College of Gerontology Nursing
NZNO

NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI
KAITIAKI O AOTEAROA

College of Gerontology Nursing

Knowledge and skills framework

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- Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand
- Nurse Practitioners New Zealand
- New Zealand Association of Gerontology Te Ropu Matauranga Kaumātuatanga o Aotearoa
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Introduction

This knowledge and skills framework supports nurses who are working with older adults/kaumātua to plan their careers and continuing professional development.

It was developed and is maintained by the College of Gerontology Nursing, a college of the New Zealand Nurses Organisation Tōpūtanga Kaitiaki o Aotearoa (NZNO).

This framework is for registered nurses who work primarily with older adults/kaumātua in any setting. It is also for employers and educators providing professional development training for gerontology and non-specialist nurses, and for managers, assessors and workforce development specialists looking to analyse and assess gerontology nurses' skills.

Gerontology nursing suffers from a lack of visibility, both among the general public and the nursing profession.

Having a knowledge and skills framework:

- helps gerontology nurses articulate their specialty practice
- enables others to see and understand what gerontology nurses and gerontology nursing practice contribute
- provides a structure for gerontology nurses to identify their clinical and professional development and training goals
- provides a pathway for nurses to follow when working towards and preparing for advanced practice roles
- is vital for the continuing growth of an experienced, skilled and well-trained gerontology nursing workforce
- informs and supports workforce planning and development activities, and quality improvement programmes
- supports the gerontology workforce to meet the goals of various health and disability services, and quality improvement initiatives
- optimises the care that older adults/kaumātua receive as patients and their experience within the health system
- provides a platform for advocating for better patient access to specialised gerontology nursing care.

The framework is also a crucial step towards achieving our vision for gerontology nursing.

About the College of Gerontology Nursing

The College of Gerontology Nursing promotes sharing of knowledge and skills, and provides a professional network for nurses working with older adults/kaumātua throughout the health care system.

Our mission

The College of Gerontology Nursing supports nurses to develop specialty knowledge and skills, to meet the unique health needs of all older adults/kaumātua and promote their flourishing while they grow older.

Our vision

To promote excellence of nursing practice within older adults/kaumātua health, with recognition given to gerontology nurses working at the top of their scopes.

Our aims

The College of Gerontology Nursing will:

- be the recognised professional organisation for all nurses of older adults/kaumātua in Aotearoa New Zealand
- recruit nurses and associated health care members practising within, or interested in, the care of older adults/kaumātua to belong to the college
- practise within the principles of Te Tiriti o Waitangi
- develop and disseminate standards of practice for nurses of older adults/kaumātua in Aotearoa New Zealand
- communicate and liaise with older adults/kaumātua organisations at a national and international level.

Our logo

The use of the word “nursing” in our college name and logo is deliberate.

Nursing is an inclusive adjective, representing the action to nurse, in contrast to the noun nurse (or nurses), which is a defined word for a class of health professionals under the Health Practitioners Competency Assurance Act 2003.

We chose nursing because we recognise that nursing older adults/kaumātua requires the contribution of the whole caregiving team – family/whānau, health care assistants and nurses (registered, enrolled and nurse practitioners).

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The term “gerontology” is used as inclusive of the social, psychological and biological aspects of aging. This is different from the term “geriatric”, which is the study of diseases related to old age.

At the centre of our logo, the star shape represents the older adult/kaumātua, because best practice care of older adults/kaumātua is person centred. By keeping the needs of older adults/kaumātua central to decision making, the best outcomes for the individual and their family/whānau can be achieved.

The star shape also speaks of the value we place on older adults/kaumātua as the star of our nursing practice.

The linked arms around the centre represent connections, and the multidisciplinary, partnership-based nature of gerontology nursing practice. Each “person” around the older adult/kaumātua is shown as the same size, as informal (caregivers, family/whānau) and formal (health professionals) carers each have an equally important part to play in providing a whole approach to care.

The circular shape of the logo reflects the holistic approach to wellbeing and includes all health models that are important to the older adult/kaumātua.

What is gerontology nursing?

Gerontology nursing is an evidence-based nursing specialty that addresses the unique physiological, social, psychological, developmental, economic, cultural, spiritual and advocacy needs of older adults/kaumātua.

Gerontology nursing practice focuses on:

- the process of aging and protecting, promoting, restoring and optimising health and general functions
- preventing illness and injury
- facilitating healing
- alleviating suffering through the diagnosis and treatment of human responses
- advocating for the care of older adults/kaumātua, and their caregivers, families/whānau, groups, communities and populations.[1]

Gerontology nursing care is delivered by nurses at all levels of academic preparation, in a variety of practice settings that include acute care, aged residential care facilities, convalescent and rehabilitation facilities, home and community support services, primary care environments, people's homes and the community.

Gerontology nursing promotes autonomy, wellness, optimal function, comfort and quality of life from health gain to end of life, working in collaboration with the older adults/kaumātua, their family/whānau and caregivers, and the broader multidisciplinary team.

In addition to providing clinical care, gerontology nurses advocate, educate, manage, consult and conduct research about the trends, issues and opportunities related to ageing and its effect on older adults/kaumātua.[2] Gerontology nurses lead multidisciplinary teams in taking a holistic person-centred approach in the specialised care of older adults/kaumātua.

Gerontology nursing supports healthy ageing

Healthy ageing is a holistic approach that emphasises creating supportive environments and opportunities, allowing individuals to live fulfilling lives as they age.

