



A CAREER IN GERIATRIC NURSING

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A CAREER IN

GERIATRIC

NURSING

TAKING CARE OF AMERICA'S ELDERLY

FAST-GROWING HEALTHCARE CAREER

AGING POPULATION REQUIRES GREAT LEVEL OF NURSING SERVICES



EVERY FIELD HAS ITS SPECIALTIES, and nursing is no different. But out of all the nursing specialties open to you, geriatric nursing is one of the fastest-growing career opportunities.

While all nurses care for patients – whether those patients are staying in a hospital, visiting a doctor’s office, or living in a nursing home – geriatric nurses have unique responsibilities and face unique challenges.

With elderly patients as their primary focus, they may work in retirement or nursing homes, in home care, or in hospitals. They may work with patients one-on-one, or they may become administrators or instructors for future generations of geriatric nurses.

Depending on their level of education, they may prescribe medication or diagnose illness. They may empty bedpans and teach classes in preventive care to help the patients lead healthier lives. And they always address the concerns of the patient and the patient’s family by explaining the course of treatment for an ailment or disease.

You will discover through reading this report that becoming a geriatric nurse will require many things of you. First of all, you must have a strong desire to help people, and an affinity for the elderly population you will be working with. You must have a scientific bent and be able to absorb all the biological and physiological knowledge necessary to any type of nursing work. You must be prepared for extended schooling, as geriatric nursing is a specialty that graduate students – individuals who are already registered nurses – can enroll in.

This job report will give you a basic understanding of the requirements you will need to fulfill in order to become a geriatric nurse, as well as a good idea of the challenges you will face and the rewards you will gain if you choose to enter the field. Read on to find out if geriatric nursing is the career for you!

HOW WILL YOU KNOW IF IT'S RIGHT?

THINK THIS MIGHT BE THE RIGHT CAREER FOR YOU? WELL, BEFORE YOU INVEST IN advanced education in the field, there are several ways you can help yourself to feel more sure about a career as a geriatric nurse.

The first thing to do is seriously think about what the job entails, and whether it sounds like something you'd like to do as a career. That's where this job report will come in handy. Read it through, and think about the different aspects of the career – from the responsibilities of a geriatric nurse to salary and benefits packages.

This report is only the beginning, though. You should do lots of additional research to make up your mind about the career.

Go to your school or local public library and check out some books on nursing and medical professions. Read them through to get an idea of medicine as a whole, and pay special attention to any sections that deals specifically with geriatric nursing or gerontology (the scientific study of old age and aging).

You should also check out some books on geriatrics and gerontology to get some solid background knowledge about working with the elderly. Make sure you read vocational magazines and journals, too. There is a list of selected magazine titles at the end of this report.

If you know any individuals who have needed the services of a geriatric nurse – whether they were patients, or relatives of the patient – talk with them and find out about their experiences. How did a geriatric nurse help them through a difficult time? What kinds of tasks was the geriatric nurse responsible for?

Try contacting someone in the administration of a local hospital or nursing home. Explain that you are a student interested in pursuing a career in geriatric nursing, and that you'd like to make an appointment to speak with one of the staff geriatric nurses. Chances are that, if the schedule permits, a geriatric nurse will be happy to speak with you about the realities of the job. Prepare a list of questions before you go to that interview. Make sure you ask all the things you're really concerned about, and that you ask the nurse about all the issues on which you want more details, but haven't been able to investigate thoroughly.

Do an on-line search. You can search for terms like "geriatric nurse," "geriatrics" (the branch of medicine dealing with aging and the diseases of older adults), "gerontology," or even "nursing home" or "retirement home." If you're interested in finding details about particular nursing

programs, try a search for “geriatric nurse education,” “geriatric nurse class,” “geriatric nurse program,” or “geriatric nurse degree.”

All the information you can collect won’t help you make a decision, though – not until you know what you’re looking for in a career, and if you’re suited to be a geriatric nurse. And that’s not something you can research in a library!

Try brainstorming about your ideal career. Write your thoughts on a piece of paper, and see how many of those characteristics apply to geriatric nursing.

Take a personality test to see if you’re suited to become a geriatric nurse.

Perhaps most importantly, think back to your own personal experiences. Have you always had an affinity for the elderly, or does visiting a nursing home or hospital make you feel uncomfortable? Do you enjoy caring for others, or does illness in your friends and family make you feel sick with worry?

Objective research can only take you so far. You need to know yourself, as well as the specifics about geriatric nursing, before you can decide whether this is the field for you.

HISTORY OF THE CAREER

AS LONG AS PEOPLE HAVE WALKED THE EARTH, THERE HAVE BEEN NURSES TO CARE for them when they fell ill.

In earlier times, though, nursing was not necessarily a career choice. Often, it was something done by family members: helping to nurse a loved one back to health, or maintaining a loved one’s comfort level while an illness ran its course. They had little or no medical training, much like the men and women of religious orders who succeeded them as the primary nursing population. The Benedictine order, for example, included scholars, librarians, teachers, and farmers. The order, founded in the sixth century, eventually became primarily known as a nursing order. Later, the Sisters of Charity (established in 1633) cared for people in hospitals, asylums, and their own homes.

