

Title: Competencies relevant for gerontological nursing: focus group interviews with professionals in the nursing of older people

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ABSTRACT muutettu

Older people are present in a variety of nursing settings and have distinct care needs. Evidence about the competencies required is crucial when developing the profession.

The aim of the study was to describe competence areas relevant in gerontological nursing.

A qualitative, descriptive study design was used with 27 participants included. The gerontological nursing professionals worked at in several health care organizations and in education were interviewed in five focus group interviews. The interviews were carried out between October 2017 and February 2018 and analyzed using inductive content analysis. The study is reported by SRQR-guidelines.

Analysis indicated that competence areas for gerontological nursing could be understood and described from the four main themes: clinical nursing competence; competence in promoting health and well-being; interaction competence; and ethical competence.

Registered nurses (RNs) must possess multiple competencies when caring for older people which should be taken into account in nursing and education.

Key words: competence, older people nursing, gerontological nursing, qualitative research, focus group, aged

INTRODUCTION

Aging is a universal phenomenon, and the world's population of older people is growing as life expectancies increase (1). Age structures in various societies are radically changing because people are living longer than before (2), while fertility rates have fallen during recent decades and continue to decline on a global scale (1). The global population of people over 60 years of age is expected to double, increasing from 900 million in 2015 to nearly two billion in 2050 (3). In many countries, like Japan, Italy and Spain, people over 65 years of age will make up 30-40% of the population within the next 20 years (1). However, other countries, e.g., India, Indonesia, Vietnam and most parts of Africa, are expected to have less significant shares of older people in the future (1). Also, in Nordic countries, as Finland is, the number of older people is growing, and life expectancy has increased and will continue to increase. (4).

According to the World Health Organization, an older person is anyone over the age of 60, while the oldest age group includes people above 80 years of age (5). However, recent studies have suggested that the definition should be modified so that an older person would be anyone over 75 years of age who is robust and active (6). Aging is associated with health problems such as increased illness and dysfunction (7) when active aging optimizes health, participation and safety to improve the quality of life for older people (8). However, most age-related problems, e.g., lung disease, memory disorders and obesity (7), are chronic requiring long-term and geriatric nursing competence. Furthermore, older patients may be frail because of multimorbidity, polypharmacy and cognitive impairment (9), in which care register nurses (RNs) play an active role in the whole of gerontological nursing (10). All Nordic countries have the same kind of level of care, primary care for basic treatment and hospital care for specialized treatment. Despite of Nordic countries' goals for active and good aging, it should be noticed that while older age groups increase, treatment and health care will face new challenges (4). Therefore, healthcare organizations must ensure that older people are afforded high-quality care, which includes determining whether there are enough staff who are sufficiently competent at caring for the older person. The aim of this study was to describe competence areas relevant for gerontological nursing based on interviews with professionals in gerontology.

BACKGROUND

Gerontology integrates physical, mental and social perspectives to examine aging and older adults in a comprehensive and multidisciplinary way. The American Nurses Association has defined gerontological nursing as an evidence-based nursing specialty focusing on the aging process, health protection, and promotion (11), which requires patient- and family-centered care competencies (12). RNs face older people in their work in many different care environments and they must have versatile competencies to manage the various situations they will face. Hence, competence in nursing older people will be especially important in the future. Previous studies of gerontological nursing competence have concentrated on nursing homes (13) and community care environments (9). In these settings, attitudinal, ethical and interactional competencies are critical. Furthermore, pedagogical, leadership and development competencies, as well as evidence-based practice skills, e.g., treatment, patient observation, palliative care and wound care are needed in gerontology (9, 14) since RNs are often working closely with multidisciplinary teams and families (15).

