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ABSTRACT

This presentation focuses on ethical issues that need to be addressed within the gerontological nursing curriculum for preparing nurses to become change agents and catalysts in the health care of the older population. Ethics and ethical principles are defined, and three ethical principles are discussed: justice; beneficence; and autonomy. State-of-the-art practices in entry-level and advanced-level preparation of gerontological nurses are identified, including types of programs, length of preparation, focus of preparation, primary work setting, and primary and secondary nursing roles. Ethical issues in the areas of nursing curriculum, nursing faculty, students, nursing practice, and problem-solving strategies are then addressed. The paper examines different approaches to patient care required in various settings, considers assessment skills and competencies of nursing students regarding the unique health needs of older adults, explores why nurse faculty are reluctant to teach content on aging, and analyzes student attitudes toward older adults. (JDD)

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ETHICAL ISSUES WITHIN THE GERONTOLOGICAL NURSING CURRICULUM

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Care of older adults in this country is inadequate! Every day newspapers, television, and radio across the country report on the abhorrent conditions of care of the older residents in long-term care facilities and hospital wards. Ethical dilemmas abound, both for older adults and professional nurses who care for them because of the inadequacies of resources, staffing, financial aspects, and administrative policies that militate against a strong policy for care of older persons. This presentation focuses on the many ethical issues that need to be addressed within the gerontological nursing curriculum for preparing nurses to become change agents and catalysts in the health care of our older population.

Definitions: Ethics and Ethical Principles

Any discussion on ethics is predicated on a definition, since the term may be identified in various ways. Ethics is a "branch of philosophy promoting moral conduct based on principles of behavior that emphasize the goodness inherent within each person" (Weber, 1976; USCC, 1979; Bahr, 1981; Bahr, 1987). Philosophy, a science of the mind that penetrates the essence of phenomena, is the foundation of all ethical thought and principles, and results in conduct that analyzes the rightness and/or wrongness of actions in behalf of self, others, or societal policies. Consequently, when philosophical analysis is applied to situations outside the self and the other person, for example, when the client/patient is the focus of inquiry or analysis, then a set of principles emerge for relevancy of application to the particular situation.

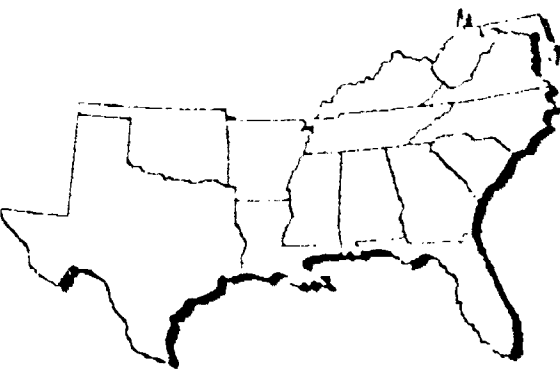
Gerontological nursing education today is receiving more recognition than ever before. Clinical practice involving gerontological clients has grown more complex. These factors lead to consideration of a vital question: Have today's students been adequately prepared for the ethical dilemmas that nurses and clients face each day?

The regional conference, Ethical Issues Within the Gerontological Nursing Curriculum, addressed this question by having well-known speakers—Sister Rose Therese Bahr, Vivian Ross, and Susan Gunby—explore current ethical issues in gerontological nursing education at the undergraduate and graduate levels. This paper was presented by Sister Bahr during that conference.

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Faculty Preparation for Teaching Gerontological Nursing

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Ethical principles are precepts inherent to the human nature of the person that "flow from the rights and responsibilities each individual enjoys based on the humanness component" (Weber, 1976; USCC, 1979; Bahr, 1981; Bahr, 1987). The nature of the person is predicated on certain rights to which the person is entitled because of his/her humanness or personhood. These rights in the higher level of principles are projected as the right to life, liberty, and the pursuit of happiness. These basic rights are based on the sacredness of life--every life, regardless of age, creed, color, race, religious preference or affiliation, is precious and is to be protected from harm or injury.

