

Advancing Nursing Home Practice: The International Association of Geriatrics and Gerontology Recommendations

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Recognition of the urgent need to improve the provision of long-term care, as well as the known variations in standards of nursing home care around the world, prompted the International Association of Geriatrics and Gerontology (IAGG), in association with the World Health Organization (WHO), to form a task force. This task force was charged with the identification of the key concerns, research priorities, and actions that would enhance the care provided to older people in nursing homes. Nurses are equipped with the knowledge to take a leadership role in the IAGG/WHO initiative, and the task force eagerly seeks their input. (*Geriatr Nurs* 2011;32:195-197)

Responding to the needs of older people with complex long-term conditions is one of the biggest challenges facing nursing internationally.¹ Population aging, and particularly the rapidly increasing number of people aged over 80 years, brings the need for skilled nurses and long-term care facilities with the capability to support dependent older people with long-term conditions and age-related frailty. Nursing homes are for this reason an important part of the current and future health and social care landscape in many regions. Many countries are facing nursing workforce shortages. A key policy consideration must be the goal of national self-sufficiency and sustainability of the nursing workforce² and, we would add, the nursing home workforce.

For some stakeholders, nursing homes represent a multibillion dollar industry, a sanctuary offering respite, or a rewarding environment in which to deliver high standards of nursing care. However, this is not universal; the flip side is

a fragile industry characterized by financial challenges battling to maintain standards with an ill-prepared and unstable workforce. At worst, for some older people and families, nursing homes represent a place of last choice or, to borrow Nolan's phrase, *fait accompli*.³

Despite the high levels of nursing skills required to deliver safe, evidence-informed practice to older people with complex care needs, nursing within long-term environments has historically been afforded a low status. The emergence of gerontological nursing as a recognized area of expert nursing has been slow, and the literature is replete with calls to value nursing homes and the nurses who practice within them.⁴ This requires for nurses and other health professionals who work with older people in nursing homes to demonstrate the contribution they are making to the lives of residents in terms of both the quality of the reported care experience and clinical outcomes.

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- enhancing the reputation of nursing home practice;
- leadership;
- clinical dimensions and care quality;
- practice education; and
- research.

The task force recognized that collaborative leadership among a director of nursing, a medical director, and a skilled administrator is key to effective outcomes in nursing home. They called for quality indicators that are sensitive to the needs and rights of older persons and the provision of care that is dignified and respectful. The development of “meaningful activities” (e.g., physical exercise, mind-expanding games), avoidance of physical and chemical restraints, and informed pain management programs are key components of high-quality nursing home care. Informed end-of-life and palliative care programs should be introduced into all nursing homes.⁵ Specific research priorities to determine worldwide nursing home models of interdisciplinary care and needs were delineated. Research is also needed on culturally sensitive models of care to delay the decline in physical and cognitive function. All research needs to be conducted using a universally acceptable ethical approach in this vulnerable population.

Nurses have a great opportunity to contribute, lead, and champion aspects of this development agenda with and for older people. This can be done in a number of ways, including the sharing of best practices, the promotion of the development agenda locally, and influencing at a national level where possible and through small and more ambitious quality improvement and research projects. An unequivocal message arising from the task force is that the evidence base for nursing home practice needs to be strengthened, and effective strategies of evidence translation are required. A promising approach meritorious of piloting internationally is a community of practice model from the United Kingdom.^{6,7}

Workforce challenges within nursing homes are not confined to nurses but include the insufficient numbers of expert physicians and administrators who provide essential leadership in their respective fields. Accumulating evidence indicates the benefits to older people of geriatrician input and leadership in terms of clinical outcomes and overall care quality.^{8,9} Similarly, in the United States, the greatly expanded roles of advanced practice nurses as collaborating partners with physicians is enhancing the care of nursing home residents.¹⁰⁻¹² In developing countries with severe health professional shortage, advanced practice nurses will be key in promoting high-quality care.

Nurses who work with older people in many countries inherit a legacy of underinvestment,¹³ which compounds a general underinvestment in long-term care services.¹⁴ As the task force identified, this situation, coupled with a perceived low status and lower remuneration, compounds problems that make specialization in nursing home work an unattractive career option for nurses, physicians, and administrators alike. There is an urgent need to turn such perceptions around, and the task force called for strategies that recognize the important leadership contribution of practitioners with certified expertise. The IAGG has undertaken the development of a certificate course to train interdisciplinary leadership, which is soon to be piloted.

Nursing is uniquely positioned to make a major contribution to the realization of the task force recommendations and, in so doing, improve the care experiences and care outcomes for older people and their families.

Key areas in which nursing can be involved are to work collaboratively with IAGG and other organizations to enhance the prestige of nursing homes and the persons working within them. This should also involve helping family members develop advocacy groups to give voice to older persons to increase awareness of the importance of high-quality long-term care. Advocacy for adequate reimbursement for persons working in nursing home is essential. Nursing groups that have already developed leadership training in long-term care should create scholarships to provide this education to nurses from developing countries. Nursing leadership needs to advocate for high-quality interdisciplinary leadership in nursing homes and focus on the needs of older individuals receiving long-term care. Nursing should take a leadership role in developing research into the functional needs and the development of continuous quality improvement in nursing homes in developing countries. Finally, nursing should become involved in education, both by sponsoring and taking part in IAGG interdisciplinary courses in their own country and volunteering to serve as faculty in other countries. Nursing is equipped with the knowledge to take a leadership role in this IAGG/WHO initiative, and the task force eagerly seeks nurses' input.

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