The World Health Organization (WHO) articulates this concept as the process of nurturing and preserving functional ability, which sustains wellbeing into older age.[3] Functional ability encompasses the capabilities that allow individuals to fulfill their basic needs, continue learning and decision-making, remain mobile, sustain relationships and contribute meaningfully to society.

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[1] Bickford, C. J. (2018). A contemporary look at gerontological nursing. *American Nurse Today, 13*(6), 48. https://www.myamericannurse.com/wp-content/uploads/2018/06/ant6-ANA-NPWE-515.pdf

[2] Ibid.

[3] World Health Organization. (2020). *Healthy ageing and functional ability*. https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability

Healthy aging is underpinned by the intrinsic capacity of an individual, including their mental and physical faculties, such as mobility, cognition, sensory abilities and memory. Factors like health conditions, injuries and natural age-related changes can influence a person's intrinsic capacity. However, healthy ageing recognises that even with these factors, individuals can maintain a high quality of life when the factors are well-managed.

Moreover, the environments people inhabit play a crucial role in healthy ageing. These environments range from personal spaces like homes to the broader societal context, and encompass infrastructure, social networks, cultural norms, policies and support systems. Optimising these environmental factors is essential to bolster an individual's intrinsic capacity and functional ability, paving the way for healthy ageing for all.

Healthy ageing is a multifaceted process influenced by a variety of factors. The diversity of older adults/kaumātua is significant; while some maintain high levels of physical and mental function, others may need extensive support. This variability is largely due to the cumulative effects of advantages or disadvantages experienced throughout life. Factors such as family background, sex, ethnicity, education and financial resources play pivotal roles in shaping these outcomes.

Biologically, ageing is characterised by the accumulation of molecular and cellular damage, leading to diminished physical and mental capacities, increased disease risk and eventually death. These changes are complex, not strictly correlated with chronological age, and contribute to the heterogeneity observed in older populations.

Health issues commonly associated with ageing include hearing loss, vision problems, musculoskeletal pain, and chronic diseases like diabetes and chronic obstructive pulmonary disease, as well as mental health conditions such as depression and dementia. Additionally, the older adult/kaumātua may face geriatric syndromes – complex health states like frailty and delirium – that often result from multiple factors.

Nurses caring for older adults/kaumātua face many challenges in managing the complexity of care that may be required. Complex care for older adults/kaumātua refers to a comprehensive, coordinated and compassionate approach to managing the multifaceted healthcare needs of older individuals. It involves addressing multiple chronic conditions (multimorbidity), managing polypharmacy (the use of multiple medications), and responding to geriatric syndromes like frailty, cognitive decline and functional impairments. It also encompasses the challenges posed by social determinants of health, such as isolation and limited resources.

The concept of complex care emphasises a holistic and patient-centred framework, which integrates medical, nursing, psychological and social services, tailored to the unique needs of older adults/kaumātua. It requires interdisciplinary collaboration and integrated medical, psychological and social services to improve quality of life for older adults/kaumātua, prevent hospitalisations and support the individual's independence.

Understanding these key considerations is crucial for promoting healthy ageing and developing supportive environments that cater to the diverse needs of the older adult/kaumātua.

Gerontology nursing provides person-centred care

Gerontology nursing has person-centred care at its core.

Person-centred care places the older adult/kaumātua at the centre of their own care, while also considering the needs of their caregivers and family/whānau. Put simply, it involves treating older adults/kaumātua as they want to be treated and seeing them as a whole person.

Person-centred care preserves the dignity of older adults/kaumātua and all those who work with them. It recognises that older adults/kaumātua are diverse, with different needs and expectations of care.

Person-centred care can make a positive difference to health outcomes and patient satisfaction for older adults/kaumātua, and can improve nurses' and other healthcare workers' sense of professional worth.[4]

The principles of person-centred care are:[5]

- getting to know the older adult/kaumātua – beyond the diagnosis, building relationships with the individual and their caregiver, family/whānau and wider community groups
- sharing power and responsibility – respecting preferences and treating older adults/kaumātua as partners in setting goals, planning care and making decisions about care, treatment or outcomes (to the best of their ability)
- accessibility and flexibility – meeting the individual needs of older adults/kaumātua by being sensitive to their values, preferences and expressed needs; and providing timely, complete and accurate information they can understand, so they can make choices about their care
- coordination and integration – working as a team to minimise duplication; and recognising that teamwork allows service providers to maximise patient outcomes and provide positive experiences
- environments – understanding that physical, organisational and cultural environments are important; and enabling staff to be person-centred in the way they work.

Te Tiriti o Waitangi is the starting point

Gerontology nursing is underpinned by and gives effect to Te Tiriti o Waitangi.

Two Ministry of Health strategies – *He Korowai Oranga: Māori Health Strategy* (2014) and *Pae Tū: Hauora Māori Strategy* (2023)[6] – guide the New Zealand health and disability system to uphold the principles of the treaty, and achieve pae ora, healthy futures for Māori.

[4] Dow, B., Haralambous, B., Bremner, F., & Fearn, M. (2011). *What is person-centred health care? A literature review*. https://www.health.vic.gov.au/publications/what-is-person-centred-health-care-a-literature-review

[5] Victoria Government. (2008). *Person-centred practice.* https://www.health.vic.gov.au/older-people-in-hospital/person-centred-practice

[6] Copies of and guides to both strategies are available on the ministry's website: *He Korowai Oranga* and *Pae Tū*.

