NURSING STUDENTS' INTENTION TO WORK WITH THE ELDERLY AFTER GRADUATION: A QUALITATIVE STUDY

by

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Abstract

America's population is aging. More than one in five Americans will be over 65 by 2030. These numbers are expected to challenge existing healthcare systems. The recruitment and retention of qualified, competent registered nurses (RNs) to care for this vulnerable population have become urgent. However, undergraduate baccalaureate nurses consistently report geriatric nursing as the least preferred clinical area to in work after graduation. To understand how graduating nurses discern their career intentions, a basic qualitative study was undertaken using Ajzen's theory of planned behavior as an underlying theoretical framework. The purpose of the study was to understand and interpret nursing students' experiences that are instrumental in their decision to choose gerontological nursing as a career upon graduation from nursing school. Data were collected through semi-structured interviews with ten baccalaureate nursing students graduating from a nursing program recognized by the National Hartford Center of Gerontological Nursing Excellence. Thematic analysis using dramaturgical coding was used to analyze the data. Three themes emerged from the data: (a) personal connections, (b) agency to care, and (c) educators' influence. Six key assertions interpreted from the data are discussed and provide an understanding of how nursing students perceive the needs of older adults and their care; and give insight into how they discern their career intention.

Dedication

This dissertation is dedicated to Ed Murabito, my beloved husband, partner, and pillar of support whose love and devotion I could not live without. To Jack and Mary Simmons, and Mary A. Simmons, my parents, and grandmother, who taught me to love and persist. Their lessons of resilience echo in Hemingway's words:

> The world breaks everyone and afterward many are strong at the broken places. But those that will not break it kills. It kills the very good and the very gentle and the very brave impartially. If you are none of these you can be sure it will kill you too but there will be no special hurry.
>
> ~Ernest Hemingway, A Farewell to Arms, 1929.

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All the participants of this study who volunteered their free time to explain and describe their love for older adults and the challenges they encountered providing them nursing care.

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CHAPTER 1. INTRODUCTION

Negative attitudes regarding the aging process and myths of aging have become pervasive in Western cultures, so it is unsurprising that relatively few nursing graduates have chosen to work in geriatric nursing after graduation (United States Bureau of Labor Statistics, 2020). This dissertation study was designed to use a constructivist approach to examine graduating nursing students' experiences related to their decisions to work in geriatric practice after graduation. The study design aimed to understand the motivating forces students use when deciding to work in geriatric care after graduation. Within this chapter, evidence is presented supporting the premise that nursing instructors and the long-term care environment have undermined students' perceptions and preferences for geriatric nursing (Ben Natan et al., 2015). The theory of planned behavior (Ajzen, 1991) is explained and used to substantiate the claim that instructors with extensive geriatric nursing knowledge and clinical experience are more likely than instructors without this knowledge and experience to positively impact their students':

- beliefs regarding the ability to care for older adults
- perception of outcomes regarding geriatric nursing
- personally valued outcomes regarding the care of older adults

The theory of planned behavior (Ajzen, 1991) was then used to define the study's research questions and frame the discussion of methods used to conduct this study.

Background of the Study

America's population has been aging. According to Vespa et al. (2020), demographers with the United States Census Bureau, more than one in five Americans will be older than 65 by

2030, and many researchers believe this aging population will challenge existing healthcare systems (World Health Organization, 2015). Nursing homes, the primary component of long-term care, served 1,347,600 people in 2016, of which 84.9% were aged 65 years or older, and their numbers are forecast to dramatically increase within coming years as people are living longer (Harris-Kojetin et al., 2019). Older adults have been living longer with more complex medical needs that were increasingly met outside hospitals in post-acute and skilled nursing units of nursing homes (Nolet et al., 2015). In 2018, approximately 80% of older Americans had at least one chronic disease requiring ongoing nursing care, and nearly 70% of Medicare beneficiaries had two or more chronic diseases (National Council on Aging, 2018).

Nursing has currently become the largest profession among healthcare providers in the United States, with over 2,900,000 registered nurses (RNs) employed and working in more care settings than any other discipline (United States Bureau of Labor Statistics, 2020); however, few nurses have been specializing in geriatrics and working in long-term care. In 2019, only 9.4% of RNs in the United States worked in nursing and residential care facilities (United States Bureau of Labor Statistics, 2020). The aging population and increasing incidence of multiple chronic conditions have made it essential to build a geriatric healthcare workforce. According to the National Academies of Sciences, Engineering, and Medicine (2017), the nation must ensure that the needed supply of geriatric specialists eventuates, and "it is important now more than ever to ensure that all health professionals and direct service workers receive content in geriatrics during their formal years of training" (p. 35).

Student Perceptions of Caring for Older Adults

Although nursing students have commonly expressed positive views of older adults and recognized the need to understand their unique healthcare needs, they have continued to show

reluctance to work in long-term care (Gould et al., 2015; Hirst & Lane, 2016; Schroeder, 2016; Zisberg et al., 2015). There are many possible explanations for this lack of interest in and negative interpretations of geriatric practice. Nursing students saw the work as depressing, boring, physically demanding, and slow-paced, and expressed concern about dying and suffering (Algoso et al., 2016; Carlson, 2015; Garbrah et al., 2017; Koskinen et al., 2015). Students also saw the long-term care setting as isolating, with little support available for new graduates, and gerontological nursing, in general, as being devalued within society (Algoso et al., 2016; Gould et al., 2015; Matarese et al., 2019). Perceptions that the role requires limited skills and offers few opportunities for career advancement could extinguish a student's desire to work with older adults (Gould et al., 2015) and runs contrary to the reality that caring for older adults with chronic health conditions requires special expertise (Algoso et al., 2016; Cooper et al., 2017; Gould et al., 2015).

However, many researchers have demonstrated that nursing education can play an instrumental role in fostering or hindering students' positive attitudes toward and desires to work with older people (Matarese et al., 2019; Negrin et al., 2020; Nolet et al., 2015; Schroeder, 2016). Nursing students perceive their instructors as the most influential individuals affecting their career choice after graduation (Ben Natan et al., 2015; Matarese et al., 2019), but very few nursing students believe their instructors encourage them to work in geriatrics (Ben Natan et al., 2015; Gould et al., 2015). Ageist, paternalistic attitudes and practices regarding older adults prevalent in clinical environments (Algoso et al., 2016) may contribute to these negative attitudes toward geriatric nursing.

Most nurses have been educated with clinical experiences and curricula emphasizing acute care yet deficient in gerontological care (Cooper et al., 2017; Fox et al., 2016; Negrin &

Dahlke, 2019; Negrin et al., 2020), so it seems reasonable to assume that few nursing instructors have the gerontological expertise needed to teach geriatric nursing effectively (Hirst & Lane, 2016; Negrin & Dahlke, 2019; Nunnelee et al., 2015). Indeed, Krichbaum et al. (2015) supported this assumption, suggesting that nursing instructors' low levels of geriatric knowledge and biased attitudes toward older adults unfavorably color their teaching of geriatric care. This suggestion could also explain findings by Ben Natan et al. (2015) and Gould et al. (2015) that few instructors encourage their students to choose geriatric care as a career option.

Several studies have shown that implementing academic strategies and clinical placements designed to improve geriatric knowledge can also diminish students' regard for older adults and their willingness to work with older adults (Dahlke et al., 2019; Wareing et al., 2018; Zisberg et al., 2015). This anomaly can be attributed to a biomedical, acute care nursing curriculum that tends to stereotype older people by focusing on disease (Garbrah et al., 2017); the negative aspects of aging (Algoso et al., 2016); and a belief that geriatric nursing is "simple and custodial" (Fox et al., 2016, p. 70). Students' prior nursing home experiences have also contributed to their bias against older adults and gerontological careers (Dahlke et al., 2020; Koehler et al., 2016).

The ambiguities within the existing literature described above (Ben Natan et al., 2015; Fox et al., 2016; Zisberg et al., 2015) suggested that nursing instructors may be unwittingly undermining their students' perceptions of geriatric nursing (either directly or indirectly). However, other factors, besides geriatric nursing education, may also influence students' attitudes, values, and motivation to work in geriatric practice. Understanding all relevant factors formed the purpose of this study.

The theory of planned behavior (Ajzen, 1991) provided the lens through which the complex relationship between nursing students' attitudes toward older adults, knowledge of geriatric practice, and desire to work in geriatric practice can be understood. The theory of planned behavior (Ajzen, 1991) attempts to predict behavior, in this case, an intention to pursue geriatric nursing after graduation. It is based on the individual's behavioral beliefs, normative beliefs, and control beliefs. Rather than focusing primarily on improving students' attitudes toward older adults (Koskinen et al., 2015; Parsons et al., 2015; Schroeder, 2015), the theory of planned behavior guides and directs the research to also consider students' normative beliefs (social pressures to comply) and control beliefs (self-efficacy in caring for older adults) as these variables impact students' motivation to pursue caring for older adults after graduation.

Need for the Study

Researchers have described a complex relationship between students' and nursing instructors' knowledge of geriatric practice and attitudes toward older adults and their desire to work in geriatric practice (Negrin & Dahlke, 2019). Increased knowledge of geriatrics and an improved attitude toward older adults among students do not necessarily translate into an increased desire to work in geriatric practice (Zisberg et al., 2015). Most researchers examining students' knowledge have focused mainly on clinical experiences and how instructors incorporate geriatric content into curricula, either throughout a nursing program or as a stand-alone course (Abdal et al., 2015; Negrin & Dahlke, 2019; Rowbotham & Owen, 2015). Other researchers concentrating on student attitudes and perceptions of older adults have examined different teaching strategies (Reitmaier et al., 2015; Sweet & Broadbent, 2017; Valiee et al., 2016). However, there has remained a gap in gerontological literature regarding the

understanding and interpretation of nursing students' perceptions of geriatric nursing related to their motivation or intention to work in geriatric practice (Hirst & Lane, 2016).

Purpose of the Study

The purpose of this basic qualitative study was to understand and interpret the experiences of nursing students that are instrumental in their decision to choose gerontological nursing as a career upon graduation from nursing school. This new understanding may allow nursing educators to develop and increase the desire of nursing students to work with older adults after graduation, students' perceived judgments of their capacity to care for geriatric patients, students' expectations and beliefs regarding the nursing care of older adults, and the value perceived by students of the outcomes derived from caring for older adults (Hirst & Lane, 2016). Understanding the development and manifestation of these motivations could help advance instructors' educational resources, teaching strategies, and curriculum development, igniting a passion among students for caring for older adults (Hirst & Lane, 2016). Findings from this study could advance nursing education knowledge by providing new insights into how nursing students decide whether to work with older adults after graduation from baccalaureate nursing programs.

Significance of the Study

Increasing the number of RNs working in long-term care may lead to significant improvements in the quality of care for those residing in skilled nursing facilities, commonly referred to as nursing homes, with a corresponding reduction in overall healthcare costs (Backhaus et al., 2015; Cooper et al., 2017). Although it may seem intuitive that higher staffing levels, particularly of RNs, would positively influence the care delivered in nursing homes, the evidence for this assumption is uncertain (Backhaus et al., 2017; Boscart et al., 2018). Several

researchers, who have systematically reviewed existing literature, have described contradictory and inconclusive results regarding the relationship between nurse staffing levels and quality of care in nursing homes (Dellefield et al., 2015; Harrington et al., 2016). This uncertainty may be due to differences in scientific rigor, methodological design, and theoretical assumptions among staffing studies, indicating a need for further research in this area (Boscart et al., 2018).

However, experts, such as the American Nurses Association (2014) and the Institute of Medicine (IOM) (2004), have continued to recommend minimum staffing levels in excess of those mandated by the federal government in the Nursing Home Reform Act of 1987 (Harrington et al., 2016). This recommendation is based on a preponderance of research evidence (primarily longitudinal studies) indicating strong positive relationships between the number of direct nursing home staff and quality outcome measures; and on a belief that the current federal standards are inadequate (Harrington et al., 2016, 2020). The United States Centers for Medicare and Medicaid Services (2001) reported the results of a study of a representative sample of over 5,000 nursing homes in 10 states. The results indicated associations between staffing levels for nurse aides, licensed staff members, and RNs and the quality of care provided.

The study design considered each facility's case mix or acuity when identifying the staffing thresholds at which additional staff members offered no further incremental improvements in quality (The United States Centers for Medicare and Medicaid Services [USCMS], 2001). These thresholds were: 2.4–2.8 hr./resident day for nurse aides, 1.15–1.30 hr./resident day for licensed staff, and 0.55–0.75 hr./resident day for RNs. The United States Centers for Medicare and Medicaid Services (2001) emphasized that although no improvements in quality were observed above these thresholds, quality undoubtedly improved with every increase up to the thresholds. If these thresholds were mandated as minimum staffing levels,

about 97% of all nursing homes would not meet one or more thresholds (Harrington et al., 2016). Harrington et al. (2016) did, however, acknowledge that facility-reported median staffing levels had gradually increased over time; the median RN level was 0.7 hr./resident day in 2014, although there was wide variation across states. However, despite these improvements, it can be deduced from the data that about half the nursing homes in the United States were operating with RN staffing levels below the threshold identified by the CMS; nursing home operators could, therefore, substantially improve the quality of care by increasing RN staffing levels (USCMS, 2001).

This focus on quality has become more urgent than ever because working in nursing homes has become increasingly complex. About 20% of hospitalized Medicare beneficiaries were discharged to skilled nursing facilities in 2018, raising acuity levels within those facilities. Patients' lengths of stay have also become shorter (Medicare Payment Advisory Commission [MedPac], 2018). This technical complexity has been compounded by regulations that impose financial burdens to improve patient outcomes and improve care coordination interdisciplinary nursing home staff and referring hospitals (USCMS, 2021).

Medicare's hospital readmission reduction program reduces Medicare payments to hospitals for unplanned readmission of a patient within 30 days of their discharge. Operators of skilled nursing facilities are incentivized to avoid readmissions to be attractive to referring hospitals (MedPac, 2018). This incentive has been substantial. In 2016, Medicare stays amounted to 11% of total facility days but 20% of revenue for those facilities. In October 2018, the skilled nursing facility value-based purchasing policy took effect; it adjusted Medicare payments to skilled nursing facilities based on the facilities' readmission rates (MedPac, 2018).

One of the primary goals of the Affordable Care Act (ACA) was to reduce healthcare costs for Americans. An important aspect of this was linking Medicare payments to quality of care. Providing incentives to reduce excess readmission has saved tax dollars and improved the quality of life for Medicare beneficiaries (USCMS, 2021). These incentives to improve the quality of care and reduce healthcare costs have also provided an opportunity for RNs to quantitively demonstrate the value they bring to this increasingly complex and technical field (Dellefield et al., 2015). RNs have demonstrated their value through their education and training, and their competency in patient-centered care coordination has validated the long-held view that RNs are integral to providing quality care in nursing homes (Dellefield et al., 2015).

Several authors have predicted that RNs will increasingly need to coordinate care and resources in nursing homes among interdisciplinary professionals, advocate for residents and their families, and use critical thinking and clinical judgment to develop and implement care plans (American Nurses Association [ANA], 2012; Backhaus et al., 2015; Dellefield et al., 2015). The findings from this study could advance nursing instructors' understanding of how graduating baccalaureate nursing students decide whether to work in long-term care and help instructors develop strategies to increase graduates' interest in caring for older adults. Increasing the number of baccalaureate nurses in nursing homes would improve the quality of life and quality of care for patients/residents while efficiently using resources (United States Department of Health and Human Services, 2020a).

Three implications of the theory of planned behavior (Ajzen, 1991) underlie the significance of this study to nursing education. The first implication is that instructors' practical knowledge and geriatric nursing knowledge are necessary to positively impact students' efficacy beliefs regarding students' abilities to care for older adults, students' perceptions of outcomes,

and students' personally valued outcomes (Ajzen, 1991; Montaño & Kasprzyk, 2015). The second implication is that those nursing students who strongly believe in their ability to care for older adults, who possess positive perceptions of how to care for older adults, and who embrace reasonable expectations of the outcomes of caring for older adults will be more inclined to choose careers in long-term care (Ajzen, 1991; Montaño & Kasprzyk, 2015). The third implication is that self-efficacy beliefs are not grounded in the quantity of geriatric knowledge students acquire but rather in students' judgment of the knowledge and skills acquired, along with their outcome expectations and the value they place on those outcomes (Ajzen, 1991; Montaño & Kasprzyk, 2015). Nursing instructors and clinical mentors, therefore, play a pivotal role in forming undergraduates' (a) attitude toward work in geriatric nursing, (b) subjective norms that encourage work in geriatric nursing after graduation, and (c) perceived control in an ability to adequately and competently care for older adults.

The role of nursing instructors is to imbue within their students' positive values and beliefs by modeling those values and beliefs and to affirm the importance of the skills and values needed for geriatric nursing care (Gibbs & Kulig, 2017). This focus runs contrary to many instructors, who have emphasized acquiring knowledge and skills (Fox et al., 2016). It was anticipated that if the findings of this study substantiated these assumptions, they would provide a new frame of reference for designing, implementing, and evaluating gerontological teaching strategies and instructor development programs that could boost recruitment and retention of not just nurses but all healthcare providers in geriatric care.

Research Questions

This qualitative study is designed to interview graduating baccalaureate nursing students after completing a geriatric course and clinical class to understand the cognitive factors

influencing students' intention or motivation to choose geriatric nursing after graduation. The primary research question guiding this dissertation was:

RQ 1. How do graduating baccalaureate nursing students envision courses of care for older adults? Four sub-questions were:

RQ 1a. How do these students describe their communications with instructors regarding the care of geriatric patients?

RQ 1b. How do these students assess their ability to care for geriatric patients?

RQ 1c. How do these students describe their expectations and beliefs regarding the nursing care of older adults?

RQ 1d. How do these students perceive the value of outcomes they believe derive from caring for older adults?

Definitions of Terms

Terms specific to this research topic are defined to clarify and avoid misunderstanding when reading, interpreting, and evaluating research. Definitions of commonly used terms and key concepts discussed throughout the dissertation are supported by peer-reviewed sources to ensure that interpretation is consistent throughout the literature. A clear and concise definition of terms also assists in accurately situate the study's findings within previous literature (Merriam & Tisdell, 2016).

Advanced geriatric education. A nurse with advanced geriatric education is an RN with either an advanced degree in geriatrics or a certification in gerontological nursing from the American Nurses' Credentialing Center (American Nurses' Credentialing Center, n.d.).

Advanced geriatric practice experience. A nurse with advanced geriatric practice experience is an RN who has cared for patients in a long-term care setting (Eliopoulos, 2021).

Agency. The capacity to actively and independently choose and affect change (Bell, 2016).

Clinical knowledge. Clinical knowledge combines practical knowledge and theoretical or empirical knowledge (Murray et al., 2019).