There is a need for healthcare staff who are interested in caring for older people and are highly skilled in this area. This is because today's RN will commonly encounter older patients in acute care, hospital care, home care and long-term care. Gerontological nursing competence is already relevant in current healthcare settings, and will become even more important in the multidisciplinary healthcare teams of the future, and registered nurses perceived gerontological nursing as a holistic and respectful area of nursing (18). Notwithstanding, caring for older people is not a particularly popular field among nursing students (16) and they do not often envision themselves working in the field of gerontology (17).

The minimum educational competencies that must be covered during nursing education at European higher education institutions are outlined in EU Directive 2005/36/EC (19). In Finland, nursing work is carried out based on legislation binding on health care and its professionals (20, 21, 22) and ethical guidelines (23). Nursing competencies include the integration of knowledge of professional judgment, skills, attitudes and values (24) into technical and practical skills, interpersonal skills, the ability to work safely on the basis of evidence and expertise, for example, in the medication process (25). Competence is a holistic term which describes an individual's overall capacity or ability to perform a certain task successfully. The general competence of graduating nursing students is often related to

professional standards, patient safety and the quality of nursing care (26). There is a lack of studies that cover which competencies are needed in the field of older people nursing, the educational prerequisites for these competencies, and how gerontological nursing competence can be measured.

AIM

The aim was to produce comprehensive information on the competencies of gerontological nursing. The research question was: which competence areas do register nurses, geriatricians and gerontological nursing lecturers identify as important for gerontological nursing?

METHODS

The presented research applied a qualitative approach with descriptive study design since qualitative research is suitable to be used when there is a lack of studies found that cover the studies area. This design enables participants to have an active role (27) in sharing their experiences and knowledge during focus group interviews. The Standards for reporting qualitative research: a synthesis of recommendations (SRQR) guidelines have been used to report the study (28).

Context and participants

The 27 participants of this study were registered nurses (n=21), gerontological nursing lecturers (n=3) and geriatric physicians (n=3). Out of the total participants, there were 25 females and two males and they had at least two years of professional experience in gerontological patient care. The participants were from four healthcare organizations, including a university hospital, primary healthcare hospital and two universities of applied sciences, representing different fields of gerontology in hospital, long-term care, home care and educational environments. The interviews were arranged in participants' own venues and depending on the size of the unit, participants were coworkers or did not know each other. The healthcare workers were in their own organizations and lecturers participated in focusing groups in three different organizations. The majority of professionals were registered nurses, which was an essential inclusion criteria because of this study's aim. The physicians were included in the study to bring an inter-professional perspective into the geriatric competence needed in patient care and lecturers to

bring insight from the curriculum perspective. Purposeful and snowball sampling were used during participant recruitment to ensure that a sufficient number of individuals working in a special area were reached (29). The purposeful sampling utilized contact persons to identify relevant interviewees, while a geriatrician known by one of the researchers initiated the snowball sampling process by introducing another geriatrician who would introduce a third geriatrician. The inclusion criteria for participation were: 1) at least two years experience in gerontological patient care; or 2) at least two years experience in teaching gerontological nursing to nursing students; and 3) willingness to participate to this research.

Data collection

Data were collected by one researcher (author blinded) between October 2017 and February 2018 with five semi-structured focus group interviews to understand the phenomenon under study (30). According to the methodological recommendations, each focus group interview included 5-6 participants (31, 32), from two to three multi-professional groups (RN and lecturer, or RN, lecturer and physician). The interviews were conducted by providing participants with open-ended questions in a freestyle discussion format. The open questions were structured according to the interview themes relating to participants' personal experiences. The interview themes were formulated from an analysis of current curricula of four Finnish universities of applied sciences and a previous study (33) followed by an evaluation of the necessity and comprehensibility of themes by four gerontological nursing professionals evaluated before interviews. The themes were 1) Health and functional capacity of the older people, 2) theoretical knowledge of gerontological/geriatric nursing, 3) patient and relative guidance implementation, multi-professional co-operation and implementation of nursing, and 4) nursing values and ethical principles (see table 1). The interviews were conducted according to the framework of the thematic interview, and all interviews proceeded according to the same structure. After going through the themes, participants were asked if they had anything to add, in which case it was further included in data analysis. The contact person of each organization chose an appropriate venue for interviews and invited the participants. Each focus group interview lasted an average of two hours and was digitally recorded.