These rights follow the person throughout life, regardless of position, economic status, national origin, or state of health. These rights have been incorporated into the Constitution of the United States in the various statutes of that document and in the Bill of Rights, which is so judiciously guarded in the Archives Building in Washington, D.C. These rights give rise to law and order in all segments of society here in the United States. They provide for the safety and well-being of each person everywhere and give a sense of security that life, property, and independent decisions are inherent in the life led by each and every person.

Responsibility, on the other hand, is also an entity inherent within the human person's purview. It is the other side of the issue of rights. For, there is no right that does not have a parallel responsibility or sense of obligation associated with it. For example, if I wish to have my life protected from harm from others because that is a basic right of mine as a human individual, then I, in turn, must not harm the life of others in any way that infringes on their right to life in all its dimensions--physical, psychosocial, or spiritual. This holistic approach to living is a right of each person. Each individual must respect the person and his or her rightful place in society--that becomes my responsibility, and the responsibility of every other person living in society.

With this understanding of ethics and ethical principles, let us proceed to three selected ethical principles that are usually brought into any discussion of ethical issues, since they are so pertinent to the essence of the rightness and wrongness involved in situations.

The Ethical Principles of Justice, Beneficence, and Autonomy

The first principle, **justice**, is commonly defined as any action which fairly provides what is rightfully due to an individual. When the principle of justice is invoked in a situation, for example, in a case involving payment for services, each person considering ethical justice is seeking to identify what is rightfully or by equity the person's prerogative.

Basic to each person is the right to a good name or reputation. If that basic right of justice is violated through any action of another, that person has the moral responsibility to restore the other's good name in a just manner. For example, if through conversations or gossip, you have tarnished someone's name, it is your responsibility to be sure that hearsay or misinformation is corrected. An

example that comes to mind is labeling as a burden or a "problem case" older institutionalized residents who may appear demanding. Nursing personnel are often unjust to these residents because of ignorance of the person and his or her particular approach to living or reaction to institutionalization, whether in the hospital or nursing home. This may happen because the nurse knows little to nothing about the aging process, the manner in which this person is reacting to his or her own aging, or the tenets of gerontological nursing care based on outcomes and/or standards of gerontological nursing practice.

The second principle, **beneficence**, requires that "any action toward another person should *do no harm*." Many aspects of living come into prominence here. Friends can help to assure that no harm comes to another person by limiting alcoholic beverages when they know the friend must drive home. For parents "no harm" means that child abuse is not an option--the child is a person not a piece of property to be beaten, starved, or abandoned either physically or emotionally.

In the case of older adults who are admitted to a health facility, beneficence should guide the professional nurse in his or her approach in caring for older adults, for example, knowing cardiac output capacity so that overload of prescribed I.V. fluids will not place the person into cardiac distress; respecting the person's wishes regarding religious rituals and addressing these wishes in the nursing care plan. This professional code of conduct for the professional nurse, inscribed in the *Code of Ethics for Nursing*, is critical to the well-being and continual welfare of the individual.

Finally, the principle of **autonomy** identifies the independence of the person in all aspects of life, including decision-making modes. Many times this autonomy of an older person is the right most violated by spouse, children, friends, nurses. Other persons assume the right to take over the decision-making process and place the older person in a state of dependency. To place another person in such a state is a major concern for those of us who have devoted our professional lives to caring for the elderly. Each older person should maintain the right to self-determination, to make decisions that are informed, and of his or her choosing. The professional who cares for the older person has the obligation to respect those decisions and assist in their implementation.

This area has many ramifications regarding decisions of health care, particularly admission to nursing homes of an aging parent by children who find it too burdensome to care for the loved one but sometimes have no other option. This situation creates major unhappiness on both sides and is a critical issue for consideration when the autonomy of the person is in jeopardy.

State-of-the-Art: Gerontological Nursing Programs

Entry Points into Nursing

In 1988 the Administration on Aging (AoA) awarded a grant to the American Association of Gerontology in Higher Education (AGHE) in collaboration with the University of Utah Gerontology Center and the University of South Florida Gerontology Center. The purpose of this grant was to examine the

curricula of social work, nursing, and gerontology programs throughout the country. An advisory committee was established of three social work faculty, three nurse gerontologists representing the American Nurses' Association, National League for Nursing, and the University of Utah School of Nursing, and three gerontology program faculty. This advisory group met over an 18-month period to identify the state-of-the-art in these respective programs and to initiate some strategies that could produce results, for example, encourage more content in undergraduate and graduate programs to promote knowledge among professional students.

