General Department of Nursing,

Clinical Guideline for Gerontological Nursing Care

Agency for Therapeutic Services Ministry of Health Saudi Arabia Sept . 2023

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	National Hartford Center of Gerontological Nursing Excellence. https://www.nhcgne.org/core-competencies-for-gerontological-nursing-excellence Link to core competencies for gerontological nurse educators
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Contents

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Glossary

- **Geriatrics: I**s often used as a generic term relating to the aged, but specifically refers to medical care of the aged.

- **Gerontology:** Is the study of all aspects of the ageing process and its consequences.

- **Geriatric Nursing:** Is a comprehensive nursing source for clinical information and management advice relating to the care of older adults.

- **Gerontological nursing:** Is the aspect of gerontology that falls within the discipline of nursing and the scope of nursing practice. It involves nurses advocating for the health of older persons at all levels of prevention.

- **Moral principles:** Those values, ethics, beliefs, and positions that guide behavior and thought.

- **Autonomy:** Referring to self-governance or self-directing freedom, being in charge of one's own being, having moral independence.

- **Advance directive:** Legal document that records decisions regarding life-saving or life-sustaining care and actions to be taken in a situation where the patient is no longer able to provide informed consent.

- **Advocacy:** The act or process of pleading the case of another.

- **Beneficence:** Doing or producing good.

- **Confidentiality:** Being entrusted with confidences. Maintaining confidentiality is required to protect the right of privacy.

- **Fidelity:** The state of being faithful and loyal, referring to allegiance to another.

- **Justice:** Conformity to principles of what is right and fair; establishment of rights following rules of equity.

- **Quality of life:** An individual's perception about the value and benefits of life.

- **Reciprocity:** Referring to a mutual exchange of privileges, such as the

ability to be true to one's self while respecting and supporting the values and views of another.

- **Ethics:** The moral principles that govern a person's behavior or the conducting of an activity.

- **Nursing Ethics:** A branch of applied ethics that concerns itself with activities in the field of nursing. Nursing ethics shares many principles with medical ethics, such as beneficence, non-maleficence, and respect for autonomy. It can be distinguished by its emphasis on relationships, human dignity, and collaborative care.

- **Nursing Code of Ethics:** A guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.

- **Informed consent:** Consent that has been granted, not assumed, following an educational process that facilitates the weighing of benefits, risks, and available options

- **Standards of practice:** The standards are authoritative statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, and setting, are expected to competently perform.

- **Core competencies:** The essential skills and knowledge needed to provide quality care to older adults.
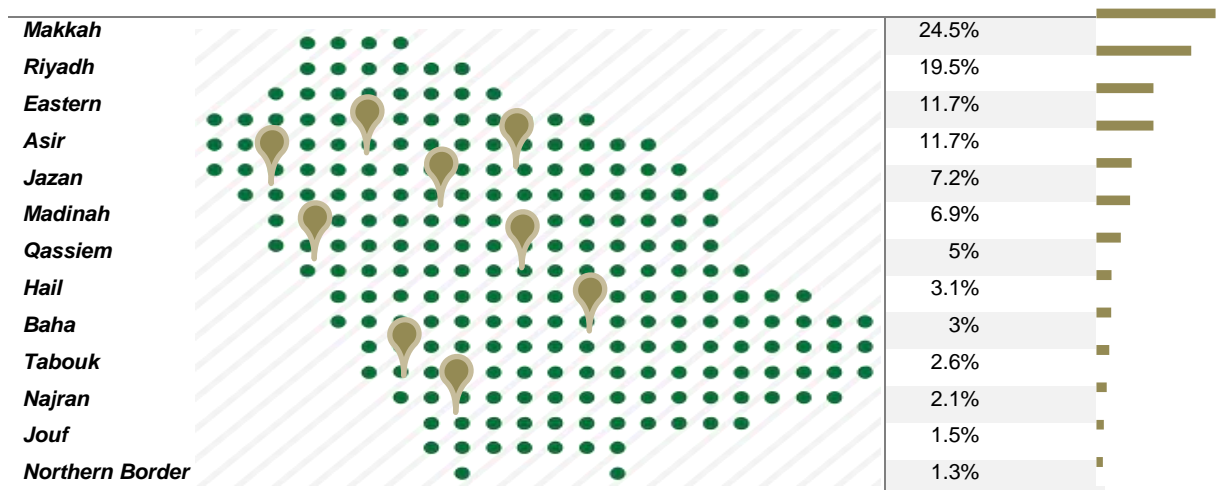
Chapter 1

Introduction

Ageing is a natural process, characterized by continue development and maturation In Kingdom of Saudi Arabia by 2019 the number of people aged 65 and over will exceed 34 million people and comprise 4.2% of the whole population.(*Statistical Analysis and Decision Support Center,2019*).

The population shift will have dramatic effects on healthcare provision and it is essential not only that the services are in place to meet demands but, also that the nurses have the skills to care for this age group. They are unique people because they have lived the longest and have participated in and adapted to complex social changes. Rapidly growing older adult population and continuing shortage of advanced practice nurses educated to care for older adults.

The care of the older adults is taking an essential stage in health care delivery globally. This is expected going by the rapid increase in the population of older adults. According to the World Health Organization (WHO), between 2015 and 2050, the proportion of the world's population 65 years and over will nearly double from 12% to 22% and by 2050, 80% of the older people will be living in low- and middle-income countries (WHO, 2021).

According to general authority for statistics about population estimates results 2019, the relative distribution of Saudis aged 65 and over by administrative regions, Makkah 24.5% Riyadh 19.5%, Eastern11.7%, Asir 11.7%, Jazan 7.2%, Madinah 6.9%, Qassiem 5%, Hail 3.1%, Baha 3%, Tabouk 2.6%, Najran 2.1%, Jouf 1.5%, Northern Border 1.3%, from total number of population.