Insert table 1 here, please

Data analysis

The interview transcripts were analyzed the following inductive content analysis process. The data were read through several times and organized according to the research question of the study (34). The analysis focused on subject and context, dealing with the manifest content of the text (35). After condensation, the data were coded into meaning units (n=221), which were then organized into 95 sub-categories, 35 categories and 15 main-categories (see table 2). The 15 main-categories were organized among four themes which represent competence areas that are relevant to gerontological nursing, taking into account that themes may not be mutually exclusive when dealing with quite large subject.

Insert table 2 here, please

Ethical considerations

This research was conducted according to the ethical standards (36) and General Data Protection Regulation (37) for responsible conduct of research. All four organizations taking part in the study provided research permission and participants and the information they produced was treated confidentially. The participants were informed about the study's aim and voluntary of participation before the focus group started, which was confirmed by the signing of informed consent. Informants' background data, except for gender and occupation, were not collected due to the relatively small sample size and identifiable matters. All data were stored on password-protected computer files, and transcriptions were coded by removing all possible identification of participants (38) and only the researcher group had the access to the files.

RESULTS

We identified four competence areas that are highly relevant to gerontological nursing: clinical nursing competence; competence in promoting health and well-being; interaction competence; and ethical competence (see Figure 1).

Insert Figure 1. Here

Clinical nursing competence

Clinical nursing competence covered aging changes and geriatric diseases, older people's medication, nutrition, mental health and end-of-life care. According to the participants, a registered nurse who is competent in identifying aging changes and typical geriatric diseases is able to recognize age-related changes, such as physical aging changes and changes due to sensory impairment. In practice, this consists of identifying normal changes in aging and memory besides the sensory impairment. This competence also requires knowing typical diseases and their symptoms, like memory diseases and fragility syndrome.

"...aging is associated with the age-related changes, which are taken into account of care. That care for the older person is such an overall process. It needs to be looked at more broadly, not on any particular issue, but on the broader whole." (FG 2, informant 2)

In older persons' medication, RNs should have sound theoretical knowledge and skills regarding the necessity and dosage of medications.

"Cutting of drugs is not the most important priority but ensuring that there is everything necessary and nothing unnecessary [for the care of older person]. It is not so much the number of the medicine, but whether there is a purpose for it." (FG 4, informant 2)

In practice, RNs should constantly observe the effects of medication in older people, e.g., are they experiencing side-effects or interactions between different drugs? RNs must also be experienced in giving medication guidance.

Competence in nutrition included understanding the importance of healthy and energy-rich nutrition, organizing pleasant and functional dining situations, and considering that some older people may require feeding assistance. More specifically, according to the participants, competent RNs need to understand how important correct nutrition is for older people and how aging will influence eating habits. Also, problematic nutritional situations can be faced when RNs must have adequate knowledge of nutritional disorders, e.g., specific diet restrictions, malnutrition, and changes in body performance and composition alongside that the patients are meeting their caloric intake requirements.

“There should be enough meals per day. Not just one good, high-quality main course, but also breakfast, snack, lunch, snack, dinner and evening snack.” (FG 4, informant 2)

Competent RNs in mental health needs to proactively follow the mental health of older people and, when necessary, should provide them appropriate mental health services. RNs should reflect meaningful experiences for older people and helping to overcome the persons’ problems. RNs who are competent in the mental health of older people can recognize their psychiatric symptoms and place emphasis on their mental well-being.

“When new illnesses come in and the ability to function deteriorates, then comes that apathy and, of course, it affects what has happened in the pass, whether the spouse has died earlier or there is something else. In nursing, you should have a very sensitive ear.” (FG 5, informant 1)

This includes taking into consideration that hospitals are passive environments as well as proactively recognizing anxiety in older people with memory disorders.