Selected materials which will be widely distributed in the near future are shared with you today. Figure 1 presents an overview of the state-of-the-art on types of program, length of preparation, focus of preparation, primary work setting, and primary and secondary roles as program outcomes.

Figure 1

**Preparation, Focus, and Work of
Gerontological Nurses: Entry Level**

Credential	Length of Preparation	Focus of Preparation	Primary Work Setting	Primary and Secondary Roles
LPN	12-18 months	Technical-basic hospital skills	Nursing homes, M.D. office, hospitals	Technical (basic task nursing, working under supervision)
Registered Nurse: ADN	2 years	Entry level for basic technical nursing care	Hospitals, nursing homes, M.D. office, home care	Direct patient care
Registered Nurse: Diploma	3 years	Entry level for basic technical and professional care	Hospitals, nursing homes, M.D. office, home care	Direct patient care
Registered Nurse: Baccalaureate (BSN, BS)	4 years	Entry level for professional nursing	Hospitals, public health, home care, private practice	Direct patient care Supervisory position

There are currently 35 graduate nursing programs throughout the United States and new programs are being established through grant funds from the Division of Nursing, Department of Health and Human Services, to meet the need for advanced clinical specialists in gerontological nursing. In the SREB states, new programs have been established very recently at the University of Louisville (Kentucky); University of North Carolina at Greensboro; Old Dominion University, Norfolk, Virginia; Medical University of South Carolina (Charleston); and one new application has been submitted recently

by Memphis State University in Tennessee. Figure 2 projects the preparation, focus, and work of gerontological clinical specialists in terms of the state-of-the-art of graduate programs in gerontological nursing.

Figure 2
Preparation, Focus, and Work of
Gerontological Nurses: Advanced Level

Credential	Length of Preparation	Focus of Preparation	Primary Work Setting	Primary Role
Master's: MS, MA, MN, MSN	1-2 years	Advanced practice	Hospital, private practice, education, community-based agencies	Expert clinical practice Specialty practice
Master's: GCNS	1-2 years	Clinical expertise and teaching	Hospital, private practice, education, community-based agencies	Expert clinical practice Specialty practice

Ethical Issues: Nursing Curriculum

Florence Nightingale described nursing as a profession in the context of a societal mandate, that is, that provision of health care is a right for all citizens of a society. Consequently, here in the United States society mandates that nursing should be provided for all citizens; for us in gerontological nursing, that means all aging citizens. None of the older citizens are to be excluded, regardless of age, sex, color, race, religion, creed, or any other attribute. History has recorded that Nightingale herself placed her London, England nursing students for clinical experiences with older clients in the asylum, an equivalent to our nursing home today. So, there is a precedent for knowledgeable and caring nurses to minister care to aging persons, without exception and within every clinical setting in which older adults are found who are in need of professional nursing care.

Major ethical issues abound in gerontological nursing curricula. What one finds is a cursory or non-existent acknowledgment of this ever-increasing segment of society and its unique health needs. Limited content is included on the aging process. Students need to be made aware of the developmental tasks/challenges/differences occurring within each decade of life so that every aging person is not characterized and placed in a category with the 85-year-old aging person who may be exhibiting frailness. These differences have been validated through research studies.

This knowledge should be incorporated into nursing courses as the student enters the first level of nursing, and identified throughout the nursing program in a progressive and ever-sophisticated

manner. Opportunities to demonstrate application of knowledge in carefully chosen clinical experiences help to imprint the knowledge for mastery of content.

Unfortunately, today, not all nursing programs at the entry level provide the student with a positive approach to gerontological nursing, nor do they have adequate content within the curriculum to support a solid knowledge base for the students. Some programs indicate that they integrate the content on aging, but many times that approach leaves much to be desired. As with other integrated content, it truly does not receive the emphasis it should, or the reinforcement through repetition, or a classroom environment where the aging content with application to clinical examples takes place.

