes these Standards and Competencies to guide gerontological nursing practice and care delivery. CGNA members believe that our Standards and Competencies document demonstrates that gerontological nursing is a vibrant, exciting, evidence-informed practice specialty. We believe that '*gerontological nursing is a conscious choice*' (Mollie Cole, Immediate Past-President, CGNA, statement to Canadian Nurses Association, Canadian Network of Nursing Specialties, April 2018).

**There is a National Certification Exam available to all Gerontological nurses through Canadian Nurses Association (CNA). For more information on the certification process please see [www.cna-nurses.ca](http://www.cna-nurses.ca)**

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# APPENDIX A

## History of CGNA Standard Development

The Canadian Gerontological Nursing Association has been in existence since 1983. Our organization was constituted in 1985. Before 1989, although individual provincial associations of Gerontological Nursing had developed standards, the Canadian Gerontological Nursing Association Standards had not yet been established. In 1989, at the Annual Meeting, CGNA members accepted the Gerontological Nursing Association (Ontario) Standards of Gerontological Nursing (1987) as the Canadian Gerontological Nursing Association National Standards. A mechanism for ongoing examination of the CGNA standards was to be developed and reported at the 1991 Annual Meeting. A Standards Task Force was appointed by the executive to make recommendations for changes to ensure the standards reflected National Gerontological nursing practice. Using the CNA Standards of Nursing Practice as a framework, a new draft of Canadian Gerontological Nursing Standards was proposed at the 1991 annual meeting by the task force.

A conceptual framework provides the foundation upon which the unique boundaries of gerontological nursing can be identified through standard statements. Marion McGee RN, PhD (Nursing) developed a Conceptual Framework for Gerontological Nursing (1991, 1994). Dr. McGee offered her work to the Standards Task Force. The membership of the CGNA endorsed the revised conceptual framework through a mail survey in 1994. The CGNA Conceptual Framework does not preclude the use of other frameworks. It supports the concept of pluralism in theory. More than 50% of the membership responded positively to the first draft of the conceptual framework. Further development of the draft standards continued until the 1993 Annual Meeting, when the membership requested more input into the process of standards' development prior to acceptance. A new task force was formed by the executive to prepare a second draft statement on National Standards to be presented at the 1995 Annual Meeting.

To quote from the first task force report:

*“As the specialty of gerontological nursing evolves and CGNA continues its commitment to the promotion of quality nursing care for older individuals, there will be a need for ongoing refinement of these standards and further delineation of the scope, levels and specificity and uniqueness of the practice of gerontological nursing.”*

Standards continued to evolve, built upon the work of those many individuals who assisted with the former provincial standards and drafts of our Canadian Standards. Standards Task Force Members appointed in 1989 were: Barbara Brown, Chairperson; Hebina Hood; Cheryl McCulloch; and Dorothy Wasson. Standards Task Force Members appointed in 1991: Sandi Hirst, Chairperson; Nancy Bol; and Betty Riberio.

In 1993, Deb Vandewater and team presented a set of standards to the membership. The membership recommended a new direction for the standards. The executive appointed Bonnie Hall, Julie Doyon, Carla Wells, and Jean Benton. In order to include the members in the process, surveys were distributed through provincial presidents or their delegates to better reflect the views of nurses

across Canada. Focus groups were organized at the Biennial conferences to discuss the content of the standards. Updated Standards were published in 1996.

In 2001, Bonnie Hall recommended a review of the standards. Members attending the biennial meeting Annual General Meeting recommended continuing with the 1996 Standards. Subsequently, in 2007, the membership identified a need to review and refine the existing standards to reflect the current and future Gerontological nursing practice in Canada.

In 2010, a systematic review and revision began with a membership request at the 2007 AGM, which was subsequently approved by the CGNA executive and board in the fall of 2008. The 2010 Canadian Gerontological Nursing Standards and Competencies was the culmination of effort received from many people from across Canada who provided wisdom and insight to ensure that gerontological nursing is represented by a specialized body of knowledge. The Gerontological Nursing Standards working group (GNS-WkG) was established in March 2009. Membership for the GNS-WkG consisted of CGNA members and representatives from National Initiative for Care of the Elderly (NICE).