Geriatric patient/client/resident. A geriatric patient, client, or resident is an adult aged 65 or older who requires some level of long-term care service or support (Eliopoulos, 2021).

Long-term care or geriatric practice. Long-term care includes services and supports designed to meet an individual's personal and healthcare needs over an extended period. Long-term care includes assistance with activities of daily living, instrumental activities of daily living, and health maintenance tasks (United States Department of Health and Human Services, 2020b). Individuals in long-term care may receive this care in their home from a home health agency or hospice, within the community in a senior center or adult day service center, or within an independent living facility, continuing care retirement community, assisted living facility, skilled nursing facility, or nursing home (National Institute on Aging, 2017).

Older adult. An older adult is 65 years or older (Besdine, 2019).

Outcome. An outcome is the consequence of an act (Merriam-Webster, n.d.).

Outcome expectations. An individual's outcome expectations are their beliefs regarding an act's probable outcomes or consequences (Lippke, 2020; Schunk & DiBenedetto, 2016).

Perceived value of outcome. An individual's perceived value of an outcome is the value that individual places on perceived outcome expectations and measures how much the individual desires one outcome over other possible outcomes (Schunk & DiBenedetto, 2016).

Practical knowledge. Practical knowledge, a component of clinical knowledge, is a type of knowing that occurs due to situated learning and reflection on practice (Murray et al., 2019).

Self-efficacy or control beliefs. Self-efficacy or a control belief is an individual's belief of what they can do. There is no relation between the individual's skill and their perception of self-efficacy; it is concerned with the individual's judgment of whatever they can do with their skills. Self-efficacy and control beliefs are relatively context-specific, so they are concerned with the individual's perceived capabilities in specific areas (Montaño & Kasprzyk, 2015; Schunk & DiBenedetto, 2016).

Research Design

Methodologists have created a variety of typologies of qualitative research approaches (Creswell & Poth, 2016). This study rested on a constructivist epistemological framework defined by Merriam and Tisdell (2016) as a basic qualitative study, one of the most common forms of qualitative inquiry employed in education. The primary purpose the of basic qualitative inquiry was to understand how individuals construct meaning in their lives. Consistent with this constructivist philosophy, the study's findings reflected that "what is *perceived* [emphasis added] as real is real in its consequences" (Patton, 2015, p. 121). A basic qualitative design was best suited to answering the study's research questions because it could consider the multiple realities of different groups of people and the implications these realities have on their lives from the researchers' perspective.

The purpose of a study and its associated research questions are inextricably linked with the study's theoretical framework. These interrelations work to direct the formulation of interview questions and other data collection methods, the manner of data analysis, and the interpretation of the findings (Merriam & Tisdell, 2016). The findings from this basic qualitative research study are, as Merriam and Tisdell (2016) explained, "the researcher's understanding of the participant's understanding of the phenomenon of interest" (p. 25). This interpretation is the

distinctive feature of basic qualitative research but is mediated by some theory or set of concepts based on the worldview of a particular discipline, such as cultural values or spiritual development (Merriam & Grenier, 2019).

For this reason, a basic qualitative design was well suited to uncover and understanding processes. A basic qualitative design was thus employed to understand how undergraduate nursing students perceive older adults' nursing needs and how they envision and establish courses of care for older adults. This understanding was framed and guided using the constructs of the theory of planned behavior to identify and describe specific strategies, processes, behaviors, and philosophies that can guide nursing students to desire to work with older adults after graduation.

Assumptions and Limitations

Underlying the many decisions made in the design of this study were beliefs and assumptions consistent with the social constructivist approach brought to this dissertation study. Social constructivism, a worldview that emphasizes the importance of culture and context in understanding the construction of knowledge (Creswell & Poth, 2016), maintains that people actively construct knowledge by processing sensory input into something meaningful that is socially, culturally, and historically constructed. Individuals develop knowledge based on their interactions with each other and the environment (Creswell & Poth, 2016). To understand how this research was conducted and its findings construed, it is important to consider the philosophical assumptions made regarding reality, knowledge, and learning.

Assumptions

This study rested on seven assumptions:

1. Nursing instructors' backgrounds (clinical knowledge and experiences, personal philosophies, and values) guide their clinical decision-making processes. Instructors' clinical judgments, a result of these processes, influence and are influenced by what the instructors perceive to be the salient components of any clinical situation. This influence, in turn, affects how instructors will model and teach geriatric nursing.
2. Nursing instructors with advanced geriatric education or experience are more inclined than others to model and teach clinical norms and practices consistent with positive and caring attitudes toward geriatric patients.
3. Nursing instructors with strong geriatric knowledge, experience, and practical knowledge positively impact students' efficacy beliefs regarding those students' ability to care for older adults, perception of outcomes, and personally valued outcomes.
4. Nursing students with stronger beliefs in their individual agency to care for older adults, more positive and valued expectations of what it is like to care for older adults, and realistic, positive perceptions of outcomes derived from caring for older adults are more inclined than other nursing students to choose careers in long-term care.
5. The participants clearly understood the meaning of the interview questions and responded honestly and candidly without ulterior motives.
6. The interview questions yielded sufficient data to produce rich, descriptive findings that answered the research questions.
7. The inclusion criteria were comprehensive, appropriate, and ensuring that all participants had experienced geriatric nursing education in similar ways.

Limitations

Six limitations were identified for the study:

1. Nursing instructors' teaching styles, their inclinations to positively portray geriatric patients, and model caring attitudes were not investigated.
2. There was no opportunity to observe how students provided care to geriatric patients and validate their responses to the interview questions without observing students during a clinical component corresponding to the geriatric theory class.
3. Students educated by instructors without advanced geriatric education or experience were not investigated, so comparisons between groups were impossible.
4. The study was conducted by a newcomer to research with limited experience interviewing research participants.
5. Unknown conditions or factors within the participants' community, school, homes, or workplaces may have biased their responses.
6. Students who volunteered for this study may have had a preexisting interest in geriatric nursing, which could have introduced a positive bias.

Organization of the Remainder of the Study

This chapter established the need to build a geriatric nursing workforce to care for the growing number of older Americans (Vespa et al., 2020). Although nursing students generally respect older adults and recognize their individual needs, geriatric nursing care has remained unpopular as a field of work for nurses (Gould et al., 2015; Hirst & Lane, 2016; Schroeder, 2016; Zisberg et al., 2015). Discussion of reasons for this unpopularity led to the suggestion that nursing instructors and how they educate nursing students may have been a factor Ben Natan et al., 2015; Fox et al., 2016; Zisberg et al., 2015). The purpose of this study was to understand and

interpret the experiences of nursing students that are instrumental in their decision to choose gerontological nursing as a career upon graduation from nursing school. The theory of planned behavior (Ajzen, 1991) formed the theoretical framework used to understand how nursing students make career decisions. The remainder of the chapter discussed the study's need, purpose, and significance and described the research questions, terms used, research design, and assumptions and limitations.

Chapter 2 is a review of existing literature and a discussion of the theoretical orientation for the study. Chapter 3 includes a detailed description of the research methodology, data collection, and plan for analysis. Chapter 4 presents the findings of the study. Chapter 5 summarizes the findings, conclusions drawn from the data, and a discussion of the conclusions, including implications and recommendations for further research.

CHAPTER 2. LITERATURE REVIEW

This original dissertation research study explored how graduating nursing students envision courses of care for older adults. Many researchers have addressed the geriatric knowledge, attitudes, and perceptions of nursing instructors and nursing students (Abdal et al., 2015; Reitmaier et al., 2015; Rowbotham & Owen, 2015; Sweet & Broadbent, 2017; Valiee et al., 2016). However, a gap has remained in existing literature regarding the perspectives of graduating nursing students about their decisions to work in long-term care or other fields (Garbrah et al., 2017). Within this chapter, the methods used to search the literature, a presentation of this study's theoretical orientation, a review of existing literature, a synthesis of existing research findings, and a critique of existing research are discussed.

Methods of Searching

Consideration of experiences of graduating nursing students, as they relate to their decisions to work in geriatric practice after graduation, guided the direction and boundaries of the literature search, pointing to the sources, search terms, and databases used throughout the search. During the initial search, data gathered guided the later part of the search because knowledge of the topic increased. As the search progressed and understanding of the topic area evolved, the topic became narrower and more specific, which led to identifying a gap in the existing literature and a need for further research. Databases used in the literature search included the Cumulative Index to Nursing Allied Health Literature, Education Database, Education Research Complete, ERIC, Google Scholar, and PubMed. Some keywords or phrases used included *clinical instruction, older people nursing, student nurses, clinical learning environment, gerontological nursing, students' perceptions, attitudes,* and *curriculum.*

Theoretical Orientation for the Study

Social constructivism was the theoretical tradition that explained and justified the choice of a basic qualitative design, and theoretical framework, the theory of planned behavior (Ajzen, 1991), was used to develop the theoretical proposition that guided data collection and analysis. A postmodernist perspective, using the theory's constructs of behavioral beliefs, normative beliefs, and control beliefs, then sought to deconstruct or disrupt the dichotomy of students' perspectives; of those who would work in long-term care after graduation and those who would not. It was important then for the multiple student perspectives of this decision-making process to be presented in the findings (Merriam & Tisdell, 2016).

Theory of Planned Behavior

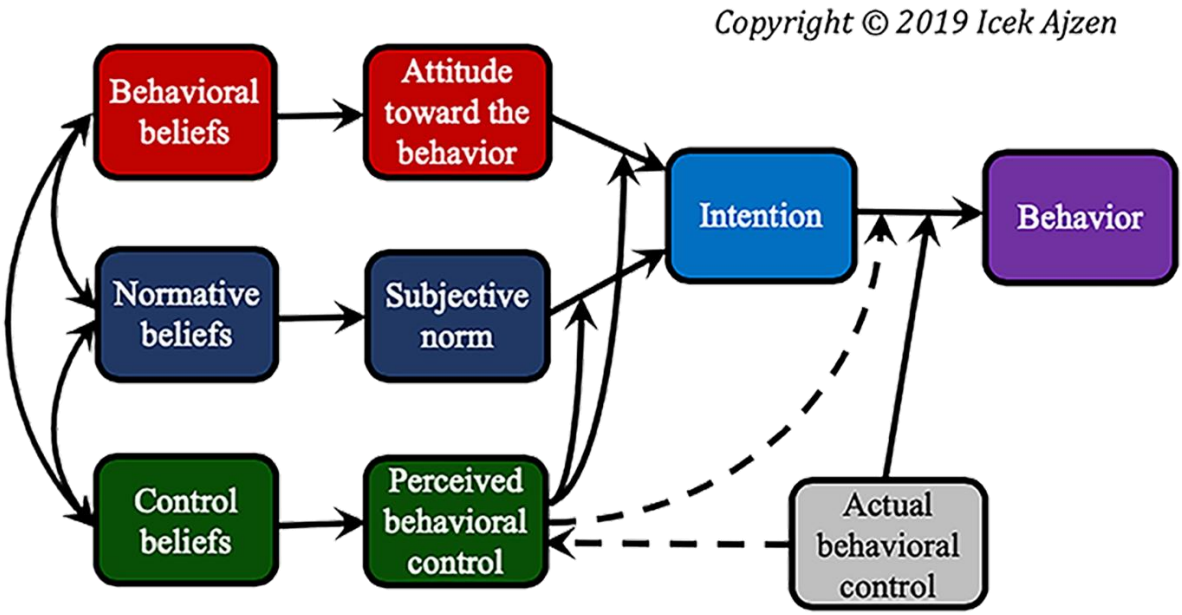
Fishbein and Ajzen (1975) designed the theory of reasoned action to improve the predictive power of attitudes by explaining the psychosocial processes that mediate attitudes, intentions, and behaviors. The theory of planned behavior (Ajzen, 1991) extends the theory of reasoned action adding the constructs of control beliefs and perceived behavioral control to account for behavior not under an individual's complete volitional control, as displayed in Figure 1. The underlying premise of the theory of planned behavior is that behavioral intent—a person's intention to perform a behavior—determines behavior. Direct antecedents of behavioral intent are attitude toward the behavior, subjective norms associated with the behavior, and perceived control over the behavior (Ajzen, 1991).

Ajzen's theory (1991) proposes that an individual's attitudes toward a behavior will depend upon the individual's current and salient behavioral beliefs about the outcomes or attributes of performing the behavior, such as the cost incurred. The strength of an individual's attitude toward a behavior is the aggregate of the individual's behavioral beliefs and the

subjective value of the outcomes and attributes linked to that behavior. Thus, a person who holds many positive beliefs regarding the outcomes of working in gerontological nursing will have a positive attitude toward working in gerontology. The strength of that positive attitude will be directly proportional to the subjective value placed on those outcomes by the individual. The same is true of negative beliefs (Ajzen, 1991).

Figure 1

The theory of planned behavior



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Subjective norms are perceived social pressures surrounding a specific behavior that compels a person to feel they must either engage in or not engage in that specific behavior. An individual's subjective norms depend on the individual's salient normative beliefs, which are beliefs of specific individuals or groups (referents) whom the individual values. The aggregation

of these normative beliefs combined with the strength of the individual's motivation to comply with the referents' wishes represents the intensity of the subjective norms felt by the individual (Ajzen, 1991). For example, a nursing student who values their instructor's opinions and believes the instructor would like the student to work in gerontological nursing after graduation may hold a positive subjective norm toward working in gerontological nursing. Nevertheless, this may only be determined after considering the student's other normative beliefs and their motivation to comply with each of those beliefs.

Perceived behavioral control considers the degree to which an individual's behavior is under the individual's volitional control. Attitudes and subjective norms may not be enough to predict behavior when an individual has diminished control. Perceived behavioral control depends on control beliefs, beliefs that specific factors can facilitate or impede the performance of a behavior. The aggregate of relevant control beliefs combined with each control belief's perceived power represents an individual's perception of their ability to perform a behavior. For instance, an undergraduate nursing student who perceives that their education and the long-term care work environment provide adequate skills and resources to effectively care for older adults will be inclined to care for older adults. Perceived personal or environmental barriers to performing the behavior will diminish that inclination (Ajzen, 1991). Montaño and Kasprzyk (2015) noted that the concept of perceived behavioral control is essentially the same as Bandura's (1997) self-efficacy concept.

Review of the Literature

A literature review is a logical argument that supports a position or thesis and uses evidence within existing knowledge to answer research questions (Machi & McEvoy, 2016). In keeping with this definition, a gap in existing nursing education literature regarding

undergraduate nursing students' experiences related to their motivation to work in geriatric practice is identified. This gap in the current literature then supports the need for original research to understand how graduating nursing students, who consider working in long-term care after graduation, perceive the nursing needs of elderly clients and how they envision and establish a course of care for older adults.

Nursing Students' Preferences for Geriatric Nursing

America's population has been aging; the United States Census Bureau (2017) forecast that those aged 65 years or older will account for 20% of the United States population by 2030, up from 15% in 2016. With only about 9.4% of registered nurses (RNs) choosing to work in long-term care (United States Bureau of Labor Statistics, 2020), researchers have predicted a serious shortage of nurses capable of meeting the needs of older adults who will be living longer and having more complex and chronic medical conditions (National Academies of Sciences, Engineering, and Medicine, 2017). The groundbreaking work of the IOM Committee on the Future Healthcare Workforce for Older Americans (2008) called on nursing instructors to help meet this demand and overcome barriers to the recruitment and retention of RNs in long-term care by enhancing the quality and quantity of appropriate education and training.

Many researchers have supported the view that nursing students prefer not to work with older adults after graduation (Gould et al., 2015; Hirst & Lane, 2016; Matarese et al., 2019; Schroeder, 2016; Zisberg et al., 2015). Three major themes regarding students' impressions of geriatric nursing emerged during the review of the literature: (a) negative perceptions of geriatric nursing care (Carlson, 2015), (b) negative views of the clinical environment (Neville, 2016), and (c) negative assessments of gerontological nursing's impact on career plans (Garbrah et al., 2017).

Students' Perceptions of Geriatric Nursing Care

It has long been established that gerontological nursing is one of the least preferred career preferences among nursing students after graduation (Matarese et al., 2019). This disinterest is thought to be a consequence of nursing students' negative perceptions of geriatric nursing care (Dahlke et al., 2020). Students commonly perceive geriatric nursing as sad, boring, repetitive, and physically demanding work (Carlson, 2015; Gould et al., 2015). In 2002, a large and important longitudinal study was conducted by Happell on this topic. Happell (2002) reported geriatric nursing as the least preferred nursing field among 262 nursing students, and the students' desire to work with older adults had declined significantly throughout their three years in the nursing program. Recent research has continued to confirm that nursing students' desire to work with older adults may diminish throughout their education, even though they express positive attitudes toward older people in general (Carlson, 2015; Dahlke et al., 2019; Garbrah et al., 2017; Neville, 2016; Zisberg et al., 2015).

Hunt et al. (2020) conducted a ten-year longitudinal study in New Zealand and found that 42% of the 564 nursing students surveyed expressed no interest in caring for older adults upon entry into the nursing program and by graduation, the number of students denying interest in geriatric nursing had increased to almost half (47%). This lack of interest may be driven by a desire to work in high-technology areas, such as pediatrics, obstetrics, and intensive care (Hovey et al., 2017).

Nursing education and practice have emphasized theoretical and clinical skills directed toward acute care, with only small fractions of nursing curricula focusing on compassion and holistic patient-centered care (Algoso et al., 2016; Dahlke et al., 2020; Gould et al., 2015). These latter characteristics are associated with the care of older adults, which students devalue because

educators, practitioners, and the media have minimized them (Dahlke et al., 2020; Gould et al., 2015; Neville, 2016). The emphasis on curing rather than caring may be responsible for lack of interest in caring for older adults as students have come to believe that geriatric nursing is boring and that geriatric nurses cannot make a difference by helping patients to get better (Algoso et al., 2016; Dahlke et al., 2020; Neville, 2016).

Students in the United States come to nursing holding widely accepted and dominant Western conceptions of aging based on a biomedical model (Hovey et al., 2017; Koskinen et al., 2015). Attributes commonly associated with aging are loss of function and changes in appearance and attitudes (Koskinen et al., 2015). Students perceive older adults as having deteriorated physically and mentally, as being physically unattractive, and as having fixed and outdated attitudes (Palmore, 2015). These ageist and paternalistic attitudes have no place in education or healthcare. Overgeneralizing and focusing on the commonalities of individuals can lead to ignoring an individual's particular needs (Dahlke et al., 2017; de Almeida Tavares et al., 2015; Fox et al., 2016).

Characterizing older adults as a separate and distinct group outside the mainstream can lead to their social isolation; characterizing older people as of a different time, usually the past, and can overlook the valuable contributions they can make to the world (Applewhite, 2019). Applewhite (2019) maintained that such attitudes foster the dehumanization of older people and thereby make it easier for individuals and society to diminish the worth of older people and endorse a subtle form of violence toward them. Leedahl et al. (2020) found that frequent social interactions with older people in an intergenerational digital-learning program can counter these attitudes of dehumanization. Young people who worked closely with the older adults to teach them how to use technology got to know them; they saw these older people as productive

members of society, eager to continuously learn and grow. Their attitudes and perceptions of older people and aging improved after participation in the program, and many expressed an interest in working with older people in their future careers.