Content on the unique health care needs of older adults in all settings is also limited. **Hospital care** represents, for the most part, acute care episodes for older adults. These health needs address crisis in physiological functioning of the aged body, with all the complexities of complications that could possibly be present.

In the case of **nursing home care**, the professional nurse may be called upon to provide acute intensive care, chronic illness care, or supportive-educative care to older adults admitted to long-term care facilities. This approach to the older adult requires a different orientation than the acute care hospital approach to nursing care. The other setting for care of older adults is **home health care**, administered through visiting nurse associations or certified home health care agencies where the nurse is a guest in the home of the older adult. This setting is far different than either the hospital or long-term care setting. The unique health care needs of older adults differ from one setting to the next.

It is appalling that some nursing programs initiate the new recruit to nursing by placement in a nursing home where the care is delivered in an intensive manner. Without preparation for this setting and its delivery of nursing care, nursing students are placed in the "skill laboratory" because of the captive audience of older residents who are living there. With little attention given to the degree of functionability experienced by older adults, students are expected to complete a series of nursing skills simply for practice. Consequently, a negative attitude may develop among the students, who react in a way that makes them shun a potential career in gerontological nursing. This truly becomes an ethical issue in determining the manner in which a nursing curriculum is developed and implemented.

Assessment skills and competencies of nursing students regarding older adults and their unique health needs are also a neglected area. Approaches for obtaining the trust of and rapport with older adults are very different from those used with other age groups. The older person is a survivor and many times has difficulty relating intimate history and health information to another person who is much younger. Curricular content must focus on helping the nursing student become highly skillful in performing assessment in such a way that the older person is not taxed physically, understands the rationale for the assessment, knows that the data collected will be handled respectfully and for professional purposes only, and that the student is truly competent in her or his gerontological professional nursing skills.

A major breakthrough in this area has occurred with a Kellogg grant being awarded to two associate degree nursing programs--one in California and another in Pennsylvania. The purpose is to identify the competencies in gerontological nursing needed by ADN nurses upon graduation. The first three years of the grant were concluded in spring 1990, with an extension for three more years (1990-1993) for disseminating information within the professional nursing arena. This is a major step forward for basing curricular decisions at the associate degree program level on a standardized listing of needed competencies in gerontological nursing and will provide a method for measuring students' performance and skill mastery. This more sophisticated and scientific approach will make a major impact on delivery of health care for the older population in various settings.

Another major step forward is the grant obtained by Georgetown University in Washington, D.C. to delineate the skills and competencies of Bachelor of Science graduates in gerontological nursing. I am pleased to be one of 20 experts in gerontological nursing who have accepted an invitation to serve on a panel to develop the listing of competencies. A two-day conference in October 1990 should be an exciting opportunity to build on, but not duplicate, what the technical-level nurse will perform in caring for the older adults in various settings. This approach to differentiating practice for gerontological nursing will have far-reaching effects in the future of the specialty.

The final ethical issue in the realm of nursing curriculum involves application of ethical principles of rights within the context of nursing content and clinical experiences. Justice, beneficence, and autonomy of the older adult need to be applied in all situations and for all older people. Gerontological nursing must foster a supportive attitude toward the older person, particularly when so many projections estimate the elders' over-utilization of resources in our society and suggestions are made to ration resources because of the high cost of care and the increasing numbers of older adults in the American population. Callahan, in *Limiting Resources*, has sparked discussions among ethicists, legislators, budget makers, and health care policymakers regarding the aging population and the human, material, and health resources needed to provide for their health needs. Already, in many Washington "think tank" sessions, guidelines are being written to address this issue. The right of the older person to survive is under attack. That is why we as health professionals must more than ever be advocates for the older population. These people are in direct need of such advocacy.

To aid in the development of a sound gerontological curriculum in baccalaureate as well as master's nursing programs, Figure 3 identifies outcome objectives suggested in the Administration on Aging's group document for differentiation between basic and advanced preparation.

