A BROCHURE FOR UNDERSTANDING THE ROLE OF THE GERONTOLOGY NURSE PRACTITIONER IN CARE OF THE HOMEBOUND OLDER ADULT

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By

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ABSTRACT

A BROCHURE FOR UNDERSTANDING THE ROLE OF THE GERONTOLOGY NURSE PRACTITIONER IN CARE OF THE HOMEBOUND OLDER ADULT

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The population is growing older and the Gerontological Nurse Practitioner (GNP) can be of great value in meeting their health care needs. The GNP is specifically educated to assess and manage common health care problems of older adults. The role of the GNP is of recent origin and continues to evolve. Physicians, consumers, and third party payers have little to no previous experience with Gerontological Nurse Practitioners (GNP)'s, and lack knowledge of the role and services provided by GNP's. Lack of awareness of the role of the GNP will be addressed by development of an informational brochure. The primary goal of this project is to develop a product to increase the knowledge and awareness of services provided by the Gerontological Nurse Practitioner to homebound older people living in the community.

ACKNOWLEDGMENTS

I want to express my gratitude and thanks to several people for their help, constant encouragement and support throughout this project. I am thankful to my project committee, Jacqueline Wright, RN, MSN, Sharon King, RN, CS, PhD and Laura Struble, RN, CS, PhD, GNP for their efforts and continuous reinforcement toward completion of this project. Their criticism, was valuable to keep me on track and make this a meaningful project.

I especially want to thank Diane Anderson and my husband, Duane, without them I would have given up many times during the last five years. I will always be grateful for their love and support.

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INTRODUCTION

The purpose of the scholarly project is to develop a brochure to introduce the role of the Gerontological Nurse Practitioner (GNP) to the homebound older adult. The population of older adults 85 years and older is the fastest growing population cohort. This older adult population has increased 28.8% in the last decade and doubled in the last two decades (Crump & McLeroy, 1994). George and associates (1994) report that there will be 80 million people past the age of 65 by the year 2020. Currently, the 65-year and older age group is 13-15% of the population and consumes 35% of the health care dollars (George, Koening & Schneider, 1994).

One trillion dollars was spent for health care in 1995 in the United States (this was 14.5% of the Gross Nation Product) which is more than any other nation (Jamian, 1994). Health care costs for the State of Michigan are 36% of the state's expenditures, with 23 billion spent on health care in 1990's and an estimated 129% increase in Michigan expenditures by the year 2000 (Jamian, 1994).

The old-old (age 85 years and older) have the highest incidence of immobility and self care limitations. Thirty one percent of persons over 75 years of age have limitations in mobility, vision or hearing compared to 4.5% of Michigan citizens between the ages of 16 to 64 (Jamian, 1994). Older persons have more complex problems, their needs are more

technical and their disease processes are generally more chronic (Riley, 1994).

The need for health care reform focuses on lack of access and the need to contain escalating health care costs. The growing numbers of older Americans are seen as major contributors to the increasing costs of health care because they consume a disproportionate amount of health care dollars.

Gerontological Nurse Practitioners (GNP) are autonomous expert nurses who promote health and help to prevent disease by diagnosing and managing individual patient problems (Jenkins & Sullivan-Mars, 1994). Principles of health promotion are integral to primary care and the historical roots of primary care Nurse Practitioners (NP) are grounded in public community health nursing (Jenkins & Sullivan-Marx, 1994). The role of the GNP evolved from the primary care NP. Gerontological Nurse Practitioners have been in existence since 1966 and are slowly evolving into a distinctive professional role.

Purpose of the Project

The purpose of this scholarly project is to develop a brochure that can serve as an introduction to the role of the GNP for the homebound older adult as that role relates to their homecare health needs. The brochure will inform consumers that the GNP does not replace the physician but, rather is in, collaboration with the physician to ensure access to health care that is of high quality and cost effective to the homebound older person.

Informing the homebound older person about the services the GNP can furnish may help older persons gain confidence in the GNP skills in health promotion and disease prevention. Care provided by the GNP focuses on a holistic approach (Kupina, 1995) unlike the medical model, which focuses on disease treatment. The brochure would be useful in explaining the type of services the GNP provides.