Students' Perceptions of the Clinical Environment

An important longitudinal study conducted by Stevens in 2011 tracked the career preferences of 150 undergraduate nursing students throughout their nursing program while simultaneously linking these preferences to the number of days spent in clinical placement for that area. Stevens (2011) indicated that the longer students spent caring for older adults in their clinical placements with older adults, the less likely they were to choose geriatric care as a career. Other, more recent studies have shown that students' desire to work in aged care diminishes throughout their education (Carlson, 2015; Dahlke et al., 2019; Hunt et al., 2020; Zisberg et al., 2015); however, this recent research has not linked the diminution of interest with time spent caring for older adults in practicum, as did the Stevens (2011) study.

Many nursing students commence their education without clear preferences regarding particular nursing fields but then develop preferences throughout their education (Hunt et al., 2020; Stevens, 2011; Wareing et al., 2018). They learn to work with older adults through theory classes and clinical practicums and soon recognize a discrepancy between the merits of patient-centered holistic care, the foundational value of the nursing curriculum taught, and the reality of nursing care they experience in clinical practice within long-term care settings (Traynor & Buus, 2016). Undergraduate nursing students have expressed disillusionment and cognitive dissonance when they could not see the caring values espoused by educators and prized within the classroom practiced within clinical settings (Traynor & Buus, 2016). As a remedy, Hunter and Cook (2018) proposed that nursing education expand new graduates' understanding of the RN role to include

patient-centered caregiving and the organizational work inherent in providing that care. Empowering students to understand the realistic work of nursing and caring for older adults in economic environments where resources are limited could moderate negative expectations about geriatric care and address the powerlessness that Gould et al. (2015) and Traynor and Buus reported students feeling.

Students believe that the theoretical component of geriatric education is inadequate and ill-defined largely because instructors do not teach them the fundamentals of geriatric practice before their clinical placements (Algoso et al., 2016; Cooper et al., 2017; Dahlke et al., 2020; Fox et al., 2016). Research has revealed that often less than five percent of geriatric content is integrated into the nursing curriculum (Negrin & Dahlke, 2019), and this content is frequently presented sporadically and in general terms throughout, making it difficult for students to see a link between theory and practice (Dahlke et al., 2020). Students consequently feel unprepared to care for geriatric patients (Garbrah et al., 2017; Gould et al., 2015). Researchers have recommended that for geriatric content to be relevant, it must be inspirational and explicit, focused on practice, and presented with strong links between theory and practice (Hirst & Lane, 2016; Hovey et al., 2017; Lea et al., 2015; Parsons et al., 2015).

The prevailing incongruence between theory and practice, and a curricular emphasis on curative care, may explain why some students feel that their clinical placement and work with older people provide limited opportunities to practice their technical skills and develop their nursing knowledge (Gould et al., 2015). Many students believe that long-term care is slow and monotonous because nurses must care for the same patients for an extended period with limited exposure to a variety of medical conditions (Gould et al., 2015; Hovey et al., 2018). But these low-technology areas of nursing practice are not dominated by medicine's curative model, and it

is here, Stevens (2011) explained, that nursing's paradigm of care and esteem for the quality of life can provide the most benefit and cement nursing's status as a profession.

Another important consideration is that some clinical placements provide negative experiences for students. In Brown et al.'s (2008) innovative and comprehensive seminal work investigating over 700 nursing students' perspectives of gerontological nursing within several clinical environments and over three and one-half years, they described an "'impoverished environment' of care" (p. 1220) as one that provided negative experiences for students. In such places, standards of care are low, and students develop negative perceptions of geriatric care and work with older people. These placements typically have

- poor physical environments with problems such as smells, outdated furnishings, and overcrowding; scarce equipment;
- staff members with inadequate knowledge, skills, and training; and
- poor staffing levels and staff pay and conditions (Brown et al., 2008).

Brown et al. (2008) established that if students instead encounter "enriched environments" (p. 1223), their perceptions regarding geriatric nursing become more positive. According to Brown et al., enriched environments are places where students rapidly establish a sense of security, feel welcome and part of a team, have relationships with mentors who help link theory and practice, are inspired by high standards of care and positive attitudes toward older people and feel that they and their work with older people are valued. Contemporary researchers have also recognized that poor standards of care contribute to negative attitudes toward geriatric nursing (Garbrah et al., 2017); whereas positive learning environments promote interest in geriatric nursing (Cheng et al., 2015).

Students' Perceptions of Gerontological Nursing and Their Careers

A notion common among nurses and nursing students is that nursing care of older adults holds little professional value for society, nurses, and other healthcare professionals (Fox et al., 2016; Garbrah et al., 2021; Gould et al., 2015). Students overwhelmingly prefer pediatrics and critical care over geriatric care, which seems to reflect the value society places on youth, cure over care, and technological advances (Hirst & Lane, 2016; Matarese et al., 2019). This diminution of aged care as a viable career option was exposed in the Stevens (2011) longitudinal study and continues to be seen in recent literature (Fox et al., 2016; Garbrah et al., 2017). As students move closer to graduation, they become more concerned about the effect of working with older people on their careers (Ben Natan et al., 2015). They worry they might forget some nursing skills, such as administering injections, that they have recently learned (Gould et al., 2015). They express concern that their efforts will not make a difference in long-term care (Dahlke et al., 2020) and not advance their careers (Cooper et al., 2017). Concerns like these have been echoed throughout the literature and are a symptom of the political economy of aging that continues to perpetuate ageism within the United States (Garbrah et al., 2017).

Turnover and job dissatisfaction have been high among nurses and other direct-care workers in geriatric care due to low pay and understaffing, as noted by the visionary work of the IOM Committee on the Future Healthcare Workforce for Older Americans (2008). In 2019, the mean wages of RNs working in nursing care facilities were about 13% lower than the mean wages of those working in general medical and surgical hospitals (United States Bureau of Labor Statistics, 2020). To help increase recruitment and retention in long-term care, the IOM Committee on the Future Healthcare Workforce for Older Americans (2008) recommended that state Medicaid programs increase the pay for direct-care workers and provide access to fringe

benefits. However, because 70% of all long-term care dollars spent comes from Medicaid and Medicare, any wage increases need to come from additional government funding of Medicaid, which Congress has been working against (IOM Committee on the Future Healthcare Workforce for Older Americans, 2008; Oh, 2017). Gerontological nurse leaders and nursing educators have struggled to boost the number of graduating nurses choosing to work in long-term care by implementing education programs and teaching strategies designed to improve students' attitudes toward older people, a plan that makes intuitive sense (Hovey et al., 2017).

Attitudes of Undergraduate Nursing Students Toward Older Adults

Researchers have been working to understand student nurses' attitudes regarding work with older adults since the 1970s (Gunter, 1971; Hart et al., 1976; Kayser & Minnigerode, 1975). These early researchers focused mainly on several educational strategies to improve nursing students' attitudes by increasing their knowledge and contact with older adults. More recently, researchers have attempted to understand how nursing students' attitudes are influenced by (a) gerontological nursing curricula, including whether the content is presented on its own or integrated throughout a program (Nunnelee et al., 2015); (b) clinical placements (McCloskey et al., 2020a; and (c) innovative learning strategies (McCloskey et al., 2020a.

Nursing Students' Attitudes and Gerontological Nursing Curricula

Before the creation of the Hartford Institute for Geriatric Nursing (HIGN) in 1996, undergraduate nursing programs contained little curriculum content regarding the care of older adults, national standards did not exist at the time (The John A. Hartford Foundation Institute for Geriatric Nursing, n.d.). Then in 1997, when the HIGN conducted a national survey of baccalaureate nursing programs to understand the status of gerontological nursing education and establish baseline data regarding undergraduate gerontology curricula, it was realized that more

than 60% of nursing programs needed help to strengthen their gerontological curricular content, faculty development, and student materials (The John A. Hartford Foundation Institute for Geriatric Nursing, n.d.). After reviewing existing literature and the survey findings, Rosenfeld et al. (1999) developed an important model that continues to define nursing programs of excellence today. Three of the five pillars of the Rosenfield et al. model of excellence relating to nursing curriculum and its development are (1) a stand-alone course in gerontology, (2) two or more clinical placement sites in gerontological courses, and (3) at least one full-time instructor nationally certified in gerontological nursing.

Results from the 1997 national survey also stimulated the formation of a partnership between the HIGN and the American Association of Colleges of Nursing (AACN) to provide needed resources and guidance to undergraduate nursing programs and instructors (Beverly & Harden, 2020). Subsequently, the AACN (2010) developed an addendum for the "Essentials of Baccalaureate Professional Nursing Education" to include geriatric competencies that provided curriculum guidelines for geriatric nursing to help educators integrate geriatric content into baccalaureate curricula (AACN & HIGN, 2010; Beverly & Harden, 2020). The HIGN provided a wealth of technical resources to help strengthen instructor expertise in gerontology and support instructors in developing curricula that meet core geriatric competencies (HIGN, 2020).

Since 1997, nursing programs have revised their curricula and in 2023, most baccalaureate nursing students were receiving exposure to geriatric content in at least one required course (Isaacs et al., 2019). The AACN "Essentials of Gerontological Nursing" competencies that guide nursing practice have been linked to the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to ensure nurses are prepared to care for older adults (National Council of State Boards of Nursing, 2021). The AACN and HIGN have

encouraged every baccalaureate nursing program to include a required stand-alone course with didactic and clinical components and to integrate geriatric content throughout the program (AACN, 2010). However, only one-third of baccalaureate nursing programs have a required course in geriatric nursing (Nunnelee et al., 2015), one of Rosenfeld et al. (1999) pillars of excellence. The presence of a required stand-alone course would naturally signal geriatric nursing's importance and possibly influence students' attitudes toward older adults and students' desires to care for older adults after graduation (Koroknay, 2015).

Several researchers have focused on understanding how the timing and placement of geriatric nursing content within the curriculum influence student attitudes toward older adults and their career choice after graduation (Garbrah et al., 2017; Lee et al., 2018). Results have been inconsistent, indicating that attitudes may become either more positive or possibly not impacted at all (Koskinen et al., 2015). Researchers have not agreed whether gerontological content is best integrated throughout the curriculum or developed into a stand-alone course (Negrin & Dahlke, 2019). Multiple variables are probably responsible for inconsistent observations.

Students' Attitudes in an Integrated Curriculum. Many nursing schools in the United States are moving toward an integrated curriculum, where geriatric content is taught throughout the nursing program, partly because of the perception that curricula are already overloaded, and there is no room for another course (Lee et al., 2018). Moreover, the increasing popularity of accelerated undergraduate nursing programs to help meet the growing demand for nurses has exacerbated this tension (AACN, 2019), along with the reality that few nursing instructors possess the expertise in gerontological nursing needed to teach a focused gerontology course (Krichbaum et al., 2015; Negrin & Dahlke, 2019).

To meet these challenges, an early and often-cited study conducted by Baumbusch et al. (2012) attempted to demonstrate that improvements in students' knowledge of geriatric content and attitudes toward the care of older adults could be significantly improved within an integrated curriculum. Baumbusch et al.'s belief that this was possible was based primarily on two premises that have been further established in the current literature: (a) instructors' positive attitudes and regard for older people have a favorable influence on students' attitudes toward older people (Matarese et al., 2019), and that (b) geriatric content taught in the classroom and combined with relevant practical experience positively affects students' attitudes (Ben Natan et al., 2015; Kalogirou et al., 2020; Nolet et al., 2015).

Historically, Baumbusch et al. (2012) conducted a pretest-posttest study designed to compare the attitudes and beliefs of 43 students toward older adults between the beginning and end of an eight-week integrated adult and older adult course during the first semester of an accelerated program. The course had both theoretical and clinical/lab components. Class lectures focused on common conditions, and the clinical placements ranged from acute care to long-term care. Students reported significant improvement in attitudes; however, no further evaluations were made, so whether this improvement lasted throughout the accelerated program is unknown. Baumbusch et al. also did not evaluate instructors' attitudes toward older adults, even though they assumed that instructors' positive regard for older adults was instrumental in changing student attitudes.

Another important limitation of the Baumbusch et al. (2012) study was that many of the students participating had extensive experience with older adults, and 11 of the 43 students had an undergraduate degree in health science. It is known that students who have had previous positive encounters with older adults often report more favorable attitudes toward them (Drury et

al., 2016; Koehler et al., 2016; Mattos et al., 2015; Neville, 2016), it is likely that their previous experiences favorably influenced their beliefs and knowledge regarding nursing care of older adults. Baumbusch et al. recognized that responses to an open-ended question at the end of their questionnaire indicated that many of the respondents drew on their life experiences when reflecting on their clinical experiences during the course, and these life experiences with older adults had been positive.

Research within the last ten years has found that integrated curricula have little or no influence on student attitudes. Lee et al. (2018) conducted a cross-sectional survey of 411 students across three baccalaureate nursing programs in three universities. Two schools conducted stand-alone gerontology courses and the third integrated gerontology curriculum throughout all courses. Lee et al. found all students' attitudes in both stand-alone and integrated nursing programs to be generally slightly more positive than negative, although students' confidence in caring for older adults was negatively correlated with negative attitudes towards older adults. Again, many of the students had been employed in healthcare, but Lee et al. did not assess these personal experiences in relation to attitude toward older adults. However, consideration of a gerontological career was positively associated with living or working with older adults. The level of students' confidence when caring for older adults and their previous personal and work experiences with older adults may have had an important impact on attitudes toward older adults and how the curricula were introduced into the nursing program (Lee et al., 2018).

The advantages of exposing nursing students to healthy older adults and the use of this strategy as a tool to inspire students to pursue a career in gerontological nursing have been well-established in the literature (Cheng et al., 2015; Chi et al., 2016; Lee et al., 2018; Mattos et al.,

2015). Ouchida and Lachs (2015) reported that an important contributor to ageism is the many misconceptions held by healthcare professionals that result from constant exposure to very ill and frail hospitalized geriatric patients and limited exposure to healthy community-dwelling older adults. It is believed that when students are exposed to the positive aspects of aging—working and engaging with healthy, active, community-dwelling older adults—more realistic and empathic attitudes evolve (Garbrah et al., 2017; Lee et al., 2018). Based on the literature surrounding this topic, it is recommended that students be exposed to older adults within subacute, residential, or short-stay units to fully understand the complexities of aging and the interdisciplinary teamwork and care coordination required of all nurses to facilitate older adults' return to home within the community (Koroknay, 2015; Lee et al., 2018; Parsons et al., 2015).

Koroknay, 2015, Lee et al., 2018, and Parsons et al., 2015 suggest that many variables work in concert to influence students' attitudes toward older adults; the nature of clinical placements and the level of confidence students have toward care for older adults seems to have a profound effect. Therefore, it is uncertain whether simply implementing a curriculum integrated with relevant gerontological nursing content by faculty who hold positive views of this population; as was proposed by Baumbusch et al. (2012), will favorably influence students' knowledge and beliefs about the carte of older adults; or even maintain the positive attitudes students bring to their nursing programs.

The vulnerabilities of integrating geriatric nursing content and clinical practice experiences solely by instructors who may lack knowledge or skills in geriatric nursing into the nursing curriculum are well documented (Garbrah et al., 2017; Koroknay, 2015). Instructors with gerontological expertise should teach most of the courses, including clinical courses (Garbrah et al., 2021), which is not usually possible (Krichbaum et al., 2015). To avoid risking the loss of

specialized knowledge that students require to care for older adults adequately, considerable effort has been devoted to understanding the implications of stand-alone gerontological courses on students' knowledge of geriatric nursing and attitudes toward older adults.

Students' Attitudes and Stand-Alone Gerontological Courses. The only national survey of accredited baccalaureate nursing programs in the United States since the advent of AACN's competencies and curricular guidelines for geriatric nursing was conducted by Gilje et al. (2007) in March 2004. At that time, curriculum overload was the primary barrier to introducing new stand-alone geriatric nursing courses. Other reasons mentioned were lack a of interest among instructors and insufficient instructors qualified to teach a gerontology course. Among those programs whose leaders were contemplating the addition of stand-alone courses, their primary rationale was to prepare future RNs to care for an aging population with specific care needs and to ensure that geriatric nursing did not become diluted within an integrated curriculum (Lee et al., 2018). Since the survey was conducted almost two decades ago, more nursing schools in the United States have turned to integrating gerontological content in their curricula (Lee et al., 2018) instead of initiating a stand-alone gerontological course due to the same reasons that were cited in the Gilje et al. (2007) survey.

Complicating the decision to add a stand-alone gerontology course to a nursing curriculum are the many inconsistent findings within existing literature regarding the impact of stand-alone courses on students' attitudes toward working with older adults (Lee et al., 2015). While most researchers have found increases in students' geriatric nursing knowledge after completing a stand-alone geriatric course (Lee et al., 2018; Lowey, 2018; Mattos et al., 2015), many researchers reported mixed findings regarding students' attitudes toward older people after

a stand-alone course was introduced (Koehler et al., 2016; Lowey, 2018). Lee et al. (2015) attributed much of this discrepancy to how attitude was measured in the literature.

Lee et al. (2015) asserted that attitude is a complex concept that cannot be adequately measured and described by a single instrument, as is often the case in many studies. Lee et al. believed multiple measures are needed to fully understand the nuances embedded within this phenomenon. In addition to using a diverse number of single instruments to compare the same concept, Lee et al. also criticized previous studies of students' attitudes toward aging, saying that much of this research has relied on simple study designs, including cross-sectional studies that used a single attitude measure to compare with another group (Lowey, 2018; Mattos et al., 2015), or studies such as Parsons et al. (2015) that used pre and posttests in a single group; again, using a single instrument to measure attitude.

To understand whether students enrolled in a stand-alone gerontological course would change their attitudes toward older adults in both positive and negative ways over time and compared to students not exposed to such a course, Lee et al. (2015) conducted a quasi-experimental study using multiple attitude measures. In this study, the intervention group was comprised of nursing students who took a stand-alone gerontology course in the third semester of a baccalaureate nursing program. The three-hour course consisted of lectures and clinical work that focused on the normal aspects of aging and improving health rather than chronic health problems exacerbated by the physiological effects of aging and the potential functional deficits that can result (Lee et al., 2015). Clinical placements and interviews occurred in long-term care institutions and places where older adults live and socialize within the community, such as independent living facilities and community centers.

