

IMPROVING KNOWLEDGE AND ATTITUDES TOWARD OLDER ADULTS THROUGH INNOVATIVE EDUCATIONAL STRATEGIES

PATRICIA M. BURBANK, DNSc, RN,*

ANNEMARIE DOWLING-CASTRONOVO, MA, RN, APRN-BC,†

MARTHA R. CROWTHER, PHD, MPH,‡ AND ELIZABETH A. CAPEZUTI, PHD, RN, APRN-BC, FAAN§

Our country's rapidly growing older adult population represents the core business of health care; however, few nurses are adequately prepared to care for their unique needs. This is caused, in part, by the limited attention paid by nursing educators to incorporating basic gerontological nursing principles into undergraduate programs. During the last 7 years, the American Association of Colleges of Nursing, through the generous support of the John A. Hartford Foundation, has led several initiatives to improve gerontological nursing education in baccalaureate programs. This article describes innovative educational strategies successfully implemented by three nursing programs—New York University, Tuskegee University, and University of Rhode Island—to increase knowledge and improve attitudes of nursing students in caring for older adults. Successful strategies include a long-term care guide, a senior mentor experience, student assignments addressing diversity issues, student debates, critical reflective journalizing, and an evaluation tool for measuring student attitudes. These strategies are readily reproducible and assist faculty to easily integrate gerontological nursing content into the curriculum while simultaneously enhancing student attitudes and knowledge. (Index words: Student attitudes; Health care; Nursing education; Older adults) *J Prof Nurs* 22:91–97, 2006. © 2006 Elsevier Inc. All rights reserved.

MOST NURSES TREAT older adult patients, whether in acute care, home care, ambulatory, or long-term care (LTC) settings. Older adults represent the *core business* of health care, comprising 25% of ambulatory care visits, 48% of hospital patient days, and 85% of nursing home residents (Mezey, Capezuti, & Fulmer, 2004). Despite this demographic imperative, few nurses are adequately prepared to care for older adults' unique

needs (Mezey & Fulmer, 2002). This is caused, in part, by the limited attention paid by nursing educators to incorporating basic geriatric nursing principles into undergraduate programs (Rosenfeld, Bottrell, Fulmer, & Mezey, 1999). Despite past shortcomings, nursing educators must equip entry-level nurses with the essential competencies (American Association of Colleges of Nursing [AACN], 2000) to care for the geriatric population. Increasing gerontological content in undergraduate nursing programs addresses the current and future health needs of a growing older population (Bednash, Fagin, & Mezey, 2003; Kovner, Mezey, & Harrington, 2002). This article describes several innovative educational strategies used by three nursing programs to increase knowledge and improve attitudes of nursing students in caring for older adults. Each of the highlighted strategies represents experiential learning (Kolb, 1984) in gerontological nursing.

Nursing faculty and clinical instructors play a critical role in the professional socialization of nursing students

*Professor, College of Nursing, University of Rhode Island, RI.

†Adjunct Assistant Clinical Professor, Division of Nursing, Steinhardt School of Education, New York University, NY.

‡Assistant Professor, University of Alabama at Birmingham, Birmingham, AL.

§Associate Professor, Division of Nursing, Steinhardt School of Education, New York University, New York, NY.

Address correspondence and reprint requests to Dr. Burbank: Professor, College of Nursing, University of Rhode Island, 2 Heathman Rd., Kingston, RI 02881. E-mail: pburbank@uri.edu 8755-7223/\$ - see front matter

(Reutter, Field, Campbell, & Day, 1997). The socialization process influences the attitudes, values, knowledge, and skills of students (Goldenberg & Iwasiw, 1993). Ageism among nursing students impacts both their career choices and their delivery of quality of health care to older adults (Gething et al., 2002a, 2002b).