### **Working Group Members**

Dr. Belinda Park, Co-Chair – Alberta  
Dr. Diane Buchanan, Co-Chair – Ontario  
Gloria Connolly and Sohani Welcher – Nova Scotia  
Heather Hutchinson – British Columbia  
Ruth Graham and Helle Tees – Alberta  
Dawn Winterhalt – Saskatchewan  
Dawn Fenton – New Brunswick  
Mary MacSwain and Anna Enman – Prince Edward Island  
Annette Morgan – Newfoundland and Labrador  
Bonnie Hall – Ontario

### **National Initiative for Care of the Elderly (NICE) representatives**

Dr. Kathy McGilton – Ontario  
Dr. Lorna Guse – Manitoba

### **Additional Contributors**

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Lucie Vachon – Nurse Consultant, CNA Certification Program

#### **International Collaborators**

Dr. Judith Hertz and Susan Carlson – President NGNA (United States)  
Dr. Gwi-Ryung Son Hong – KGNS (Korean Gerontological Nursing Society)

## **External Review Panel**

To ensure the relevance of the new standards and competencies an external review was conducted by experts across the country. The following individuals provided a critical analysis review:

Deborah Vandewater – Nova Scotia  
Julie Langlois – Ontario  
Julie Doyon – British Columbia  
Carla Wells – Newfoundland and Labrador  
Lori Schindel Martin – Ontario  
Anne Stephens – Ontario  
Mollie Cole – Alberta  
Kathleen Hunter – Alberta  
Lynn McCleary – Ontario

## **The following individuals provided infrastructure, research and feedback support**

Mr. Richard Littleton – Graduate Student, University of Alberta  
Ms. Cheryl Silveira – Graduate Student, University of Toronto  
Ms. Sharon Leung – CGNA Administrative Manager – Malachite Management Services  
Ms. Beverley Laurila – CGNA President 2008-2010  
Ms. Denise Levesque, Ms. Sandi Hirst, Ms. Cheryl Knight – CGNA Board Directors 2008-2010

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## Internet Sources

Aged Dementia Health Education & Research (ADHERe). <http://www.adhere.org.au/g-nursing-competencies.html>

Evidence-informed resources for gerontological nursing competencies, dementia-based competencies, delirium, person-centred care, medication management, pain assessment and advanced clinical skills, source is University of Wollongong, Australia

All Ireland Gerontological nurses Association (AIGNA). <https://www.aigna.ie/aigna-networking>

Open access book: Hertz, K. & Santy-Tomlinson, J. (2018). Fragility Fracture Nursing: Holistic Care and Management of the Orthogeriatric Patient, Springer Nature Open

Alzheimer Society of Canada (ASC). <https://alzheimer.ca/en/Home/Living-with-dementia/>

Educational tools for older persons, care partners, students and professional caregivers

American Association of Colleges of Nursing (AACN).

<https://www.aacnnursing.org/Teaching-Resources/Advanced-Practice-Competencies>

Source for Persons-Gerontology Acute Care Nurse Practitioner Competencies (2012); Persons-Gerontology Primary Care Nurse Practitioner Competencies (2010); Persons-Gerontology Clinical Nurse Specialist Competencies (2010) and Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Persons (2010)

Canadian Association of Schools of Nursing (CASN). <https://www.casn.ca/2018/01/entry-practice-gerontological-care-competencies-baccalaureate-programs-nursing/>

Entry-to-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing published in 2016, developed in collaboration with CGNA

Canadian Deprescribing Network (CaDeN). <https://www.deprescribingnetwork.ca/>

Recommendations to optimize use of medication for individuals, safe procedures to reduce unnecessary medications for older persons; a source for deprescribing algorithms, teaching resources, patient handouts

Canadian Coalition for Seniors Mental Health (CCSMH). <http://www.ccsmh.ca/>

Access to resources about delirium, depression, long-term care, suicide prevention, including assessment tools, clinician pocket cards, educational slide decks

Canadian Frailty Network (CFN). <https://www.cfn-nce.ca/learning-centre/>  
Access to webinars, videos, research reports including Canadian nurse scholars

Canadian Gerontological Nursing Association (CGNA). <https://cgna.net/>  
Access to archived webinars on relevant gerontological nursing topics such as chronic illness, wound healing, depression, dementia, continence as well as Perspectives: Journal of the Canadian Gerontological Nursing Association, a peer reviewed ejournal

Canadian Hospice Palliative Care Association (CHPCA).  
<http://www.chpca.net/professionals/nurses.aspx>  
Source for hospice palliative care nursing standards, principles and tools, educational events, listing of national and regional certificate courses

Canadian Network for the Prevention of Elder Abuse (CNPEA). <https://cnpea.ca/en/>  
Source for educational webinars, toolkits, checklists, policies, guidelines for identification, prevention, treatment approaches for older persons at risk for abuse