Even some military orders have acted as nurses. For instance, during the Crusades (1095 - 1270), some knights – like the famous Knights Hospitalers — provided nursing care.

Though nursing became, and still is, a well-respected career, it didn't always enjoy such a golden reputation. At the end of the 1700s, for example, nursing was not considered a career for respectable young women, probably mainly because hospitals of the time were unclean, and most patients died in them. It would be many years before famous nurses like Clara Barton (Civil War nurse and founder of the American Red Cross) and Florence Nightingale (a British nursing reformer) changed the public's perception of nurses. It would be many centuries, too, before individuals could receive formal nursing training in order to pursue a career as a nurse.

One of the first formal training programs for nurses started in Germany in 1836. This program, begun by a priest, was designed for members of the Order of Deaconesses, lay women appointed by bishops to visit the sick. Though a few other religious orders also provided formalized nurse's training at the time, Pastor Theodor Fliedner's school is notable because Florence Nightingale trained there. She went on to organize nursing care on the battlefields of the Crimean War. She also started a nurse training program at Saint Thomas's Hospital in London. Decades later, training schools similar to Fliedner's were established in the United States.

Classroom lessons were not considered important at that time. Young nurses learned as apprentices, learning from watching older students. These training programs were directed by hospitals, where the students provided low-cost service. In 1923 the Goldmark Report, a nursing education study funded by the Rockefeller Foundation, recommended that nursing schools be independent of hospitals and that students no longer be exploited as cheap labor.

Similar programs – called diploma schools of nursing – still exist today, though many of them closed following the 1965 publication of an American Nurses' Association paper that stated that nursing education should take place in institutions of higher learning. Of course, students are not thought of as mere "cheap labor" in today's schools!

The start of modern nursing came in the mid-19th century with the advent of the Nightingale training schools for nurses. The first spurt of the career's growth happened as a result of the Spanish-American War (1898) and World War I (1914 to 1918), which established the need for more nurses in both military and civilian life. Nursing schools increased their enrollments. There were new schools and new opportunities. The Army Nurse Corps was established in 1901, and the Navy Nurse Corps was established in 1908.

The Depression affected this field, just as it did many others. Many nurses became unemployed, and nursing schools had to close. But with World War II (1939 - 1945), the demand for nurses increased again. Established in 1943, the Cadet Nurse Corps subsidized nursing education for thousands who agreed to work as nurses for the duration of the war.

Nursing responsibilities, like nursing education, have also evolved over the years. Many nursing responsibilities (taking blood, reassuring patients, promoting good health) are the same, but others (most notably involving today's complex and hi-tech medical equipment) are completely new.

Many of these responsibilities must be carried out under the supervision of a licensed physician: administering medications and changing dressings on wounds, for example. Other responsibilities, like bathing patients, teaching people how best to care for themselves, and providing nutritional counseling, are fulfilled according to the nurse's best judgment. In the United States, nurses' responsibilities are defined and controlled by the nurse practice act of each individual state.

Nursing today also offers the chances to specialize in surgical, maternal-newborn, psychiatric, community-health, and geriatric nursing. Subspecialties within these specialties allow nurses to put a very fine point on their career choice.

Another option – becoming a nurse practitioner – became available during the 60s. Nurse practitioners perform physical examinations, make nursing diagnoses based on the data they gather, provide nursing services to patients, and refer them to physicians when necessary.

The demand for nurses specializing in the care of the elderly has grown tremendously in recent years, and signs are that this trend will continue. Geriatric nursing, as you will discover, has much in common with other types of nursing – but there is also much that is special in geriatric nursing. The most important difference is the fact that most nurses have healing as their primary responsibility, while geriatric nurses – who often deal with long-term, incurable ailments like Alzheimer's disease or diabetes – may be able to help alleviate the symptoms, but usually a complete cure is not the goal.

WHERE YOU WILL WORK

THOUGH GERIATRIC NURSES AND GERIATRIC NURSE PRACTITIONERS CAN WORK IN A variety of places, including a doctor's office and a hospital, there are two special sites that provide many geriatric nurses with their work environment: the nursing home and the patient's home.

While most geriatric nurses work in hospitals, many work in nursing homes. Their day may run on a schedule similar to the one they would have if they worked in the hospital. They make their rounds, visiting the residents to make sure they are all feeling healthy and happy. They check on injuries to make sure they are healing properly. Nurse practitioners will prescribe necessary medications and ensure that the medication is having the appropriate effect on the resident. Geriatric nurses and geriatric nurse practitioners who work in hospices, serving patients with terminal illnesses, have many of the same responsibilities.

Geriatric nurses will also work with their patients' families. They will keep them informed of the patients' health, the progress of their healing, and the effect of any medication they are taking. The nurse will listen to the family's concerns, and try to assuage them. A daughter may be concerned that her elderly mother is taking too many types of medication, or perhaps a nephew is worried that his great aunt is suffering from bedsores. Perhaps more than any other type of nurse, geriatric nurses foster personal relationships with the patients they serve.