End-of-life care competence involved nursing a patient who is at the end of his/her life and the ability to face the patient and their family. As such, this competence involved knowledge of symptomatic treatment and good pain management skills. This competence also included nursing skills related to older people close to death, more specifically, abstention from resuscitation, managing terminal care and providing patients a peaceful environment. The ability to face dying patients and their close family members included skills such as providing a warm atmosphere, fulfilling the wishes of the patient and their family, discussing care, and being sensitive to the person’s situation.

“Let's take a good care of all the things that are left at that moment [for an older person], including a symptomatic treatment, as painless as possible, by providing a warm and humane care.” (FG 5, informant 1)”

Competence in promoting health and well-being

This competence included health promotion, evaluating functional capacity, ensuring a safe environment and utilizing technology. Successful health promotion included skills related to support home coping, i.e., offering safe conditions at home and preventive actions. Furthermore, RNs should be able to offer older people a wide range of services, ranging from

physical activity to spiritual support, when the need arises. RNs should also be skilled at supporting self-help and holistic well-being; as such, they should recognize when to promote older people's autonomy, recognize the positive effects of movement and cultural activities, and understand when restrictive actions are necessary.

"If a person can do something, then we should support them in this activity." (FG 5, informant 6)

Additionally, caring for older people requires identifying the aspects that most affect older people's everyday life as well as the overall quality of life. In practice, this includes the ability to recognize changes in performance along with how well the patients adapt to change.

RNs who are competent at evaluating functional capacity, know standardized performance measurements using various measurement tools and continuous evaluation of performance. In practice, this means evaluating older people alongside their daily care activities. This includes performing standardized measurements as following older people's alcohol use, medication and nutrition. To be competent at evaluating an older people's functional capacity, a RN must be able to plan the older people's independent living, which includes scheduling preventive health checks, and assess the home-based services, i.e., understanding the older people's needs and organizing multi-actor care meetings. RNs must possess a broad understanding of the municipal services to effectively organize older people's independent living.

"I would say that ability to function is observed all the time in the care. And that customer's own operational capability is utilized if it can be utilized." (FG 2, informant 5)

RNs must ensure a safe environment at all times by having complete knowledge of patient safety and ways in which older people can be assisted, for example, walkers to prevent falls. RNs should be able to recognize what types of assistance older people need to be able to perform daily household chores and consider the right living environment for a specific situation, e.g., an apartment near crucial services. In addition, RNs should be sensitive to a cozy environment, and valuing personal belongings in older people's living quarters.

"We should also be able to create that coziness in the institution, bring those important objects and belongings into nursing and housing, and not be too institutionalized." (FG 3, informant 3)

RNs should utilize the best available technology to support their work and ensure older people's safety. In practice, this mainly involves the use of communication technologies and technical tools as understanding how to use additional devices, for example, robotics and safety devices, in their work.

“Telemedicine would then allow this monitoring a little more closely. If the RN goes [to a home-visit] to measure and the doctor makes the diagnosis and prescribes the treatment. Then about these pain pumps, if we get them now sometime, then they would have the digital remote reading capability, ..., which in turn would reduce home visits..” (FG1, informant 1)

Interaction competence

This competence comprised respectful encountering of older people, multi-professional cooperation and patient counselling. The respectful encountering of older people included skills related to individual encounters, being attentive and communication. During individual encounters, RNs implement a peaceful and individual encounter, ensuring older person has understood the discussion with a customer-oriented approach. Respectful conversations with older people included appreciative, clear speech and valuing the experiences of the person.

“When we meet older people, we meet adult people and they should be met on an equal footing and not be underestimated.” (FG 4, informant 2)

Multi-professional cooperation combined the organization of holistic care, managing rehabilitation and discharging older people. In practice, holistic care is the result of cooperation between different professional groups and specialized doctors.