Figure 1 : Relative distribution of Saudis aged 65 and over by administrative regions from total number of population

Region	Percentage
Makkah	24.5%
Riyadh	19.5%
Eastern	11.7%
Asir	11.7%
Jazan	7.2%
Madinah	6.9%
Qassiem	5%
Hail	3.1%
Baha	3%
Tabouk	2.6%
Najran	2.1%
Jouf	1.5%
Northern Border	1.3%

A clinical guideline is just one-step in the process of putting evidence into practice. A clear plan for how Gerontological nursing will be informed about the guideline and supported in putting it into practice is also essential. As a result, the Ministry of Health, through the General Administration of Nursing Affairs, attempts to establish evidence-based Gerontological nursing practice in order to improve Gerontological nursing performance quality senior. As a result, this Clinical practice Gerontological nursing Guideline has been developed.

This clinical guideline will assist Gerontological nursing staff achieving excellence toward Senior Citizens caring at the Ministry of Health on best practices for implementing Clinical Practice Guideline for Gerontological nursing in hospital and community or primary care settings. The ultimate objective of maintaining quality Gerontological nursing care and patient safety is to bridge the gap between theory and practice and to improve evidence-based culture.

This clinical guideline is divided into four chapters. The first chapter indicates introduction, followed by a background, purpose, scope and geriatric disease and common problems along with target audience of this clinical guideline. The second chapter describes standards of geriatric nursing practice implementation. The third chapter discusses old people's rights, principals, roles and responsibilities. The last chapter endorsed moral principles, ethical and legal practices, to implement clinical practice gerontological nursing care guideline in hospitals and community wide or primary care settings.

Background

The strategic objectives of the Ministry of Health are promoting individual health and improving the quality and efficiency of health care services in all disciplines and for all age groups of society. several initiatives have been launched to improve the quality of life and raise the level of services provided to them in society in general, and in home health care (HHC) in particular, where the elderly work to make several contributions to society through volunteer work, and transfer experiences and knowledge to other generations, through their life experience. With the increasing numbers of acute, chronic and terminal health conditions experienced by older adults, nurses play a crucial role in disease prevention and health promotion. Promote positive ageing and assist this growing population in end-of-life decision making.

Purpose

1. To provide a comprehensive overview guidance of gerontological Nursing care accountabilities that illustrate practice needs in any setting or role and at any level of influence and authority.
2. To Identify the Scope and Standards of gerontological Nursing Practice and the recommended competencies for gerontological nursing practice in order to gain the core knowledge necessary to care for patients through expertise in services.

Target Audience

The intended audience should influence the scope and depth of the guideline material. Therefore, the target audience for this nursing clinical guideline may consist of nursing executives, nurse managers, head nurses, nurse educators, and staff nurses working in the ministry of health facilities including hospital, primary care, and community settings (home health care and rehabilitation centers).

Geriatric Setting

Hospital Setting: A hospital is a health care organization providing health care to all nations. An elderly treatment with specialized medical and nursing staff and medical equipment and also with health team members. According to their illness, the elderly patient allocated in their respected ward.

Primary health care setting: PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."

Home Health Care Setting: HHC setting refers to health care delivered in home setting. The aims of the home health care for elderly people it includes health maintenance, educating them with proper information, prevention of illness, diagnosis and treatment of disease, palliative care and rehabilitation. Example if the patients are having cardiac disease than patient is specialized in cardiac ward.

Geriatric rehabilitation: Geriatric rehabilitation interventions mainly aim on adapting to or recovering from disability. The nurse needs to understand physical disability in the older adult.
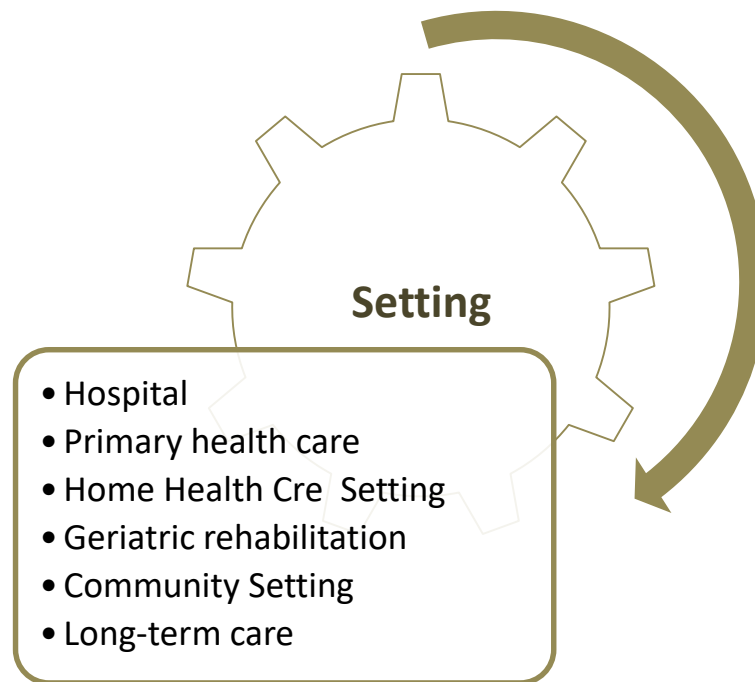
Community Setting: The main focus of community based nursing is illness oriented care special for geriatric and families throughout the life span care. Community oriented, population focused nursing practice involves the engagement of nursing in promoting and protecting the health of populations.

Long-term care: long-term care involves a variety of services designed to meet a person's and elderly people health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own.