When a geriatric nurse works in the field of home care, rather than in a nursing home, the relationship with the family becomes an even bigger part of the nurse's responsibilities. The nurse may even live with the family, depending on who employs the nurse (the family itself or a medical institution), and the needs and desires of the employer. Whether or not the nurse actually lives in the home, though, is not really that important. Either way, the nurse must be prepared to be under close watch from the family, to have to explain in perhaps even greater detail exactly what the patient needs, and why the patient needs it, and maybe even argue with family members about why it is important to take a particular route to ensure the patient's continued health. Both the family and the nurse want what's best for the patient – but the two parties may not always agree on the details.

While hospitals, nursing homes, and patients' homes provide most geriatric nurses with their work environments, there are lots of other places, including doctors' offices, where geriatric nurses may work. It all depends on what emphasis they have taken in their career.

For example, a geriatric nurse who has evolved into an instructor may work on a university campus. A geriatric nurse who works for a nonprofit organization or a community clinic may move around, providing services at different locations throughout a city.

As a geriatric nurse, you may find that your skills carry you to a variety of different places; but it's not your work site that matters the most: It's the work itself, and the patients you serve as you do that work.

YOUR WORK DUTIES

THE PRIMARY DUTY OF A GERIATRIC NURSE IS TO MAKE A PATIENT FEEL BETTER – better physically, and better mentally and emotionally. That's a pretty big assignment, and within it there are many variables – depending on where the nurse is working, with what population the nurse is working, and the level of the nurse's training and education.

Within a single tour of duty, a geriatric nurse might have to administer medication to dozens of patients, make a preliminary diagnosis of what is bothering a patient, help a patient with a mental disorder to feel more at ease, change wound dressings, write care plans, welcome a new admission, reassure an anxious family, and interact with the doctors who also serve the patients.

One geriatric nurse describes it this way. "A geriatric nurse is at once: a nurse practitioner, an educator, a hospice nurse, a manager, a primary nurse, and a counselor."

Whether a geriatric nurse works in a hospital or a nursing home, the goal is to improve patients' standard of living, to enhance their physical and mental condition so that they feel better. That may entail fighting a disease already contracted, or offering tips on preventive medicine. Geriatric nurses – like all nurses – simply want their patients to live a healthy lifestyle.

There is not really a single career with the title geriatric nurse. You could become a geriatric nurse assistant, geriatric nurse practitioner, geriatric behavioral health nurse, and or other specialist. Responsibilities vary according to the exact job title.

Geriatric nurse assistants, for example, work under the supervision of nurses and physicians. They may provide direct patient care, counsel and advise patients, or develop programs that will benefit patients.

Nursing home geriatric nurses manage nursing care for residents with conditions ranging from a fractured bone to Alzheimer's disease. Geriatric nurses who work in nursing homes often spend much of their time on administrative and supervisory tasks, but they may also be responsible for assessing residents' medical conditions, developing treatment plans, supervising licensed practical nurses and nursing aides, and performing procedures like starting intravenous fluids. Some work in specialty-care departments, like long-term rehabilitation units for strokes and head injuries.

A geriatric behavioral health nurse might have a wide range of responsibilities including creating, implementing, evaluating, and modifying a comprehensive nursing plan for the care of patients, helping them gain knowledge about the diseases they suffer from, and ensuring that the channels of communication are open not only between nurse and patient, but between the entire treatment team and the patient.

Geriatric nurse practitioners are responsible for many duties formerly performed only by doctors. They conduct physical examinations. They diagnose illnesses. They provide long-term monitoring. They order laboratory and other diagnostic tests. They develop and implement treatment plans for patients with acute or chronic illnesses, they prescribe medication, they teach and counsel patients, and they refer patients to specialists when necessary.

Nurse specialists have much in common with nurse practitioners. They have experience formulating health and social policies and in planning, implementing, and evaluating health problems. Unlike nurse practitioners, though, nurse specialists generally cannot prescribe drugs.

The newest geriatric nursing discipline is geropsychiatric nursing. These specialists work in hospitals, mental health clinics, and outpatient settings. They work with elderly patients who have mental health impairments. Geropsychiatric nurse specialists perform both physical examinations and psychiatric assessments.

Whatever the specialty, whatever the setting, a geriatric nurse will be responsible for explaining tests and procedures to the patient and family. Patients undergoing surgery need information about the setting in which surgery will take place and what they may expect during and after surgery. The nurse can determine the best method for teaching the patient (written material or a videotape, for instance), which can advance the treatment process effectively, and tell the interdisciplinary team which method the patient prefers. Nurses may also develop pamphlets containing pertinent information and phone numbers for the patient.

The focus of a geriatric nurse is on the patient, and secondarily, on the patient's family. That means that personal interaction with the patient and the family is a big part of a geriatric nurse's work day – from the regular rounds to special meetings.

The nurse must know how to deal with some of the standard fallout of aging: skin breakdown, incontinence, eating and feeding problems, falls, confusion, sleep disorders, discomfort and pain. The nurse must also know when there is a more serious problem to deal with, or who to ask to determine if there's a larger problem.