The legislative context

Nurses in New Zealand practice within legislative requirements including the Health Practitioners Competence Assurance Act 2003 and the Pae Ora (Healthy Futures) Act 2024.

Also of particular importance is the Ministry of Health's *Healthy Ageing Strategy* (2016) and its associated action plan.[7] The strategy sets the national strategic direction for delivering health and wellbeing services for older adults/kaumātua, and has a vision that "Older adults live well, age well and have a respectful end of life in age-friendly communities".

Other legislation, strategies and plans of particular relevance to gerontology nurses can be found in the Appendix.

Nursing scopes and levels of practice

All nurses in New Zealand have a scope of practice that describes their role.[8] Scopes of practice set out the areas of practice that nurses work in, and their competencies, responsibilities and qualifications. Having a scope of practice is a requirement of the Health Practitioners Competence Assurance Act 2003. Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand sets the scopes of practice and the qualifications required for registration as a nurse. Nurses must practise within their scope of practice. There are three scopes of practice:

- enrolled nurse
- registered nurse
- nurse practitioner.

This framework applies only to nurses practising under the registered nurse scope of practice.[9]

All nurses are also required to maintain competence to practise.[10] The nursing council is responsible for assessing nurses' competence. Nurses can demonstrate their continuing competence through an approved professional development and recognition programme (PDRP) or through recertification administered by the nursing council. PDRPs describe the different levels of nursing practice. Levels of nursing practice describe the stages of increasingly skilled performance in clinical practice that nurses progress through in their career, based on their experience and professional development.[11]

In this knowledge and skills framework, the levels of nursing practice for registered nurses are incorporated – competent, proficient, expert and senior nurse roles. Incorporating the levels enables nurses, employers, educators and assessors to understand the specific knowledge and skills required to be mastered and demonstrated at each stage of a gerontology nurse's professional development.

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[7] The strategy is available on the Ministry of Health's website. An outline of the action plan and its related work programmes is available on the Health New Zealand Te Whatu Ora website.
[8] For more information, see the Ministry of Health's explanation of nursing scopes of practice.
[9] For more information, see the Nursing Council of New Zealand's registered nurse scope of practice.
[10] For more information, see the Nursing Council of New Zealand's explanation of continuing competence requirements.
[11] For more information, see Health NZ Te Whatu Ora's PDRP guidelines for nurses.

How this knowledge and skills framework is structured

Gerontology nursing is a nursing specialty practice. Nursing specialty practice has been defined as practice that:[12]

> *… focuses on a particular area of nursing. It is directed towards a defined population or a defined area of activity and is reflective of increased depth of knowledge and relevant skills. Specialty practice may occur at any point on the continuum from beginning to advanced practice.*

This framework describes the progression of skills and knowledge that gerontology nurses are expected to learn and use as they develop their specialty practice.

The framework is organised in terms of the three interconnected elements that make up the *Pae Tū: Hauora Māori Strategy* (Ministry of Health, 2023):

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

The vital knowledge and skills needed to deliver person-centred care are described for each element, to articulate what this will look like in practice.

Beyond this, the framework's structure has been adapted from a concept developed by Holloway, Baker and Lumby[13] to describe how nursing specialty practice progresses along a continuum, with different types and depths of knowledge and skills provided by "all nurses, many nurses, some nurses and few nurses" within a specialty practice area.

As nurses move along the continuum, they will be required to acquire new and more complex knowledge and skills relating to gerontology nursing practice.

This framework maps that progression, detailing the knowledge and skills that nurses need to have at each stage.

Not all gerontology nurses are required or expected to have the same levels of expertise. The framework starts by detailing the foundational knowledge and skills that needs to be demonstrated by **all** gerontology nurses in order to provide a competent level of care.

From there, it recognises that **many** gerontology nurses will have the opportunity to build on and consolidate that foundational level of knowledge and skills through clinical experience, education and professional development.

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[12] New Zealand National Nursing Organisations. (2009) *Glossary of terms.* Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/file:///C:/Users/OEM/Downloads/National%20Nursing%20Organisations%20Glossary_June09%20(2).pdf

[13] Holloway, K., Baker, J., & Lumby, J. (2009). Specialist framework for New Zealand: A missing link in workforce planning. *Policy, Politics & Nursing Practice, 10*(4), 269–75. doi: 10.1177/1527154409357628

Some gerontology nurses will then go on to acquire more in-depth and focussed knowledge and skills, and to demonstrate higher levels of clinical decision-making skills, based on their extensive clinical experience and advanced professional education and training.

A **few** will develop critical knowledge and skills, holding leadership roles, providing expanded or advanced gerontology clinical nursing practice, and furthering national and international understandings of best-practice gerontology care. Such nurses may also hold management, education and research roles.

In the knowledge and skills framework, this specialty practice progression is aligned with the professional development levels of practice for the registered nurse scope of practice. This enables framework users to understand how a nurse's competencies and professional development requirements map to the progression of practice within the gerontology nursing speciality practice.

Because new graduate nurses will still be acquiring the skills required for their registered nurse practice, the framework starts at the "competent" level of practice. These nurses will have already acquired the generic competency required of a registered nurse, and are now moving on to develop and consolidate their speciality practice as a gerontology nurse.

Things to note about the framework

This framework is aimed at registered nurses working in any healthcare setting whose primary work involves older adults/kaumātua.

Inevitably, there will be variations in the positions and titles that such nurses hold. By structuring the framework to align with registered nurses' levels of practice, and the continuum of specialty nurses' practice progression, it is hoped that individual nurses will easily be able to orientate themselves within it, regardless of their job title.