The comparison group consisted of students pursuing other majors and were not provided any gerontological information or planned contact with older adults (Lee et al., 2015). The groups were assessed at the beginning and end of the semester on three measures of attitude (a) the Kogan Attitude Towards Old People Scale (KOP), (b) journal entries regarding feelings toward older adults, and (c) Palmore's Facts on Aging Quiz (FAQ), which indicates age bias. Each measure had a positive and negative aspect for six dependent variables. These additional measures have provided a rich, in-depth understanding of attitudes held by nursing students toward older adults (Lee et al., 2015).

An important finding from the Lee et al. (2015) study revealed that positive attitudes and feelings toward older adults in both the nursing and non-nursing control groups improved over time, but with no significant difference between the groups, indicating the gerontology course did not influence the positive attitudes and feelings exhibited by the nursing students. The fact that positive attitudes and feelings improved in both groups, Lee et al. speculated, could be attributed to the Hawthorne effect, a change in the students' reported perceptions simply due to their knowledge of being studied, suggesting that any measure of positive attitudes after an intervention (training or course) may not necessarily reflect the effects of that intervention.

Another interesting finding from Lee et al's. (2015) study was that negative aspects of attitudes and feelings of the nursing students toward older adults had become markedly diminished over time compared to the control group, indicating that when students learn about normal aging and interact with healthy older adults, their negative attitudes and feelings about aging were reduced (Lee et al., 2015). At the same time, the nursing group exhibited an increase in pro-age bias and a decrease in anti-age bias over time, while a significant increase in anti-age bias occurred in the non-nursing control group (Lee et al., 2015). Lee et al. noted that clinical

placements and curricula focusing on normal aging and community-dwelling older adults could help reveal and eliminate biases and misconceptions about aging and older adults. This result is consistent with findings from other studies, which have shown that students' exposure to healthy older adults can challenge their perceptions of society's ageist stereotypes (Lowey, 2018; Mattos et al., 2015; Parsons et al., 2015).

In another study, Mattos et al. (2015) used a cross-sectional mixed methods design to compare the attitudes of 85 junior baccalaureate nursing students who had completed a gerontological nursing course with another group of 47 students from the same cohort who still needed to complete the course. The gerontological course included a three-hour clinical component that involved interviewing and assessing community-dwelling older adults (Mattos et al., 2015). The Geriatric Attitudes Scale (GAS) was used to measure students' attitudes. Students in the intervention course group were asked to provide written reflections about their interview with an older adult to supplement findings from the GAS (Mattos et al., 2015). Quantitative findings revealed a neutral overall mean attitude score for both student groups, and the score between groups did not differ significantly (Mattos et al., 2015). However, those students taking the course demonstrated significantly more positive responses on three of the 14 GAS items, while content analysis of the course students' reflections corroborated this apparent positive shift in perceptions (Mattos et al., 2015).

Because Mattos et al. (2015) used only one measure to quantify attitude, it is impossible to analyze this difference further; however, a significant finding from the qualitative reflections indicated that students taking the course questioned previous biases and negative stereotypes they held of older adults. Specifically, negative attitudes and biases seemed to have diminished when students who took the course recognized that many older adults are active and living

independent lives in the community (Mattos et al., 2015). More research is needed in this area, but currently, it appears that a stand-alone gerontology course that exposes nursing students to well older adults living in the community may be instrumental in significantly improving nursing students' perceptions of older adults (Lee et al., 2018; Lowey, 2018; Mattos et al., 2015; Parsons et al., 2015).

Koehler et al. (2016) studied the impact of a stand-alone gerontological course on students' attitudes toward working with older adults and career intentions. Students completed a survey before and after the gerontological course, offered in the second semester of the senior year, and 266 students participated over three years (Koehler et al., 2016). Overall attitude scores were high at the beginning of the course and significantly increased by the end; however, Koehler et al. also examined students' prior work experience with older adults.

Koehler et al. (2016) compared the attitude scores of students with prior work experience with older adults to those without such experience. Attitude scores increased significantly for both groups after they completed the course. Still the increase was greater for students without prior work experience with older adults, and Koehler et al. found no significant difference between the two groups at the post-test. In other words, the students' attitudes without prior work experience with older adults increased faster than those of students with experience. The course had an equalizing effect across the two groups. The course also appeared to counteract students' negative perceptions of prior work experience (Koehler et al., 2016).

In summary, undergraduate nursing students generally seem to hold positive attitudes and perspectives regarding older people (Ben Natan et al., 2015; Che et al., 2018; Zisberg et al., 2015), despite the uncertain influence of disparate curriculum delivery methods. Negative influences on students' attitudes toward geriatric nursing as a career choice likely include placing

students who do not possess focused gerontological knowledge into impoverished long-term care settings to care for complex and frail patients (McCloskey et al., 2020b). Another factor contributing to ageism and the notion that long-term care is boring is a lack of gerontological knowledge and experience among nursing instructors (Krichbaum et al., 2015; Negrin & Dahlke, 2019).

Nursing Students' Attitudes and Clinical Placements

Students' experiences with older adults can affect their attitudes toward the care of older adults. Those students who have had several positive social interactions with older people are more likely than other students to have favorable attitudes toward older people (Garbrah et al., 2017; Koehler et al., 2016) and are less likely than other students to hold misconceptions regarding aging that impact the quality of care (Koehler et al., 2016). Clinical experiences with healthy older adults in the community combined with geriatric education positively influence student attitudes toward older adults (Koskinen et al., 2016; Lee et al., 2015; Mattos et al., 2015; Parsons et al., 2015). Students who have interacted with healthy and active older adults come to discover that they have more in common with older adults than they once thought and come to see older adults as unique persons but not so different from themselves (Chippendale & Boltz, 2015; Parsons et al., 2015; Reitmaier et al., 2015).

However, instructors must train students to care for healthy older adults and for frail and ill older adults who may reside in long-term care. Some researchers have suggested that students do want to care for older adults but do not want to work in nursing homes because of negative work experiences and the poor care and unwelcoming staff members often found in nursing homes (Che et al., 2018; Garbrah et al., 2017). According to Cheng et al. (2015) and Wareing et al. (2018), clinical experiences are the most important factor influencing a student's career

choices. Providing quality long-term care clinical placements are paramount to improving undergraduate nurses' attitudes toward older people and working in this field.

Brown et al. (2008) described an innovative and comprehensive longitudinal study of 718 nursing students over three and a half years in their oft-cited and seminal work. Based on the findings from this study, Brown et al. asserted that many of the negative experiences reported by students in their clinical placements occurred in impoverished learning environments that were poorly staffed, lacked equipment, lacked staff members with the knowledge and skills needed to care for geriatric patients, and lacked investment in staff development. Although this study did not permit the establishment of causality, Brown et al. found a significant correlation between the quality of the students' work and clinical experiences and their perceptions of this type of work.

Negative experiences appeared to sustain many destructive perceptions and stereotypes of older adults and geriatric nursing among students (Brown et al., 2008). However, Brown et al.'s (2008) content analysis of qualitative data indicated that a positive experience could reverse a student's initially negative perception of geriatric nursing. This finding was later supported by Koehler et al. (2016). In addition, Koehler et al. found that a negative experience could reverse a student's initially positive perception, and this negative perception endured longer when coupled with a previous negative work experience, highlighting the power of clinical placements to develop student attitudes.

Brown et al.'s (2008) impactful study also compared impoverished environments with enriched environments, using the senses framework as an explanatory model. Brown et al. explained that an enriched learning environment includes supportive and enthusiastic relationships between nurses, instructors, and students who reflect a person-centered focus of

care for older adults. According to Brown et al. a student must develop a sense of security and belonging at the start of clinical placement. The student must feel welcome and free to raise concerns and ask questions of knowledgeable and skilled staff members who display enthusiasm about caring for older adults. Students must see connections between theoretical knowledge acquired in the classroom and practical application of that knowledge in their clinical placements (Brown et al., 2008). Nurses foster a sense of purpose when they value students' goals, help students meet those goals, establish relationships with older adults, and challenge themselves to pursue other learning opportunities related to geriatric nursing care (Brown et al., 2008). Brown et al. noted that students in an enriched environment receive exposure to excellent standards of nursing care and positive attitudes among nurses and other staff members. Acknowledgment of students' clinical contributions gives students a sense of achievement. When students feel they are making a difference in the lives of older adults, they develop a sense of the significance for gerontological nursing (Brown et al., 2008).

Mueller et al. (2011) developed a conceptual model integrating the characteristics of an enriched clinical environment. The model was presented in workshops to nursing educators and their clinical partners from a consortium of nursing schools around the United States to help them develop exemplary clinical experiences in their schools (University of Minnesota, 2021). The model is currently being used to guide the development and implementation of geriatric clinical curricula (Gaberson & Oermann, 2018; McCloskey et al., 2020a; Nolet et al., 2015), and several web-based modules and case studies incorporating the model's precepts can be accessed on the university's website to assist faculty in this endeavor (University of Minnesota, 2021).

Mueller et al.'s (2011) Minnesota model is based on four critical factors required for an exemplary clinical learning experience. The first factor requires the selection of a nursing home

with leaders committed to quality care and willing to leverage the resources needed to maintain that quality. RN staffing should be higher than state or national averages, and care should be evidence-based and patient-centered (Mueller et al., 2011). The second factor requires nursing instructors to be knowledgeable about the nursing home's environment, policies, and care practices. Instructors should display a passion for geriatric nursing and teaching in the nursing home setting and teach consistently in one nursing home (Mueller et al., 2011). The third factor is a partnership between the school, its instructors; and the nursing home staff members to develop a shared understanding of each other's goals and needs. For instance, nursing home staff members are better able to serve as role models and help teach students when they clearly understand the curriculum and learning objectives; helping students to connect theoretical knowledge and practical applications. In the same way, instructors who are knowledgeable of the setting and its clinical practices are in a better position to help staff members with their professional development and evidence-based practice (Mueller et al., 2011). Finally, the fourth factor is when staff members feel invested in students' learning and instructors are comfortable in the nursing home setting. Creative and innovative teaching strategies can then be developed to help students understand and internalize the RN role in geriatric care and bolster students' confidence and respect for geriatric nursing (Mueller et al., 2011).

The underlying goals of the conceptual model aim to help nursing faculty provide clinical experiences that will not only improve students' competence in caring for older adults in a variety of clinical settings but also develop a positive image of geriatric nursing and an interest in this nursing field (Mueller et al., 2011). McCloskey et al. (2020a), in their scoping review of the literature, identified several teaching strategies used in nursing home clinical placements that have adopted one or more of Mueller et al.'s (2011) key factors for clinical excellence. Several

of these strategies were co-delivered by the nursing program and the nursing home working together collaboratively; however, none of the 25 studies reviewed included strategies meeting all Mueller et al.'s key factors.

Nursing Students' Attitudes and Innovative Learning Strategies

Important curriculum goals for nursing students include understanding and experiencing the RN role in long-term care, understanding the healthcare needs of older adults, and how such adults perceive their healthcare needs (de Almeida Tavares et al., 2015; Hirst & Lane, 2016). Instructors must also commit to encouraging students' interest in working with geriatric patients (Garbrah et al., 2021; Yamashita et al., 2018). To this end, several educators have focused on creating and implementing innovative strategies to enhance curricular content and clinical experiences (McCloskey et al., 2020a; Schroeder, 2015). Based on their outcomes, educational approaches involving well, happy, and thriving older adults in the community seem to be the most promising concerning establishing positive personal experiences for students and may even counteract previous negative experiences (Koehler et al., 2016). Exposure to older adults through intergenerational learning programs, such as reminiscence and reflective journaling, documentary films, and service-learning projects, improves student attitudes toward older adults and enhances their interest in working in gerontology (Leedahl et al., 2020; Price et al., 2015; Reitmaier et al., 2015).

Reminiscence and Reflective Journaling. Few researchers have focused directly on the benefits of reminiscence for nursing students; however, these researchers have found that students' reminiscence experiences with older adults can reduce students' ageism and eliminate misconceptions that impede students from considering gerontological nursing as a career (Chippendale & Boltz, 2015; Schroeder, 2015; Yamashita et al., 2018). Chippendale and Boltz

(2015) and Jefferies and Hatcher (2018) described unique experiential learning opportunities for students to interact with well older adults through a discussion of biographies or life reviews. The underlying premise of these reminiscence and reflective journaling exercises is the idea that when students are immersed in older adults' lived experiences, a new understanding of older adults emerges at an affective level, and, as students reflect on their conversations, they become more inclined to confront negative assumptions and stereotypes (Jefferies & Hatcher, 2018). Researchers have shown that when this happens, students are motivated to change the way they interact with their older patients; they recognize the uniqueness of each older adult, their individual care needs, and the complexities of caring for older adults in all healthcare settings (Jefferies & Hatcher, 2018; Lowey, 2020).

Another important insight occurs when students understand older adults' life experiences; they begin to see beyond the choices the older adult makes to understand why the older adult makes those choices (Jefferies & Hatcher, 2018). Biographies or life reviews allow a student to see the world through the eyes of an older person, providing insights the student cannot normally envisage and permitting the student to identify with the older person as a human being not so different from the student (Jefferies & Hatcher, 2018). This newfound empathy allows the student to personally relate to the older adult; the older adult is no longer a burden but can be seen as an inspiration, a positive influence in the student's life (Chippendale & Boltz, 2015; Jefferies & Hatcher, 2018).

Reitmaier et al. (2015) analyzed 80 nursing students' reflective journals and 32 student interviews to evaluate the students' understanding of aging after participating in an intergenerational practicum experience involving five sequential visits with older adults. Students visited with their assigned older adult regularly throughout the course, and their

conversations were structured and focused, using questions related to the theory portion of the course (Reitmaier et al., 2015). Students wrote their impressions of their conversations in a journal and discussed their experiences with the researchers (Reitmaier et al., 2015). The results reported by Reitmaier et al. (2015) were similar to those of Jefferies and Hatcher (2018) and Chippendale and Boltz (2015). The experience challenged students' stereotypical perceptions and expectations of older adults and aging, and it enabled students to see older adults holistically as unique individuals able to assist students with their learning goals and make important contributions to society (Reitmaier et al., 2015). Reitmaier et al. also reported that students made connections between theoretical concepts learned in class and real-life situations, which gave them a deeper understanding of the aging experience. However, the potential influence reflective journaling may have on students' future practice with older adults was not investigated (Reitmaier et al., 2015).

In a follow-up study conducted by Olson et al. (2018), students documented their impressions of conversations they had with their assigned older adult regarding the management and interpretation of the elder's chronic illness. Olson et al.'s analysis indicated that the students' reflective practices enabled them to appreciate three main interconnected aspects of the older adults' experiences of chronic illness, including (a) beliefs about chronic conditions, (b) management of chronic conditions, and (c) overall experience of living with chronic conditions. These insights were believed to be consistent with existing literature describing older adults' perceptions of their experiences with chronic illness (Olson et al., 2018); therefore, suggesting that intergenerational learning partnerships, combined with reflective journaling can help students recognize the potential for skilled nursing interventions and the opportunity to make a difference in the lives of older adults. Future research is needed to determine if this specific and

practical knowledge can influence students' career choices by countering perceptions that gerontological nursing requires little skill, lacks challenge, and lacks opportunities for nurses to make a difference (Algoso et al., 2016; Dahlke et al., 2020; Fox et al., 2016).

Documentary Films. Visual learning can help students overcome concerns and anxieties about working with older adults (Price et al., 2015; Yamashita et al., 2018). Film or digital storytelling is a creative and powerful technique to engage students of health professions and cultivate their interest in the process of aging (Price et al., 2015). For example, students reported that three video life stories, a form of aging documentary, incorporated into 12 university courses helped change their perceptions of older adults so that they became more empathetic toward and motivated to know older adults (Yamashita et al., 2018). At the same time, they had fewer stereotypic attitudes toward older adults and were less likely to want to avoid them (Yamashita et al., 2018).

Price et al. (2015) studied nursing students who created digital stories about palliative and end-of-life care after completing assigned classwork on this topic and participating in an interactive panel discussion with patients and families with palliative care experience. After submitting their digital assignments, the students were divided into groups to share their stories with peers and to reflect on the stories of others. These students indicated that real stories were more meaningful than hypothetical case studies and allowed for new insights and a more holistic understanding of complex topics. Students said that they could make interpersonal connections, change perceptions, and understand patients as people (Price et al., 2015).

Service-Learning Projects. It is unknown how long the benefits of reminiscence, reflective journaling, and documentary films might last. Targeted and extensive learning programs may be needed to maintain positive attitudes toward older adults (Reitmaier et al.,

2015). However, according to the Levy (2018) Positive Education about Aging and Contact Experiences (PEACE) model, two key factors have been shown to empirically reduce negative ageism in the fields of psychology, medicine, social work, and sociology: (a) education about aging, that includes facts about aging along with positive older adult role models that dispel negative stereotypes of aging; and (b) positive contact with older adults that are individualized, provide or promote equal status, are cooperative, involve sharing personal information, and are sanctioned within the setting (p. 227). Service-learning is a pedagogy that has been shown to embrace all these attributes, it can be targeted and long-lasting (Lai et al., 2015), and it can encompass Levy's (2018) key components of education about aging and positive, individualized contact with older adults (Redfield et al., 2016).

Service-learning is an intensive type of experiential learning experience that promotes applying theoretical concepts to practical experience while simultaneously contributing to the community (Lai et al., 2015). Service-learning can be structured to combine both key components outlined in the PEACE model (education about aging and positive contact with older adults), making it a more powerful deterrent to agism than any approach employing only one of the model's components (Levy, 2018). Community service-learning programs have the potential to provide nursing students an opportunity to confront their values and beliefs about aging, to develop an awareness of the complexities of geriatric nursing, and to realize their capacity to make a difference in the lives of older adults (Long & Gummelt, 2020; Reitmaier et al., 2015).

In an original and creative curricular innovation recognized by the Hartford Foundation with the "Clinical Settings in Geriatric Nursing" Award (Grand Valley State University, 2020), Davis et al. (2008) developed a service-learning program called the Longitudinal Elder Initiative

(LEI). The LEI program allowed students to develop relationships with older adults throughout the nursing program while simultaneously integrating theoretical gerontological concepts throughout the curriculum. The LEI paired students in each of four upper-level nursing classes with an independent older adult who lived in the community; they met three or four times per semester over the 18 months of the nursing program. Each of the four clinical classes had a different theme and objective; however, in each class, students assessed their older clients and used specialized geriatric assessment tools available to them in the learning management system to identify any problems with depression, anxiety, or fall potential. Students developed, implemented, and evaluated care plans based on goals agreed upon with their clients. They also used community resources to help their clients remain independent while developing relationships with them as they met learning objectives.