That isn't all geriatric nurses are required to do, though. There's quite a bit of paperwork that goes with the geriatric nursing territory – patient care planning and record-keeping, for example. A geriatric nurse needs to record a patient's medical history, or implement a patient teaching program. If an incident occurs (a patient is injured or suddenly begins to decline), that incident must be reported through the proper channels.

Geriatric nurses may have to supervise nursing students or nursing aides who work with them, and also maintain their own professional education by attending conferences and reading professional journals to stay up-to-date with the latest research and career developments. They advise staff nurses about problems common in the elderly. They have to stay constantly abreast of new medical developments, and they also provide continuing education about new research findings for their co-workers.

Geriatric nurses often demonstrate self-care procedures (for example, how to inject insulin or care for pressure sores) for their patients, and then observe the patients performing these procedures to make sure they will be done correctly. Nurses evaluate the patients' ability to absorb new information and adapt new behaviors.

As you can see, job responsibilities vary according to a nurse's workplace and specialty – but always, the responsibility is a big one. Nurses try to help their patients feel better, in every way – and that isn't always an easy (or a straightforward) task. That's why it's so important for nurses to love their work and truly care about the patients in their care. Their desire to help others carries them through the challenges they face on the job every day.

GERIATRIC NURSES TELL ABOUT THEIR CAREERS

I Am a Telemedic: Nurses From

Nursing Homes Call Me for Answers

“I ended up getting a Bachelor of Science degree in nursing, then continued my schooling to earn a master’s degree in geriatric nursing.

I was really lucky in landing my first job. While I don’t think it would have been too tough for me to find a job on my own, I would have been hard-pressed to find one that suited me so well. The director of my nursing program asked me if I was interested in long-term care. That’s exactly what I was interested in! I wanted to build relationships with my patients, not just visit them once or twice and ship them back home from the hospital. The program director knew of a job opening in a nearby nursing home, and that’s where I went after I’d earned my master’s.

It was a wonderful experience – which doesn’t mean that it was all fun! But in this field, you can’t learn too early that it is work. It isn’t a day at the beach!

It was a very small nursing home, so I worked with every single resident. I visited them all each day, made sure they were feeling all right, kept an eye on their medications, tried to make them feel comfortable.

I loved my work, but I was thrilled when the opportunity came up to become a telemedic. You might not be familiar with the term. In telemedicine, a nurse from a nursing home calls a central number – in this case, the nurse would be calling me – and gives me the patient’s symptoms, vital signs, and any other important information, like allergies from which the patient suffers. Using that information as well as the answers to certain assessment questions, I can outline the proper course of action for the nurse to take in response to a patient’s illness. I can also prescribe any necessary medication, and order any tests that might need to be done. In a typical eight-hour day, I might receive as many as 120 calls.

It makes me feel wonderful, because I know that without me and the other telemedics answering calls all day, the nurses at the homes might have to wait hours to hear back from a doctor. We're not only helping the nurses with their patient responsibilities, we're helping the patients to feel better more quickly.

I might not be working out on the floor anymore, but I'm still working with the elderly. I miss that one-on-one time I used to have with my own patients, but I love the fact that I can help so many people all in one day!"

After an Active Career Nursing in a Veteran's Hospital, I Have Started a New Career — Teaching

"I suppose it was inevitable. I'm the oldest of seven kids, and I grew up taking care of all the younger ones. No wonder I'd narrowed down my career choices to teacher and nurse by the time I was 12! I was always bandaging someone's knee or explaining the mysteries of long division to someone!

So you'd think I would have had it easy when I got to college. I was already way ahead of most of my friends, who didn't have the first clue about what they wanted to study or what they wanted to do with their lives. But I didn't have it easy at all. Becoming a teacher and becoming a nurse – well, those require very different paths, and I just couldn't decide which one to follow! In the end, I just took a good look at the job opportunities in the area where I lived. There were three hospitals, several medical clinics, and a number of other positions open to nurses at different organizations. I figured I'd go for the easier job to land, and at that time, it happened to be in nursing.

I earned a bachelor's degree in nursing, and went on to become a registered nurse. I started working in a nearby hospital, dealing mostly with war veterans. I had a lot to learn on the job, but I really enjoyed it. I'd never had that much to do with older people before (my grandparents all died when I was just a kid), and I have to admit, it was refreshing to be talking to people older than myself. They needed the same care I'd given to my younger

siblings my whole life, but they were so much easier to talk to than some of my brothers and sisters had been! They had a whole different perspective on life, and I loved being exposed to it.

I'd only been on the job for about a year when my supervisor mentioned, very casually, that I might want to think about heading back to school to become a geriatric nurse. The thought had never occurred to me – but once it was in my head, it was really in my head! I couldn't stop thinking about it. The second fall after I'd graduated from college, I enrolled again – this time to study geriatric nursing.

That was a challenging time in my life. I kept my day job, but was also attending school part time. Fortunately for me, I loved my work, and my studies definitely held my interest. If it weren't for that, I would have been tired the whole time, I think.