Although it is not specifically aimed at them, the framework may also be useful for enrolled nurses and nurse practitioners working with older adults/kaumātua, and all other nurses and caregivers who encounter older adults/kaumātua.

It is important to note that the framework is **not** intended to:

- be an exhaustive list of everything a gerontology registered nurse knows and does – instead, it is intended to guide and promote best practice, and should be used in conjunction with national and international competencies, guidelines and standards of practice
- replace PDRPs – although it can be used by nurses as a tool to help evidence their practice for professional development and continuing competence purposes
- be used as a disciplinary or performance management tool.

The knowledge and skills framework

Mauri ora – healthy individuals

Older adults/kaumātua have clearly defined pathways to equitable care that meets their individual health needs across their lifespan

Knowledge or skill	Respects the right of older adults/kaumātua to make informed decisions, and supports them to make decisions, act on health information and navigate the health system, based on their level of health literacy			
Demonstrated by	All	Many	Some	Few
PDRP level of practice	Competent	Proficient	Expert	Senior nurse roles
Knowledge or skill progression	**All nurses:** • ensure that older adults/kaumātua can make informed choices based on best-practice knowledge and information • are aware of the varying levels of health literacy, access to technology and capacity that older adults/kaumātua have, and how this can impact on their journey within the healthcare system. **Core concepts**	**Many nurses:** • support their colleagues and peers (within nursing and other health disciplines) to ensure older adults/kaumātua can make informed choices based on best-practice knowledge and information • role model awareness of the varying levels of health literacy, access to technology and capacity that older adults/kaumātua have, and how this can impact their	**Some nurses** lead and facilitate: • the care of older adults/kaumātua so they can make informed choices based on best-practice knowledge and information • awareness of the varying levels of health literacy, access to technology and capacity that older adults/kaumātua have, and how this can impact on their journey within the healthcare system.	**Few nurses** use their knowledge of informed decision-making, and of the varying levels of health literacy that older adults/kaumātua have, to improve health outcomes for older adults/kaumātua. **Core concepts** • Advises older adults/ kaumātua and their family/whānau about therapeutic interventions, including benefits, potential side effects, unexpected effects, interactions, the

	• Is aware of nurses' role in facilitating access to information and services for older adults/kaumātua. • Responds appropriately to requests for information from older adults/kaumātua. • Gains informed consent/whakāe ā-tuni from older adults/kaumātua relating to the provision of care. • Shows respect for the environments of older adults/kaumātua. • Supports older adults/kaumātua to maintain their choice and control over specific healthcare requirements. • Acknowledges and assesses the levels of health literacy and access to technology that older adults/kaumātua have regarding their treatment. • Knows what support networks older adults/ kaumātua have.	journey within the healthcare system. **Core concepts** • Recognises nurses' role in facilitating access to information and technology services for older adults/kaumātua; responds appropriately to requests for more information; and role models this to their colleagues and peers. • Facilitates gaining informed consent/whakāe ā-tuni from older adults/kaumātua for the care provided to them, and role models the importance of this to colleagues and peers. • Role models respect for the environments of older adults/kaumātua to colleagues and peers. • Appropriately assesses the health literacy and access to technology of older adults/kaumātua and	**Core concepts** • Leads and facilitates other nurses to access information and technology services. • Leads and facilitates other nurses to respond appropriately to requests for more information from older adults/ kaumātua. • Leads the care team to understand the importance of gaining informed consent/whakāe ā-tuni from older adults/kaumātua for the care provided to them. • Leads the care team to respect the environments of older adults/kaumātua. • Facilitates appropriate assessment of the health literacy and access to technology of older adults/kaumātua, and their families/whānau; and leads other	importance of compliance and recommended follow-up. • Ensures the information available and provided to older adults/kaumātua is accurate and appropriately interpreted. • Uses appropriate teaching and learning strategies and styles to meet the health literacy learning needs and access to technology of older adults/kaumātua. • Uses appropriate teaching and learning strategies and styles to provide diagnostic information, health promotion and health education. • Shares knowledge with older adults/kaumātua to support their health literacy and access to technology, and help develop evidence-informed management plans.

	• Provides information in ways that the older adult/kaumātua understands, and seeks feedback to confirm their understanding. • Provides appropriate information about medication management for all medication the older adult/kaumātua is prescribed. • Supports equal access to health information and technology that is culturally appropriate and enhances health literacy.	their ability to communicate about it effectively. • Speaks confidently about and provides accurate health information, and seeks alternative resources from peers and colleagues. • Confidently describes the use and interactions of any medications prescribed. • Applies best-practice medication management.	nurses in using appropriate tools and resources. • Teaches others how to obtain and provide accurate information in ways that older adults/kaumātua understand. • Teaches others how to describe the use and interactions of any medications prescribed.	
Knowledge or skill	Recognises the complex care needs of older adults/kaumātua			
Knowledge or skill progression	**All nurses** recognise the complex care needs of older adults/kaumātua, and seek appropriate information and support in order to provide safe care. **Core concepts** • Maintains their knowledge and skills, based on evidence-based best practice,	**Many nurses** have and use the knowledge and skills to recognise the complex care needs of older adults/kaumātua and provide appropriate care. **Core concepts** • Has the knowledge and skills to support older adults/kaumātua to live well.	**Some nurses** teach the knowledge and skills required to recognise the complex care needs of older adults/kaumātua (both for the individuals and the environment that they are in). **Core concepts** • Teaches the knowledge and skills required to support	**Few nurses** use their understanding of the complex care needs of older adults/kaumātua to provide and facilitate access to care delivered by others that improves health outcomes. **Core concepts** • Identifies the level of assessment (focused or comprehensive)