“...the multi-professional cooperation could, if necessary, be developed in the ward, and in the primary health care even more, between the physiotherapist, the occupational therapist and further with the pharmacist” (FG 4, informant 3)

To be competent at organizing rehabilitation, RNs must cooperate with physiotherapists and occupational therapists. Competence in discharge includes skills in arranging a successful leaving from the hospital by cooperation with home care staff and relatives.

Competence in counselling meant that a RN can give human-oriented and understandable counselling to older people, family members and nursing students. In practice, this counselling must be clear and understandable, clarify older person's needs, and include a clear direction.

“It takes time to explain [to the patient] and ask if they have understood the instructions and how they can implement it at home.” (FG5, informant 4)

Competence in counselling family members included skills related to recognizing the needs of relatives and counselling family members about the care process. In the case of students, RNs should show a good attitude and provide clear and comprehensive guidance.

Ethical competence

This competence area comprised ethical decision making, reflective and analytical competence and ethical behavior towards older people's sexuality. Ethical decision making included responding to the expectations of patients and relatives in different situations, such as managing older person's dissatisfaction with treatment or identifying family expectations.

“Relatives can assume that when a patient comes to the hospital that the condition improves quickly, and it is difficult to accept that the patient's condition, however, deteriorates. Then they are dissatisfied with the treatment when they feel that they do not get the help they would expect to get.” (FG 5, informant 6)

Moreover, RNs who work with older people must be competent at facing treatment-related ethical contradictions and aggressive persons. In practice, this entails identifying both ethical conflicts and abuse, like exploitation or patient abandonment. It also encompasses knowledge about how to deal with aggressive or violent persons. There can be challenges stemming from collaboration, as well as tension from different organizations therefore, RNs should know how different healthcare units work.

RNs need reflective and analytical competencies when processing the matters of learning new competence and being able to explain the development of the industry and the relevance of current competence. It is identifying own skills, thru appreciation of gerontological nursing skills and transferring own knowledge to others. It is also skills to acquire new knowledge, like identifying the need for new learning and skills to evaluate information sources. Explaining the

development includes recognizing the constantly evolving industry and the importance of new knowledge, like continuing evolution and the meaning of learning new. It is also an application of different approaches, such as identifying the maintenance of competence and using many ways to achieve the same result.

“It is important to keep up a continuous development of nursing and maintain our own competence. It requires a RN to be active.” (FG 2, informant 2)

RNs must also be prepared and competent to deal with the sexuality of older people in practice. This competence included recognizing different forms of sexuality and taking into account the sexual activity of older people. More specifically, it is competencies in recognizing older people’s sexuality, appreciating it’s naturalness and respectful discussion of older people’s sexuality. Furthermore, it is identifying manifestations of sexuality, identifying sexual needs and deviant sexual behavior.

“It is that holistic existence that human has, the right to be a man and a woman. And there might be the other sex in the future.” (FG 3, informant 1)

DISCUSSION

The continuous growth of the global older population has introduced additional requirements for clinical nursing and nursing education. The results of this study showed four main themes, how gerontological nursing competencies should be built: clinical nursing competence; competence in promoting health and well-being; interaction competence; and ethical competence. The diversity of themes showed that nursing staff must possess extensive and versatile competencies to effectively serve the increasing number of older patients that are using healthcare services. The presented findings are relevant to various gerontological settings, from acute and long-term care to home and end-of-life care.