The older adults who agreed to participate in the Davis et al. (2008) LEI project came from diverse socioeconomic and cultural backgrounds, so students were exposed to older adults from a wide variety of lifestyles, physical abilities, and interests. Davis et al. explained that the goal of the LEI was to help students appreciate the adaptations older adults make in their lives because of chronic illness and the positive changes that can result from students' nursing interventions and choices made by clients. Davis et al. compared the perceptions of 80 students who completed the LEI with 81 students who completed the program before the LEI. Students who completed the LEI expressed greater confidence and competence than the other students in seven areas critical to the care of older adults: nutrition, depression and anxiety, finances, sleep problems, polypharmacy, support systems, and community resources (Davis et al., 2008). LEI students who participated in focus groups reported having opportunities to be independent and creative in their nursing care, see health changes over time, and develop relationships with their

clients (Davis et al., 2008). Although Davis et al. did not directly measure attitudes, their evaluation of the LEI indicated that students felt competent in providing care for older adults with common geriatric conditions or syndromes. Because confidence is highly correlated with positive attitudes toward older adults and aging in general (Jackson et al., 2017), it is reasonable to speculate that the LEI positively impacted students' attitudes toward older adults (Davis et al., 2008).

In more recent research, Lai et al. (2015) conducted a similar service-learning project at the Hong Kong Polytechnic University in collaboration with two nongovernmental organizations. Lai et al. studied 52 undergraduate baccalaureate nursing students trained as volunteers to work with older adults in the community. Each student was paired with an older adult whom they visited monthly or bi-monthly over two years. The older adults were financially or physically deprived or socially isolated. Students worked with other volunteers and their nursing instructors to help the older adults connect with community resources and improve their quality of life (Lai et al., 2015).

Reflective journals written during the two years indicated that the students felt more confident communicating with older adults; in fact, improvement in communication skills was the most frequently cited learning outcome, and the students' views toward older adults changed (Lai et al., 2015). Students began to describe older adults more positively as they discovered that age did not equate to uselessness, that some older adults were quite active despite chronic illness, and that chronic illness rather than the intention to withdraw from the world was what restricted some older adults' activities (Lai et al., 2015). Lai et al. (2015) believed that a sustained period of engaging with older adults in the service-learning project was necessary for students to link

theory to practice and change their perceptions of older adults by recognizing previously held misconceptions.

Addressing a Literature Gap

Many researchers have focused on creating and implementing educational programs and strategies to improve students' attitudes toward older people in the hope of attracting more graduates to geriatric nursing (Carlson & Idvall, 2015; Hovey et al., 2017; Koehler et al., 2016; Lee et al., 2018; Matarese et al., 2019; Mattos et al., 2015; McCloskey et al., 2020a; Nolet et al., 2015; Parsons et al., 2015; Schroeder, 2015). And many of these researchers have implicitly assumed that a positive attitude toward older adults, in general, is the overriding determinant in predicting students' interest in caring for the elderly (Che et al., 2018; Chi et al., 2016; Lowey, 2018; Rathnayake et al., 2016; Zhang et al., 2016). A need has emerged for research into students' perceptions of work in gerontological nursing rather than students' attitudes toward older people more generally (Garbrah et al., 2017). Many researchers have established that nursing students do not have negative attitudes toward older adults (Ben Natan et al., 2015; Che et al., 2018; Hovey et al., 2017) but do have an aversion to working in long-term care, and this aversion can intensify as students' progress through their nursing programs (Carlson, 2015; Dahlke et al., 2019; Wareing et al., 2018; Zisberg et al., 2015). The underlying premise of this study was that nursing instructors and the long-term care environment had undermined students' perceptions of geriatric nursing.

Behavioral Intent of Undergraduate Nursing Students Regarding a Career in Geriatric Nursing Care

Few nursing researchers have recognized that an individual's attitudes toward a construct—an expression of the individual's mental outlook regarding the construct—do not accurately predict the individual's behavior toward that construct (Coffey et al., 2015; Montaño

& Kasprzyk, 2015). LaPiere's (1934) seminal contribution to social psychology provides a perfect example of this incongruence between attitude and behavior in his classic study describing his travels around the United States over two years with a Chinese couple at a time of strong anti-Asian sentiment. They registered at hotels 251 times and were turned down only once. Six months after the hotel stays, LaPiere mailed surveys to owners of the hotels and restaurants they had patronized. Among the 128 respondents, 92% said that they would not serve Asians, and the rest claimed to be uncertain. LaPiere concluded that it is impossible to compare verbal responses and behavioral observations.

When attempting to predict whether students will work in geriatric nursing, it is important to understand that there is a difference between students' attitudes toward older adults and their attitudes or perceptions toward working with older adults after graduation (Ben Natan et al., 2015; Gould et al., 2015; Koehler et al., 2016). Yet most researchers have failed to make this distinction and have instead examined a range of variables that may only predict students' attitudes toward older adults (Koskinen et al., 2015; Lowey, 2018; Parsons et al., 2015; Schroeder, 2015), missing the mark in understanding what motivates nursing students to choose geriatric nursing after graduation. Relating attitudes toward older adults and interest in geriatric nursing is understandable because much of the research to date that has focused on improving students' attitudes toward older adults have also noted positive associations between attitudes toward older adults and interest or willingness to care for older adults (Che et al., 2018; Chi et al., 2016; Rathnayake et al., 2016; Schroeder, 2015; Zhang et al., 2016).

Although many researchers assumed that a positive attitude toward older adults would translate into a desire to care for older adults (Che et al., 2018; Chi et al., 2016; Hovey et al., 2017; Lowey, 2018; Nolet et al., 2015; Rathnayake et al., 2016; Zhang et al., 2016).), some

researchers have now begun to challenge this assumption and to make the distinction between a *willingness* to care for older adults and an *intent* to care for older adults after graduation (Ben Natan et al., 2015; Coffey et al., 2015; Gould et al., 2015; Koehler et al., 2016). King et al. (2013), in their unique and influential longitudinal study following 80 nursing students throughout their nursing program, were among the first to do so. King et al. noticed that even as students' attitudes toward older adults improved over the entire program, along with their preference to work with older adults, their desire to work in long-term care was consistently their least preferred place to work. These incongruities between attitudes toward older adults, preferences to work with older adults, and desire to work in geriatric nursing led King et al. (2013) to conclude that it is not because students do not have high regard for older adults or do not wish to work with older adults; they simply do not want to work in a predominantly geriatric nursing environment. It was the work setting that was objectionable. Thus, King et al.'s (2013) distinction between students' attitudes toward older adults and their attitudes toward working with older adults revealed an important variable impacting students' decisions to work in geriatric nursing after graduation.

Ajzen (2012), author of the theory of planned behavior, made an important distinction between an attitude toward an object and an attitude toward a behavior related to that object; he called this the principle of compatibility. Ajzen established that an attitude toward a behavior is a better predictor of the behavior than an attitude toward the object of the behavior. In this case, attitudes toward gerontological nursing are better predictors of working in gerontological nursing than attitudes toward older adults. Attitudes, subjective norms, and perceived behavioral control toward specific behaviors form the cornerstone of the theory of planned behavior (Ajzen, 1991).

An important facet of the theory of planned behavior related to this study is its recognition that attitudes alone are insufficient to predict behavior: Subjective norms and perceived behavioral control (self-efficacy) are also important. Even so, the relative importance of these determinants (attitudes, subjective norms, and perceived control) for predicting behavioral intention varies depending on the behavior and situation (Ajzen, 1991). For example, although Ben Natan et al. (2015) demonstrated that nursing students' attitudes toward working in geriatric care were the most important determinant of their behavioral intentions to care for older patients, students' subjective norms also played an important role. Simultaneously, students perceived behavioral control only moderately impacted their intentions to work in geriatric care (Ben Natan et al., 2015). Ben Natan et al. indicated that students perceived their future options as mostly under their volitional control, while referents such as patients' relatives, social workers, doctors, trained nurse colleagues, nursing assistants, and friends exercised greater control over their intentions to care for older patients. Ben Natan et al.'s observation offers some support for the proposition that nursing instructors and the long-term care environment have undermined students' perceptions regarding working in geriatric nursing.

Impact of Nursing Instructors and Practicing Nurses on Students' Subjective Norms

Instructors and practicing nurses play an important role in shaping students' attitudes toward older people and helping students see career opportunities in the geriatric nursing specialty (Ben Natan et al., 2015; Dahlke et al., 2019). Despite their responsibility to dispel ageist views, nursing instructors have continued to harbor negative views of long-term care (Dahlke et al., 2020). Researchers have found clinical nurse instructors' perceptions of nursing homes as clinical sites for student learning to be unpleasant and insufficiently challenging for students clinically (Gould et al., 2015). Additionally, nursing instructors are influenced by

students' negative attitudes about clinical experiences in nursing homes and consequently feel pressured to avoid using long-term care facilities as clinical sites (Koskinen et al., 2015; Millns Sizer et al., 2016), which validates ageist attitudes among students. Many instructors have recommended other areas of nursing as career choices for their students, describing geriatrics as less valued than other areas of nursing (Millns Sizer et al., 2016). A few mentors have described geriatric nurses as "lazy" and geriatric nursing is best suited for nurses ready to retire (Gould et al., 2015, p. 805).

Ben Natan et al. (2015) found that nursing students perceived their nursing instructors to be the people with the greatest influence over their professional career choice after graduation. Yet, very few students believed their instructors encouraged them to work in geriatrics. Suppose subjective norms influence students' intentions to work in geriatric nursing, as suggested by Ben Natan et al. If that is the case, the findings described above are further evidence that nursing instructors and practicing nurses in long-term care have adversely impacted students' intentions to work in geriatric nursing, which is the premise of this study.

Synthesis of the Research Findings

The American population continues to age, and as of 2020 adults aged over 65 years made up approximately 16.9% of the population (Vespa et al., 2020). These numbers are expected to increase to more than 20% of the population by 2030 and require an increasing share of healthcare services to meet these older adults often complex needs (Vespa et al., 2020). Researchers have also predicted that the demand for nurses knowledgeable in geriatric nursing will continue to rise. (National Academies of Sciences, Engineering, and Medicine, 2021; World Health Organization, 2015) Unfortunately, many researchers have found that nursing students have consistently preferred to work in areas other than geriatric nursing after graduation (Dahlke

et al., 2019; Garbrah et al., 2017; Hunt et al., 2020; Zisberg et al., 2015). Although researchers have clarified students' impressions of geriatric nursing, they have not understood why some nursing graduates choose to work in geriatric care while many others do not (Dai et al., 2020). Numerous researchers have reported that undergraduate nursing students generally hold positive attitudes toward older people (Che et al., 2018; Hammar et al., 2017; Hovey et al., 2017), yet students' desire to work with older adults diminishes throughout their education (Carlson, 2015; Dahlke et al., 2019; Garbrah et al., 2017; Wareing et al., 2018; Zisberg et al., 2015). Multiple variables probably influence students' attitudes, but researchers have indicated that impoverished clinical placements and marginal levels of gerontological nursing knowledge and interest among instructors and practicing nurses help form negative student attitudes toward geriatric nursing and diminish students' desire to work in long-term care (Fox et al., 2016; Garbrah et al., 2017; Negrin et al., 2020; Wareing et al., 2018).

Many researchers have focused on how educators have attempted to strengthen student attitudes toward older adults and geriatric nursing by adjusting gerontological curricula and clinical placements and implementing creative learning opportunities (Carlson & Idvall, 2015; Hovey et al., 2017; Koehler et al., 2016; Lee et al., 2018; Matarese et al., 2019; Mattos et al., 2015; McCloskey et al., 2020a; Nolet et al., 2015; Parsons et al., 2015; Schroeder, 2015). However, these researchers have implicitly assumed that students' attitudes toward older adults somehow influence their intention to work in geriatric nursing (Che et al., 2018; Lowey, 2018; Zisberg et al., 2015). Some researchers have now begun to challenge this assumption and realize that students enjoy being with and working with older adults but still do not want to work in long-term care (Ben Natan et al., 2015; Gould et al., 2015; Koehler et al., 2016).

For instance, Ben Natan et al. (2015) found that nursing students' attitudes toward older adults were positive, perceiving them as clean and not boring; nonetheless, their desire to work in geriatrics was low. Of consequence were the findings that students' attitudes toward working in geriatrics; perception of support received from significant others such as nursing instructors; and their evaluation of skills, knowledge, and ability to work with older adults were all significantly correlated to work with older adults. No correlation was found between students' attitudes toward older adults and an intention to work in geriatrics. Ben Natan et al. (2015) concluded that the students' (a) positive attitudes toward geriatric work; (b) perception of support from significant others, especially nursing instructors; and (c) confidence in an ability to competently care for older adults that most likely influences and predicts their intention to work with older adults after graduation. In another qualitative study, students interviewed by Gould et al. (2015) reported taking pleasure in the company of older adults and in caring for them. However, they were clearly uninterested in geriatric care, which they equated with caring for confused and challenging older adults.

A measure of students' attitudes toward working in geriatric nursing might be a better indicator of the intention to work in geriatric nursing after graduation (Ben Natan et al., 2015). This distinction between an attitude toward an object and an attitude toward a behavior related to that object is a fundamental premise of the theory of planned behavior (Ajzen, 1991). The theory posits that an individual's attitudes, subjective norms (perceived social pressures), and perceived behavioral control (self-efficacy) relative to a particular behavior are the antecedents of the individual's behavioral intent and are predictors of that behavior (Ajzen, 1991).

In this dissertation study, it is believed that nursing students' attitudes toward geriatric nursing are negative as a consequence of their negative experiences during clinical training or

extracurricular paid work in long-term care. It is also believed that nursing instructors and the long-term care environment have inadvertently undermined students' perceptions of geriatric nursing. These suppositions have received support from other researchers (Ben Natan et al., 2015; Gould et al., 2015; Millns Sizer et al., 2016) and are consistent with the principles of the theory of planned behavior (Ajzen, 1991; Montaño & Kasprzyk, 2015).

Critique of Previous Research Methods

Researchers have consistently associated positive attitudes of nurses and nursing students toward older adults with their intention to work in geriatric nursing (Rathnayake et al., 2016; Zisberg et al., 2015) and the quality of care they provide to this population (Dahlke et al., 2017; de Almeida Tavares et al., 2015). Nursing educators must therefore be able to assess and predict students' attitudes toward older adults and toward geriatric nursing so that they can develop curricula and educational strategies that facilitate trusting and compassionate relationships and promote student desire to work in this field (Millns Sizer et al., 2016).

The literature review identified several conceptual ambiguities. First, most studies reviewed did not include a definition of the concept of interest in geriatric nursing, and the concepts of attitude, perspective, and perception were used interchangeably with each other and with related concepts, such as stereotype (Gould et al., 2015; Hunt et al., 2020; Lee et al., 2015; Lowey, 2018; Schroeder, 2016). Second, attitudes, perspectives, and perceptions were directed toward (a) students' regard for older adults generally, (b) students' regard for working with or caring for older adults, and (c) interest in working with older adults after graduation (Ben Natan et al., 2015; Dahlke et al., 2020; Gould et al., 2015; Mattos et al., 2015). Third, some studies were reports of student attitudes, perceptions, or preferences after implementation of an intervention, such as a teaching method, but other studies did not include interventions. It was

difficult to compare the findings of various studies (Dahlke et al., 2019; Koehler et al., 2016; Matarese et al., 2019; Mattos et al., 2015; Parsons et al., 2015; Zisberg et al., 2015).

The greatest methodological weaknesses identified were low generalizability and threats to internal validity. Samples were small, nonrandom, and ethnically homogenous because researchers drew them from small areas and predominantly female populations (Ben Natan et al., 2015; Koskinen et al., 2016). Most importantly, there is an urgent need for psychometrically reliable and valid instruments to measure attitudes toward and intentions to work with older people (Neville, 2015).

Neville (2015) analyzed seven instruments used in research to measure nursing students' attitudes toward older adults. Among the 42 studies reviewed, several relied on a common set of instruments, but others relied on bespoke instruments. Kogan's Attitudes Toward Old People scale was the most frequently used instrument (Neville, 2015). This scale has been translated and tested with undergraduate nursing students in several different cultural contexts and has good content validity, construct validity, and internal consistency (Alquwez et al., 2018; Runkawatt et al., 2016).

However, even though Kogan's Attitudes Toward Old People scale has been in use consistently since its inception in 1961 (Flores, 2016), the instrument has been criticized for not reflecting modern societal thinking regarding aging (Flores, 2016). Since 1961, medical technology, social and economic roles, and vernacular language have changed. For example, King et al. (2013), in their seminal work regarding students' attitudes and preferences for geriatric nursing, recognized this limitation in their study when they reported that students felt the questions in Kogan's Attitudes Toward Old People scale were dated. They did not understand some of the language on the form, such as "ill at ease."

Neville (2015) documented the internal consistency of seven instruments used to measure nursing students' attitudes using Cronbach's alpha but did not assess interrater reliability for any instrument. Neville assessed content validity based on factor analysis for four instruments; for the remaining three instruments, no validity or only face validity was available. At least one independent researcher had established the robustness of each of the seven instruments. Still, Neville advised that more independent testing was needed to develop a stronger evidence base to justify further use of these instruments.

Summary

The review of the literature revealed that many researchers investigating the desire of nursing students to work in geriatric nursing have focused on the creation and implementation of educational nursing programs and learning strategies designed to improve students' attitudes toward older people, with the expectation that they will thus be more inclined to work in geriatric nursing after graduating (Carlson, 2015; Dahlke et al., 2020; Garbrah et al., 2017; Nolet et al., 2015; Schroeder, 2015; Zisberg et al., 2015). There has been an implicit assumption that attitudes toward older adults, in general, are related to attitudes toward caring for older adults. However, even though nursing students generally have positive attitudes regarding older adults themselves (Hammar et al., 2017; Hovey et al., 2017; Neville, 2016), they have negative attitudes toward working in long-term care that can grow stronger as they progress through their nursing programs (Carlson, 2015; Dahlke et al., 2019; Zisberg et al., 2015). The underlying premise of this study is that nursing instructors and the long-term care environment have been unwittingly undermining students' perceptions of geriatric nursing. Some support for this premise was found within the context of the theory of planned behavior and empirical research (Ajzen, 1991; Millns Sizer et al., 2016).

Research has shown that nursing students' attitudes regarding work in geriatric care have not been evaluated correctly (Neville, 2015). Also, behavioral intention (motivation) and attitudes must be measured at the same level (Ben Natan et al., 2015; Coffey et al., 2015; Koehler et al., 2016). For instance, if a researcher measures attitudes by asking students whether they like older people, and students say that they do, a later decision by these students not to work in long-term care appears inconsistent. It is better to treat attitudes as functions of individuals' beliefs about outcomes and their evaluations of those outcomes (outcome expectations and perceived values of the outcomes) (Coffey et al., 2015; Montaño & Kasprzyk, 2015). A valid way to measure attitudes toward working in geriatric nursing is to ask whether students enjoy caring for older people in residential nursing facilities. Many researchers measure attitudes toward older people using Kogan's Attitudes Toward Old People scale or Palmore's Facts on Aging Quiz (Neville, 2015). Neither is a good measure of intent to work in long-term care (Coffey et al., 2015).