	to support older adults/kaumātua to live well. • Clearly details their evidence-based practice approach in individual nursing care plans. • Recognises and responds in a timely manner to signs of deterioration and records all changes appropriately. • Implements changes to the treatment prescribed and seeks support from senior nurses as indicated. • Works collaboratively with the wider multidisciplinary team to develop nursing care plans. • Provides respectful end-of-life care, in line with the wishes of older adults/kaumātua. • Works collaboratively with older adults/kaumātua to help them regain or maintain their ability to manage their day-to-day needs or adapt to	• Has the skills and knowledge to respond to signs of deterioration, including acting appropriately and escalating, as required. • Facilitates and communicates changes to prescribed treatment plans to peers and colleagues. • Role models collaborating with the wider multidisciplinary team to develop nursing care plans. • Demonstrates respectful end-of-life care, in line with the wishes of older adults/kaumātua. • Collaborates effectively and role models best practice in relation to maintaining the independence of older adults/kaumātua. • Demonstrates knowledge and understanding about, and advocates for equitable access to tools, equipment and	older adults/kaumātua to live well. • Helps develop policy by participating in working groups and committees, and providing feedback to peers and colleagues. • Teaches others to identify deterioration in the condition of older adults/kaumātua, and facilitates and leads provision of appropriate care during a deterioration situation. • Leads, implements and reviews changes to treatment plans for older adults/kaumātua based on knowledge, skills, experience and best practice. • Leads the multidisciplinary team to develop nursing care plans • Leads and teaches respectful end-of-life care. • Influences and informs policy development relating to end-of-life care.	required, and performs a systematic review based on the presenting condition and health history of the older adult/kaumātua. • Demonstrates comprehensive skill in obtaining and interpreting data that informs clinical judgement and differential diagnosis, including prior treatment outcomes, physical findings and test results. • Applies analysis, clinical reasoning and problem-solving to assessment findings, and synthesises clinical and human science knowledge to develop differential diagnoses. • Orders or performs diagnostic investigations using evidence to support or rule out diagnoses.

	changed levels of functioning after an acute event. • Supports equitable access to tools, equipment and resources so older adults/kaumātua can continue managing their own health.	resources for older adults/kaumātua.	• Provides advice and leads the team in developing and reviewing care plans. • Influences equitable access to knowledge and resources, so that older adults/kaumātua can continue to manage their own health.	
Knowledge or skill	Works to improve fairness and reduce the incidence of avoidable, undesirable differences in health status through their understanding of social equity, equality and justice			
Knowledge or skill progression	**All nurses** are aware of equity, equality and justice considerations, and how they can affect older adults/kaumātua receiving care. **Core concepts** • Understands and is able to describe the impact of social determinants and socio-economic status on health. • Recognises the barriers to health equity, and seeks support to remove or minimise them. • Recognises the risk of social isolation and facilitates social inclusion.	**Many nurses** acknowledge, recognise and respond to the health disparities that can impact on the care of older adults/kaumātua. **Core concepts** • Provides equitable opportunities to raise older adults/kaumātua capacity, functional ability and wellbeing by directing resources at those with greater needs. • Role models how to identify barriers to health equity and actively implements support to remove or minimise health disparities.	**Some nurses** influence and advocate for changes to improve and minimise health disparities. **Core concepts** • Facilitates, leads and influences changes that can improve health and minimise health disparity. • Contributes to knowledge of ageism and recognition of both conscious (explicit) and unconscious (implicit) bias. • Educates others on the impact of ageism on older adults/kaumātua in	**Few nurses** use their awareness of factors causing health disparities to support others' increased awareness, and to achieve improved health outcomes for older adults/kaumātua. **Core concepts** • Uses systems thinking and critical inquiry skills to audit and evaluate the equity of, and make improvements to, health services. • Monitors and minimises risks to older adults/kaumātua as health consumers. • Applies knowledge of health systems, socio-

	• Demonstrates awareness of ageism and its link to poorer physical and mental health.	• Understands the impact of ageism and its contribution to social isolation and loneliness.	regards to mental health, physical health, social isolation, economic impact and healthcare disparities.	political issues, new technologies and funding and business practices to advocate for, influence and manage innovative changes to healthcare services, in order to improve access, equity of outcomes, quality and cost-effectiveness for older adults/kaumātua. • Critically appraises scientific literature and shares new knowledge and research. • Incorporates understanding of diversity, cultural safety and socio-economic determinants of health, and uses cultural models of care, when planning and providing healthcare services. • Advocates to address unconscious and conscious ageism at all levels.