The presented research demonstrated that RNs need clinical nursing competencies to understand the everyday life of older people. It is pivotal to identify normal aging changes and support healthy older people. (39). In addition, it is crucial to know about diseases that older people commonly face; a few specific geriatric diseases, many internal diseases and memory disorders are common with age (40). In addition to knowledge about which diseases different medications are used to treat and how they work, RNs must consider additional aspects, such

as side effects and polypharmacy, and paying attention to the most recent medical list to ensure that they provide safe care (25). This study confirmed that RNs need to know nutritional recommendations for older people and pay attention to their patients' eating behaviors (41); for example, a patient who is not eating or drinking may have a certain restriction or not like the food. Our findings support earlier studies that pointed gerontological RNs need to be familiar with palliative (42) and end-of-life care (43), having diverse competencies in different levels of palliative care (44). RNs should also have experiences with various pain relief methods (25), treatment of other symptoms, the provision of psychosocial support and how to face a patient's family when they are grieving (45). With aging, people can suffer from several different conditions simultaneously and impaired mental health can be one of them (46). It is important to identify various changes in mental well-being, as anxiety or depression in older people, for example, increases isolation and loneliness compared to individuals without depression or anxiety. (47) It would be helpful for RNs to be able to discuss meaningful experiences in older people's life and identify the impact of resilience on mental well-being (48) as supportive action. RNs should take into account different aspects of clinical competence to support and evaluate the physical and mental well-being of older people in all its diversity.

In addition to support and evaluate physical and mental well-being, the nurse should promote the health and well-being of older people in order to maintain overall health and functioning. Except for the treatment of diseases, RNs have an important role in promoting individual's health (49) to support independent life and living of older people. RNs have to support well-being with their everyday actions and help older patients maintain their functional capacity (50) and the other hand, monitor functional capacity to assess autonomy and individual needs of older people (51). By considering a safe environment and participation (52), the RNs support the well-being of the older people and recognizes an age-friendly environment (53). In addition to human contact and empathy, technology is now and will be increasingly used in the care of the older people (54). RNs uses technology in work and may be the first person who introduces an older patient to some technological solution. Therefore it is critical that the RN understands the functionality of the technology so that they can transfer this knowledge to the patient. In their work, the RN must take into account and support the older people's ability to function and identify various factors that make it difficult to live at home and move around, and, if necessary, be able to use and support the use of technological equipment.

This study indicated that RNs interaction competence consisted of encounters, cooperation and counselling. Older people should be respected due their age and life experiences, which RNs can establish with respectful and caring encounter (55). Their autonomy and independency should be taken into account by treating them equally and with respect. RNs participate daily in multi-professional team and cooperating in different fields and organizations demand good communication skills. Multi-professional interventions has positive effects on older people's physical health and psychosocial well-being (56), so the RN should take this into account when supporting the well-being of the older people. However, the RN is also responsible for counselling of the older patient and/or their family when needed, therefore it is important for the RN to be able to implement individual and customer-oriented counseling and guidance for both the patient and his or her family. Individual counseling has been found to be more effective in older patients than group counseling. (57) RN must be able to carry out variety of communication with the older people in different situations and, if necessary, with different communication support tools. Also should recognize the importance of multi-professionalism in the comprehensive care of the older people and develop their skills for diverse interaction.

Ethical competencies was needed in decision making, doing reflections and face older people's sexuality. The healthcare professionals can face dissatisfied patients or family members, varying personalities and/or moods, and abusive behavior (58). These types of situations are closely linked to ethical competence; for example, a RNs should have sufficient knowledge of ethical issues to act correctly when facing an abusive or aggressive patient (i.e. not using restriction) (59). RNs are expected to maintain ethical behavior in every situation, which includes treating and encounter each patient with respect. (55) Moreover, RNs should also understand that it is ethically necessary to develop oneself and improve one's own nursing skills according to the lifelong learning model (60). Each RN should be enthusiastic about further developing their skills, and the workplace must afford the necessary opportunities for development. In addition, there is a wide variety of sexuality among older people and it is important that caregivers are able to recognize this and give individuals the freedom to express their own personalities. Furthermore, the ethical approach to sexuality among older patients is to recognize and support different sexual orientations (61). Strong ethical competence is required for the RN to be able to identify grievances at work, in the treatment of the older people and in their own nursing competences, so that the overall well-being of the older people can be guaranteed.