After I'd earned my master's degree, I stayed on at my old job – but got a raise in pay. The hospital also paid for a percentage of my tuition when I was attending school.

In fact, I stayed on at that hospital for years, eventually taking over as supervisor when my old supervisor (the one who'd suggested I become a geriatric nurse) retired. Some people wouldn't enjoy staying in the same workplace for 18 years, but I didn't mind. Every day was different, so the fact that I was doing it all in the same place didn't matter to me.

But when I started getting closer to my 20 year anniversary, I felt the need for a change. I went back to my university to poke around a little bit, to see if I could pick up any ideas about what direction I could move in now. I bumped into one of my former instructors, and explained my quandary. That's when I found out about the opening in the department. They were looking for another instructor, my teacher said, and I might just be perfect for the job.

It turns out, I was! I applied and was accepted. I have to admit, I was sorry to leave the hospital after all that time, but I still volunteer there. It feels like home to me.

But being able to realize my dream of teaching – without having to give up my dream of nursing – well, that is just perfect!”

Working in an Emergency Room Was Just Too Hectic – I Love My Current Job in a Nursing Home

“I’d always figured on a career in healthcare. I just wasn’t sure exactly what I wanted to do. That’s a pretty big field, you know – lots of specialties out there. I only knew that I wanted to help people, and medicine seemed like the most straightforward way to do that.

By the time I was a junior in college, I figured I’d go out for nursing. I liked the idea of being able to work anywhere, to help any kind of people who could use my expertise. As a doctor, I would’ve had to specialize – gynecologist or pediatrician or anesthesiologist, for example; but as a nurse, I could take my expertise into any hospital or doctor’s office, and set right to work.

After earning my RN, I went to work in a small doctor’s office not too far from the university. It was a wonderful experience. I got to meet virtually every patient who came in there, and there was a big variety. Since the doctor was a general practitioner, parents brought their children to him to see if they had chicken pox; women came in to find out if they were pregnant; people came to him with sprained ankles, chronic nosebleeds, hemorrhoids – you name it.

I loved it there, but knew I needed the experience of working in a bigger organization. When the doctor retired, I decided it was the perfect time for a change. I applied for a job opening at the biggest hospital in the county and was accepted as an emergency room nurse. That was quite a change! The busy doctor’s office looked positively sleepy by the time I’d finished my first week in the emergency room. We saw it all, victims of violent crime, people who’d had heart attacks, children who’d fallen off bikes and skateboards.

It was an amazing experience. I worked with lots of different doctors and nurses, and I grew to feel confident in my own skills

as a nurse. I hadn't realized it, of course, but I had really relied on the doctor at my first job. In the emergency room, you may not always have the time to wait for someone to confirm your instincts – you just have to go with them. I discovered that I was an excellent nurse – but it also wasn't long before I decided that the emergency room wasn't going to be my permanent place. It was too hectic for me to stay in too long.

That's part of the pleasures of a career in healthcare, I think. There are some people who love emergency room work – and others just don't. But there's a good fit for everybody, if you just look hard enough!

I decided to go back to school to see if maybe a specialty was a good idea for me, after all. That's when I finally decided to look into geriatric nursing.

I'd always enjoyed working with the older patients in the doctor's office, and I'd learned so much about emergency care for illnesses that typically affect the elderly – it just made sense.

I stayed in the emergency room for a little while after I'd earned my master's degree, but once I found an opening in a nursing home, I snapped it up – and I've been here ever since. There may come a time when I'll move up to supervisor, but I know I'll be happy in this position for a long, long time.

Turns out that a specialty was exactly the right thing for me!"

**I Started Out as a Nurse's Aide Right
Out of High School, and My Employer
Helped Me Pay for College to Become
an RN**

"When I got out of high school, I needed to get a job fast. I had to start earning money right away, so I could really help my parents out, and I knew that my job at the local restaurant – even with tips – wasn't going to cut it.

I talked with a guidance counselor at school, and I got some advice about where to look for good-paying jobs. I knew my choice would be kind of limited, since I didn't have a college degree, but I did everything the counselor told me. I haunted the job boards around town, at the library and the community center,

and I surfed the Internet job sites, and of course, I kept a close eye on the want ads in the paper.

And after all that work, it turned out through word-of-mouth that I found out about the opening for a nurse's aide at a nursing home downtown. I figured I didn't have a chance at it, what with just being out of high school, but I also knew that I had to give everything a try. So I went down to the nursing home, interviewed for the position, and by the end of the week, I'd been hired.

You see, I was so ignorant about nursing at the time, I didn't realize that a nurse's aide doesn't need to have more than a high school diploma! I also didn't realize that this might be the start of something really big in my life.

I worked under the supervision of a longtime geriatric nurse, who was great and taught me carefully. I learned so much from her, and I discovered that this was work I really enjoyed! Much better than flipping burgers.

The work wasn't always easy. Some of the patients, in fact, were downright difficult to deal with. But I knew that they couldn't always help being difficult. They were going through some tough times themselves. I tried not to take offense at some of the things they said to me when they were in pain. I tried to learn quickly, and I always kept at the forefront of my mind the fact that I was helping these people.