Knowledge or skill	Applies Te Tiriti o Waitangi when working alongside older adults/kaumātua			
Knowledge or skill progression	**All nurses** understand the principles of Te Tiriti o Waitangi and work collaboratively with Māori. **Core concepts** • Supports, respects and protects the rights of Māori people while advocating for equitable health outcomes. • Provides culturally safe nursing care to all older adults/kaumātua. • Understands the need to develop relationships based on concepts of whakawhanaungatanga and whānau-centred care to ensure effective communication is established. • Applies evidence-informed nursing practice that uses critical thinking strategies informed by cultural and scientific knowledge. • Understands the principles of manaakitanga and demonstrates the	**Many nurses** role model and guide others to apply Te Tiriti o Waitangi in their practice. **Core concepts** • Identifies barriers to achieving health equity. • Educates colleagues to enable a deeper understanding of the principles of Te Tiriti o Waitangi. • Understands the impact of colonisation on the health of Māori. • Understands tikanga and how that influences the way older adults/kaumātua communicate their care needs. • Understands the importance of whānau, hapu, iwi and the environment for the physical, mental, emotional and spiritual health of the older adult/ kaumātua.	**Some nurses** influence and advocate for change to develop strategies to enable equitable health outcomes for Māori. **Core concepts** • Facilitates, leads and influences change that can potentially improve health equity. • Advocates for the importance of ensuring te tiriti principles are integrated throughout nursing practice. • Identifies and addresses barriers to the application of Te Tiriti o Waitangi principles to nursing practice. • Recognises innovative models of care and nursing practice that uphold the core concepts of Te Tiriti o Waitangi. • Identifies and acts on opportunities to achieve equity for Māori.	**Few nurses** work collaboratively with Māori leaders at a strategic level to improve access to services and improve health outcomes for Māori. **Core concepts** • Demonstrates commitment to Te Tiriti o Waitangi, and applies advanced knowledge of Māori health and socio-economic disparities, when working in partnership with Māori older adults/kaumātua, local iwi and Māori health providers to improve access to services and health outcomes. • Ensures the importance of tino rangatiratanga (self-determination) in the development of health guidelines, policies and procedures is upheld, by working alongside Māori to

	values of compassion, collaboration and partnership to build trust. • Ensures the beliefs and preferences of the older adult/kaumātua are respected and implemented in every interaction.			develop service delivery. • Ensures staff have access to education about the principles of Te Tiriti o Waitangi.
Knowledge or skill	Provides person-centred care that all older adults/kaumātua consider culturally safe			
Knowledge or skill progression	**All nurses** are aware of and support what older adults/kaumātua determine is culturally safe care, and include them in all aspects of care delivery. **Core concepts** • Delivers person-centred care for older adults/kaumātua. • Incorporates the preferences and wishes of the older adult/kaumātua when planning, providing and evaluating care. • Provides health education that is appropriate to the needs of the older adult/kaumātua. • Evaluates the health progress of the older	**Many nurses** role model person-centred care that is culturally safe and acknowledge power imbalances. **Core concepts** • Supports others in delivering person-centred care. • Maintains a safe environment for the older adult/kaumātua and care team. • Understands the importance of developing therapeutic relationships with the older adult/kaumātua, their family/whānau and wider community. • Recognises conscious and unconscious bias	**Some nurses** lead person-centred care delivery in their setting. **Core concepts** • Facilitates and influences changes that enhance person-centred care. • Influences systems-level changes and improvements to deliver person-centred care that is culturally safe. • Recognises how culture may impact on health literacy, health status and access to equitable health services for the older adult/kaumātua and ensures health care is tailored to the	**Few nurses l**ead development of a collaborative team culture that facilitates culturally safe nursing practice; and use their awareness of the importance of person-centred care to improve health outcomes for individuals and groups of older adults/kaumātua. **Core concepts** • Supports the development and delivery of strategies and system-level changes to provide person-centred care. • Ensures policies, guidelines and service delivery allows for the delivery of culturally safe care.

	adult/kaumātua with them and provides opportunities for feedback. • Establishes effective and therapeutic relationships with older adults/kaumātua. • Makes appropriate decisions when assigning care, delegating activities and providing direction to others. • Maintains infection prevention and control principles to ensure safety and culturally appropriate care.	that impacts on the delivery of care for older adults/kaumātua. • Advocates for the older adult/ kaumātua and updates nursing care plans when information is shared about their preferences for how care is delivered.	individual needs of the person.	• Acts on reports of concern about care that does not respect cultural identity received from staff, families/whānau and the older adult/kaumātua. • Conducts evaluations of care delivery and services.

Whānau ora – healthy families/whānau

Families/whānau are supported to help older adults/kaumātua to achieve hauora

Knowledge or skill	Includes family/whānau, significant others, friends and carers in the care of the older adult/kaumātua			
Demonstrated by	All nurses	Many nurses	Some nurses	Few nurses
PDRP level of practice	Competent	Proficient	Expert	Senior nurse roles
Knowledge or skill progression	**All nurses** ensure that the support people for older adults/kaumātua are included in delivering their care. **Core concepts** • Advocates on behalf of the families/whānau and individuals involved in the care of older adults/kaumātua. • Facilitates access to advocacy, or seeks help from a colleague or senior nurse to facilitate this. • Acknowledges and provides basic education on codes of rights. • Identifies the need for and can facilitate	**Many nurses** provide role modelling and support for colleagues so they can work in partnership to deliver culturally safe care. **Core concepts** • Role models how to access advocacy. • Supports people to take action if their rights have been breached. • Confidently provides education for new staff, other nurses, colleagues and students. • Acknowledges and understands pae ora, and where appropriate advocates for providing a health response based on Māori models of care and wellbeing.	**Some nurses** work in a leadership capacity within their workplace, providing guidance, mentorship and support across all disciplines, with a focus on supporting the delivery of culturally safe and appropriate care in line with Te Tiriti o Waitangi. **Core concepts** • Understands Māori models of care and wellbeing, for example pae ora, and how this relates to gerontology nursing. • Acts as a support and resource for	**Few nurses** lead services and models of care that reflect Te Tiriti o Waitangi, and provide safe and effective cultural care to Māori patients, residents, clients and their families/whānau. **Core concepts** • Confidently and autonomously provides the full spectrum of healthcare services for older adults/kaumātua, including health promotion and protection, disease prevention, guidance