Table 1: Setting of Gerontological Nursing

Setting	Definition
Hospital	All words that serve the elderly people such as Outpatient department OPD clinic, Words…etc.
Primary health care	All clinic that serve the elderly people such as Geriatric clinic, chronic disease clinic…etc.
Home Health Care Setting	Home care includes any professional support services that allow an elderly people to live safely in their home.
Geriatric rehabilitation	All geriatric rehabilitation center that serve the elderly people
Community Setting	Each community setting serves seniors who require nursing care
Long-term care	All long-term care center that serve the elderly people

Fieger2: Setting of Gerontological Nursing care

Setting
- Hospital
- Primary health care
- Home Health Cre Setting
- Geriatric rehabilitation
- Community Setting
- Long-term care

Overview Geriatric Disease and Common Problems

The situation of the elderly requires careful follow-up of their health status periodically, because they are vulnerable to several problems (physical - mental and psychological - social). Preventing these problems and following up on them comes in order to prevent the accumulation of negative effects of their risk factors, which leads to reduce the risk of infection and the risk of complications.

In this part we have identified the main elderly illnesses and Common Problems, including

First: Physical health problems:

- **Cardiovascular Problems**

Hypertension, Coronary Heart Disease, Angina, Myocardial Infarction, Congestive Heart Failure (CHF), Stroke, Peripheral Artery Disease (PAD).

- **Respiratory Problems**

Pneumonia, Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Tuberculosis (TB)

- **Gastrointestinal Disorders**

Gastroesophageal Reflux Disease (GERD), Peptic Ulcer, Diverticulitis, Esophagus Cancers, Stomach cancers, Colorectal cancer, Pancreatic cancer, Constipation.

- **Genitourinary Problems**

Urinary Incontinence, Bladder Cancer, Female Reproductive System (Vaginitis, Cervical Cancer, Breast Cancer) Male Reproductive System (Benign Prostatic Hyperplasia (or Hypertrophy) (BPH), Prostate Cancer, Erectile Dysfunction (ED).

- **Musculoskeletal Disorders**

Osteoporosis, Osteoarthritis, Arthritis, Rheumatoid Arthritis (RA), Joint Replacement, Amputation.

- **Sensory Impairments**

Cataracts, Glaucoma, Macular Degeneration, Diabetic Retinopathy, Corneal Ulcer, Chronic Sinusitis, Retinal Detachment.

- **Integumentary Problems**

Skin Cancers, Herpes Zoster (Shingles).

- **Endocrine/Metabolic Disorders**

Diabetes Mellitus, Hypothyroidism.

Second: Mental and psychological problems:

- **Neurological Disorders**

Alzheimer's Disease (AD), Parkinson's Disease (PD), Dizziness, Meniere's Syndrome, Benign Paroxysmal Positional Vertigo (BPPV), Seizures.

14

- **Other Disorders or Syndromes**

Delirium, Sundowner's Syndrome.

Third: Social Problems:

Social isolation,Low level of job performance

- **Common Problems**

Falls, Anxiety, Depression, Urinary Incontinence, Sleep Disorders, Pressure Ulcers, Dysphagia, Polypharmacy.

Chapter 2

Standards of Gerontological Nursing Practice

Standards of Gerontological Nursing Practice

Overview:

These standards are developed by gerontological nurses and used by them to evaluate and guide practice. The standards for clinical professional gerontological nursing performance include, assessment, diagnosis, outcome identification, planning, implementation, evaluation, quality of care, performance appraisals, education, collegiality, ethics, collaboration, research, and research utilization (ANA, 2001). According to (CNGA, 2020), Practice standards describe the appropriate therapeutic health and well-being of Gerontological nurses to facilitate the older person's health, recovery and/or well-being and comfort. "The primary purpose of having standards is to provide direction for professional practice in order to promote competent, safe and ethical service for older persons. Competencies are the behaviors through which Gerontological nurses enacts the standards during practice encounters with the older person and their care partners (Tardif, 2006). The competencies explicate the knowledge, skills, judgement and attitudes that all Gerontological nurses should apply when caring for the older person, whether individually, within groups, in communities or across regions. Scope of Gerontological Nursing

Gerontological nursing is a person-centered approach to promoting healthy aging and the achievement of well-being. It enables the person and their caregivers to adapt to health and life changes and to face ongoing health challenges. Practice standards are organized into six categories:

- Physiological Health
- Optimizing Functional Health
- Responsive Care
- Relationship Care
- Health System
- Safety and Security
- Practice Environment

There is a great deal of diversity in workplace settings for gerontological nurses. Nurses may choose to work in long-term care, acute care, community or primary care. Throughout the process of review, multiple international organization practice standards were reviewed. This Guideline based on ANA and Canadian nursing standards which wear adapted Given the importance of fitting Saudi culture various backgrounds. The standards of practice for gerontological nursing are described in the following section.

Gerontological Nursing Standards of Practice

STANDARD 1	Definition	This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following
1. RELATIONAL CARE	Gerontological nurses develop and preserve relational care. Gerontological nursing is a humanistic enterprise in which reciprocal communication and respectful interactions, empathy and understanding are foundational to the provision of high-quality are for older persons and their care partners.	1.1 Assessing need for and encouraging social relationships between older persons and those who are meaningful to the older person. 1.2 Communicating effectively, respectfully and compassionately with older persons and their care partners 1.3 Appreciating the influence of attitudes, roles, language, culture, race, religion, gender, and lifestyle on older persons' views of health, well-being, illness and aging 1.4 Assuring participation of older persons and their care partners in all aspects of decision-making related to their health and well-being 1.5 Assessing care partners' knowledge, skills, and needs, as well as their experiences 1.6 Facilitating care partners' self-awareness of their own abilities, strengths and resilience and recommending resources for self-care and maintenance of well-being 1.7 Facilitating communication between older persons and their care partners when they transition across and between home, hospital or long-term care services utilizing appropriate technologies 1.8 Supporting those who are dying, death, grief and loss and celebrating with those who are experiencing significant life events