The money, though much better than at the restaurant, still wasn't that great, though. A nurse's aide is definitely the low professional on the totem pole! When I mentioned to my supervisor that I could really use a raise, I learned about the limitations a nurse's aide faces – but I also found out about the home's tuition reimbursement program. If one of the staff people enrolled in school, the home would pay more than half the tuition.

I talked it over with my parents, and together we decided that it would be best if I took advantage of the program. A degree would help so much in the long run – and we could scrape by on the smaller amount of money I'd be bringing home for a while.

So I went to school and earned a Bachelor of Science in nursing. Then I took the licensing exam to become a Registered Nurse, and passed! I continued working at the home, but after I got my degree, they promoted me to be one of the staff nurses. In a couple more years, I went back to school to learn specifically about geriatric nursing. By then I wasn't working under the direction of a supervisor anymore. I was one of two geriatric nurses serving the residents of the nursing home.

It was all an accident, how I got into this field – and a lucky accident, too. Who knew that geriatric nursing would be the perfect job for me?"

PERSONAL QUALIFICATIONS

IF YOU'RE SERIOUSLY THINKING ABOUT BECOMING A GERIATRIC NURSE, THERE ARE A number of prerequisites that you will need to fulfill.

Most important of these requirements is an affection for the elderly and a desire to help people. Of course, most medical professionals chose their field because they wanted to help people. If you want to serve this particular population, you ought to be the kind of person who can be gentle with elderly patients, but also firm when necessary. You ought to be a good listener and someone who can communicate well. You need to have patience to work with individuals whose physical and mental faculties may be very limited.

Speaking of physical and mental faculties – yours ought to be in peak condition. Becoming a geriatric nurse requires some intensive study. If you are a good student, and particularly if you enjoy science, you will no doubt successfully complete your studies, and be able to apply what you've learned in the real world.

Physical well-being is also very important to a geriatric nurse. Remember that the patients you are dealing with may have very limited range of movement, and you may be required to move and lift them yourself.

Once you have completed your studies, and you have the intellectual and practical knowledge necessary to be a geriatric nurse, a good attitude will be your most important ally. A cheerful attitude will make many of your patients look forward to visiting with you and willing to allow you to help them. A cheerful attitude will keep your own spirits up when you encounter difficult patients who aren't easy to work with. A cheerful attitude will also help you to deal with the death of your patients when it happens. If you are the kind of person who always enjoyed visiting your grandparents, or who readily listens to the stories of older people you encounter, you already have a good basis for working in this field.

ATTRACTIVE FEATURES

HEALTHCARE PROFESSIONS ARE AMONG THE MOST SATISFYING AN INDIVIDUAL CAN enter. Every day, nurses and doctors are helping people – helping them to get well, or helping them to feel comfortable even if they aren't going to get well. This is a career that offers enormous satisfaction to those who choose to practice it.

It also allows workers the opportunity to use all their skills. A geriatric nurse is more than just a medical professional who studied to work with the elderly. A geriatric nurse uses tact and finesse to be able to assuage the worries and concerns of the patient, as well as of the patient's family. A geriatric nurse enjoys being in good health and employing a cheerful, optimistic attitude in order to enhance the mental outlook of patients.

This is not a career that will compartmentalize you. You will be using all your physical, mental, and spiritual talents and abilities to serve your patients the best you can. That sense of variety – and the daily challenge – will keep you energized and feeling excited about and interested in your work.

You will enjoy a sense of teamwork with your fellow nurses, the doctors with whom you work, the patients, and the patients' families. That sense of connectedness is a powerful one, and cannot be underestimated. It is, no doubt, one of the high points of any medical professional's career.

All that is very well, you may be thinking, but what about the practical aspects of the career? What about job opportunities, salary, and the chance for advancement? All of these are excellent for geriatric nurses – particularly the career outlook for the coming years.

Because of the constant aging of the population, the need for geriatric nurses' services will continue to grow. Finding a job will only get easier. Salary, while it is good now, may go up as demand increases for the services of a geriatric nurse. And there are also plenty of chances for different types of advancement, as a geriatric nurse moves up to become a supervisor, or makes a lateral move to become an instructor for future geriatric nurses, or a telemedic.

If you feel like this career would be a good fit for you, there are plenty of additional benefits that will make it a career worth pursuing.

UNATTRACTIVE FEATURES

AS WITH ANY JOB, THERE ARE A FEW UNPLEASANT ASPECTS OF BEING A GERIATRIC nurse. Many of them, however, are typical of any career in the medical field.

After all, medical professionals deal with the human body. If you can't stand the sight of blood, or if the thought of changing a bedpan repulses you, this may not be the right career for you. Geriatric nurses have to be able to look at their patients' bodies objectively, and not allow personal feelings to get in the way of serving them.