	access to appropriate support for families/whānau. • Is aware of the different levels of health literacy and communicates information at the level it will be most effectively understood. • Plans care that includes contributions from the support network of older adults/kaumātua. • Assists families/whānau to provide the best support for their loved one that they can, while maintaining their own wellbeing. • Explores care options with family/whānau and facilitates decision-making. • Supports reintegration of older adults/kaumātua into their family/whānau and community support networks after an acute episode or when care needs change.	• Guides and mentors others to understand and apply their knowledge of Māori models of care and wellbeing to their practice. • Recognises how health equity issues can create inequality in health outcomes, and the impact that social factors and healthcare accessibility issues can have on these outcomes. • Facilitates families/whānau to provide the best support for their loved one that they can, while maintaining their own wellbeing. • Supports older adult/kaumātua during transitions of care.	peers and other health disciplines regarding Māori models of care and wellbeing. • Leads others to understand and apply their knowledge of Māori models of care and wellbeing to their practice. • Demonstrates respect for differences in cultural, social and developmental responses to health and illness, and incorporates the health beliefs of the older adult/kaumātua and their family/whānau into care planning and implementation.	and counselling, disease management, maintenance and restoration of health, rehabilitation and palliative care. • Supports, educates, coaches, motivates and works in partnership with the older adult/kaumātua and their family/whānau, regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions.

Wai ora – healthy environments

All older adults/kaumātua have equal access to environments that will support the provision of culturally safe care and the sustainability of a healthy lifestyle

Knowledge or skill	Manages nursing care for older adults/kaumātua			
Demonstrated by	All	Many	Some	Few
PDRP level of practice	Competent	Proficient	Expert	Senior nurse roles
Knowledge or skill progression	**All nurses** understand the management of nursing care for older adults/kaumātua. **Core concepts** • Demonstrates fundamental understanding of geriatric syndromes, terminology and treatment options. • Manages and prioritises assigned client care and workloads within safe and realistic expectations. • Demonstrates efficiency and effectiveness in clinical practice. • Provides care planning that is personalised,	**Many nurses** have experience of a wide range of patient conditions and develop the confidence to independently initiate interventions for common conditions, while also supporting others in their practice. **Core concepts** • Is confident in integrating their knowledge and skills in their practice. • Recognises a wide range of conditions and presentations. • Is familiar with more specialised cognitive assessments. • Recognises polypharmacy and the need for medication optimisation.	**Some nurses** can integrate a range of specialty knowledge and skills to address more complex patient presentations. **Core concepts** • Acts as a support and resource. • Guides others to understand and apply knowledge. • Undertakes and teaches advanced procedures. • Develops strategies to address polypharmacy and ensure medication optimisation.	**Few nurses** provide direct supervision and mentorship for advancing gerontology nurses and other health professionals. **Core concepts** • Supervises and mentors other nurses seeking skill development and career advancement. • Undertakes a wide range of advanced procedures. • Develops systems and processes at local, regional and national levels. • Leads quality improvement initiatives that

	culturally safe and collaborative; and that is based on a validated assessment framework, such as InterRAI. • Demonstrates safe medication management practices in line with the relevant legislation, policies and guidelines.	• Identifies and addresses the barriers to older adults/kaumātua complying with prescribed medication plans.		support safe and efficient outcomes. • Facilitates proactive assessment to reduce the incidence of polypharmacy and improve medication optimisation.
Knowledge or skill	Communicates effectively with older adults/kaumātua, verbally and non-verbally			
Knowledge or skill progression	**All nurses** use appropriate verbal and non-verbal skills when communicating. **Core concepts** • Adopts inclusive and respectful language when communicating with older adults/kaumātua, their families/whānau and colleagues. • Develops an understanding of potential communication barriers. • Uses a communication framework, such as SBAR, for inter-professional	**Many nurses** demonstrate communication strategies. **Core concepts** • Communicates effectively in critical and stressful situations. • Anticipates patient needs and intervenes early. • Supports colleagues in developing effective communication strategies.	**Some nurses** apply communication techniques and processes. **Core concepts** • Uses appropriate management and leadership principles. • Role models clear and respectful behaviour in rapidly changing and stressful environments. • Recognises and responds to evidence of dysfunctional communication, burnout and moral distress amongst colleagues.	**Few nurses** influence and lead the wider healthcare sector in developing effective healthcare communication strategies. **Core concepts** • Builds collaborative teamwork across disciplines. • Participates in developing effective communications and information technologies at local, regional and national levels.

	communications (including verbal and written). • Recognises their professional limitations and actively seeks appropriate support to enhance their critical thinking skills. • Creates timely documentation that is legible, accurate and maintains confidentiality. • Demonstrates the literacy and computer skills necessary to record, enter, store, retrieve and organise data that is essential for care delivery.		• Develops patient information and education resources.	
Knowledge or skill	Contributes to collaborative teamwork			
Knowledge or skill progression	**All nurses** are aware of the importance of contributing effectively to collaborative teamwork. **Core concepts** • Is aware of the multidisciplinary team's role in gerontology nursing and contributes effectively at	**Many nurses** influence and support others in their professional development and understanding of collaborative practice. **Core concepts** • Role models collaborative inter-professional behaviour. • Demonstrates and instills respect and support for	**Some nurses** recognise and contribute to the pool of expertise within the collaborative inter-professional model. **Core concepts** • Demonstrates in-depth knowledge of other multidisciplinary team members' work and seeks targeted advice and expertise.	**Few nurses** lead, develop, influence and strengthen interprofessional collaborations. **Core concepts** • Provides and promotes a shared vision of collaborative practice.