Strengths and limitations

The present study implemented preparation, data collection, and content analysis phases, each of which was carefully documented and performed, to improve the trustworthiness of the research (62). Furthermore, the study applied the standards of reporting qualitative research (SRQR) (28). Additional steps were also taken to improve the trustworthiness of the study. For example, the data were de-identified so that the author would not be biased by answers or background factors. Finally, the chosen sampling methods ensured that respondents who had the best possible knowledge of the research phenomenon were identified to ensure the most diverse understanding possible. As limitations with relatively small data, it is important to state that the main findings need to be further tested in a larger quantitative study if the presented findings are to be generalized to other settings.

CONCLUSION

RNs working with the older need to be strongly committed with their patients and for gerontological nursing, for this reason, require versatile competencies. Nursing staff need to better involve older patients to implement holistic nursing, which includes taking into account their life experiences and current situation. We further suggest that the current resources available for gerontological nursing and education need to be critically evaluated to determine whether they are sufficient to ensure that each RN has the competencies required to provide high-quality care for older people. The findings can offer improvements for future nursing and education since basic nursing education should be comprehensive enough to provide a detailed description of gerontological nursing, and continuing education should be readily available to all registered nurses.

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COMPETENCE AREAS RELEVANT FOR GERONTOLOGICAL NURSING			
CLINICAL NURSING COMPETENCE	COMPETENCE IN PROMOTING HEALTH AND WELL-BEING	INTERACTION COMPETENCE	ETHICAL COMPETENCE
<p>Aging changes and geriatric diseases</p> <p>Medication for older people</p> <p>Nutrition for older people</p> <p>Mental health of older people</p> <p>End-of-life care</p>	<p>Health Promotion</p> <p>Evaluating functional capacity</p> <p>Ensuring a safe environment</p> <p>Utilizing technology</p>	<p>Respectful encountering</p> <p>Multi-professional cooperation</p> <p>Counselling older people</p>	<p>Ethical decision making</p> <p>Reflective and analytical competence</p> <p>Ethical behavior towards older people sexuality</p>

Figure 1. The competence areas relevant for gerontological nursing

Table 1. Themes for focus group interviews

Themes	Sub-themes
Health and functional capacity of the older people	<ul style="list-style-type: none"> • An older person • Promoting health and functional capacity • Aging and the environment (for example exercise) • Functional assessment and planning of holistic care (assessment of the need for care) • Older persons' nutrition • Mental health of the older person (for example depression, delusion) • Sexuality of the older person and its encounter
Theoretical knowledge of gerontological/geriatric nursing	<ul style="list-style-type: none"> • Gerontological nursing (like aging changes, gerontological diseases, prevention and rehabilitation) • Special features of care for the older person • Medication for the older person • Palliative care and hospice care • Developing one's own skills and nursing
Patient and relative guidance implementation, multi-professional co-operation and implementation of nursing	<ul style="list-style-type: none"> • Guidance and support for the older person and relatives • Challenging situations in nursing • Multiprofessional cooperation in different service systems • Supporting older people living at home • Practical nursing • Utilization of technology in nursing (for example aids) • Technology to support living at home (for example information technology, electronic services)
Nursing values and ethical principles	<ul style="list-style-type: none"> • Valuable treatment for the older person • Values and ethical principles of gerontological nursing • Values guiding nursing decisions (from the RNs point of view) • Appreciation of nursing care for the older person (from the point of society)

Table 2. Analysis path example under theme Competence in promoting health and well-being

Sub-category	Category	Main-category
Competence in the interpretation of measurement results made by devices	Competence in the use of communication technology	Utilizing technology
Competence in remote communication and decision making		
Identifying the potential of robotics to support customer care	Competence in using technical tool to help with nursing care	
Identifying and controlling the need to use assistive devices during treatment procedures		
Identifying the importance of assistive devices in supporting safety		