Ethical Issues: Nursing Faculty

When looking at values clarification in terms of nursing faculty, one has to ask: Why are nurse faculty so reluctant to teach content on aging or practice in the field of gerontological nursing? This is a critical question because it has direct bearing on nursing curricular ethical issues. If nurse faculty are reluctant to teach aging content, what type of role models are they for nursing students who may have an interest in the care of older adults? Are the faculty so afraid of their own aging process that they communicate this attitude of fear to the students? Students are highly perceptive about what is

important to faculty members teaching content. Perhaps this is one reason that so few graduates from BSN and ADN programs seek an advanced practice career in gerontological nursing. It bears examination in future forums.

Figure 3

Outcome Objectives Suggested as Differentiation between Basic and Advanced Preparation in Gerontological Nursing

Curricula Topic	Baccalaureate	Master's
Theories of Aging (bio-psycho-social)	Identify	Apply in research Analyze regarding practice; holistic approach
Changes of Aging (bio-psycho-social)	Identify usual ones for a population Compare with a given client, begin with well person, progress to client in a family	Differentiate for normal vs. pathological Select patterns of coping
Common Problems of Aging	Compare old/young with same diagnoses, given an outline as a guide Acute care, home care, and long-term care Use nursing diagnoses as guide to practice	Assess, diagnose, and manage person or family health needs Analyze impact on person and family Interdisciplinary functioning Develop new referral sources
Functional Abilities	Differentiate functional from medical assessment	Plan care based on functional abilities; monitor changes in function
Public Policy and Economics	Identify sources of economic concerns-- Medicare, Medicaid, social security Impact of decreased resources	Provide ideas for determining public policy; engage in political action; advocacy for older population
Health Maintenance and Promotion	Participate in programs for health promotion	Establish programs for promotion Teach/counsel clients and their families, other health professionals
Long-term care	Provide individualized care in and out of an institution Case manager for one person	Provide administration and teaching in and out of institution Serve as case manager involving client/family resources as well as community
Ethics and Attitudes	Clarify values for self regarding aging Recognize ethical dilemmas and decisions	Guide/assist client and family with ethical decision-making
Cultural Variation	Recognize differences in aging related to cultural factors	Establish care based on cultural differences
Professional Development	Member of professional organization participating in local activities Communicate nursing role with older people	Participate in local, national organizations Become certified for advanced practice Interpret advanced practice role to older clients

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Another important issue is that of including gerontological nursing content in nursing curriculum. Why are faculty members so reluctant to pursue the battle in curriculum committees to fight for aging content in each level course? Or to identify additional credit hours within each clinical course to make sure that excellent clinical experiences offer quality learning opportunities for students in settings where care of older adults is provided in an excellent fashion? Because many times only one faculty member is appointed to oversee the aging content, that lone figure has to take on the total faculty group for what sometimes appears to be an overwhelming task--a sometimes futile attempt to persuade faculty that care of older adults is just as important as medical-surgical and the other usual specialty orientations to professional nursing. It takes a strong, highly motivated faculty member who will continue the battle until at least one other faculty member comes over to the side of gerontological nursing. The battles are hard-fought but, from an ethical perspective, they are essential for the sake of millions of older adults who look to the professional nurse for competency, knowledge, and advocacy.

Because faculty need to be knowledgeable about gerontological nursing, a critical ethical issue revolves around that preparation. It is a pleasure to note that more informal and formal preparation for faculty members from the Southern Regional Education Board region provides faculty with the latest information and ways to apply the knowledge in their respective programs. In addition, as noted earlier, more and more master's programs in gerontological nursing are being established for the relative convenience of faculty members across the nation who seek formal preparation. There are certainly a plethora of continuing educational opportunities, such as the Annual Education Conference sponsored by the National Gerontological Nursing Association. Nurses from practice settings, nurse educators, and researchers comprise the audience, which has been growing in numbers over the years.