	multidisciplinary team meetings. • Liaises and organises timely referrals, and follows them up for appropriate outcomes. • Understands and implements directions and delegations. • Minimises disruptions to adults/kaumātua and their families/whānau and facilitates efficient use of their time. • Accesses and uses shared-care plans, such as shared goals and advanced care planning. • Uses integrated technology and tools to collaborate with different multidisciplinary team members. • Is aware of and respects the directions for care contained in the enduring powers of attorney and wills of older adults/kaumātua.	other members of the team. • Learns from and shares knowledge and skills with the multidisciplinary team.	• Optimises the knowledge and skills of other healthcare disciplines to provide safe and quality care. • Assists and mentors others in working collaboratively.	• Participates in developing systems and processes at local, regional and national levels.

Knowledge or skill	Uses critical thinking to manage complex care needs			
Knowledge or skill progression	**All nurses** use critical thinking when managing the complex care needs of older adults/kaumātua. **Core concepts** • Uses nursing assessment frameworks effectively. • Has the knowledge and skills needed to navigate unexpected and acute situations. • Reflects on the effectiveness of their own practice and identifies areas for change. • Uses evidence-based resources, such as frailty care guides, when planning and developing nursing care. • Demonstrates confidence when working with familiar situations. • Anticipates likely outcomes for the older adult/kaumātua, predicts needs and ensures an appropriate plan of care is implemented in a timely manner.	**Many nurses** can identify potential problems when caring for older adults/kaumātua with complex needs. **Core concepts** • Identifies when to involve other health professionals. • Prioritises care urgency for multiple patients simultaneously. • Proactively manages emerging situations, and maintains environments to minimise risk and increase reactive capacity.	**Some nurses** are confident in developing a range of differential diagnoses to assist in determining assessment priorities. **Core concepts** • Critically analyses different aspects of care for older adults/kaumātua with complex needs. • Guides others in recognising, setting care plans for and managing complex older adult/kaumātua care needs. • Guides others to identify and differentiate emerging health conditions.	**Few nurses** coordinate the entire episode of care of older adults/kaumātua with complex care needs. **Core concepts** • Liaises, consults and discusses with peers at a regional and national level. • Coordinates multidisciplinary teams and inter-agency working.

Glossary

Advance directive – in New Zealand, this is a written or oral statement that specifies a person's treatment preferences if they are unable to make decisions for themselves. An advance directive can also be called an advance care plan or living will.

Ageism – prejudice, discrimination and stereotyping based on age. Ageism can affect people of all ages, and can have serious consequences for health, wellbeing and society.

Care coordination – the organisation of a patient's care across multiple health care providers.

Cognitive decline – when a person's brain is no longer functioning as well as it used to. Cognitive decline can include memory loss, difficulty concentrating and changes in mood.

End-of-life care – the medical and supportive care provided to a person during the time leading up to their death, focusing on managing symptoms, providing comfort, and addressing the physical, emotional and spiritual needs of the dying person and their family/whānau, rather than attempting to cure the underlying illness.

Frailty – a syndrome that describes a gradual decline in physical and cognitive function that increases the risk of adverse health outcomes.

Functional decline – the reduction in physical or cognitive functioning that occurs when a person is unable to engage in the activities of daily living.

Geriatric syndromes – a clinical condition that affects older adults/kaumātua and doesn't fit neatly into a specific disease category, for example delirium, falls, frailty, dizziness, syncope, urinary incontinence, cognitive syndromes, depression and polypharmacy.

Kaumātua – traditionally kaumātua meant particular Māori elders with a specific role as a figurehead or leader. We acknowledge the mana of kaumātua who hold this traditional title as well as this role within their family/whānau, hapū and iwi. Kaumātua are considered the keepers of knowledge, guardians of traditions and nurturers of the young (Higgins and Meredith, 2011). Their roles and responsibilities increase with age, due to their life experience, knowledge and wisdom (Dyall et al, 2014).

Multi-morbidity – when a person has two or more long-term health conditions at the same time. These conditions can be physical or mental and ongoing.

Polypharmacy – when a person takes multiple medications at the same time.

Whānau – family, extended family or a familiar group of people. Whānau can include friends or others who may or may not be connected through kinship ties.

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New Zealand Nurses Organisation Tōpūtanga Kaitiaki o Aotearoa: www.nzno.org.nz

Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa: https://nursingcouncil.org.nz/

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Appendix – legislation, strategies, policies and plans

The following legislation, strategies, policies and plans have particular relevance to gerontology nursing.

- Health and Disability Services (Safety) Act 2001
- The Health and Safety at Work Act 2015
- Health Information Privacy Code 2020
- Health Practitioners Competence Assurance Act 2003
- Medicines Act 1981
- Misuse of Drugs Amendment Act 2019
- Privacy Act 2020
- Code of Health and Disability Services Consumers' Rights (1996)
- Code of conduct for nurses (Nursing College of New Zealand, 2012)
- Code of ethics guideline (New Zealand Nurses Organisation, 2019)
- Professional boundaries for nurses (Nursing College of New Zealand, 2012)