		1.9 Promoting team problem-solving, decision making and inter-professional collaboration by jointly assessing care needs; planning individual and group interventions; evaluating the impact and outcomes on older persons, care partners and team members; facilitating continuity of care; and developing new and innovative working relationships
		1.10 Using decision-making tools and resources, communication strategies, and making appropriate referrals, in collaboration with inter-professional members, in order to provide appropriate care and services related to the needs and abilities of older persons and their care partners
STANDARD 2	**Definition**	**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following**
2. ETHICAL CARE	Gerontological nurses are respectful of older persons' right to self-determination, choice and collaborative decision making. Gerontological nurses recognize that the ethical care of older persons and their care partners will involve clarification of conflicting values and exploring alternatives. Gerontological nurses understand that ethical principles and codes form the basis upon which ethical decisions and actions rest .	2.1 Creating ethical workplaces through provision of leadership and mitigating moral distress of nursing and inter-professional colleagues
		2.2 Using established criteria to prevent and identify elder abuse and follow standards of care to recognize and report mistreatment (e.g., physical, financial, sexual, neglect, emotional, and social)
		2.3 Using ethical decision-making care models to balance person-centered care, older persons' autonomy and well-being
		2.4 Protecting the older person's and their care partners' rights through mediating situations of tension or conflict between older persons and others
		2.5 Acting within the law with respect to capacity, informed consent and advance directives for person-focused decision-making
		2.6 Intervening to eliminate or minimize the use of physical, chemical, and environmental restraints (e.g. alternative strategies to prevent falls, to prevent treatment interference, and to understand personal expressions and responsive behaviors)

		2.7 Facilitating older persons' active participation in all aspects of their own health care (e.g., access to information, right to self-determination, right to live at risk, access to information and privacy)
STANDARD 3	**Definition**	**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following**
3. EVIDENCE-INFORMED CARE	Gerontological nurses recognize that nursing care of older persons and their care partners are evidence-informed, comprehensive and complex. In the case of multiple co-existing health issues, gerontological nurses must be able to recognize and respond to factors that are a priority. Gerontological nurses have inquiring minds, question the status quo, and seek new evidence-informed knowledge to answer questions when faced with nursing care challenges Gerontological nurses provide comprehensive assessment and treatment of older persons' needs using standardized assessments, including reliable and valid measures and evidence-informed interventions.	3.1 Understanding and consideration of expected age related changes 3.2 Completing a nursing history and examinations when there is a change in health status, setting, or well-being 3.3 Performing interventions (e.g., screening, immunization and risk-assessment) to promote wellbeing and optimal care, optimize quality of life, prevent disease, injury and excess disability, maximize function, maintain desired level of autonomy and independence, promote rehabilitation, and provide palliative care 3.4 Performing standardized assessments through the use of valid and reliable tools in the domains of physical health and illness conditions, functional and cognitive ability, mental health, and psychological function including social support system and life course changes 3.5 Preventing or reducing common risk factors that contribute to functional and cognitive decline, impaired quality of life and excess disability in older persons 3.6 Recognizing and managing geriatric syndromes and interaction of acute and chronic co-morbid conditions 3.7 Distinguishing the clinical presentations of delirium, dementia, and depression (3D's) using validated and reliable screening tools and involving the inter-professional team in care planning and management 3.8 Assessing and addressing mental health and well-being needs including risk factors along with advocating for treatment and strategies to promote recovery and well-being

20

		3.9 Implementing falls prevention protocols, employing a valid and reliable measure of fall risk assessment, and by promoting least restraint approaches in injury prevention programs
		3.10 Applying evidence-based standards and best practice guidelines to promote health promotion activities (e.g., rest/sleep, activity and exercise in older persons)
		3.11 Assisting older persons to optimize homeostatic regulation through assessment and management of physiological care to minimize adverse events associated with medications, diagnostic or therapeutic procedures, nosocomial infections or environmental stressors
		3.12 Planning and evaluating appropriate interventions to promote function in response to change in activities of daily living (ADL) and instrumental activities of daily living (IADL)
		3.13 Assessing endurance capacities of older persons in supportive living arrangements, including appropriate use of technology and assistive devices to promote and maintain optimal function, independence and safety
		3.14 Completing pain assessment and management, which includes the implications of depression, anxiety, fear, fatigue, and cognitive changes
		3.15 Completing accurate and valid pain assessment for cognitively impaired people and intervening appropriately
		3.16 Recognizing that all emotional/physical personal expressions and responsive behaviors have meaning
		3.17 Recognizing changes that affect communication, assessing barriers, and using communication strategies, including technologies to meet needs for optimal communication
		3.18 Addressing health-related learning needs and developing, implementing and evaluating learning plans to accommodate changing cognitive and sensory conditions
		3.19 Supporting nutrition/fluid balance in consideration of older persons' abilities and wishes
		3.20 Identifying use of prescription medications, over-the-counter medications, herbal

21

remedies and

complementary and alternative therapy; and using established criteria for assessment and management of polypharmacy

3.21 Identifying factors associated with increased risks specific to complications (i.e. cardiovascular disease, renal disease, diabetes, frailty, thromboembolic disease and neuropsychiatric disorders) and recommending a management plan that minimizes the risks for adverse outcomes

3.22 Collaborating with others to include complementary and integrative health care practices for health promotion and symptom management for older persons

3.23 Identifying and managing bowel and genital urinary functions with most appropriate intervention

3.24 Promoting quality end-of-life care (EoLC) for older persons, including pain and symptom management, advance care planning, and support for care partners

