

Nursing Roles in Health Care and Long-Term Care

Nurses comprise the largest proportion of employees in long-term care (LTC). Residents require nursing care more than any other service provided by institutions of LTC. The majority of residents in LTC require custodial care, which consists of assistance with bathing, dressing, feeding, and mobility. Other residents may require a higher level of care called skilled nursing care, which includes treatments to management disease such as tube feedings, ostomy care, and rehabilitation services. This wide variation of resident needs serves as the basis for the multiple levels of nurses working in LTC. Registered nurses (RNs) in the United States care for more than 1.4 million older adults in the nation's 16,000 nursing homes. The role of the RN can vary depending on the size of the LTC facility but is primarily a role of management and leadership. An advanced practice nurse, such as a geriatric nurse practitioner (GNP), holds a master's degree in nursing and provides residents with primary care that includes health promotion, maintenance of care, and case management. Licensed practical nurses or licensed vocational nurses (LPNs/LVNs) are the largest providers of skilled nursing care in LTC and represent the largest number of licensed nurses in LTC. The role of the LPN/LVN often entails entry-level management as charge nurses of units within the LTC facility. Certified nursing assistants (CNAs) are not nurses but provide the bulk of custodial nursing care for residents. The American Nurses Association defines a CNA as an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient care. To gain the title of CNA, each nursing assistant must complete a course of study and be certified by a national examination that has both a written and clinical component.

The role of the RN is the most versatile nursing role in any LTC facility. RNs are directors of nursing (DONs), assistant directors of nursing (ADONs), infection control officers, risk managers, and quality improvement and compliance coordinators. Depending on the size of the LTC facility, these roles may be separate positions or combined into one or more positions. All LTC facilities are required to have an RN who is accountable for the nursing care delivered to residents. The title of this RN is usually the director of nursing, and the areas of responsibility include the coordination and management of the day-to-day operations of the nursing department. Other responsibilities include administrating the budget, hiring and supervising the nursing staff, conducting employee performance appraisals, retaining employees, and coordinating interdisciplinary resident care teams. DONs have direct responsibility for the clinical activities of preventing and controlling infections in the LTC facility, promoting client safety, and keeping the facility in compliance with federal and state regulatory agencies. In light of the current nursing shortage, qualifications to be a DON are often based on experience in geriatric nursing and LTC rather than on the college degree held. However, there is a growing trend to employ nurses with a baccalaureate or master's degree whenever possible. The National Association of Directors of Nursing Administration in Long-Term Care offers a certification examination for RNs in DON positions.

Advanced practice nurses (APNs) are RNs who have received additional education, especially in diagnosis and treatment of disease. APNs generally hold a master's degree and must have a national certification in a specialty area. Most APNs working in LTC are nurse practitioners with education in gerontology. Gerontological nurse practitioners are particularly suited to care for older adult residents in LTC. APN roles and skills include conducting health assessments, conducting history and physical examinations, ordering and interpreting diagnostic and laboratory tests, prescribing medications, and providing teaching and counseling. APNs have

been shown to significantly improve the health and care of older adults in LTC facilities by providing timely urgent/sick resident visits, preventive care, and disease management. APNs influence the quality of care in LTC facilities by participating in staff development and new program initiatives to improve care and resident/family satisfaction. As a result of APN practice in LTC; residents experience fewer hospital admissions and emergency room visits.

RNs or LPNs/LVNs can fill the role of charge nurses in LTC facilities. In most cases, this role is assumed by LPNs/LVNs. Charge nurses report to the ADON or DON. Primary responsibilities of the charge nurse are staff assignments, work schedules, delegation of care, and supervision of staff during a shift. In addition, charge nurses may have direct care responsibilities such as medication administration, treatments, and documentation. Charge nurses assume a leadership role by assisting the DON or ADON with team building and conflict resolution that can affect staff morale. Charge nurses are most often used on weekends, evenings, and night shifts.

The staff nurse role can be assumed by either RNs or LPNs/LVNs, but it is usually assumed by LPNs/LVNs in LTC facilities. The responsibilities of the staff nurse depend on the type of nursing care delivery system that is in place at the facility. Two common approaches to nursing care delivery in LTC are functional nursing and team nursing. Functional nursing assigns the staff nurse to a specific aspect of care. For example, one nurse may be assigned to administer all of the medications, whereas another nurse will do all of the treatments on a unit. Team nursing requires an RN to lead the team and uses a mix of RNs, LPNs/LVNs, and CNAs to provide care for a group of residents. It is the sole responsibility of the RN staff nurse or team leader to assess and formulate a holistic plan of care for each resident and to coordinate the care that the resident is to receive from the interdisciplinary team. RNs may also provide direct care to the resident. LPN/LVN staff nurses provide direct care, such as administering medications and treatments, and carries out the resident's plan of care under the supervision of the RN. Traditionally, the care of older adults in LTC would include management of multiple chronic illnesses such as diabetes mellitus, hypertension, and arthritis; rehabilitation of acute illnesses such as stroke, hip fractures, and joint replacements; and prevention and management of common geriatric syndromes such as falls and polypharmacy. The American Nurses Credentialing Center offers a certification in gerontological nursing for RNs. The American Nurses Association has developed and published the second edition of the *Scope and Standards of Gerontological Nursing Practice*.

CNAs represent 60% to 70% of nursing staff in LTC and provide as much as 70% of the direct care to the residents. The licensed nurse, usually in the role of charge nurse, is responsible for the care provided to residents by CNAs. Responsibilities of the CNA include bathing, feeding, maintaining the residents' environment, and helping the residents with mobility needs. As primary caregivers, CNAs often develop close relationships with the residents, and this can be a source of resident satisfaction. Residents depend on CNAs for meeting personal care, social, safety, and environmental needs on a 24-hour basis. These caregivers play a key role in the delivery of nursing care in all LTC facilities.

Nurses have myriad roles and responsibilities in caring for older adults in LTC. Various levels of nursing are used to provide care from a core set of roles. In their daily activities working with older adults, nurses are healers, caregivers, educators, coordinators of care, and advocates, as noted by Charlotte Eliopoulos in 2001. As healers, nurses help older adults to overcome and cope with illness, assist in restoring function, and support quality of life. The caregiver role ensures that the personal care needs of older adults are met. Nurses are educators both formally and informally as they share knowledge and skills with older adults about their health. Nurses use a holistic approach to resident care, making nurses ideal for the role of coordinators of care. Coordinating the services that the residents require from the interdisciplinary team ensures that resident needs will be met in a timely, cost-effective, and efficient manner. As advocates, nurses help older adults to assert their rights and obtain services to meet their needs in an ethical and dignified manner. The Department of Health and Human Services estimates that the population of older Americans will double by 2030. The fastest-growing segment of this older population is those age 85 years and older. More than 18% of people in this age

group will reside in LTC facilities, making nurses a valuable resource for the future.

—Gloria Brandburg

Further Readings and References

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