Background for Project

There have been numerous articles written telling how physiological and psychological stressors affect an older person health status (Fromer, 1979). Medication errors and poor compliance with medical recommendations may occur because of failure to understand the clinicians' instructions (Alessi et al., 1995). The GNP may educate older persons on maintenance of health and wellness and assist in lowering the level of disability and reducing nursing home admissions (Alessi et al., 1995).

Improving the overall health system available to the older person (Atchley, 1980) is the primary concern of the GNP. The following functions are within the realm of the GNPs practice: assessment of physical, functional and mental status, review of medications and management of immunizations, counseling families, providing referral to community resources, home safety, nutrition education, exercise programs, stress reduction, group therapy and rehabilitation services. Gerontological Nurse Practitioners are able to manage problems common to clients with dementia and other chronic diseases common to older persons, evaluate

the home environment, and assess its impact on functional ability.

To increase the utilization of GNPs it is necessary that they be visible in the community and develop professional relationships. They also educate the client and continue research on the effectiveness of their care. The brochure is intended to increase understanding of the role of the GNP by the homebound older adult.

Conceptual Framework

The conceptual framework guiding development of this project is the Health Belief Model (HBM) that was introduced by Rosenstock in 1966.

Health Belief Model Concepts

The concepts of the HBM include the following:

1. Perceived susceptibility: Subjective perception of risk of contracting a disease.
2. Perceived severity: Feelings concerning the seriousness of contracting a disease.
3. Perceived benefits: Beliefs regarding benefits/actions available in reducing the threat of disease.
4. Perceived barriers: Potential negative aspects of an action which acts as an impediment (Becker, 1974, p.3).

(See Figure 1).

The GNP approaches their client with an attitude and acceptance that facilitates the motivation of the older adult to accept responsibility for their health care actions (Gartner & Twardon, 1992). Bluestein and Rutledge (1993) state that health beliefs are key mediators linking