As in other medical professions, geriatric nurses have to face death on a daily basis. The difference here between geriatric nurses and other medical professionals is that, perhaps more than in any other medical arena, the patients of geriatric nurses understand that they are facing death, too. That may make it easier for the nurse to serve the patient, because the patient is prepared – and the patient's family is, too. But for a beginning geriatric nurse, it may be difficult to face the death of a well-liked patient. Even for a longtime nurse, it can be very hard to deal with the death of an especially delightful patient.

Other challenges in this profession are peculiar to geriatric nursing. Working with an elderly population isn't always easy. While it can be wonderful to listen to the reminiscences of a patient, or for a grandmotherly or grandfatherly patient to take an interest in you, you must realize that not every patient is going to be easy to work with – or even pleasant to talk to. Doctors and nurses in other segments of medical care have to face this problem, too, but a geriatric nurse faces a special twist on this problem: the age of the patient.

A patient much older than you are might be unwilling to listen to your advice, precisely because you are so much younger. For the same reason, an elderly patient might be doubtful that you actually know what you're talking about. A stubborn patient might make you feel as though you are caught in the middle of the patient and the family – trapped between what the patient wants, what the family wants, and what you think would be best for the patient.

If patients suffer from disorders like Alzheimers, for example, and their memories are poor, they may not remember who you are or that you are trying to help them.

It's important to remember that, as rewarding as a career in nursing and a career serving the elderly can be, there are also special challenges you will face as a geriatric nurse.

EDUCATION AND TRAINING

NURSING EDUCATION HAS UNDERGONE MAJOR CHANGES OVER THE CENTURIES. Major changes have happened even over the last 50 years. One of these was the introduction of two-year associate degree nursing programs in the United States, which happened in 1952. Though primarily offered by community colleges, some associate degree programs can be found in four-year institutions.

The two-year program emphasizes technical skills, which are developed on top of a foundation in biological and behavioral sciences. Like other nursing students, the associate degree graduate must take the state licensing examination and can practice nursing using the initials RN (registered nurse).

Four-year baccalaureate degree nursing programs are found in colleges and universities throughout the country. These programs give students a basis of liberal education (arts, sciences, and humanities). They also provide courses in community health nursing, leadership and management, and nursing research, in addition to patient care.

After earning their Bachelor of Science in Nursing degree, graduates take the same licensing examination (the NCLEX-RN) as graduates of associate degree programs, and also receive the RN designation. Keep in mind that chances for professional advancement are significantly higher for graduates with a bachelor's degree in nursing than for those with an associate degree.)

A person with a bachelor's degree in another field could also earn an RN by going to school for an additional three years to earn a Nursing Doctorate.

Whatever type of degree future nurses earn, they all must take the NCLEX-RN (National Council Licensure Examination for registered Nurses) after graduation.

Most master's and doctoral nursing degrees require the applicant to be a graduate of an accredited baccalaureate nursing program. The emphasis of graduate programs is primarily on research, advanced clinical practice, and the preparation of nursing educators and administrators. To become a nurse practitioner, for example, you must have at least a master's degree.

It's important that the program in which you enroll be accredited by the National League for Nursing Accrediting Commission (NLNAC). That way you'll be able to take the licensure exam after you graduate. The

NLNAC has a web site www.nlnac.org that lists accredited nursing schools organized by state and type of program.

Specializing in Geriatric Nursing: Graduate Degree Geriatric nursing is a specialty in the general field of nursing. What does that mean to the nursing student? It means more time in the classroom.

Many nursing schools across the country offer the opportunity to take classes in gerontology or geriatric nursing – adding an extra layer of expertise to the nursing degree.

To become a geriatric nurse, you must earn an advanced degree in geriatric nursing. Those schools that do offer a graduate degree in geriatric nursing require various prerequisites to be met. To enter some programs, incoming students must only be registered nurses; to enter others, those registered nurses must have also completed a minimum of one year of clinical work. In other words, they must have real world experience before they can even be admitted to the program.

If you decide to earn an advanced degree in geriatric nursing, the classes you take will depend on the school you attend. But you can expect to enroll in classes with names like Living with Chronic and Terminal Illness, Promotion of Healthy Aging, or Sexuality and Older Adults.

EARNINGS

AS IN ANY OTHER FIELD, GERIATRIC NURSING OFFERS A WIDE SPECTRUM OF SALARIES, varying in different regions of the country as well as according to the level of experience. Naturally, you will not expect to earn the highest salary when you first start out in your career, but as your experience and abilities grow, and as demand increases for the services of geriatric nurses across the country, you can expect your income to increase.

The average geriatric nurse assistant earns about \$25,000.

The average geriatric nurse earns about \$35,000, plus an annual bonus of about 6%.

There is a big difference between salaries for geriatric nurse assistants and geriatric nurses, due to the different educational requirements (a nurse requires more education than a nurse assistant), and the differing levels of responsibility.

A nursing aide – a position that very often doesn't even require a high school diploma — earns a median wage of about \$10 per hour.

Salary is only one aspect of your earnings, though. There are other perks to consider before you decide whether a job in this field might be for you – and nurses have the potential for many job benefits. Many employers, for example, offer flexible work schedules, child care, educational benefits, and annual bonuses.