3.25 Implement care within the context of Medical Assistance in Dying (MAiD) according to policy and ethical code of conduct

STANDARD 4	**Definition**	**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following**
4. Eco psychosocial care	Gerontological nurses seek to connect to the human experience of sickness, suffering, recovery, transitioning and death through provision of care that is creative, artful, person-centered, and	4.1 Developing and sustaining interpersonal connections that provide the foundation for knowing older persons and their care partners at a deep level of understanding 4.2 Promoting an environment within which the older person and care partner are free to express their concerns, hopes, dreams, feelings, values and beliefs 4.3 Facilitating the older person's search for the deeper meaning of their health, illness or

	grounded in evidence-informed, Eco psychosocial practices. Gerontological nurses understand that environmental strategies are effective in supporting the delivery of person-centered care and can have a strong potential in making positive impact on aging experiences. Gerontological nurses understand that the 'experience' of care is highly influenced by the social and physical environment within which care is delivered.	dying experiences through therapeutic conversations 4.4 Providing care that is person-centered, and grounded in evidence-informed, Eco psychosocial practices 4.5 Providing input to environmental design features of care facilities to ensure they incorporate features critical for the aesthetic and safety needs unique to older persons and their care partners 4.6 Ensuring that the environment promotes healing, nurturing, care, belonging and sensory engagement through strategic placement of pictures, sculptures, installations, use of light, sounds, and smells 4.7 Collaborating with inter-professional team members to advocate for appropriate equipment for older persons to engage in meaningful activities 4.8 Collaborating with inter-professional team members and organizational leaders to ensure that the environment provides opportunities to share ideas and develop innovative care approaches
STANDARD 5	**Definition**	**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following**
5. SAFE CARE	Gerontological nurses are responsible for assessing the older person and the environment for hazards that threaten safety, as well as planning and intervening appropriately to maintain a safe environment. Gerontological nurses collaborate with the older person and care partners in	5.1 Assessing the older person for health and financial literacy, socio-economic vulnerability, food safety and security, cultural diversity needs and ability to make safe choices about housing and healthcare options 5.2 Analyzing the effectiveness of community resources in assisting older persons and their care partners to retain personal goals, maximize function, maintain independence in accordance with the desired level of autonomy, and live safely in the least restrictive environment 5.3 Forming partnerships and engaging in collaborative decision-making with older persons,

	acknowledgement of their right to live at risk and need for autonomy.	their care partners, communities and inter-professional health care teams, to achieve mutually agreed upon health outcomes and transition safely through the system 5.4 Applying principles of risk, safety and needs assessment during societal periods when older persons are particularly vulnerable, such as broad spread of communicable diseases, pandemic or disaster 5.4 Respecting and promoting older persons' rights to dignity and self-determination, safety, freedom from abuse within the context of the law and safety concerns 5.5 Identifying that older persons may be at risk and need education/protection in relation to their right to privacy and information
STANDARD 6	**Definition**	**This requires competence (skill, knowledge, attitude, judgment, and behaviors) in the following**
6. SOCIO- ENGAGED CARE	Gerontological nurses are aware of the socio-economic- contexts that influence all aspects of care. As such, Gerontological nurses collaborate with older persons and their care partners to advocate for equitable access to health system resources that address their care needs. Gerontological nurses provide systems to support and sustain practice changes, including ongoing social justice advocacy, education, policies and procedures and job descriptions.	6.1 Recognizing and identifying when ageism is limiting the dignity of older persons and the quality of care that they receive in the health care system 6.2 Collaborating with older persons, a variety of public and professional organizations as well as other stakeholders to challenge ageist language, ageist practices and policies that dis-empower older persons from actively participating in society and making healthcare decisions 6.2 Meeting educational needs of older persons, their care partners and other stakeholders regarding emergent trends and critical issues such as ageism that will impact on health care needs of the aging population in the future 6.3 Identifying and evaluating the accessibility, availability, and affordability of healthcare for older persons to promote their goals 6.4 Identifying gaps, barriers, and fragmentation in the health care system and applying evaluation and research findings to address these challenges

24

		6.5 Impact healthcare and social determinants of health using comprehensive strategies such as electronic and social media, letters to officials, briefing notes, letters to the editor, media releases and resolutions to serve an elderly people
		6.6 Advocating for healthcare and social services that will enhance care of older persons within specific organizations and across society
		6.7 Collaborating with the older person and their partner in care to advocate for health care needs and requirements from health care system, community, societal and global perspectives

Chapter 3

- **Old People's Rights, Principals, Nurse Roles and Responsibilities in Gerontological Nursing**

Older People's Rights

Recent statistic from the Department of Statistics indicates that the number of elderly people is approximately one million and three thousand, or 5% of the total population. Article 27 of the Basic Law preserves the rights of the elderly, as it stipulates that "the state guarantees the right of the citizen and his family, in case of emergency, disease, disability, and old age, and supports the social security system, and encourages institutions and individuals to contribute to charitable works." Just as caring for and caring for the old people is extremely important, this group who has devoted their lives to giving and sacrifice deserves respect, gratitude and care through serving them to the fullest and providing facilities and provide the necessary facilities for them.

In 1991, the United Nations General Assembly adopted a document of principles relating to the elderly, which are:

Principals

- **The principle of "independence"**

It is the right of the elderly to have adequate food, water, shelter, clothing, health care, the possibility of gainful employment, education and training.

- **The principle of "participation"**

It means that older persons must participate actively in the formulation and implementation of policies that directly affect their well-being, provide younger generations with their knowledge and skills, and be able to form their own movements or associations.

- **The principle of "care"**

It is the provision of opportunities to benefit from family care and health care for the elderly, and to enable them to enjoy human rights and fundamental freedoms when they reside in a shelter or a care or treatment facility.