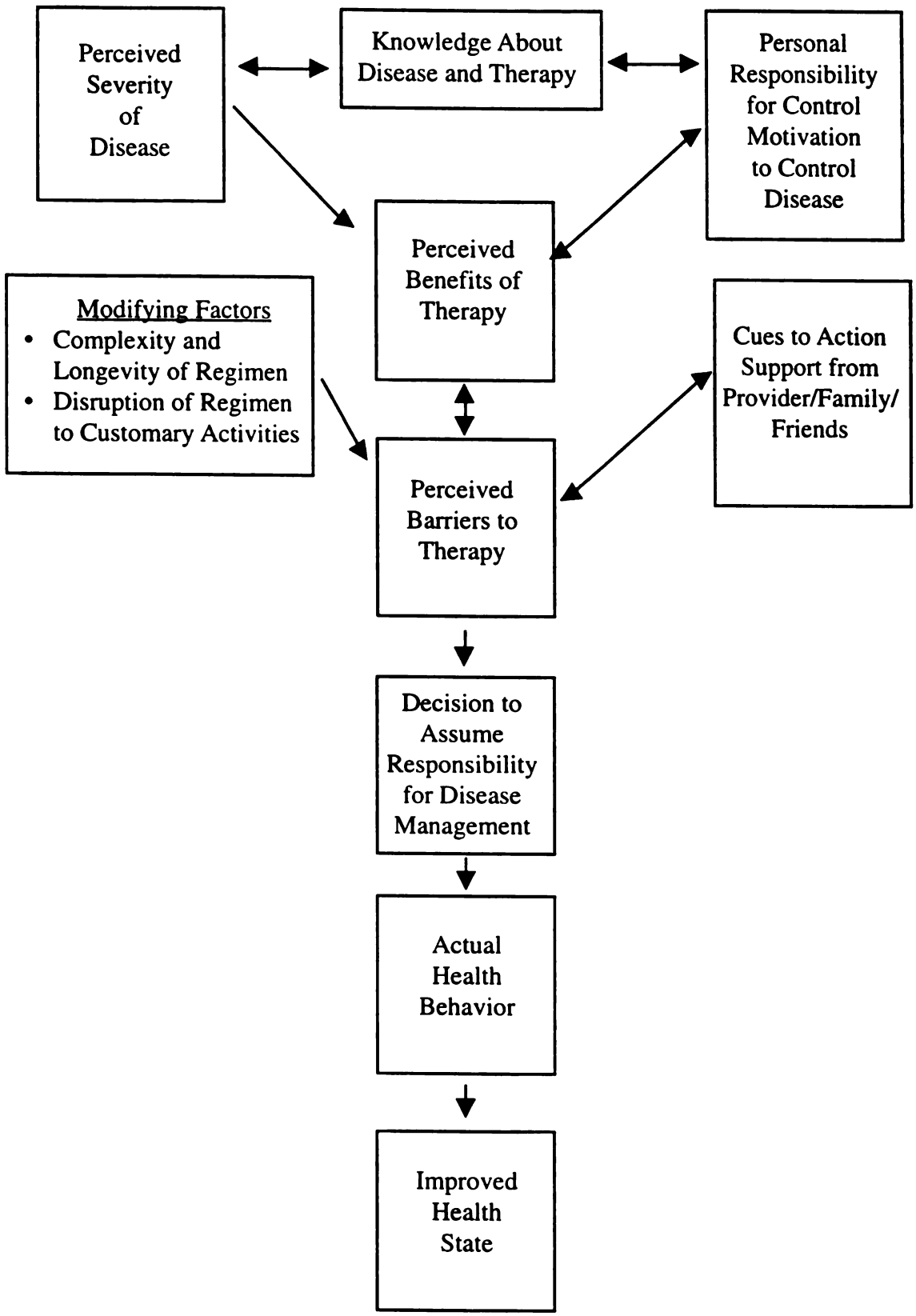

Figure 1. Adapted Health Belief Model.

psychosocial vulnerabilities, delayed care and adverse outcomes. Their study proposed an HBM framework that examined how psychosocial and sociodemographic attributes lead to delayed care.

The Health Belief Model key components of perceived susceptibility of the older persons perception of their risk to contracting a disease, encompasses the element of the threat of disease. A homebound older person "exhibiting an optimal level of beliefs in susceptibility and severity would not be expected to accept any health action unless it was perceived as feasible and efficacious" (Hughes & Tartasky 1996, p.219).

The direction of the health care that an older adult accepts will be influenced by their beliefs regarding the relative effectiveness of known available alternatives (Becker, 1974). The alternative must also be available to the homebound older adult. Using the components of the Health Belief Model as a framework for this brochure assists in explaining to the homebound older adult the role the GNP can fulfill in their health care.

Literature has shown that health is a personal commitment that has an interrelationship with the physical environment (Becker, 1974). Assessing the health of older adults requires a multidimensional approach. Actualizing the persons potential for optimum health is accomplished through competent personal care and meaningful relationships with others. The GNP understanding the social and psychological aspects of aging in a multidisciplinary

approach may assist the older person in acquiring optimum health.

"Using the HBM simplifies complex issues and suggests hypotheses concerning relationships among modifiers, beliefs and care-seeking actions" (Bluestein & Rutledge, 1993, p.271). The health Belief Model provides the framework that attempts to understand why people do or do not choose to pursue healthful behavior changes and life styles. Individuals make the choices about actions that constitute their lifestyles and, in turn, their profile of health and illness (Walker, 1994).

Relationships and Relevance to Project

The HBM is a psychosocial model that explains health related behaviors. When barriers are minimal a person will experience a greater likelihood of taking a health related action such as using the services of a GNP (Becker, 1974).

Increasing the older person's knowledge of the role of the GNP and their sense of personal responsibility, will impact their perception of the benefits of using the GNP. The brochure (a cue to action) will impact older persons perception of benefits and barriers and, in the final analysis, will impact their decision to use the GNP.

For the purpose of this project selected variables of the modified Health Belief Model have been identified to illustrate the impact of an informational brochure to explain the role of the GNP to the homebound older adult (See Figure 2).