Canadian Patient Safety Association (CPSI).  
[https://www.patientsafetyinstitute.ca/en/toolsResources/Documents/Interventions/Reducing%20Falls%20and%20Injury%20from%20Falls/FallsJointReport\\_2014\\_EN.pdf](https://www.patientsafetyinstitute.ca/en/toolsResources/Documents/Interventions/Reducing%20Falls%20and%20Injury%20from%20Falls/FallsJointReport_2014_EN.pdf)  
Joint publication between Accreditation Canada, Canadian Institute for Health Information and CPSI outlining national issues related to falls, falls prevention, education, policies with listings regional initiatives and resources published in 2014

Choosing Wisely Canada. [https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/six-things-nurses-and-patients-should-question\\_gerontology.pdf?la=en&hash=5CA6F36C8FF92F624F3BBA2DFC388904FE5795E9](https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/six-things-nurses-and-patients-should-question_gerontology.pdf?la=en&hash=5CA6F36C8FF92F624F3BBA2DFC388904FE5795E9)

Nursing: Gerontology. Six Things Nurses and Patients Should Question Recommendations co-developed by CNA and CGNA about antimicrobial treatment, restraints, hospital transfers for frailty, bedrest and q2h turning routines

Choosing Wisely Canada. <https://choosingwiselycanada.org/geriatrics/>  
Recommendations about use of antibiotics, sedatives, treatments for older persons, including patient resources

Employment and Social Development Canada. <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-indigenous.html>

Resources for Gerontological nurses caring for indigenous seniors at risk for social isolation, including definitions, language and culture resources, case studies, sample slide decks and toolkits

J.W. Crane Memorial Library. [http://www.deerlodge.mb.ca/crane\\_library](http://www.deerlodge.mb.ca/crane_library)  
The J.W. Crane Memorial Library of Gerontology and Geriatrics, Canada's largest and best-known special library on aging and long-term care, located at Deer Lodge Centre, Winnipeg, Manitoba, has a collection that covers the clinical, social and psychological aspects of aging, the administration, organization and operation of long-term care systems, as well as health promotion and outreach programs for seniors

National Hartford Center of Gerontological Nursing Excellence.

<https://www.nhcgne.org/resources>

Links to video learning modules, policy briefs, best practice guidelines, links to other relevant gerontological nursing organizations

National Hartford Center of Gerontological Nursing Excellence.

<https://www.nhcgne.org/core-competencies-for-gerontological-nursing-excellence>

Link to core competencies for gerontological nurse educators

National Initiative for the Care of the Elderly (NICE). <http://www.nicenet.ca>

NICE is an international network of researchers, practitioners and students dedicated to improving the care of older persons, both in Canada and abroad; resources available including teaching tools, checklists, slide decks and archived events

Public Health Agency of Canada (PHAC). <https://www.canada.ca/en/health-canada/services/healthy-living/just-for-you/seniors.html>

Resources and policy on topics relevant to older persons in Canada, including abuse, self-neglect, disability, chronic illness, falls, healthy eating, mental health, medication, oral health and physical activity

Registered Nurses Association of Ontario (RNAO).

<https://rnao.ca/bpg/guidelines/assessment-and-care-older-persons-delirium-dementia-and-depression>

Download for 2017 Delirium, Dementia, and Depression in Older Persons: Assessment and Care, Second Edition

Registered Nurses Association of Ontario (RNAO). <https://rnao.ca/bpg/courses>

Access to 5-module Delirium, Dementia, and Depression in Older Persons online course

Registered Nurses Association of Ontario (RNAO).

<https://rnao.ca/bpg/guidelines/person-and-family-centred-care>

Download for 2015 Person- and Family-Centred Care

Includes BPG information about addressing abuse of older persons

Royal College of Nursing (RCN). <https://www.rcn.org.uk/clinical-topics/older-people>

Access to an array of professional nursing resources including delirium, falls, healthy ageing, frailty, mental health, policies and publications

The Hartford Institute for Geriatric Nursing, New York University, Rory Meyers College of Nursing. <https://consultgeri.org/education-training/e-learning-resources>

Access to gerontological nursing competencies, archived educational webinars, podcasts and other educational resources

The Hospital Elder Life Program (HELP). <https://www.hospitalelderlifeprogram.org/>

A source for delirium tools, educational links, bibliographic lists and other clinician and patient resources