This study was designed to understand nursing students' perceptions related to their decisions to work in geriatric practice after graduating. Specifically, how students who have been educated by instructors with advanced geriatric education or experience (a) described their communications with instructors regarding their desire to work with older adults after graduation, (b) assessed their ability to care for geriatric patients, (c) described their outcome expectations and beliefs regarding the nursing care of older adults, and (d) perceived the value of outcomes they believe derive from caring for older adults. Understanding these perceptions may shed light on the prevailing negativity toward viewing geriatrics as a viable career option.

CHAPTER 3. METHODOLOGY

This original basic qualitative research was designed to understand the clinical and educational geriatric experiences of baccalaureate nursing students whom nursing instructors with advanced geriatric education or practice experience have educated. This chapter describes the methodology employed in this study of nursing students' experiences concerning their motivations to work in geriatric practice. The chapter is divided into sections that address the research design, selection of participants, data collection, data analysis, instrumentation, and ethical considerations.

Purpose of the Study

The purpose of this basic qualitative study was to understand and interpret the experiences of nursing students that are instrumental in their decision to choose gerontological nursing as a career upon graduation from nursing school. This endeavor could lead to a greater understanding of the cognitive and situational influences underlying nursing students' decisions regarding whether to work in geriatric nursing. The results could provide a new frame of reference for nursing educators when designing, implementing, and evaluating gerontological teaching strategies for students and development programs for instructors and staff members that could boost recruitment and retention in geriatric care of not just nurses but also other healthcare professionals.

Research Questions

The primary research question guiding this dissertation was:

RQ 1. How do graduating baccalaureate nursing students envision courses of care for older adults? Four sub-questions were:

RQ 1a. How do these students describe their communications with instructors regarding the care of geriatric patients?

RQ 1b. How do these students assess their ability to care for geriatric patients?

RQ 1c. How do these students describe their expectations and beliefs regarding the nursing care of older adults?

RQ 1d. How do these students perceive the value of outcomes they believe derive from caring for older adults?

Research Design

This study had a basic qualitative design, consistent with constructivist philosophy, which provides an understanding of the meanings people create of the world as they go about their lives (Merriam & Tisdell, 2016). The basic qualitative inquiry was the most appropriate way to answer the study's research questions because this method of inquiry permits an understanding of "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (Merriam & Tisdell, 2016, p. 24). The basic qualitative inquiry was suited to acquiring an in-depth understanding of students' attitudes, values, and beliefs regarding caring for older adults and gerontological nursing. The design supported the study's goal of identifying and explaining students' voices, shaped by students' cultures and experiences. The basic qualitative design helped uncover students' cognitive processes and perceptions of the situational factors encouraging and discouraging their consideration of gerontological nursing as a career option (Merriam & Tisdell, 2016).

Although all qualitative research is interpretive and involves understanding the meaning of phenomena to those involved, the basic qualitative method does not require any particular qualitative philosophy (Merriam & Tisdell, 2016; Percy et al., 2015). Other designs

(ethnography, case study, grounded theory, and phenomenology) are more focused; they include an additional dimension inappropriate for this study and are not able to guide this study's processes, which ultimately revealed the evidence needed to address the research questions.

An advantage of the basic qualitative design was its ability to effectively incorporate existing knowledge or theory about the topic into the development of a theoretical proposition, which guided data collection and analysis (Yin, 2014). The study's theoretical proposition was that this study's results would demonstrate why only nursing students with confident beliefs in their abilities to care for older adults, favorable beliefs and expectations regarding the nursing care of older adults, and reasonable expectations regarding outcomes of caring for older adults are favorably disposed to working in geriatric nursing. The results would also demonstrate why students are unfavorably disposed toward work in this field when any of these components ae missing (positive self-efficacy/ behavioral control, outcome expectations, and personally valued outcomes).

The first part of the study's proposition is an application of Ajzen's (1991) theory of behavior: specific cognitive components necessary before students consider work in geriatric nursing. The second part of the proposition is the converse, that if any of these specific cognitive components are missing, students will not consider work in geriatric nursing. This proposition embodied the research questions; guided the interviews and data collection; provided the logic connecting the data to the research questions; and provided criteria for interpreting the findings. The result was a sound research design resulting in data that the researcher could logically compile to explain how students made decisions regarding what it is like to work in geriatric nursing from the students' perspectives (Yin, 2014).

Target Population and Sample

Qualitative researchers are generally unconcerned with external validity issues, drawing broad conclusions from particular instances; however, evidence-based practice is only possible with some form of generalization (Maxwell, 2021). Even so, research findings are inevitably attributed to the participants selected within the research population in qualitative inquiry. It is, therefore, critical to clearly define the study population and sampling techniques to establish the credibility of the findings (Asiamah et al., 2017).

Population

The general population for this qualitative study is graduating baccalaureate nursing students. It is possible, however, that the findings may be extrapolated to an even broader population by applying key assertions to reinterpret the current study results and define new research foci in other specific situations (Yin, 2014). The findings may contribute not only to abstract theory-building but also, at a higher conceptual level, to concrete situations in new contexts that can generate genuinely new ways of teaching and thinking about gerontological nursing. Therefore, the current study may be useful to nursing educators teaching at all academic levels or even nurse leaders directing registered nurses caring for older adults in diverse nursing environments. The investigator of this research cannot presume to appreciate the multiple contexts for which these results may be considered applicable or useful (Maxwell, 2021).

Sample

A purposive sample was utilized. To select participants who would yield the most information in line with the study's purpose and research questions, the researcher applied what Patton (2015) called "positive deviance" (p. 279). That is, people who have solved a problem in an area where the problem remains largely unsolved or who likely have unique perspectives are

positive deviants; the researcher selected such people for this study. In this case, information-rich positive deviants were students taught by nursing instructors with advanced nursing education and experience and who focused on teaching and motivating nursing students to work in geriatric practice. Their unique experiences and insights were of great heuristic value in helping to expand readers' interpretations of how nursing students envision work in geriatric nursing.

The researcher recruited interview participants from among undergraduate students in a baccalaureate nursing program recognized by the Hartford Foundation Institute for Geriatric Nursing for excellent geriatric nursing education (National Hartford Center of Gerontological Nursing Excellence, 2023). As Patton (2015) explained, no rules determine sample size in this research situation, which is a matter of intellectual judgment. This judgment depended on the breadth and depth of the study, the research questions, available resources, the audience, and the observational and analytic capabilities of the researcher. The researcher invited ten students to participate. To be included in the sample, an individual had to:

1. be currently enrolled in the final semester of a baccalaureate program,
2. have begun their nursing education in the same program (not have transferred from another nursing program),
3. report no more than one year of prior employment in geriatric care, and
4. report being in good academic standing.

Understanding and illuminating the unique perspectives offered by these so-called "positive deviants" taught *throughout* their nursing program by nursing educators with advanced education and experience is congruent with the study purpose and the philosophical assumptions underlying this study.

Procedures

Data from ten graduating baccalaureate nursing students were collected using a semi-structured interview format. Interviews were recorded so they could be transcribed verbatim at a later time. Themes within the data were identified using thematic analysis, a data-driven inductive approach. No attempt was made to conform the data into a pre-existing coding frame or categories. The analysis of the interview transcripts was guided, but not driven, by the theoretical concepts of the theory of planned behavior. This approach complemented the research questions, which were themselves derived from these theoretical concepts (attitude toward the behavior, subjective norms, and behavioral control/self-esteem). A dramaturgical coding method, described by Saldaña (2015), was used to capture the content and essence of each datum. This coding method comported well with the theoretical concepts and facilitated linking those concepts to the data. Dramaturgical coding is described in detail below in the Data Analysis section.

Participant Selection

Using a purposive sampling method, graduating baccalaureate nursing students from a nursing program, recognized by the John A. Hartford Foundation Institute for Geriatric Nursing for excellence in geriatric nursing education (National Hartford Center of Gerontological Nursing Excellence, 2023), were asked to be interviewed. Potential participants were recruited from four different points of contact: (a) student e-mails, (b) an in-person appeal to each gerontology class, (c) flyers posted in public areas, and (d) snowball sampling. The following subsections describe the detailed steps taken to recruit students at each of these points of contact.

Initial recruitment contacts with students took place via an e-mail sent by an authorized member of the university to all graduating nursing students. The e-mail intended to introduce the

researcher and explain the purpose of the study before in-person recruitment in class. On the date specified in the e-mail, the researcher made a presentation in front of the class regarding the goals and importance of the study and then passed around a sign-up sheet for students interested and who wished to be contacted by the researcher later. The researcher contacted all potential participants who signed up.

Flyers were posted in public spaces at the university. Those interested in participating called the researcher's phone number, located on the flyer. During in-class presentations, flyers describing the study were distributed to students and instructors, who were encouraged to share information about the study with others interested in participating. Those interested in participating were instructed to call the researcher's phone number on the flyer.

Protection of Participants

Personally identifiable information collected from each participant included the participant's full name, telephone number, e-mail address, academic and work history, and age. Pseudonyms were used to protect participants' identities. To ensure participants could not be recognized through deductive disclosure in the results, nonessential details of participants' characters or stories were altered. Transcripts and digital audio recordings were stored on a password-protected home computer. Paper documents, such as informed consent forms and interview notes, were stored in a locked safe.

Data Collection

Capella University's Institutional Review Board (IRB) and the director of the Academic Integrity Office of the study site approved data collection. The nursing program's gerontology professor agreed to act as a liaison throughout this approval process and sent introductory e-mails via the university e-mail server to all students enrolled in the two gerontology classes

conducted during the spring and fall semesters. On the dates specified in the introductory e-mail, the researcher addressed the gerontology classes using a face-to-face oral recruitment and screening script approved by the Capella University IRB. The goals and importance of the study were briefly explained to the graduating students, and a $20 gift certificate to the university bookstore was offered as an incentive for participating. After all questions were answered, a sign-up sheet was passed around for interested students who wished to be contacted by the researcher later. Soon after, the researcher contacted each student on the list by phone to ensure they were eligible and to arrange a date and time for the interview. A follow-up reminder e-mail was sent 24 hours before the interview with the informed consent attached for the participant to review.

An unused private office in the university's nursing building was reserved for interviews scheduled on weekdays, and a private room in the university library was used for interviews scheduled on weekends. During the interviews, the door was closed to maintain confidentiality. Before each interview, the purpose of the interview was again explained, and a copy of the informed consent form was handed to the student. The consent form was read aloud, and the student was encouraged to stop the researcher at any time to ask questions if something was not clear or understood. The student was asked to sign the informed consent form only after indicating that they understood all the items on it and all questions had been answered.

The participant was reminded that the interview would last no longer than one hour. The researcher's phone number and e-mail address were provided to the participant in case they had further questions or concerns. The interview format was then briefly explained: The researcher would ask questions, but the interview was to be conversational, so the participant could ask questions as they arose, and the researcher could also ask prompting or clarifying questions.

Permission to record the interview was requested and obtained before the start of every interview. After the interview was complete, the participant was given a $20 gift certificate. Audio recordings of the interviews were transferred from a password-protected iPad to a password-protected home computer, where they were transcribed. The recordings and transcripts of interviews will be destroyed 7 years after the study's conclusion.

Data Analysis

Thematic analysis was used to inductively analyze the qualitative interview data. Clarke and Braun (2017) described this kind of analysis as a commonly used method for capturing and describing the complex implicit and explicit meanings of the free-flowing textual data typically captured in psychology and many other fields of research. Thematic analysis is a complex process of moving between inductive and deductive reasoning to transform collected data into meaningful categories, themes, or findings that answer research questions (Merriam & Tisdell, 2016). The process has several variations, but it primarily involves preparing and organizing the data, reducing them to meaningful units, naming them, combining the units into broader categories, and representing the findings to depict relationships among categories (Creswell & Poth, 2016). The following step-by-step description of the procedures used follows Creswell and Porth's (2016) data analysis spiral, representing the recursive and dynamic analytical process as a spiral. The following sections describe the thematic analysis process step-by-step; although the description is linear, the application of the process is iterative and reflective.

Step 1: Organizing and Getting Familiar With the Data

Interviews were transcribed verbatim and organized using the Microsoft Word program into a single document. The text was double spaced with a margin of 3 inches on the right for digital notes and easy viewing. The text was separated into short paragraph-length units

whenever a new idea was introduced; this aided the coding process. The researcher read the interviews discerning and mindfully while searching for meanings and patterns related to the research questions. Notes and ideas for codes were typed in the margin and the analytic memo. It was occasionally necessary to listen to the audio recordings to discern subtle nuances of meaning within the textual data and ensure punctuation reflected the intended meaning.

Step 2: Generating Codes

Initial codes were created to organize the data into meaningful units using dramaturgical coding, which is particularly useful for exploring intra- and interpersonal experiences and the meanings attributed to them. Dramaturgical coding, as described by Saldaña (2015), is a method of coding that treats the interaction between the interviewer and interviewee as a kind of social drama in which the interviewee is an actor and the interviewer is an audience member who interprets the actions and motives of the actors. Dialogue of the interviewee/actor is conceptualized and coded as (a) an objective (motives using action verbs), (b) a conflict (using versus coding), (c) a tactic (strategies used to deal with conflicts or obstacles), (d) an attitude (toward people, things, and ideas) using values coding, (e) an emotion (experienced by the participant) using emotion coding, and (f) a subtext (unspoken thoughts and impressions) using process coding.

The coded meaning units were not predicated on the format of the text; coding was either word-by-word or line-by-line, and the units tended to vary in length. An audit trail showing how selections were made was accomplished using the insert comment review command in Microsoft Word. The find command was also useful for comparing meaning units between participants. The interviews were coded in their entirety one after another; often, one interview would

influence the coding of another interview, and the find command facilitated the contrasting of data between interviews.

As analysis continued, codes accumulated, their definitions became more refined, and some were subsumed by other codes or dropped altogether. A codebook recording descriptions and exemplars of the emerging codes were kept and constantly referred to throughout the analysis. This codebook permitted the reorganization of the codes into nascent categories or themes that were beginning to form. Each interview was given equal attention, and interesting aspects encountered were reflected on through constant comparison of the data and recorded in an analytic memo that also became a tool for identifying patterns, refining codes, and generating categories. The memo was organized using descriptive titles that enabled the grouping of related items, and the subtitles of reflective entries allowed further organizational refinement into specific classifications of ideas, such as individual participants or emerging themes.

Step 3: Searching for Categories

The coded data set was entered into NVivo (Version 12), which tagged each coded data extract and then automatically collated extracts according to code. This process marked the end of the descriptive phase of analysis and the beginning of the interpretative phase in which the focus shifted from codes to the broader and more abstract level of categories, the actual units of analysis. Preliminary categories were created by combining codes with shared characteristics. Tacit intuition and classification reasoning based on the researcher's theoretical approach was used to decide which codes belonged together. NVivo was especially useful in this process because the data extracts linked to each code could easily be examined before they were combined to form a new category.

Relationships between categories and levels of categories could also be evaluated this way. An outline or hierarchical tree was created to visualize and document the process, and rationalizations for the decisions made were recorded in the analytic memo. At this stage, there was considerable overlap between some of the categories because several data extracts were linked to more than one code. Data cannot always be discretely bounded, but further refinement of the categories was followed later in the analysis. During this phase, some initial codes formed main categories, some formed subcategories, and others remained uncategorizable and were collected in a miscellaneous group for evaluation at the next step of the analysis.

Step 4: Refining Categories and Creating Themes

Themes within the data were identified inductively by working back and forth between the data and the set of categories. The analysis was data-driven because there was no attempt to structure the data according to preexisting codes or categories. Inductive analysis generally relies on the researcher setting aside preconceived notions or understandings regarding the data; however, unconscious bias is inescapable. It is important to clarify that the analysis at this stage was guided, not driven, by the concepts of the theory of planned behavior (Ajzen, 1991). This approach complemented the research questions, which themselves derived from these concepts.

The internal homogeneity and external heterogeneity criteria were then used to evaluate the integrity of the categories and themes; in other words, the data extracts within each category coalesced meaningfully with distinct differences between categories. The validities of the emerging themes were then ascertained with the entire data set. Determining the validity of the themes was done by rereading the entire data set and recoding it to make connections with different patterns that were missed during the initial coding. Pattern coding, a second-cycle

coding method, was used for this purpose, as were the reflections and insights documented in the analytic memo.

Instruments

The findings of any research study derive from data that a researcher has discovered in the environment, curated, and synthesized. However, it is important to remember that data are not actually collected; in reality, a researcher chooses the data and thereby subjects them to his or her interests and perspectives (Merriam & Tisdell, 2016). The researcher's interests and perspectives influence which data are noticed, collected and turned into evidence. Because the researcher is the primary instrument in a qualitative inquiry, it is vitally important to understand the predispositions and potential biases of the researcher. The choice of data collection techniques also influences how data are understood and synthesized into evidence, so they too must be considered carefully to evaluate a study (Merriam & Tisdell, 2016). This section discusses the role of the researcher and the interview guide.

The Role of the Researcher

The researcher's training and experience in data collection and analysis derived from being a RN for 30 years. A nurse systematically and repeatedly collects and analyzes patient data through patient and family interviews, physical examinations, and medical record reviews. These skills, essential for patient assessment, are the first step in the nursing process and, along with clinical judgment and nursing knowledge, help nurses recognize patterns and formulate hypotheses about nursing problems (Herdman et al., 2018). This systematic and cyclical nursing process is a kind of action research; its purpose is to solve a specific problem quickly in a specific setting with a focus deemed important by the individual researcher (Merriam & Tisdell, 2016). There is no generalization of results in nursing action research because the knowledge

acquired is specific to each patient. However, an individual critical-thinking nurse can use the knowledge acquired to develop the clinical judgment that informs future action research for that individual nurse. The decisions the researcher made in the past regarding data collection and analysis using the nursing process were predicated on the purposes of action research. These decisions were less rigorous than the decisions needed for this study. This lack of experience in basic research methods was hence described as a limitation of the study.

The purpose of basic research is to extend knowledge, make an original contribution to a discipline, and be grounded in an established or emerging theory. Its focus is answering questions important to a particular discipline or personal intellectual interest, such as understanding the meaning of something (Patton, 2015). The results of basic research should be generalizable across time and groups of people; basic research methods must be more rigorous than applied research methods and attempt to establish causal relationships that extend to other groups of people or, in the case of interpretive inquiry, test and develop theories and expand insights. For instance, interview questions required field testing to ensure they provided the data needed to answer the research questions. Data from multiple analysts or theoretical perspectives (researcher and mentor) were also integrated or triangulated to mitigate bias in this basic research study (Patton, 1999).