- **The principle of "self-realization"**

It means enabling the elderly to seek opportunities for the full development of their potentials by providing them with access to educational, cultural, spiritual and recreational resources of society.

- **The principle of "dignity"**

It is enabling the elderly to live in conditions of dignity and security, without being subject to any exploitation or abuse, physical or mental, and they should be treated

27

fairly, regardless of their age, gender, racial or ethnic background, or whether they are disabled, and regardless of their financial status or any other situation, and to be appreciated regardless of the extent of their economic contribution.

Nurse Roles and Responsibilities

1. Provider of Care

In the role of caregiver or provider of care, the gerontological nurse gives direct, hands-on care to older adults in a variety of settings. Older adults often present with atypical symptoms that complicate diagnosis and treatment. Thus, the nurse as a care provider should be educated about the common disease processes seen in the older population. This includes knowledge of the backgrounds and statistics, risk factors, signs and symptoms, usual medical treatment, nursing care through evidence-based practice, and rehabilitation if applicable.

2. Educate

An essential part of all nursing is teaching. Gerontological nurses focus their teaching on modifiable risk factors. Many diseases of aging can be prevented through lifestyle modifications such as a healthy diet, smoking cessation, appropriate weight maintenance, increased physical activity, and stress management. Nurses have a responsibility to educate the older adult population about ways to decrease the risk of certain disorders such as heart disease, cancer, and stroke, the leading causes of death for this group. Nurses also may develop expertise in specialized areas and teach skills to other nurses in order to promote quality patient care among older adults.

3. Manager

Gerontological nurses act as managers during everyday care as they balance the concerns of the patient, family, nursing, and the rest of the interdisciplinary team. Nurse managers need to develop skills in staff coordination, time management, assertiveness, communication, and organization. Nurse managers may supervise other nursing personnel including licensed practical nurses (LPNs), certified nursing assistants (CNAs), nurse technicians, nursing students, and other unlicensed assistive personnel(UAP)

4. Advocate

As an advocate, the gerontological nurse acts on behalf of older adults to promote their best interests and strengthen their autonomy and decision making. Advocacy may take many forms, including active involvement at the political level or helping to explain medical or nursing procedures to family members on a unit level. Nurses may also advocate for patients through other activities such as helping family members choose the best nursing home for their loved one or listening to family members vent their frustrations about health problems encountered. Whatever the situation, gerontological nurses remember that being an advocate does not mean making decisions for older adults, but empowering them, helping them remain independent and retain dignity, even in difficult situations.

5. Research Consumer

The appropriate level of involvement for nurses at the baccalaureate level is that of research consumer. This involves gerontological nurses being aware of current research literature, continuing to read and put into practice the results of reliable and valid studies. Using evidence-based practice, gerontological nurses can improve the quality of patient care in all settings. Although nurses with undergraduate degrees are more heavily involved in research in some facilities, their basic preparation is most aimed at the research usage level. However, many BSN nurses help on research teams with data collection and by providing research ideas based on problems encountered in the clinical setting. All nurses should read the journals specific to their specialty and continue their education by attending seminars and workshops, pursuing additional formal education or degrees, or obtaining certification. Any of these activities promote the role of the nurse as research consumer. Expanded roles of the gerontological nurse may also include counselor, case manager, coordinator of services, collaborator, geriatric care manager, and others.

Chapter 4

- **Ethical and Legal Aspects in Gerontological Nursing Practice**

Ethical and Legal Aspects

In Islamic, the Messenger, may God's prayers and peace be upon him, urged us to honor the elderly and make it the honor and reverence of God Almighty in the professional ethics of caring for the elderly. And in the hadeeth: "It is part of God's honor to honor a Muslim with gray hair."

Given the Islamic values emphasis on caring a respecting elderly group as special care in order to Delivers Gerontological nursing care within the Saudi socio-cultural context and ethical framework.

Legal care for the elderly based on the Saudi Association for the Support of the Elderly Waqar, which is:

1- Finding legal rules that pay the penalties resulting from crimes against the elderly

2- Criminalization of exposing the elderly to any kind of danger

3- Prohibition of acts of moral violence and everything that affects the dignity of the elderly

4- Punishment of negligence or laziness in extending a helping hand to an elderly person in need, if possible.

5- Criminalizing the refusal or negligence of the person charged with caring for the elderly, as required

6- Punishment for ignoring an elderly person's complaint or refraining from reporting it to the competent authorities

7- Acknowledgment of the elderly in care and protection at all levels (economic, social, health, legal, etc.)

Ethical Practice

Moral principles are incorporated into professional codes of ethics, organizational value statements, and position statements published by professional groups. Advocacy, Autonomy, Beneficence/no maleficence, Confidentiality, Fidelity, Fiduciary responsibility, Justice, Quality of life, Reciprocity, Sanctity of life, Veracity.

1. Gerontological nursing both should practice according to the nursing professional code of ethics.
2. Gerontological nursing in setting must engage in ethical decision-making with specific consideration and respect to their nursing professional responsibilities and where ethical issues impact in healthcare institution.
3. Gerontological nursing must act as an advocate to protect the Senior Citizens rights particularly most patients in critical care settings are unconscious, have limited mobility, and unable to communicate and make decision.

4. Gerontological nursing should maintain confidentiality and security to verbal and electronic Senior Citizens information.

5. Gerontological nursing should demonstrate respects and insure Senior Citizens dignity and privacy right.

6. Respect Senior Citizens' cultural and religious beliefs, ethnicity, racial identities, gender, and other relevant considerations.

7. Ensure and maintain ethical practice with full collaboration with other healthcare practitioners.

Legal Practices

Practices with a complete adher ence to Gerontological nurses practice regulations and policy guidelines:

1. The Gerontological nurses should maintain valid registration and licensure to certification in gerontological nursing practice in Saudi Arabia.

