Expanding the Gerontological Nursing Advocacy Role
One Nurse’s Experience

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Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations (American Nurses Association, 2001). It is within this definition that advocacy expands from the individual to populations. Nursing has always been one of the most trusted professions by patients, physicians, other health care personnel, communities, other nurses, and perhaps most people who believe in us and our ideals of practice. It is in this trusted relationship where we learn the art and science of patient advocacy and gain the power to speak and act on behalf of our patients. If we choose to expand this role, we may opt for both formal and informal opportunities to share our knowledge. We can assist older adults in obtaining required services, facilitate a community’s or other group’s efforts to effect positive change for older adults, and promote the role of gerontological nursing (Eliopoulos, 2005).

The ideal of nursing practice is effective patient advocacy—both individually and as a group. I began with an RN diploma and practiced in medical-surgical-oncological staff nursing, which led to developing the skills of compassion and empathy. In those early years, I focused on joining several nursing committees where I was employed, such as Primary Care Nursing and Clinical Ladders. Seven years later, I returned to college and received a Bachelor of Science in Nursing degree. I transitioned out of the hospital environment and into the community as the nursing director of a new adult day care facility. This is where I practiced advocacy...
at an even deeper level, assisting both patients and their caregivers, by evaluating who was eligible for the program, creating the chart documents, and managing staff. In this environment, I became an Alzheimer’s Support Group leader. Four years later, I received a Master of Science in Nursing (MSN) degree and American Nurse Credentialing Center certification as a Gerontological Clinical Nurse Specialist (GCNS-BC) and once again changed positions to become a member of a geriatric assessment team at a large institution. At this point, I was still active with the Alzheimer’s Association, and was invited to be a Board of Trustees member—a prestigious position which lasted 6 years. My educational advancements paralleled my job changes and increased opportunities for patient advocacy at several levels.

My MSN credentials led me to unique opportunities for a GCNS. I chose to acquire prescriptive authority and practice both as a team member and independently with my own patient schedule. Because the institution was a teaching hospital, I mentored both nursing students and physician residents, lecturing to them with the team and as an individual educator on topics such as elder abuse and neglect, nutrition, caregiver support, community resources, and assisted living and nursing home placement, among others. I also requested to learn how to write for nursing contact hours from the nursing education department and wrote for both hourly lectures and all-day conferences. Subacute Care at the institution needed a GCNS for several hours each week, so I lectured and shared my expertise with the staff there. I developed relationships with my colleagues—four geriatricians and a nurse researcher—who assisted me in collecting data and presenting at a national conference. My research continued with some very simple but important concepts, such as nursing telephone contacts, caregiver burden, and nursing student evaluations. From my colleagues, I learned a basic data collection method and an abstract format. I also learned evidence-based practice, which involved methods in decision making that are clinically sound and scientifically based.

For the past 20 years as an MSN, GCNS-BC, I have also been fortunate enough to expand my expertise not only to physicians, other nurses, and health care personnel, but also to the public, thus expanding my advocacy role to educating the community while promoting the role of a GCNS. I continued my affiliation with the Alzheimer’s Association, joined the American Red Cross as a mental health volunteer, and began lecturing to the public. At this point in my career, I was invited to join the Aging Brain Clinic for Normal Pressure Hydrocephalus, and again was given the opportunity of advocating for patients, families, and the community both in a nursing role and with my expertise of community resources. I was a member of the team which presented at a town hall meeting with a geriatrician, neurosurgeon, and another nurse.

Upon retiring, I chose to continue working as a geriatric assessment team member, except in a community hospital and with fewer patients, but with the same dedication to advocacy. I have also had the opportunity of facilitating the Nurses Improving Care for Healthsystem Elders at this hospital, and organizing and writing for nursing contact hours for monthly lectures and a full-day geriatric conference.

My career, and especially my role as a nursing advocate, have brought me joy and satisfaction. One of the most effective nursing advocacy roles I learned was that of patient care coordination. I was fortunate in obtaining my achievements with the help of my colleagues, such as the geriatricians, other health care professionals, and a nursing researcher, who assisted me in gaining patient knowledge and skills in every area of patient care while en-
hancing research, lectures, and publications. I believe that when good fortune has come to you, you must give back. This is why I could never say no to being a nursing student mentor with six colleges of nursing. Giving back is why I lecture to community groups on behalf of the Alzheimer’s Association Speaker’s Bureau or as a nursing conference speaker. Advocacy never ends; it is a part of who we are as nurses—whether on behalf of patients and families, other nurses and health care personnel, or the community—always promoting the vision of gerontological nursing as a specialty.

REFERENCES

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