Gerontological nursing lost a nurse this week. She was older than most when she entered nursing school and had a previous degree and a lifetime of experience to supplement the knowledge she gained in school. As with other new graduates, she was idealistic and determined to make positive changes. She made a difference to the hospital and to her patients. She gave herself to each of her patients, their families, and each hospital project in which she became involved.

Her hospital had always been known for its quality of care and concern for patients. As programs were developed for older adults, she decided that was the area where she was needed and could contribute. And she did contribute. She spent hours in the hospital library enhancing her knowledge base of older adults and their nursing care. She planned to take the certification examination in gerontological nursing. She shared her clinical nursing knowledge and gerontological expertise with staff, patients, and families. As specialty units were developed, she became involved in planning, staffing, and teaching.

What happened to this extraordinary nurse? Perhaps she banged her head against the proverbial wall once too often. She listened as other nurses said that no one who was a real nurse wanted to work with old people. She listened to those who professed that the elderly required a lesser kind of care just because they were old or lived in a nursing home. She watched as patients who were admitted from nursing homes or home improved sufficiently to return to the nursing home, only to come back again with the same or a different problem. She listened to those nurses who said, “See, what’s the use? They just come back again.”

She watched as persons without background or training in gerontology were promoted in the division of gerontological nursing. She saw no real efforts made to attract nurses trained in gerontology. She watched as staff was cut to such a point that even the most basic care such as turning, repositioning, and oral hygiene could not be given, until nursing was no more than pushing pills and doing paperwork with little time for teaching or just listening. She watched non-nursing managers make decisions that affected the type of care that she could give. When she complained or questioned the policies, she was told that her ideals were too high and she would have to “fit-in with the program.”

Those of us who cared and were trained to give nursing care to older persons told her she was special and that it took a special kind of person to take care of the elderly. She watched as we attempted to teach staff who were not encouraged by managers or directors to attend inservices or seminars. We told her how important it was to keep climbing those mountains. She watched as others who cared became disillusioned when they were asked for their opinions or specialized knowledge and it went unheeded. We involved her in specialty and professional groups. She listened as we agreed that ideas were good, but that in the real world they wouldn’t work. She watched as we argued among ourselves because of our frustrations.

There is now an emphasis on wellness and prevention rather than just treatment of disease. Gerontological nurses can and should be on the forefront of this movement as they assist their patients/clients. Yet today we lost a gerontological nurse. She did not die, but she is gone as surely as though she had. Did the hospital system fail this nurse? Did nursing fail her? Did gerontological nursing fail her? Was it a combination of all of these?

For each of these special nurses we lose, we take a step backward—perhaps even to a time when a hospital really was only “a place to go to die.” When will we as nurses, and gerontological nurses in particular, begin to act as a profession, to recognize our professional knowledge base, and stand up for our convictions and beliefs? Until then, we will continue to lose those special few and wonder what happened.