2. The Gerontological nurses should practice in accordance with the gerontological nursing practice guide.

3. The Gerontological nurses must practice in accordance with relevant acts and regulations that govern gerontological nursing practice

4. The Gerontological nurses must act upon the laws and regulations relating to the professional role and professional code of conduct of the SCFH

32

Conclusion

This clinical guideline is a guidance resource for nurses who want to implement best practices for senior citizens in healthcare settings across the ministry of health. Using this clinical guideline may assist and direct nursing staff, head nurses, nurse educators, and nurse leaders in planning and achieving senior citizen's safety goals, as well as promoting quality gerontological nursing care for all health care settings within the ministry of health.

Grentological nursing care guideline for registered nurses who attend professional development programs and education on a variety of topics in gerontology field, acquired the expert knowledge base and translate evidence-based knowledge to practice, complex shared decision-making through professional standards, skills and clinical competencies which in able them to focus on caring for senior adults health promotion, prevention of illness and injury, advocating counseling as well as ensuring they remain physically and mentally healthy, as independent as possible and with an optimal quality of life and comfort from healthy aging to the end of life. via a comprehensive, holistic approach addressed in the context of person- and family-centered care of older adults which nurses collaborate with older adults, families, carers, groups, communities, populations, and other stakeholders and lead inter professional team in the specialized care for older adults in a variety of health care facilities such as geriatric centers, clinics, acute care units, rehabilitation, long-term care, home health care, and community settings. Follow the organizations policies and procedures, and generate high-quality care The conduct of professional nursing practice is guided by the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015).

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Appendix

Assessment Sheet

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وزارة الصحة
Ministry of Health

Hospital:——————— : مستشفى
Region : ——————— : المنطقة/المحافظة
Dept./Unit: ——————— : القسم/الوحدة

</td>
<td>

MRN: ——————————— :رقم الملف الطبي
Name: ——————————— :الاسم
Nationality:——————————— :الجنسية

العمر   شهر   يوم
Age:——————   Years   Month   days
Date of Birth: ——/—— /14 —— H —— / —— / 20 ——
Gender: Male ☐   Female ☐   الجنس

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GERIATRIC NURSING INITIAL ASSESSMENT FORM

I. MENTAL/COGNITIVE STATUS: (WNL= Within Normal Limit)

A. Memory: ☐ Yes ☐ No **Instruction:** Mention 3 objects, after 3 minutes ask patient to repeat. If all 3 are correct check Yes. If not, repeat test after 5 minutes. If unable to mention all 3 correctly, check No.

B. Emotional Status: Score ☐ 0 ☐ 1 ☐ ≥ 2 **Instruction:** Do Mini GDS (Geriatric Depression Scale).

C. Behavioral Status: ☐ WNL ☐ Verbal Non-aggressive ☐ Verbal Aggressive ☐ Physical Non-Aggressive ☐ Physical Aggressive

II. COMMUNICATION: (WNL= Within Normal Limit)

Speech: ☐ WNL ☐ Impaired   **Hearing:** ☐ WNL ☐ Impaired
Vision: ☐ WNL ☐ Impaired   **Understanding:** ☐ WNL ☐ Impaired

III. STRENGTH: (WNL= Within Normal Limits)

Upper Limbs:
Proximal ☐ WNL ☐ Weak   **Distal** ☐ WNL ☐ Weak

Lower Limbs:
Proximal ☐ WNL ☐ Weak   **Distal** ☐ WNL ☐ Weak

IV. EXERCISE: ☐ Frequent   ☐ Occasional   ☐ Not

V. BALANCE:
Balance ☐ WNL ☐ Impaired   **Falls** (No. of times for last 12 months)_____ **MORSE Fall Risk Score**= _____

VI. MOBILITY:
Walking: ☐ Independent   ☐ Assisted   ☐ Cannot
Bed (in/out): ☐ Independent   ☐ Assisted   ☐ Cannot
Aid use: ☐ None   ☐ Stick   ☐ Frame   ☐ Wheelchair

VII. ADLS (ACTIVITIES OF DAILY LIVING): Use Katz Index
Instruction: Independent (1 point)   Dependent (0 point)
Bathing _____ Point
Dressing _____ Point
Toileting _____ Point
Transferring _____ Point
Continence _____ Point
Feeding _____ Point   **Total Points**: _____

VIII. IADLS (INSTRUMENTAL ACTIVITIES OF DAILY LIVING): IND= Independent   ASST= Assisted   DEP= Dependent

	IND	ASST	DEP
Ability to use phone:	☐	☐	☐
Shopping:	☐	☐	☐
Food preparation:	☐	☐	☐
Housekeeping:	☐	☐	☐
Laundry:	☐	☐	☐
Transportation:	☐	☐	☐
Responsibility for own meds:	☐	☐	☐
Ability to handle finances:	☐	☐	☐

IX. SLEEP: Is your sleep disrupted or disturbed at night?   ☐ Yes   ☐ No

X. SOCIAL:

Marital Status
☐ Married
☐ Divorced
☐ Widowed
☐ Single

Lives
☐ Alone
☐ With spouse
☐ Others _____

Home/House
☐ Ground   ☐ Supported living
☐ With stairs/steps   ☐ Care Home
                ☐ Other _____

Caregiver Relationship
☐ Spouse   ☐ Offspring/children
☐ Sibling ☐ Other _____

Nutrition
Have you lost weight in the past 6 months? ☐ Yes ☐ No If yes,
how many kilograms?_____kg

SN NAME:_____ **SIGNATURE:**_____ **JOB NO.:**_____ **DATE & TIME:**_____

Note: This assessment form must be completed for geriatric patients in addition to the Adult Nursing Initial/Admission Assessment Form.
Inform the Main Responsible Physician for any significant assessment findings.

