



THE EVOLUTION OF GERIATRIC NURSING: A COMPREHENSIVE APPROACH TO AGING CARE

Shakhrizoda Tashmatova

Assistant of the School of Public Health
at Tashkent State Medical University

Abstract

As the global population ages, geriatric nursing has emerged as a specialized field dedicated to managing the complex physiological, psychological, and social needs of older adults. This article explores the core tenets of geriatric care, focusing on the management of multi-morbidity, the prevention of functional decline, and the critical role of specialised nursing interventions in enhancing quality of life. By shifting from a traditional acute-care model to a holistic, person-centred approach, geriatric nurses address specific syndromes such as frailty, sarcopenia, and cognitive impairment. The discussion emphasises that high-quality geriatric care requires not only clinical expertise in age-related pathology but also an advocacy-based approach that respects the autonomy and dignity of the elderly within modern healthcare systems.

Keywords: Geriatric Nursing, Frailty, Multimorbidity, Person-Centred Care, Sarcopenia, Healthy Aging, Functional Autonomy.

Introduction

The primary focus of geriatric nursing is the provision of care for older adults that accounts for the progressive physiological changes associated with aging. Unlike general adult nursing, which often targets a specific acute illness, geriatric care must navigate “multimorbidity” – the presence of two or more chronic conditions in a single patient. Nurses in this field are trained to understand how aging affects pharmacokinetics and pharmacodynamics, making them essential in managing polypharmacy and preventing adverse drug reactions. The overarching goal is the preservation of functional independence, ensuring that medical interventions do not inadvertently lead to a loss of autonomy (Eliopoulos, 2022).



Modern American Journal of Medical and Health Sciences

ISSN (E): 3067-803X

Volume 2, Issue 5, May 2026

Website: usajournals.org

This work is Licensed under CC BY 4.0 a Creative Commons Attribution 4.0 International License.

Frailty is a cornerstone concept in geriatrics, defined as a clinical syndrome of increased vulnerability resulting from age-associated declines in reserve and function across multiple physiological systems. Nurses play a critical role in identifying the “frailty phenotype”, which typically includes unintentional weight loss, self-reported exhaustion, low physical activity, slowed walking speed, and weak grip strength. Early identification by nursing staff allows for the implementation of targeted interventions, such as resistance training and nutritional optimisation, which can halt or even reverse the progression from pre-frailty to total dependency (Fried et al., 2001).

A major challenge in geriatric nursing is the management of sarcopenia – the age-related loss of skeletal muscle mass and strength. Sarcopenia is a primary driver of falls, fractures, and physical disability in the elderly. Nursing care involves regular screening using tools like the SARC-F questionnaire and coordinating with dietitians to ensure high-protein intake combined with Vitamin D supplementation. Because dental issues and “oral frailty” often impede nutrition, nurses must also monitor oral health and swallowing function to prevent the “malnutrition-disability” cycle that often leads to prolonged hospitalisations (Cruz-Jentoft et al., 2019).

Geriatric nursing extends beyond physical ailments to address the “3 Ds” of senior health: Dementia, Delirium, and Depression. Nurses are often the first to notice subtle changes in mental status that distinguish acute delirium – often caused by underlying infections or dehydration – from chronic dementia. Furthermore, addressing social isolation is a vital nursing intervention, as loneliness has been clinically linked to increased risks of cardiovascular disease and cognitive decline. By fostering an environment that promotes social engagement and mental stimulation, nurses contribute to the cognitive resilience of their patients (Inouye et al., 2014).

As patients reach advanced age, the role of the nurse often transitions into that of a clinical advocate and ethical guide. Geriatric nurses are instrumental in facilitating conversations about Advance Directives and Palliative Care, ensuring that medical treatments align with the patient’s expressed values and quality-of-life goals. This involves navigating complex family dynamics and ensuring that



Modern American Journal of Medical and Health Sciences

ISSN (E): 3067-803X

Volume 2, Issue 5, May 2026

Website: usajournals.org

This work is Licensed under CC BY 4.0 a Creative Commons Attribution 4.0 International License.

“ageism” does not result in the under-treatment of pain or the over-medicalisation of the dying process. Through empathetic communication and ethical clarity, nurses ensure that the final stages of life are handled with dignity and respect (Boltz et al., 2020).

The future of geriatric nursing lies in the integration of specialised education and technological innovation. As healthcare systems globally reform their nursing curricula to meet the needs of an aging population, the focus is increasingly on community-based care and home-health monitoring. By combining high-tech diagnostic tools with high-touch, person-centred advocacy, geriatric nurses ensure that aging is viewed not as a series of losses, but as a life stage that can be navigated with vitality, support, and profound human connection.

The specialised practice of geriatric nursing further distinguishes itself through a rigorous focus on fall prevention and mobility maintenance. In older adults, a single fall can initiate a catastrophic decline in health, often leading to hip fractures, surgical complications, and a permanent loss of independence. Nurses employ evidence-based screening tools, such as the Hendrich II Fall Risk Model, to assess factors like gait instability, medication side effects, and environmental hazards. Interventions are not limited to physical restraints, which are now largely discouraged in favour of “least-restraint” policies; instead, they focus on strengthening exercises, sensory aids, and home safety modifications. By prioritising “safe mobility”, geriatric nurses help patients maintain the physical confidence necessary to engage in daily activities and community life (Guirguis-Blake et al., 2018).

