**Gerontological Nursing**

For any care giver, the gerontological population should always be a section of the general population of interest because of the deference of the nature of care that they need as compared to the rest of the society. There are certain factors that make chronic and complex health conditions more common among the gerontological population as compared to the rest of the society. Nurses often have to take into consideration the ethical, legal, and cost factors that are associated with the long-term chronic and complex health conditions of the gerontological population. These factors might not be the same for the gerontological population in the urban areas and the rural areas.

As far as the principle of autonomy is concerned, gerontological populations in both urban and rural areas deserve to get involved in the decision-making process. Informed consent is one of the most important aspects of the principle of autonomy (Baumbusch, Dahlke & Phinney, 2012).  There are cases whereby some members of the gerontological population might lack the mental capacity to make decisions on the kind of care that they get. In such cases, a nurse will face a dilemma whether the care is being provided to a patient from the rural or urban areas.

The ethical principle of justice should always come up when discussing care provision for gerontological populations. As far as the comparison of the rural and urban gerontological populations is concerned, it can be seen that the urban areas are often advantaged because of the accessibility of facilities that are more advanced as compared to those that are available in the rural areas. This is an implication that attending to the gerontological population in the urban areas is easier. Furthermore, there are more nurses with the skills and experience of dealing with gerontological populations in the urban areas as compared to the rural areas. This kind of difference might be said to be unjust to the gerontological population in the rural areas.

Cost is an important factor in caring for the gerontological populations. Notably, the cost of providing care to a gerontological patient from the urban areas might be lower as compared to the cost of the same in the rural areas (Eliopoulos, 2013). Notably, it is easier to find a gerontological population in the urban areas as compared to the rural areas. Gerontological population in the rural areas often has to travel over a certain distance so that they can get specialized care. This kind of traveling often comes at a higher cost as compared to a scenario whereby the patients do not have to travel a long distance before they can get specialized care. Furthermore, traveling to the facilities makes the process much more stressful for the gerontological populations in the rural areas.

Policies and laws on gerontological population care apply in both rural and urban areas. The only difference might be in the level of enforcement in the urban and rural areas. The enforcement of care provision policies and laws that related to gerontological population tends to be more intense in the urban areas as compared to the rural areas. This is an implication that nurses in the rural areas might need a high level of self-discipline when offering care to the members of the gerontological populations in the rural areas. Most of these patients might not even be aware of their rights are patients.

The roles played by nurses in promotion of autonomy when offering care to the senior adults. Informed consent is a major pillar of the principle of autonomy. This is an implication that a patient can only be said to be autonomous if they were given all the details on the decisions that they are supposed to make before they made the decisions (Cowden & Cummings, 2012). A nurse can easily overlook the right to autonomy when dealing with senior citizens. This is because there is possibility of leaving out some details so that the decision made by the patients is influenced in one way or another.  Therefore, a nurse should make sure that all the information that is needed is availed to the senior adult patients. The only challenge might be in dealing with patients who lack the mental capacity to understand the information or make a sound decision.

A gerontological patient can easily forego the right to autonomy because of the lack of knowledge of its existence or the belief that their contribution is not important. It is the role of nurses to change the perception of such patients on the role that they are supposed to play in their treatment. Some of the members of the gerontological population are not even convinced that their contribution has any contribution to the quality of care that they get from nurses and the other professionals in the healthcare provision settings. It is not enough for a nurse to simply accept that a patient has foregone their right to autonomy.

Nurses have a huge role to play in the health and wellness of members of the gerontological population. For instance, they are supposed to act as the advisors to these patients. This is an implication that they need to develop listening skills and make sure that they are professional enough to uphold honesty unless honesty is not needed for the sake of the wellbeing of the patients. They should also be teachers because they give information on the health situation of the patients and give them details of the alternative solutions and the shortcomings of each of the solutions that are given. Nurses are also observers of gerontological population patients with the intent of identifying any abnormalities that might be signs of health complications. It is also important for a nurse dealing with gerontological populations to have good social and interpersonal skills because they are also expected to offer companionship to the patients.

Nurses also have a role to play in gerontological population dignity in death. Most patients falling under the category of gerontological population might opt to discontinue their treatment so that they can die as the shortest way out of their misery. Nurses should make sure that they are not involved in such decisions by suggesting them. The only way that a nurse might be involved in such situations is by offering details on the possibilities of the entire process. It should be known that assisted suicide is illegal in most parts of the world (Attia, Abd-Elaziz & Kandeel, 2013). However, the definition of assisted suicide does not always include the withdrawal of treatment or life support machines. However, in the event that a patient has decided that they are going for dignity in death, a nurse should always make sure that the process is made as painless as possible.

**References**

Attia, A. K., Abd-Elaziz, W. W., & Kandeel, N. A. (2013). Critical care nurses’ perception of barriers and supportive behaviors in end-of-life care. *American Journal of Hospice and Palliative Medicine®*, *30*(3), 297-304.

Baumbusch, J., Dahlke, S., & Phinney, A. (2012). Nursing students’ knowledge and beliefs about care of older adults in a shifting context of nursing education. *Journal of advanced nursing*, *68*(11), 2550-2558.

Cowden, T. L., & Cummings, G. G. (2012). Nursing theory and concept development: a theoretical model of clinical nurses’ intentions to stay in their current positions. *Journal of Advanced Nursing*, *68*(7), 1646-1657.

Eliopoulos, C. (2013). *Gerontological nursing*. Lippincott Williams & Wilkins.