Faculty in nursing programs are faced with another ethical issue that is crucial to the success of the gerontological nursing courses--the selection of qualified role models for students in clinical settings. Faculty should be highly selective of where students are placed for initial, ongoing, and advanced practice experience. Selection is the responsibility of the faculty member, and the preceptors chosen should enjoy working with students and perceive their learning experiences as helpful to the clinical setting and the nursing staff throughout the facility. If students encounter nursing staff with negative attitudes, prejudicial remarks, or frustration in planning care within the facility, these students will have a less than desirable experience and may carry that negativism throughout the remainder of their educational experience. Indeed, a negative experience may well breed that attitude in and among student colleagues and professional nurses with whom they come in contact. To select carefully the settings and the preceptors is half the battle in having a successful program and encouraging potential recruits in the specialty of gerontological nursing.

Ethical Issues: Students

As a result of the mobile society in which we live, many students enter nursing programs with limited exposure to older adults who are meaningful in their lives, for example, grandparents, aunts and uncles, or friends of the family. Many times grandparents move to retirement villages and rarely see their grandchildren. In addition, media messages are not favorable toward older adults, for example,

commercials giving the impression that incontinence is a normal part of aging. Thus, it cannot be assumed that nursing students have a foundation of knowledge about older adults. That knowledge foundation must be built on research-based, verifiable, factual data. In this way the many stereotypes, biased opinions, and myths about older adults will be replaced with excellent content that is scientific and valid. Negative attitudes and stereotypes are not easily replaced, so it becomes very important that faculty continually reinforce the positive elements of caring for older adults. Students at all levels are unable to do this without intellectual stimulation. Faculty must raise thought-provoking questions and promote critical thinking in the students to help them acquire realistic attitudes. These attitudes will help the student understand that aging is a normal part of life—not separate from but an integral part of the total span of living.

When students perceive that faculty are enthusiastic about caring for older adults in all settings, that institutionalization of older adults is not the terminal point of their lives, that autonomy of the older person is to be fostered regardless of the setting, then the students will have a deeper appreciation of the personhood of the aging individual. In fact, they will understand that the older person is very like them but is an individual who has lived a life full of experiences. If students can perceive that the older person is a historian and a survivor, they may become very intrigued with these persons, who want to share who they are and to be respected for the type of life they have led and are living now. Perhaps if a more positive attitude can be fostered through gerontological nursing courses and clinical experiences, students will gain a most important insight into a philosophy of life that could influence them for the rest of their lives. What a marvelous legacy to pass on from teacher to student!

Ethical Issues: Nursing Practice

The last set of ethical issues surround nursing practice. Practice settings are the laboratories in which the curricular goals, objectives, and clinical experiences for terminal behaviors and outcomes are played out by faculty and students. Faculty have a major responsibility to develop a set of criteria for selecting appropriate practice settings. Such criteria might include:

What is the philosophy of nursing care being implemented in this setting?

What is the staffing pattern for nurses to adequately provide quality care and implement the philosophy of care?

Who is in charge of nursing care in this setting—nursing personnel, administrative team, absentee owner of the home health agency?

As mentioned earlier, it is crucial to be highly selective regarding preceptors who will be the role models for students, whether students are in the BSN program or seeking experiences as advanced clinical specialists. The role models in the clinical settings will have a major influence on the students and can shape their future nursing practice based on the clinical site and the experience it affords during these days of formation for the students.

Finally, ethical issues surrounding the philosophy of nursing in care of older adults are also crucial when selecting a clinical practice site.

Are the older persons treated with respect and dignity?

Are the principles of justice, beneficence, and autonomy observed by the nursing staff?

Questions of this nature can only be answered by the faculty member knowing the clinical practice site extremely well and through observing the day-to-day ministrations of nurses to the elderly clients, whether in the hospital, nursing home, or home setting.

Ethical Issues: Problem-Solving Strategies

Solutions to the ethical issues within gerontological nursing curricula do not come with easy answers. However, some strategies that need greater attention and effort are:

1. Education of faculty in gerontological nursing;
2. Gerontological nursing content on the National Council of State Boards of Nursing Licensing Examination for Registered Nurses (NCLEX-RN);
3. National League for Nursing (NLN) accreditation criteria that strengthen requirements for including gerontological nursing content in curriculum levels of all programs.

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