Educational strategies that target attitudinal change in students through experiential learning are producing positive outcomes (Buckwalter, Smith, & Martin, 1993; Gillis, 1991; Marte, 1991). For example, innovative nursing practice models such as NICHE (Nurses Improving Care to Health System Elders) demonstrate that experiential learning for hospital nurses is associated with an increase in gerontological nursing knowledge and development of positive attitudes toward older adults (Fitzpatrick et al., 2004; Mezey, Boltz, Esterson, & Mitty, 2005). NICHE is a national geriatric nursing program that empowers health care systems to achieve systematic nursing change to benefit older patients. The success of the NICHE model results largely from the positive role modeling of geriatric advanced practice nurses. Similarly, in the educational setting, instructors with positive attitudes toward older adults strongly influence student attitudes (Sheffler, 1995). These experiential learning approaches improve nursing student attitude and therefore ultimately improve nursing care to older adults (Fitzpatrick et al., 2004; Karner, Rheinheimer, DeLisi, & Due, 1998).

Although studies have shown that nursing faculty can foster student interest in geriatric nursing early in the curriculum, maintaining this interest requires exposure to an array of innovative gerontological educational strategies (Quinn et al., 2003). Clinical experiences should include opportunities for nursing students to interact with well elders so that they could learn the life narratives of older adults (Kirkpatrick & Brown, 2004; Puentes & Cayer, 2001). Advanced concepts of geriatric nursing taught in stand-alone courses or integrated within a second semester of medical-surgical nursing curriculum demonstrate positive student outcomes as well (Fox & Wold, 1996; Mezey, Fulmer, & Fairchild, 2000). Hospital rotations in these upper level courses should include, as available, experience in specialized geriatric units such as acute care for the elderly (Siegler & Capello, 2005) or units using the Geriatric Resource Nurse Model (Turner, Lee, Fletcher, Hudson, & Barton, 2001). Similarly, experiences in LTC should be conducted in high-quality nursing homes (Southall, 2002) and include structured learning opportunities (Philipose, Tate, & Jacobs, 1991). Home visits that incorporate geriatric nursing principles improve students' knowledge and raise their interest levels (Bernal, Shellman, & Reid, 2004; Latimer & Mezey, 2001; Marek, Rantz, & Porter, 2004; Masters, 2005).

Educators must provide a supportive—yet challenging—environment for students to navigate new learning. Factors that promote success include leadership by a single individual (geriatric nurse educator champion), faculty development in geriatric nursing, and a strong

administrative infrastructure that supports innovation and geriatric nursing education (Bliesner & Artale, 2001; Markus, Howard, & King, 1993; Schneiderman, Jordan-Marsh, & Bates-Jensen, 1998; Simoni & McKinney, 1998). Innovative educational strategies that increased gerontology nursing knowledge and improved student attitudes at the New York University (NYU), Tuskegee University, and University of Rhode Island (URI) are presented below. The John A. Hartford Foundation, committed to improving geriatric nursing programs nationally (Regenstreif, Brittis, Fagin, & Rieder, 2003), funded the initiative.

NYU

Students at the NYU College of Nursing include both accelerated second-degree students and traditional undergraduate students. The NYU nursing students care for a demographically diverse patient population in clinical rotations in renowned health care systems throughout the New York metropolitan area. These practica occur across the health care continuum. Gerontological nursing content is integrated within five of six clinical courses. The following two strategies are used during the students' first semester of clinical courses, demonstrating the importance of stimulating early student interest in geriatric nursing.

Placement in High-Quality LTC Setting and Development of LTC Guide

The Fundamentals of Nursing course includes the first clinical experience (8 hours/week). Students are placed in one of four high-quality nursing homes for 4 consecutive weeks. In addition to providing an environment to practice fundamental nursing skills such as physical assessments and administering personal hygiene care, the geriatric nursing faculty developed a structured learning guide designed to foster positive attitudes and beliefs regarding nursing home care. Because most clinical instructors lack essential geriatric nursing competencies (AACN, 2000), the NYU faculty

Table 1. NYU: LTC Guide Sample Questions

Demographics	
	Types of residents: short stay or long stay?
	What is the reimbursement for care?
	Medicare/Medicaid/Managed Care/Private pay
Physical environment	
	Was there evidence of the residents' "personal imprint" in their room/space?
	What is your general impression of mealtime?
Care delivery	
	What types of nursing delivery systems are in use?
	What are the registered nurse/licensed practical nurse/certified nursing assistant ratios?
	What do you think about the ratios?
Nursing home systems	
	What is the MDS?
	What is a RAPS?
	What is an ombudsman?

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