Job Description

وزارة الصحة وكالة الخدمات العلاجية الإدارة العامة لشؤون التمريض JOB DESCRIPTION الوصف الوظيفي	![Ministry of Health logo] وزارة الصحة Ministry of Health

ADMINISTRATION/DIVISION TITLE اسم الإدارة / الوحدة **Geriatric Care**	
الادارة العامة لشؤون التمريض	
المسمى الوظيفي	**REPORTED TOالارتباط الوظيفي**
Geriatric Staff Nurse	Head nurse
POSITION SUMMARYملخص الوظيفية	

1. Consults and coordinates with health care team members to assess, plan, implement and evaluate older patient care plans.

2. Involves, educates, and when appropriate, supervises family/significant others in implementing best practices for older adults.

3. Promotes the desirability of quality end-of-life care for older adults.

4. Elicits a comprehensive health history from the client and/or caregivers, including an evaluation of developmental maturation, physiological/psychosocial/functional status, cultural orientation, perception of health, health-promoting behaviors, risk factors for illness, response to stressors, activities of daily living (instrumental and functional), service utilization, and support systems.

5. Integrates advanced knowledge and experience in delivering safe, effective quality care to older adults.

6. Ensure environments that maintain and enhance function (i.e., chairs with arms, elevated toilet seat, levers versus door knobs, enhanced lighting) with attention to the special needs of older adults.

7. Evaluate functional status and recovery status to plan future care needs in post-hospitalization, such as short-term skilled care, home care, and need for community services.

8. Incorporates an understanding of trends in aging in planning and providing primary care for older patient.

9. Recognizes and implement immediate nursing management on geriatric syndromes common to older adults e.g. dementia, incontinence, delirium, falls, hearing impairment, visual impairment , sarcopenia , malnutrition, and frailty

ESSENTIAL FUNCTIONS/المهام الرئيسية و المسؤوليات

RESPONSIBILITIES

1. Responsible for directing and coordinating all other healthcare team all regarding nursing care for geriatric patient based on established clinical nursing practice standard.

2. Received and transfer patient care to other healthcare workers using hands-off-communication

3. Provides necessary patient/ relative education on the value of independent functioning (for patient that can have self-care) and the consequences of functional decline and documentation of patient response in medical file.

4. Ensure that the nursing documentation are maintained and that each entry reflects accurate patient's physical/mental state and response to treatments.

5. Ensure confidentiality of the information pertinent to patient and their family, the institution and the hospital.

6. Responsible for ensuring that safe and appropriate care is delivered to the patient. Provide education to address safety care needs for falls, injuries, and common complications.

7. Demonstrates adherence to infection control and safety policies as evidenced by in service attendance records and employee practices.

8. Maintains a clean, safe environment and healthful for patient /family and co-workers.

9. Performs procedures and treatment using critical thinking in accordance to the established policies, procedures and unit protocols.

10. implement the departmental and hospital-wide policies and procedures.

11. Act always in such a way as to promote and safeguard the wellbeing and interest of patients and relatives.

12. Participate and implement in unit safety huddles reporting and report any risk on patient safety.

13. Communicates professionally with colleagues and other health care team member to meet patient care needs to Supports and promotes excellent patient experience.

14. Complies with the patient's rights and responsibilities according to the hospital policy.

15. Performs other applicable tasks and duties assigned within the realm of his/her knowledge, abilities and skills.

16. Participates in ongoing educational activities related to clinical knowledge and professional issues and in all quality management activities within the department/ unit.

17. Participates/ attends and complete all mandatory in-service education and training as required by the hospital regulations.

18. Promotes his/ her own professional and educational development.

19. Maintain patient daily routine (morning and afternoon bedside care sleep care, turning /positioning and as needed care.) to maintain physical, cognitive, and social function through physical activity and socialization.

20. Encourage activity, range of motion and ambulation to maintain activity, flexibility, and function

21. Executing the treatment plan, which set by the medical and nursing staff.

22. Joining the doctors and assisting them during the daily rounds, comprehensive geriatric assessment, examination and treatment of patient.

23. Records all patients' data, including vital signs, the health history, functional assessment, physical examination, problems identified, interventions planned and/or provided, and results of care.

24. Records all care information concisely, accurately and completely, in a timely manner, in the appropriate format and on the appropriate forms.

25. Undertaking and handing over at the beginning and end of each shift.

26. Guides and assists the patient in their personal hygiene such as toileting, grooming, dressing and bathing. If patients are unable to do it by themselves.

27. assist client to have his/her meals as instructed by the attending physician

28. Medicine preparation and administration to ensure that the right medication, dose and frequency are followed as prescribed.

29. Take samples specimen from the patients as ordered.

30. Demonstrates, understands and participate the fire and safety drills, internal/external plans and procedures, and evacuation procedures as evidence by in-service records and participation in drill.

31. Attend and participates in unit/ward meeting and other activities.

32. Participates/ attends and complete all mandatory in-service education and training as required by the hospital regulations.

33. Provides emotional supporting to patients /family with complex symptoms such sensory impairments, memory loss, and immobility.

34.Facilitates patient and family decision making regarding long term care, life support, end of life care, and organ donation. They may conduct evaluations to see if elderly individuals are able to live independently.

QUALIFICATIONS

المـتطلبات الوظيفية

Education and/or Experience Required at Entry:

Skills, Abilities, Special Licenses or Certificate:

- Bachelor of Science in nursing (BSN)

- Registered Nurse(RN)

- Professional License

- Special training on gerontology

- Safe Patient Handling is an advantage

- BLS

- Arabic and English language.