Guiding Interview Questions

Ajzen's (1991) concepts of perceived behavioral control, attitudes toward behavior, and subjective norms guided the framing of the interview questions in terms of students' judgments of their abilities to care for older adults (control belief), their outcome expectations, and their perceived value of outcomes derived from working with older adults. In addition, the Perspective Toward Caring for Older Patients (PCOP) Questionnaire (Burbank et al., 2002) was used, in part

with permission, to help formulate the open-ended questions. Burbank et al. (2018) explained that the development of the PCOP questionnaire rested on the precepts of symbolic interaction. This social psychological perspective emphasizes the changing nature and specific contexts of attitudes (known as perspectives) that evolves through social interactions. The 24 items in the questionnaire used a five-point Likert scale to reflect what is understood about the nature and experience of caring for older adults, which is distinct from attitudes toward older adults more generally (Burbank et al., 2018).

The PCOP questionnaire, in conjunction with Ajzen's (1991) theory, provided the rationale used to operationalize the theoretical concepts guiding this study into the open-ended interview questions used to collect evidence. Three nurse experts holding doctoral degrees in nursing education and gerontology reviewed the interview questions for clarity, appropriateness, and alignment with the research questions. They offered only a few suggestions regarding phrasing; otherwise, the experts determined the questions to be appropriate and clear. The words in a few questions were changed to reflect their suggestions. The alignment of the research and the interview questions appears in Table 1. The specific PCOP questions that were considered when formulating the interview guide and the related interview questions are displayed in Table 2.

Primary research question:

RQ 1. How do graduating baccalaureate nursing students envision courses of care for older adults?

Research Sub-questions:

RQ 1a. How do these students describe their communications with instructors regarding the care of geriatric patients?

RQ 1b. How do these students assess their ability to care for geriatric patients?

RQ 1c. How do these students describe their expectations and beliefs regarding the nursing care of older adults?

RQ 1d. How do these students perceive the value of outcomes they believe derive from caring for older adults?

Table 1

Interview Question Alignment

Interview Guide – Interview Questions	Research Sub-Questions
1. Please take a moment to recall the nursing care you provided to your residents in the long-term care facility. a. Describe how confident you were when providing their care. b. When caring for your residents, talk about the impact or influence you think your care may have had on the resident's health outcomes, or quality of life or both (if you think it influenced both). How might this effect your level of personal satisfaction and sense of purpose? c. When caring for older adults, which do you think is more important for a nurse to consider, the older adult's outcome, the older adult's quality of life, or both equally? Please share your thoughts on this.	RQ 1b RQ 1c RQ 1d

Interview Guide – Interview Questions	Research Sub-Questions
2. Describe a unique nursing challenge you have had to face regarding the care of an older adult patient. a. Explain how you think your nursing instructors have or have not prepared you to care for geriatric patients with involved and multifaceted health conditions. b. How would you feel if this incidence occurred again, would you feel competent to handle it, or would you prefer another nurse take over?	RQ 1a RQ 1b RQ 1c
3. Many people will say that working with older adults is sad. What do you think about this?	RQ 1c RQ d
4. What were your thoughts when you heard that you would first work with older adults? Have these thoughts changed since you have been working with them? Please explain.	RQ 1b RQ 1c RQ 1d
5. Please share some examples of what you like or dislike about working with older adults.	RQ 1c
6. What attitudes toward older adults have your instructors demonstrated during your clinical placements? a. Describe the support your clinical instructors have provided in the past, helping you to feel comfortable in the geriatric setting and showing interest in your learning	RQ 1a RQ 1b
7. Many nurses report that caring for older people is labor intensive, often unpleasant, and occasionally thankless, but can be "worth it" when you can make a difference. What do you think about this?	RQ 1b RQ 1c RQ 1d
8. Please describe your past experiences caring for older adults and tell me if you would consider a career in geriatric nursing after graduation. Why or why not.	RQ 1b RQ 1c RQ 1d

Table 2

PCOP Questionnaire Alignment

PCOP Question	Interview Questions
1. Caring for older patients is depressing.	Many people will say that working with older adults is sad. What do you think about this?
2. Caring for older patients is usually challenging and rewarding.	Describe a unique nursing challenge you have had to face regarding the care of an older adult.
3. It's frustrating caring for older patients.	Please share some examples of what you like or dislike about working with older adults.
4. Caring for older patients is often unpleasant work.	Many nurses report that caring for older people is labor intensive, often unpleasant, and occasionally thankless, but can be "worth it" when you can make a difference. What do you think about this?
5. Although caring for older patients is labor intensive, it is worth the investment of time and energy.	Many nurses report that caring for older people is labor intensive, often unpleasant, and occasionally thankless, but can be "worth it" when you can make a difference. What do you think about this?

Ethical Considerations

The two overriding ethical concerns in research are protecting participants' safety and ensuring that their participation is voluntary (Mills & Gay, 2019). Safeguards were put in place to protect participants' physical, mental, and social well-being and to ensure that participants provided informed consent throughout the recruitment process and during interviews. These safeguards, described in this section of the dissertation, were reviewed and approved by the Capella University IRB and the director of the Academic Integrity Office at the study site.

The recruitment process included a face-to-face component during which the researcher presented to all gerontology classes the opportunity to participate in the study and provided

information about the study's purpose and importance. A script was used that was approved by the Capella University IRB to ensure that only information required by students was presented, to avoid any suggestion of coercion, and to ensure that the information was clear and understandable. The researcher later had a separate private phone conversation with each interested student to determine eligibility and arrange a date and time for the interview. Every communication with students throughout this process was guided by a script approved by the IRB.

The intimate nature and power differential of the relationship between researcher and participant could, after several minutes of an interview, lead inadvertently to the exploitation of the relationship. For this reason, data collection was not conducted in the researcher's workplace. The researcher also anticipated the possibility that a participant could become distressed during an interview. If this were to happen, the harm to the participant would outweigh any benefit of the interview. The principle of beneficence would then dictate that the researcher ends the interview; this option was clearly explained in the informed consent form signed by each participant. The informed consent form, which each participant signed just before starting the interview, could not reveal details of the study's theoretical propositions, which could influence the participants' responses to questions and compromise the results. However, following the principle of respect for persons, the consent form provided the purpose of the research, described what was required of the participant, described any foreseeable risks, emphasized the participant's right to withdraw at any time, and sought permission to record the interview.

Providing confidentiality in a qualitative research report is especially challenging because of the descriptive nature of the data collected. To protect the identities of the participants, pseudonyms were used, and the researcher was careful when describing the

characteristics of the participants and study site to avoid revealing their identities. The recordings and transcripts were stored on a password-protected personal computer and will be destroyed seven years after the conclusion of the study.

Internal validity seeks to determine how congruent the study's findings are with reality, a nebulous endeavor when reality is assumed to be "holistic, multidimensional, and ever-changing" (Merriam & Tisdell, 2016, p. 266). Since each of us likely perceives the social world differently, we will interpret and analyze the same data differently (Saldaña, 2015), so with this in mind, there has been no claim to be objective but to merely acknowledge and explain the mirrored reality as seen through the researcher's lens. For this purpose, substantive analytic memo writing was used throughout the analytic process to confront and challenge assumptions and understand the phenomenon with an open mind. Saldaña's (2015) 12 prompts for reflection were used extensively, and anything related to the researcher, or the participants were reflected and expounded upon. Analytic memo writing is a recording of the researcher's contemplations on anything that is deemed significant about the coding process, data analysis, or the researcher. Saldaña (2015) explains that these contemplations within the analytic memo are more of a "refraction" of mirrored reality rather than a clear "reflection" of that reality because the researcher's lens is inevitably broken and imperfect. Therefore, it is impossible for the researcher to clearly imitate reality but will instead uniquely distort it. Analytic memo writing is then seen as a heuristic, a method for researchers to challenge themselves, refocus their thoughts, mitigate biases, and possibly recognize patterns or inconsistencies within the data.

Summary

This chapter provided an overview of how the basic qualitative research design was used to understand and interpret the experiences of 10 graduating baccalaureate nursing students. The

purpose of the study was to understand the students' experiences related to their decisions to choose gerontological nursing as a career upon graduation from nursing school. A purposive sample of nursing students with unique perspectives on gerontological nursing was selected to provide this insight. The participants' responses were transcribed verbatim and organized in the Microsoft Word program, where they were later analyzed using the NVivo program. Dramaturgical coding, a coding technique useful for understanding interpersonal experiences, was used to organize the data into meaning units. Themes were identified inductively; there was no attempt to structure the data according to preexisting codes or categories. The analysis was guided, not driven, by the concepts of the theory of planned behavior (Ajzen, 1991), as was the development of the research questions. Chapter 4 gives a detailed report of the research findings.

CHAPTER 4. PRESENTATION OF THE DATA

This basic qualitative study explored ways graduating baccalaureate nursing students envisioned the courses of care for older adults during their nursing education. There has been little evidence within the research literature concerning nursing students' perceptions of geriatric nursing care; this study provided insight into those perceptions and an understanding of some of the criteria that may influence students' decisions to choose gerontological nursing as a career option after graduation. This chapter begins with a discussion of the study and the researcher, a description of the sample, and a recount of how the basic qualitative methodology was applied to the data analysis process before presenting the data and results from the study.

Introduction: The Study and the Researcher

Capturing reality or truth is impossible, and attempting to do so is best viewed as a desirable goal rather than an end (Merriam & Tisdell, 2016). One strategy used to increase the credibility of data and analysis in a qualitative study is to reveal the researcher's position concerning the topic. Disclosing the researcher's perspectives, assumptions, and experiences helps readers better understand how data were interpreted and conclusions derived.

Researcher's Background and Motivation to Investigate the Phenomenon

The researcher's professional interest in geriatric nursing began during work as an assistant director of nursing in a medium-sized long-term care facility for five years, but this was only after having worked for 10 years in acute care. The researcher chose acute care over long-term care after graduation, believing that long-term care offered few opportunities, a belief supported by her earlier experiences as a nurses' assistant before attending nursing school. Later, as a new nurse manager in long-term care, the researcher quickly recognized that RNs, through their education and training, are eminently qualified and competent to provide patient-centered

care and coordinate this care with other disciplines. This awareness was apparent in long-term care because most nurses were Licensed Practical Nurses who, from the researcher's perspective, seemed less capable than the RNs when planning and coordinating patient care.

While working in long-term care, the researcher became interested in Nolet et al. (2015), who initiated the Wisconsin Long Term Care Clinical Scholars Program. The work done by these nurse educators inspired the researcher. It nurtured within her an intuitive sense that if nursing students were offered an intensive practice experience in a nursing home during their education, they might develop an understanding of the unique role of geriatric nurses and appreciation for working in nursing homes. The innovative internship program conceived by Nolet et al. and the nursing students who participated in it motivated the researcher to learn more about how nursing students choose where they will begin their careers.

Researcher's Perspectives Toward Nursing Education

Nursing students and novice nurses often conflate tactile psychomotor skills with nursing judgment. For instance, nursing students may consider inserting a nasogastric tube as more of a skilled nursing intervention than initiating a turning schedule for a patient predisposed to decubitus ulcers. This is concerning because it could lead to a belief that these concrete psychomotor skills are all or most of what is needed to care for patients with complex conditions. This expectation could, in turn, cause nurses to narrow their focus and become incognizant of the options available when caring for patients with complex or rapidly changing conditions. The researcher has come to believe that this confusion is largely the result of the emphasis placed on the medical model—the preeminence of curing over caring—in most nursing curricula.

Description of the Sample

A purposive sample of 10 graduating nursing students was selected from a baccalaureate nursing program recognized by the National Hartford Center of Gerontological Nursing Excellence (National Hartford Center of Gerontological Nursing Excellence, 2023); Table summarizes the personal and academic characteristics of these 10 participants. Every participant signed an informed consent form after all questions were answered satisfactorily. Alphanumeric references were used to protect the participants' identities, and nonessential details of participants' characters or stories were altered in the report to ensure confidentiality.

Table 3

Demographics

Characteristic	Quantity
Sex	
Female	9
Male	1
Age in years	
18–25	8
26–35	2
Race	
Caucasian	10
Currently enrolled in the final semester	
Enrolled	10
Not enrolled	0
Academic standing	
Good	10
Poor	0
Prior nursing experience	
Less than 1 year	5
None	5

Note. $n = 10$.

Research Methodology Applied to the Data Analysis

Thematic analysis was the methodological approach chosen to analyze data from this study. Because of the great flexibility of thematic analysis, analyses using this method can vary widely, and it is essential to acknowledge the theoretical position taken before thematic analysis so that readers can evaluate the study accurately. This section provides a description of how thematic analysis was applied and how data analysis was conducted.

Organizing the Data

Preparing and organizing data was the first step; however, as Merriam and Tisdell (2016) have emphasized, the emergent nature of qualitative inquiry demands that data collection and analysis occur simultaneously. The analysis informs data collection, allowing data to be more focused and revealing. Due to the logistics of data collection at the study site and the time constraints imposed on the researcher, the transcripts of the interviews could not be compared with one another during data collection. There needed to be more time to transcribe one interview before the next interview was conducted; this was a limitation of the study. After all interviews were conducted, the recordings were transcribed into text and organized into files. The researcher followed Merriam and Tisdell's (2016) recommendation that researchers transcribe their interviews because the process of transcription can trigger ideas and insights from the data as they are reviewed. Interviews were transcribed digitally using Microsoft Word and formatted with a 3-inch margin on the right so that notes could be made in the margins. The transcripts were read in their entirety. As they were read, memos, notes, and ideas thought particularly relevant to the research questions were written in an analytic memo and the margins of the transcript using the review functionality of Microsoft Word. Merriam and Tisdell (2016) referred to this as "having a conversation with the data" (p. 178).

Coding

As the coding process began, many codes emerged. This open coding in the beginning inductive phase helped the researcher understand what the data were saying. The codes created met the two necessary criteria identified by Lincoln and Guba (1985). First, they were heuristic (an aid to learning or discovery), and second, they were the smallest pieces of information that could stand alone so that others reviewing them would be able to make sense of the code. After

examining and coding the first interview transcript, the codes were grouped into meaningful or axial groups. A running list of these axial codes was kept to consult when analyzing subsequent transcripts; new codes were added to relevant axial codes. New codes and axial codes were merged into a single master list as they were created. The master list began an inventory of the data set that grew with every transcript analyzed. Classification is the analytical process by which regularities and patterns that cut across the data are recognized from the axial codes in the master list (Creswell and Poth, 2016) These patterns became the categories into which subsequent codes were sorted.

Developing Categories

At this point, the process became slightly unsystematic as tentative categories were renamed and subsumed into other categories. Initially, the construction of categories was highly inductive; however, as the researcher began to understand the data better and visualize the patterns, tentative categories were tested to see whether they would persist and provide multiple perspectives. At this point, the analysis took on a deductive aspect (Merriam & Tisdell, 2016). It was important to explain the researcher's reasoning and thoughts in the analytic memo.

Devising categories is a matter of judgment and is thus ambiguous (Patton, 2015). The process is not entirely haphazard but varies depending on a study's purpose and the knowledge, skill, and philosophical orientation of the researcher. However, the researcher remained cognizant of the criteria described by Merriam and Tisdell (2016) when making these judgments: (a) Categories should be answers to research questions, (b) categories should be exhaustive, (c) categories should be mutually exclusive, (d) categories should be sensitizing (should describe the data in the category), and (e) categories should be conceptually congruent so that all categories are at the same level of abstraction (pp. 212-213).

Interpreting the Data

The final step in the data analysis was interpreting or making sense of the data and explaining lessons learned (Creswell & Poth, 2016). Yin (2014) discussed several analytic techniques for linking data with a study's propositions and establishing internal validity. One such method is pattern matching, in which data collected are compared with predicted outcomes. If the data patterns match the predicted patterns, the proposition receives support, and internal validity is strengthened. However, if even one outcome related to the proposition does not behave as predicted, the initial proposition must be reevaluated (Yin, 2014). Pattern coding, a second-cycle coding method, was used to validate the emerging themes and identify patterns within the empirical data after the initial coding. These patterns, reflections, and insights recorded in the analytic memo were matched with the predictions outlined in the study's theoretical proposition.

Presentation of Data and Results of the Analysis

The 10 participants provided detailed and insightful accounts of their experiences caring for older adults within the curriculum, uncovering three principal ways in which they envisioned the care of older adults, and which seemed to direct their career decisions. The themes developed from their accounts were: (a) personal connections, (b) agency to care, and (c) educators' influence. These themes answered the research question by providing insight into how nursing students envision older adults' care; they also provided a valuable understanding of each behavioral determining factor (attitude, subjective norms, and perceived control) that moderated participants' intentions regarding caring for older adults after graduation. Table 4 summarizes the subthemes found within each of the study's themes and relates the themes to how the participants envisioned care.

Table 4

Thematic Summary

Themes	Subthemes	How care is envisioned
Personal Connections	• Humanized and less intimidating • Mature understanding of aging • Getting to know the older adult patient • Making a difference	Nursing care is envisioned as patient-centered and individualized. Older adults are seen as "friends," and, despite their disabilities, geriatric care is not "sad." When a sense of responsibility and patient advocacy evolves, patient care is envisioned as "working towards what they want."
Agency to Care	• Perceived patient instability	• Participants who perceived that patients could be medically unstable and had little or no support from experienced coworkers; were not "confident in [their] skills" and expressed a lack of "comfort" when providing care. Participants who did not perceive that patients could be medically unstable envisioned care as "routine."
	• Challenging clinical patients	• When caring for challenging patients, participants envisioned nursing care as "frustrating" and confusing because "we weren't meeting some …need."
	• Impoverished clinical environment	• When participants perceived a lack of resources and professionalism in the long-term environment, they envisioned care as "disheartening" and "defeating," and providing quality care became a "challenge."
Educators' Influence		Cognitive dissonance resulted when participants perceived educators (staff nurses and clinical instructors) placed more value on acute care and did not respect geriatric nursing as much as they thought they should. Many participants then envisioned geriatric care as an area of nursing that might "limit [their] options" professionally.

Theme 1: Personal Connections

Developing personal connections was a critical emotional outcome for all participants and was a pivotal dynamic for determining "making a difference", an important subtheme within this central theme. A personal connection can be thought of as a state of mind in which an individual can bridge the gap between the self and the other. Making a difference, one of its subthemes, is a measure of the significance students place on the outcomes they perceive to be derived from caring for older adults. How a participant perceives making a difference relies on the student's cognitive processes and particular focus when developing personal connections. The evolution of how a participant perceives making a difference and how this relates to personal connections are explained later in Chapter 5.

Participants described developing a personal connection as a process rather than a sudden lightbulb moment; they described their personal connections as evolving throughout the daily nursing care they provided and the communications they shared with older adults. For instance, Participant 1 explained:

> I think just getting honestly to know the population [older adults]. Just being in there day in day out; I can't think of a specific moment where I'm "Oh, this is it." . . . I just think that you just respect the people that you're working with [older adults].