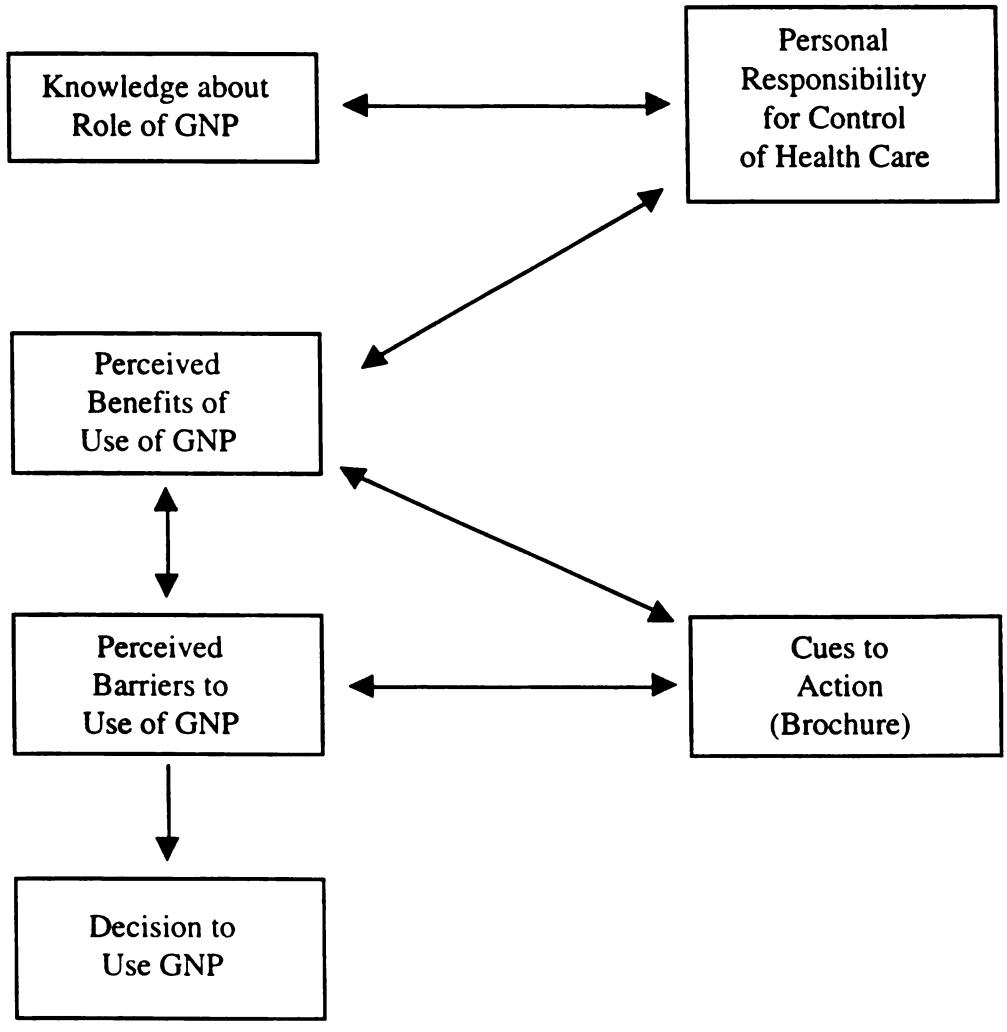

Figure 2. Adaptation of modified HBM, as related to development of a brochure to increase understanding of the role of the GNP.

Literature Review

This section presents the literature review for the key concepts: Role of Gerontological Nurse Practitioner, Homebound and Older Adult. The research literature is limited in relation to the GNP treating older homebound adults.

Role of Gerontological Nurse Practitioner

Gerontology is a branch of science that deals with the problems of adaptation and disease of older adults. The function of the GNP is to assess the nursing needs of older adults and then plan and implement nursing care to meet those needs (Hodges & Staab, 1996). A critical role of the GNP is to function as a practitioner and serve as the expert direct care provider (Gartner & Twardon, 1992). The goal of the GNP for the older person is to maintain the highest level of wellness allowed by the limitations imposed by the aging process and diseases that may be present. One of the many roles of the GNP is to improve the quality of life for the older adult. Gerontological Nurse Practitioners understand and assess the unique types of assistance the older adult may need to remain safely in their home (Sweeney, 1996).