For more details about what geriatric nurses in your area might be able to earn, check out the want ads. Some ads list potential salaries for successful candidates, which will give you an idea of what you can expect to earn as a geriatric nurse if you stay in the same area.

OPPORTUNITIES

THE EMPLOYMENT OUTLOOK FOR HEALTHCARE PROVIDERS IN GENERAL, AND FOR geriatric nurses in particular, is excellent.

Many developments are contributing to this optimistic outlook. Scientific research is eliminating some diseases and helping to manage health conditions, so that people are more likely to live longer. Better standards of living are also contributing to the extension of the average life. As the baby boomer generation continues to age, the number of older people will continue to increase dramatically.

When combined, all these occurrences are likely to vastly increase the elderly population over the course of the coming decades. The services of geriatric nurses will be more in demand than ever.

Nursing home care will also be in ever greater demand as the elderly population begins to grow, and younger generations find themselves unable to be the sole caretakers of their older relatives. As the population ages, it will require a higher level of care (the average 90-year-old requires more care than the average 75-year-old, for example).

In addition, continuing financial pressure on hospitals to release patients as quickly as possible will contribute to the demand for long-term care in nursing or retirement communities.

Specialized treatment centers and homes for individuals with Alzheimer's disease or other types of dementia, as well as for the rehabilitation of stroke victims, will continue to increase employment for healthcare professionals in general, and geriatric nurses in particular.

What does this mean for you? It means that with the right education and preparation, your job search will, most likely, be pretty easy. You may even have a number of positions to choose from, and be able to select one on the basis of higher pay, an attractive location, or evident possibilities for advancement.

It means that, once you have landed a job, if you maintain your skills and keep up-to-date with medical advancements, if you enjoy your career and are successful with your patients, you will probably have excellent job security. As a geriatric nurse, your skills will be in great demand, and your skills will help you keep a job.

There is a potential for much higher salaries than average. Because geriatric nurses will be in such demand, facilities will be willing to pay more to make sure they secure an excellent geriatric nurse for their staff.

If you think you are a good fit with this profession, you have chosen wisely not only in terms of your personal happiness, but in terms of your financial needs.

GETTING STARTED

THERE ARE MANY SOURCES OF INFORMATION THAT CAN HELP YOU FIND OUT EVEN more about a career as a geriatric nurse – and to decide if this field is for you. It is easy to start your research on the Internet by conducting a search using terms like geriatric nurse, geriatrics, or gerontology.

Call a local hospital or nursing home and ask if they have any materials on geriatric nursing that they could send to you, or if it would be possible for you to make an appointment to speak with a geriatric nurse so you could hear, firsthand, exactly what it's like to work in the field.

Make a visit to your local library and do a subject search for nonfiction books on nursing, or broader fields like medicine or gerontology. You don't necessarily have to read books only on the specific specialty of geriatric nursing. It's a good idea to have a broad working knowledge of the fields of medicine and gerontology.

Also look at a directory of publications to find trade journals for this field. Since these magazines target medical professionals, they will really give you an inside look at what it's like to work in the field of medicine.

Take advantage of the list of associations provided here to continue your research in the field. Go to the Web sites provided for the association sites. Send an e-mail to request information, or write to the association to request information or to ask specific questions about the field.

Contact a school that offers a geriatric nursing degree, and ask to receive information about the degree program. You may also want to try talking to some students enrolled in the program, to find out what the studies are really like, and why those students decided they wanted to become geriatric nurses.

Working as a geriatric nurse can be one of the most rewarding decisions you could make for your life. Pick up the phone or head to the library and do additional research to decide if this is the career for you!

ASSOCIATIONS

- **American Academy of Nurse Practitioners**
- **American Academy of Physical Medicine and Rehabilitation**
- **American Association for the Homes and Services of the Aging**
www.aahsa.org
- **American Geriatrics Society**
- **American Health Care Association**
- **American Medical Association**
- **American Medical Women Association**
- **American Nurses' Association, Inc.**
- **American Society on Aging (ASA)**
www.asaging.org
- **Association for Gerontology in Higher Education**
www.aghe.org
- **Gerontological Society of America (GSA)**
www.geron.org
- **National Association for Home Care**
- **National Association of Area Agencies on Aging**
www.n4a.org
- **National Association of Geriatric Nursing Assistants**
www.nagna.org
- **National Association of Hispanic Nurses**
- **National Black Nurses Association**

- **National Council on the Aging (NCOA)**
www.ncoa.org
- **National Gerontological Nursing Association**
- **National Institute on Aging (NIA)**
www.nih.gov/nia
- **National League for Nursing**
- **National Male Nurse Association**
- **National Medical Association**

PERIODICALS

- **American Journal of Nursing**
- **Clinical Geriatrics**
www.mmhc.com/cg/previous.shtml
- **Geriatric Nursing Journal**
www.mosby.com/gerinurs
- **New England Journal of Medicine**
www.nejm.org
- **Geriatrics**
www.geri.com/journal/
- **Geriatric Nursing**
- **The Gerontologist**
- **Home Healthcare Nurse**
- **Journal of Gerontological Nursing**