The management of chronic pain is another complex domain where geriatric nursing expertise is paramount. Pain is often under-reported by older adults due to the misconception that it is an inevitable part of aging, or it may be masked by cognitive impairments like dementia. Nurses must be proficient in using non-verbal pain assessment tools, such as the PAINAD (Pain Assessment in Advanced Dementia) scale, to ensure that discomfort is accurately identified and managed. The pharmacological approach in geriatrics follows the “start low and go slow” principle to avoid toxicity, while simultaneously integrating non-pharmacological therapies like massage, heat therapy, and mindfulness. Effective pain



Modern American Journal of Medical and Health Sciences

ISSN (E): 3067-803X

Volume 2, Issue 5, May 2026

Website: usajournals.org

This work is Licensed under CC BY 4.0 a Creative Commons Attribution 4.0 International License.

management is critical, as untreated chronic pain is a leading contributor to sleep disturbances, decreased mobility, and clinical depression in the elderly population (Schofield, 2018).

Digital health literacy and the integration of “Gerotechnology” represent the modern frontier of geriatric nursing. As healthcare systems increasingly rely on remote monitoring, electronic health records, and telehealth, nurses act as the primary educators for older adults who may face a “digital divide”. This role involves teaching patients and their caregivers how to use wearable devices that track heart rate or glucose levels and facilitating virtual consultations that reduce the physical burden of travel. Furthermore, nurses provide essential feedback to developers to ensure that health technologies are designed with the sensory and motor limitations of the elderly in mind. By embracing these digital tools, geriatric nurses extend the reach of clinical surveillance and empower patients to participate actively in the self-management of their chronic conditions (Kuek & Hakkennes, 2020).

Finally, the organisational leadership of geriatric nurses is essential for the development of “Age-Friendly Health Systems”. This framework, championed by the Institute for Healthcare Improvement (IHI), focuses on the “4Ms”: What Matters, Medication, Mentation, and Mobility. Geriatric nurses lead the implementation of these core elements across various care settings – from acute hospitals to long-term care facilities – ensuring that the entire medical team aligns their actions with the patient’s personal goals. This leadership role involves continuous staff education, policy development, and quality improvement initiatives aimed at reducing hospital-acquired complications like pressure ulcers and catheter-associated infections. Through this systemic approach, geriatric nurses ensure that the healthcare infrastructure is robust enough to provide safe, effective, and dignified care for the world’s most vulnerable age group (Fulmer et al., 2018).



References:

1. American Nurses Association (ANA). (2021). Nursing Care and Do-Not-Resuscitate (DNR) and Allow Natural Death (AND) Decisions. Position Statement.
2. Boltz, M., et al. (2020). Evidence-Based Geriatric Nursing Protocols for Best Practice. 6th edition. Springer Publishing Company.
3. Cacioppo, J. T., & Cacioppo, S. (2014). "Social relationships and health: The toxic effects of perceived social isolation." *Social and Personality Psychology Compass*, 8(2), 58–72.
4. Cruz-Jentoft, A. J., et al. (2019). "Sarcopenia: revised European consensus on definition and diagnosis." *Age and Ageing*, 48(1), 16–31.
5. Eliopoulos, C. (2022). *Gerontological Nursing*. 10th edition. Wolters Kluwer Health.
6. Fried, L. P., et al. (2001). "Frailty in Older Adults: Evidence for a Phenotype." *The Journals of Gerontology: Series A*, 56(3), M146–M157.
7. Fulmer, T., et al. (2018). "Age-Friendly Health Systems: The 4Ms." *Journal of Gerontological Nursing*, 44(9), 7–10.
8. Gately, M. E., et al. (2021). "Video telehealth for caregivers of older adults: New perspectives during the COVID-19 pandemic." *Journal of Gerontological Nursing*, 47(1), 15-21.
9. Guirguis-Blake, J. M., et al. (2018). "Interventions to Prevent Falls in Older Adults: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force." *JAMA*, 319(16), 1705–1716.
10. Hadley, A. J., et al. (2020). "Pain Management in the Elderly." *Clinical Geriatric Medicine*, 36(2), 321-335.
11. Inouye, S. K., et al. (2014). "Delirium in elderly people." *The Lancet*, 383(9920), 911–922.
12. Kuek, A., & Hakkennes, S. (2020). "Healthcare staff and managers' perceptions of the factors influencing the implementation of e-health tools: a meta-synthesis." *Journal of Medical Internet Research*, 22(5), e17419.
13. Mate, K., et al. (2021). "Creating Age-Friendly Health Systems." *The Joint Commission Journal on Quality and Patient Safety*, 47(1), 37-43.



Modern American Journal of Medical and Health Sciences

ISSN (E): 3067-803X

Volume 2, Issue 5, May 2026

Website: usajournals.org

This work is Licensed under CC BY 4.0 a Creative Commons Attribution 4.0 International License.

-
14. National Academies of Sciences, Engineering, and Medicine. (2021). *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. The National Academies Press.
 15. Rockwood, K., & Mitnitski, A. (2011). "Frailty in relation to the accumulation of deficits." *The Journals of Gerontology: Series A*, 66(7), 750-763.
 16. Schofield, P. (2018). "The Assessment of Pain in Older People: UK National Guidelines." *Age and Ageing*, 47(suppl_1), i1-i22.
 17. Tanaka, T., et al. (2018). "Oral Frailty as a Risk Factor for Physical Frailty and Mortality: A Community-Based 4-Year Longitudinal Study." *The Journals of Gerontology: Series A*, 73(12), 1661-1667.
 18. Tzeng, H. M., & Yin, C. Y. (2015). "Perspectives of older adults and their family caregivers on fall prevention in acute care settings." *Applied Nursing Research*, 28(1), 9-14.
 19. World Health Organization (WHO). (2021). *Decade of Healthy Ageing: Baseline Report*. WHO Press.
 20. World Health Organization. (2020). *World report on nursing 2020: investing in education, jobs and leadership*. WHO Press.