The case management role of the GNP may assist home health to rein in costs in the organization of each patient's ancillary care (Monaghan, 1996). The GNP must play many roles: facilitator of nursing process, change agent, educator, case manager, researcher, consultant and coordinator. The GNP moves in and out of these and many

other roles, while identifying factors that facilitate and inhibit functioning. The Gerontological Nurse Practitioner is a member of a very specialized area of nursing related to the problems of the aged that are associated with daily functioning (Hodges & Staab, 1996). The GNP makes a commitment to provide health care to meet the needs of the older adult and provide care of the highest quality including preventive, restorative and maintenance services.

For the purpose of this project it will be understood that the GNP functions to coordinate clinical data, provide continuity, consultation, referral and advocacy for the older adult (Jenkins & Sullivan-Marx, 1994), and that physical, mental and functional status is assessed and evaluated by the GNP (Belle et al., 1996).

Homebound

Homebound refers to a person who is unable to access programs outside their place of residence. Homebound adults have functional limitation's such as: difficulty with walking and prolonged standing (Hughes & Tartasky, 1996), lack of activity tolerance due to cardiac or respiratory impairment, pain and frailty related to disease processes. These functional limitations will threaten older adults' independence and their ability to remain in their own homes (Folden, 1990).

Homebound, according to Medicare guidelines refers to a normal inability to leave one's home without assistance (Hughes & Tartasky, 1996). Homebound adults not only have functional limitations, but they also have a need for

different types of services, unlike the older adult who can go outside their residence for assistance. People who are homebound and have to receive assistance describe an underlying feeling of loss when they are unable to leave their home when they want to (Folden, 1990).

Clinical studies have shown that patients treated at home have lower rates of mortality and morbidity than patients treated with the same disease in the hospital (Editor, California Medicine, 1996). Home care is a cost-effective service that provides patients with better medical outcomes and better quality of life (California Medicine, 1996).

Folden (1990) states that homebound is when absences from home for the frail adult require a considerable and taxing effort and must be infrequent and of short duration. Many older adults feel homebound when they lose the ability to drive. They are able to walk around but they have to be driven and they resist having to ask for help (Folden, 1990). This population is not considered truly homebound.

"Homebound older adults have to make unique and innovative changes in their environment and life styles to remain independent as possible" (Folden, 1990, p.12). Belle et al. (1996) classified homebound as older adults who leave the house once or less per week. Generally, the educational level of homebound elderly was less than a high school education (Belle et al., 1996).

For the purpose of this project homebound will be defined according to the Medicare guidelines that refer to

an older persons inability to leave their place of residence without assistance.

Older Adult

Older adult is identified as an elder 65 years or older. Currently 3.5 million United States residents are 85 or older and the census for this age group is projected to be 24 million by the year 2040 (LeSage & Muhmud, 1997).

The projected increase in the number of disabled older adults poses a challenge for health care related to affordability and accessibility (Alessi et al., 1995). Medicare established the age of 65 years as the minimum age criteria for eligibility for health benefits. This group has been further divided as, young old (65-74 years), middle old (75-84 years) and old-old (85 years and older) (Hodges & Staab, 1996).

It is sometimes hard for the older adult to get help from the family network because their children are middle age or older adults. Folden (1990) states that for the first time in history adult children will spend more years of their lives caring for dependent parents, than for their own children.

For the purpose of this project an older adult will be defined as a person 65 years of age or older.

Description of Approach and Procedures for Project

This brochure is being developed as a tool to deliver information to the older homebound adult about using the GNP in the home. The HBM is the framework used to define the structure for the brochure.

Criteria and Rationale for Selection of Target Group

The target group is homebound older adults. This would include any older homebound adult with chronic and acute health problems, in the need of health promotion and illness prevention. There are four communication techniques that could be used to educate people about the GNP role: personal, mass, direct and interactive communication (Ball-Rokeach & DeFleur, 1982). Mass communication in the form of a brochure will be the most effective if it does not clash with the readers present values and is related to the older person's goals. People develop subjective and shared constructions of reality from what they read, hear or view (Ball-Rokeach & DeFleur, 1982).

The HBM suggests that a person will develop predictors that control how they accept care, and communication is a variable that affects these attributes and can lead to the acceptance of health care. Bluestein and Rutledge (1993) state that health care beliefs are mediators that can be linked to psychosocial vulnerabilities. People may delay care which can lead to adverse outcomes because of these beliefs.

BROCHURE DEVELOPMENT

Methodology

The purpose of this brochure is to inform the homebound elderly of the role of a Gerontological Nurse Practitioner. The brochure has evolved from the review of current literature, which is limited, on the use of a GNP for the care of a homebound older adult to improve the elder's

quality of life and assist them in safely staying in their own home.

The formation of the written text for the brochure has evolved from the literature that relays that the older adult may have limited literary skills. Davis et al. (1996), state that ninety million Americans have limited literacy skills which are a burden that profoundly affects the quality of their health care. Seventy-five percent of Americans with chronic physical or mental health problems scored low in the skills of reading and the spoken word (Davis, Meldrum, Tippy, Weiss & Williams, 1996). Adults do not want to admit to illiteracy which in turn, hinders them when seeking health care. A study by Emory University in 1998 found that 63% of the general public frequently misread instructions on how to take medications (Boodman, 1998). Ninety-seven percent of elderly patients report that television is where they get information about their health (Boodman, 1998).

The last important concept that must be recognized is the homebound status of the elderly. Literature identifies homebound many different ways. Folden (1990) states it is functional limitations. Hughes & Tartasky (1996) state it is functional limitations and lack of activity tolerance. For Medicare guidelines it is more vague yet and Hughes & Tartasky (1996) refer to the older adults normal inability to leave one's home without assistance. For the purpose of the brochure all items have been taken into consideration

and will use the normal inability to leave one's home without assistance.

Evaluation of Project

With distribution of the brochure an increase in the utilization of the GNP in homecare would hopefully ensue. Another way to measure the brochure's effectiveness is to monitor the outcomes of clients. However, it may take some time to thoroughly evaluate the impact GNP's have on older homebound adults to increase/decrease their quality of life.

Focus groups could be used to determine the brochure's effectiveness. Questions to be asked during the session would include: Are older adults in the home accepting the GNP? Have they tried GNP services? Have they had good/bad experiences using an GNP and why? Much can be learned by groups like these i.e.: What is being said about the GNP. The most important indicator of the value of the brochure will be: 1) The number of brochures distributed; and 2) The number of homebound older persons who utilize the services of a GNP.

Implication for Advance Practice Nurse (APN) Research

As stated previously in this paper, more research is needed to evaluate cost and outcomes of ANPs in primary care and GNPs in providing homebound services. Geriatrics is an area where ANPs are greatly needed. Early research has shown that the GNP can bring an increased focus on patient care needs, spending time, exchanging information, and communicating to learn more about the needs of the older homebound person (Riley, 1994).

Any study must also measure quality of care as well as cost, both are important to patient welfare. With the increased use of managed care the GNP can fulfill the case management role and help contain health care cost (Mirr, 1993).

Mirr (1993) reports that the following limitations related to the ANP's effectiveness, scope of practice, prescriptive authority and reimbursement. These barriers need to be removed or lessened to increase the functional usage of the GNP.

The Office of Technological Assessment (1986), did an exhaustive study assessing quality of care of the ANP based on process, outcomes, patient satisfaction and physician acceptance. The Office of Technological Assessment concluded that ANP's care was equivalent to that of a physician and ANPs were superior regarding patient satisfaction (Inglis & Kjervik, 1993). The ANP takes on the responsibility to show how the role is cost effective and financially justified by obtaining positive changes in patients and desirable behaviors that are attributable to the ANP intervention (Hamric, 1989).

The GNP as the expert direct care provider facilitates the older adults motivation to participate in their own health care needs (Gartner & Twardon, 1992). Research development and promotion of patient education material is an integral part of the GNP services for the older homebound adult.

The GNP must constantly validate findings during their practice and disseminate information about current health care practice. There is a constant need to conduct research on nursing interventions and to define and expand the GNP's knowledge base. Promoting and maintaining quality care and development of standards of care for the GNP are both indicators for research for advance nursing practice.

Implications for Advance Practice Nurse Education

There are many implications for education about the role of the APNs. Advance Practice Nurses can provide inservices, workshops, seminars or lectures to groups of older adults on multiple health promotion and prevention topics. The GNP can inform other health care providers that the older homebound adult may have the issue of illiteracy. Investigating to find if this is a problem for the older adult may help to decrease the time needed for education of the client.

Advance Practice Nurses need to have confidence in their sills as expert nurses. Clinical experience under the guidance of a physician or another APN is one of the best ways to get this confidence.

It is imperative that APNs use all opportunities to educate clients about their role. The brochure will help clarify some of the ways' a GNP may fulfill an important role for the homebound older adult. There are many ways that the APN can educate the public on why the older adult should make the APN their health care provider.

This brochure is an important concept for marketing the GNP to the older homebound adult. Marketing should be in the early part of the student APNs education. This will assist in giving the student an accurate picture of whom APNs are and what they do. The APN in turn can increase the client's knowledge about their role.

Continuing education is on going and one would hope that ANPs would continue to grow from positive experiences and relationships.

Implications for Advance Practice Nurses Practice

Advanced Practice Nurses can have a positive impact on health care today, because of the shortage of health care dollars, their care is cost effective. Their education is best suited for providing health promotion, preventive health care and provide the care in a comprehensive and coordinated fashion (Safriet, 1992).

The Advance Practice Nurse may initiate interventions for potential or actual health problems. The APN's interventions are intended to lead the client to ultimately assume independence in their health care. The APN is an advocate for the client and would direct efforts toward a patient's self-actualization.

This brochure impacts what the GNP can do to assist the older homebound adult and lets the GNP be seen as a valuable asset in their health care. It is within the clinical scope of the GNP to assess the patient's response to disease processes, diagnosing the patient status, develop and

implement treatment plans. They are an essential link between the homebound older adult and their physician.

Summary

The development of this brochure is to inform the older homebound adult that using the GNP in the home may delay the development of disability and decrease nursing home admissions (Alessi et al., 1995). Conducting in-home geriatric assessments involves shifting of many present paradigms. Shifting of primary care from the office setting to the older adults home will be a major change for health care professionals. Gerontological Nurse Practitioners have an investment in the success of the community, where they must be active members and work to remove barriers to optimum health care. They merge vision, power and concerns. "Having a Gerontological vision is needed if the future is to improve on the past" (Riley, 1993, p.445).

Holistic care helps people to understand that they have to help themselves. "The delivery of quality home health care services is a challenge" (Gartner & Twardon, 1992, p.53). Problems related to patient population, the practice of nursing, and financial and regulatory constraints must be addressed to assure continuing quality care by the GNP.

Statistics have shown that more health care services are performed in the home every year and the GNP have a unique opportunity to shape the future of home care for the older homebound person (Gartner & Twardon, 1992).

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APPENDIX A

Brochure

THE GERONTOLOGICAL NURSE PRACTITIONER

A Gerontological Nurse Practitioner (GNP) is a Registered Nurse with a masters degree and has advanced education and clinical training in the health care of the older person.

The goal of the GNP is to help the homebound older adult remain as independent as possible and safely stay in their own home. Also, the GNP will educate the older person in their responsibility for control of their health care.

The GNP works in partnership with the older person to help set up goals and problem solve with the older person to produce effective outcomes.

The GNP will come to the home when there is a need for a health care provider due to the inability to travel to receive medical treatment.

The GNP will work with the physician to increase access to health care of the highest quality. This would be a joint responsibility between the GNP, Physician and the older person. The focus of the GNP is to care for the older person as an individual and act as their advocate.

The GNP can help and assist with:

* Health promotion
* Illness prevention
* Education about acute and chronic problems
* Individual and family counseling
* Accessing community resources
* Screening for depression and confusion
* Activities of daily living needs
* Order diagnostic studies, such as xrays and laboratory tests

* Write and renew prescriptions in collaboration with the physician
* Review medications and explain their actions
* Giving information to assist in making healthy lifestyles choices
* Yearly immunizations
* Refer when necessary for needed services

Medicare and secondary insurance will be billed for the older person and/or services may be paid for privately.

WORKING WITH HOMEBOUND OLDER ADULTS