When participants cultivated personal relationships with older adults, their perceptions regarding older people in general and geriatric nursing care, in particular, could mature; ageism and stereotypes seem to dissolve, and older people are seen as friends. Older adults became humanized and less intimidating. Such was the case with Participant 4, who relayed that she did not believe working with older adults was sad, even though many nursing students regarded geriatric nursing as depressing because of older people's disabilities or dependence, particularly

in nursing homes. Participant 4 believed that "once you get down and understand the person and just get to know somebody. . . it takes away the sadness." She later recalled caring for a patient the previous week, who told her that

> people don't realize that this person has had an entire life before and they have a lot to say, and you have a lot to learn from them. From the outside [those who do not know the elder] people look and say, "Oh that's sad," but if you get to know them and you understand them, then [you] get to make a friend. You see them for more than their disability, or their weakness, or their old age. You see them for who they are as a person. So, you no longer feel it's so sad. (Participant 4)

Participant 4 elaborated on this idea, explaining that many people may even avoid older adults because "they just see an old person; they don't know who that person is," and "they don't know that that [person] could be your friend. I feel like friendship doesn't have an age limit."

Subtheme: Humanized and Less Intimidating

All participants encountering older adults in the long-term care facility described nervousness or discomfort during their first encounter. For instance, participants 4 and 9 both spoke of feeling "intimidated" before their first exposure to older adults in long-term care; Participant 4 had even thought that "old people are mean." But after only eight weeks of clinical classes in the long-term care facility, these participants came to understand that "they are actually very pleasant people" (Participant 4) and that "they're just like me, just older" (Participant 9). Both participants described personal connections with older adults and could convey interests and things they shared in common with the individual older adults who resided in the long-term care facility (Participants 4 & 9). For instance, Participant 9 laughed when remembering one of her older patients who enjoyed watching *The Kardashians* on TV, just as

she does. All participants reported enjoying "hearing their stories" (Participant 10) and benefiting from their wisdom when they recounted past experiences. These personal connections (a mental state that bridges the gap between the self and the other) had worked to humanize older adults and make older people less "intimidating" to participants who had minimal to no experience interacting with older adults.

Subtheme: Mature Understanding of Aging

Several participants recognized that age, functional ability, and cognitive aptitude are not always correlated; therefore, caring for older adults is not always straightforward. For instance, Participant 6 described a kind of epiphany after caring for a functional and cognizant centenarian during one of his clinical classes. Throughout his usual nursing routine, caring for several older adults, Participant 6 recognized that not all older adults displayed the characteristics and attributes he had expected. Participant 6 stated, "You just have it in your head, 'This is what a 90-year-old looks like, this is what a 60-year-old looks like, this is what a 70-year-old,' and you just never know." He resolved this cognitive dissonance by reevaluating his perception of the behavioral expectations imposed by society on older adults and their concomitant nursing needs (Participant 6). He (participant 6) thought that many confused older adults who constantly get out of bed are "bored, and they want something to occupy their mind." He felt the nursing staff did not understand this and should "take that time to go and communicate with them" to "see what they're thinking that day and just get a little bit more clues into why they keep wanting to get up out of bed" (Participant 6). Participant 6 saw not a confused older person but a person "who need[s] something to occupy" their "mind." Participant 2 similarly spoke of surprise at encountering an engaging elderly man who was "as sharp as a pin," "incredible," and "fun." She also recognized, with new awareness, that this patient was not residing in the long-term-care unit

and was expected to go home. Hence, his nursing needs and education were very different from those of traditional frail and confused nursing home residents (Participant 2). Participant 2 acknowledged this saying:

> Before I didn't realize the extent of the nursing care that was needed in the nursing home, I thought that old people go to nursing homes, that's just where they live. Now I have a lot more respect for what those nurses do. (Participant 2)

All participants described their cognitive processes, awareness of responsibility, and desire to advocate; even when caring for complex patients or patients whose conditions would not improve. Four participants (Participants 2, 5, 7, & 10) imagined their grandparents or others they loved when providing care, which empowered them to persist in difficult situations and advocate for patient care. Participant 2 explained:

> Like my granddad . . . and there is nothing you can do, you still care . . . because they're still alive, I wouldn't want to be thrown to the curb at the end of my life, I hope someone will be there to take care of me. (Participant 2)

The remaining participants (Participants 1,3,4,6,8, & 9) did not equate this responsibility with a duty to someone they loved; however, all recognized a personal responsibility to individual patients, and this helped change their perceptions and expectations of what it means to care for older patients. They could visualize themselves as patient advocates in new and different ways, using this skill to instigate change and make a difference in patients' lives.

Subtheme: Getting to Know the Older Adult Patient

Central to developing personal connections is how the participants related to patients, or what they generally referred to as *knowing the patient*. The participants thought of knowing a

patient in two ways: knowing the patient's pattern of responses and knowing the patient as a person. The routine care nurses do every day and the multiple assessments they make when providing this care underly the first way of knowing, knowing the patient's pattern of responses, which Participant 3 referred to as "baseline." Participant 3 understood that paying attention to

> those small things every day, making sure that they're doing their range of motion and making sure that they're eating well, and eating the right things is going to benefit them in the long run instead of ignoring those things, and then something bad happens.

The second way of knowing, knowing a patient as a person, allowed the participant to individualize care, ensure the patient's unique preferences remain a priority, and maintain the patient's dignity. The participant came to know a patient as a person when they, after understanding the patient's patterns of behavior, talked with the patient and empathized with them. The student nurse can then "get to know them [an older adult] individually as a person, and what they want" (Participant 3). Participant 4 explained that this way of knowing is what "drives me and gives me a sense of purpose"; she relayed that she was able to know her patient as a person when she:

> sat down with her [patient], and we really talked, and I got to know more about her life, and she told me that I really made a big impact on letting her know I was caring for her, I understood her, and we were able to have a nice connection, which made her feel a lot better.

Every participant reported attempts to understand patients' habits or usual responses, corresponding to the first way of knowing. For example, Participant 10 described a lengthy exchange with an older patient who was not taking her medication, saying that she was "just

trying to figure out why [she wasn't] taking them . . . because the reason why she wasn't compliant at home wasn't because of the cost." The second way of knowing a patient is best understood through the role of patient advocate. Every participant described several ways in which they supported patients as people in their role as advocates. For instance, Participant 7 found it more rewarding to care for older adults than other populations because she "really like[s] the personal side to it, talking with them and listening to their stories and piecing together their lives. [Then] using that to care for them in the way that they see fit." Participant 2 described a conflict with a patient's family member regarding whether to reorient the patient when confused; she explained that she would consider the patient's needs before the family's request because "even though the family is not comfortable [with not reorienting] they are not the ones suffering, in the sense of that they don't have the illness."

Subtheme: Making a Difference

An interesting way in which personal connections were revealed was how the participants cognitively understood their contribution when attempting to make a difference in a patient's life. This cognitive reasoning is best understood by examining the participants' descriptions of their patient encounters when caring for older adults in challenging and difficult clinical situations. A common response was to characterize such encounters as frustrating, but participants differed in their perceptions of frustration. For instance, Participant 1 described experiencing frustration when older adults, whom she said could be "stubborn," would not cooperate in pursuing those things she thought were in their best interests. Participant 1 stated, "Sometimes it's 'dang,' you tried to use all your different resources to do something for someone, and they just don't, really don't, care." This frustration seemed to dampen any feelings she may have had of making a difference in these patients' lives. At the same time, Participant 1

did indicate that she had made a positive difference when she stated, “Sitting and talking with the patients and genuinely listening . . . really helps,” and “they’re constantly giving you nice words of affirmation.” She seemed to feel personal satisfaction when she made a difference in a patient’s pattern of responses, especially when recognized with words of affirmation (Participant 1).

Alternatively, Participant 3 thought she served a good purpose when she successfully advocated for a patient by, for example, helping an older adult with a “dignified death . . . on their terms.” Conversely, Participant 3 felt “really bad” when she “just couldn’t do . . . justice” to a confused patient who needed to be sent to another unit. Participant 3 said she “wasn’t doing a good enough job” because “I just felt like we weren’t meeting some sort of need.” On this occasion, Participant 3 could not interpret the patient’s patterns of response, which possibly diminished her personal satisfaction. However, she generally placed more importance on advocating, that is, knowing patients as people: “That’s why a lot of people don’t enjoy it [geriatric nursing] as much as me because at first you’re really more focused on doing the tasks right and you’re not as focused on building relationships with the residents” (Participant 3). She believed that it is

> just really knowing them and getting to know them individually as a person and what they want. Because what you want for them and what they want for themselves are not always the same thing, just really communicating with them and making sure that you’re on the same page as to what they want. You can advocate for them and make sure that you’re working towards what they want. (Participant 3)

The difference between Participants 1 and 3 concerning personal satisfaction was their difference in focus and how they perceived they were making a difference. Participant 1 focused on

knowing patients by applying her nursing knowledge to recognize patients' patterns of response and then attempting to persuade patients to adhere to medical and nursing principles. Participant 3 focused instead on relationships, advocating for patients' wants, and knowing patients as people.

In addition to the way participants *knew* their patients, their related cognitive and emotional processes surrounding how they understood their contributions to patients' lives may also have strongly affected their willingness to tolerate difficult situations. For example, Participants 5 and 7 described very difficult clinical situations when caring for confused older adults but still reported feeling satisfied and even rewarded after providing care. All participants recognized from their nursing knowledge that the behavior demonstrated by confused patients resulted from disease processes beyond the patients' control. Participant 5 emphasized that "you can't blame them . . . you know, they can't help it," and Participant 7 sympathized by stating, "I think it's part of my understanding of what Alzheimer's is, knowing that's not her choice to be acting that way. That's something that she has to live with, and her family has to deal with and care for."

However, these two participants were not *only* able to convey an understanding of the disease processes that make nursing care so difficult, but they also described how they were able to cogitatively and emotionally relate to the patients personally and how they recognized their contributions to patient well-being, even when the patients did not get better (Participant 5 and Participant 7). For instance, Participant 7 explained, "If I find myself frustrated, I would try to think about how the patient was feeling, how she was feeling in the moment." Participants 5 and 7 related the patients to their grandparents. Participant 5 said, "Sometimes I like to picture them as my grandma, I have to give them the same care. That really helps me, especially with the

confused ones." Participant 7 said, "I always try to think . . .or compare it to, if this is my parent or grandparent, this is how I want them to be cared for."

This recognition of a personal contribution or making a difference when caring for challenging patients may have stemmed from personal connections—knowing the patients as people—with a newly added layer of responsibility (advocacy) and persistence. Knowing a patient as a person (personal connection) may counterbalance frustration and allow for the personal satisfaction of making a difference even under challenging circumstances, in circumstances when patients do not get better, or when students do not *see* a change, and "even if the patients aren't thankful, or they don't say thank you" (Participant 7). Just the *perception* that "anytime you're helping a patient . . . it's rewarding" (Participant 5). However, every participant indicated that seeing results and receiving affirmation was important for their personal satisfaction.

Participant 9 explained that she made a difference as a nurse when she could "make a change and . . . change the world." She saw "doing ICU [intensive care] or ER [emergency room] as something [she can do to] make a difference" (Participant 9), and she did not believe that long-term care generally comes to students' minds when thinking about making a difference. She clarified her views:

> People get better quicker [in the hospital], and you see yourself making more of an impact quickly than maybe you do in LTC [long-term care] because [in long-term care] you're with them every day, and there's no dramatic "getting better" not a dramatic "one day their intubated and the next day not." So, you see yourself changing something quicker. (Participant 9)

Participant 1 seemed to concur by stating, “If you [are] working in a med surg or critical care, you would see the care that you’re giving is actually improving or healing a patient. But with an older population . . . they’re still going to deteriorate.” She did not describe this as frustrating “because it’s kind of like that’s the circle of life . . . you have to take that with a grain of salt, it’s not going to get better” (Participant 1). However, affirmation was very important to Participant 1:

> You see how hard it is sometimes, how much patience you need to have . . . but then it’s also very rewarding when you come into work and your favorite clients are, “Oh! It’s so great to see you today.”

Rather than seeing a change or difference in a patient’s condition, receiving affirmation may have been the most important way Participant 1 understood her contribution to the patient’s well-being.

Theme 2: Agency to Care

The agency to care for older adults characterized nursing students’ beliefs in their ability to competently and independently care for older adults and then choose to do this. This agency varied among the participants and reflected differences in how some envisioned older adults’ nursing care. The findings indicate three subthemes that support this overarching theme: (a) perceived patient instability, (b) challenging clinical patients, and (c) impoverished clinical environments.

Subtheme: Perceived Patient Instability

Although all participants said they were confident when explicitly asked, several indicated uneasiness when they recognized that nursing home patients could become unstable:

> There [are] a lot of different things that you have to be wary about, like changing cognition can mean a lot of different things; that's very prevalent. That's a big thing to keep in mind and stuff if they have a UTI [urinary tract infection] . . . or if their medications are affecting them. (Participant 1)

Participant 5 recognized the need for continuous nursing judgments when she expressed concern for "sending them home [and] making sure that they're safe in their home." She discussed her concern regarding dysphagia and polypharmacy when she stated, "So you're worried about, oh my gosh, we're giving them a new medication, will they be okay" (Participant 5)? Participant 3's main concern surrounded respiratory conditions:

> I feel like people get pneumonia in nursing homes a lot, and sometimes they are just upper respiratory infections. Sometimes it's hard to tell if it's serious or if they're going to be able to get over it on their own. I just don't really know how to tell the difference.

Participant 6 was disturbed to think "if anything was to go wrong, like [if] they had pneumonia because I know that their temperature doesn't really show that when they develop an infection . . . I've never seen that." As new nurses, these participants were uncomfortable with their assessment skills and nursing judgment; they feared inaccurately assessing unstable patients. They all perceived a lack of qualified medical staff available to help them in the long-term care environment. For example, Participant 6 said, "I am not comfortable being the only eyes and ears there," Participant 3 said, "Really the only people you can ask are the other nurses that are there, there aren't any doctors there that you could call," and Participant 1 said,

> If I worked in a facility my assessment skills . . . would have to be even stronger [than in acute care] because I probably would have to pick up on a change because that would be me doing that and not necessarily the doctors.

These students all felt that working in an acute care setting after graduation would help them develop these skills, because in acute care, "you really just gain some confidence in your skills, and you get exposure to a lot of different things" (Participant 3), and "I want to get all my skills down . . . to be very confident in myself as a nurse before I move to the geriatric population" (Participant 1).

On the other hand, some participants articulated a greater capacity to care for older adults because they did not foresee changes in their patients' conditions, or express apprehension about being the most qualified medical professional within the nursing facility. For instance, as Participant 2 approached graduation, she stated, "Now I think I can figure things out on my own." She did concede that complications can occur in long-term care, but when asked whether she would be more likely to use her nursing judgment in acute care or long-term care she replied, "I think the complications are just different, like the way you go about it . . . it [complications in long-term care] would happen over a longer period of time" (Participant 2). Participant 2 did not seem to appreciate the possibility that patients can suddenly become unstable in long-term care and conflated chronic illnesses with chronically stable conditions. She (Participant 2) seemed to believe that nursing judgments, or how assessments are conducted are somehow different in the two clinical settings.

Participant 4, who believed that long-term care is more "routine care, being with them all day . . . and it's all geriatric population, so all the care is similar," expressed her capacity to care for older adults by saying, "I know it requires more patience and time and I feel really good

about that, which is getting them up all by myself and giving them that care and extra time needed." This view contrasted sharply with that of Participant 3, who claimed not to feel self-assured "nursing wise," even though she was confident helping with activities of daily living. Participant 10 said she felt very confident because "I connect really well with older people." She thought she could better care for older adults than younger adults because "they [older adults] kind of know what's going on with their conditions . . . they're more comfortable and confident too" (Participant 10). Participant 10 explained that older adults did not ask as many questions of her and did not seem to be as "involved with their care" as younger adults. This belief in her ability to care for older adults was possibly a consequence of her perception that older adults are generally more accepting and less challenging of nurses' knowledge and skills.

The findings indicated that participants judged their ability to care for geriatric patients, to some degree, on their understanding of patient lability and how nursing assessments are made. When Participants 1, 3, 5, and 6 recognized that a patient in long-term care could quickly become unstable, they concluded that multiple nursing assessments were needed with each patient encounter to predict and prevent undesirable changes. "I would definitely [need] stronger assessment skills . . . before I move on to a facility where I might be a nurse" (Participant 1) and "if you're doing frequent assessments, you know what everybody's baseline is" (Participant 3). Participant 6 stated that his "biggest fear would be I don't know when to call the doctor. I don't know what their sickness looks like, compared to young people's sickness". Participants in this instance (Participants 1, 3, 5, and 6) felt understandably less capable, especially if they perceived a lack of experienced staff members to provide support. When Participants 2, 4, and 10 perceived long-term care patients to be stable with complications that evolve slowly, if complications even

do develop, their assessments became perfunctory, mechanical, and less frequent than at every patient encounter. For instance, Participant 2 explained,

> I think when you're out on the med/surg [acute care] floor you're very much aware, you never know where the problem is coming from and how it's affecting other things, if there's a GI [gastro-intestinal] problem, where is it coming from and how is it affecting the heart and the rest of the body? Whereas in the long-term care setting with more chronic conditions, I think you're more inclined to be like 'how have you been living with this?' and 'what has been working for you?'

These participants (2, 4, and 10) then felt better able to care for older adults independently and that nursing care in a long-term care facility is routine.

Subtheme: Challenging Clinical Patients

Even though the participants described their agency to care for older adults differently, they articulated many of the same challenges. Every participant described frustration about their struggle to provide quality care to confused older adults in the long-term care facility. This clinical experience in the long-term care facility had been the first time many participants had cared for a patient with dementia, and, as Participant 1 explained, "It's kind of hard because you learned something in a classroom, but you don't understand it until you're actually in a clinical setting." Participants described feeling confused as they endeavored to understand what confused older adults were thinking while attempting to determine the most appropriate course of care and communicate effectively. Participant 6 said, "You really have to be good; you have to develop skills of communicating with them. . . to get your job done because you can't have all day." Perhaps the most difficult and bewildering circumstances occurred when an older adult was confused and combative. Participant 3 described caring for an Alzheimer's patient who was

> just kicking and screaming, and I got hit so many times, and that was just . . . really confusing. I felt like I just wasn't doing a good enough job because I felt like we weren't meeting some sort of need, but we couldn't figure out what that was.

Participants described feeling inadequate when they could not understand what a patient was thinking so that they could comfort the patient and meet the patient's needs. "It's kind of hard to put yourself in there, how the way they're thinking because you see it clear as day what is going on" (Participant 1). Participant 5 seemed to feel rather conflicted when caring for a combative patient with posttraumatic stress disorder. She understood that such patients are innocent, not responsible for their actions, and unable to understand, and so she believed that she could not ask them to be calm or even attempt to explain that she is merely trying to help:

> They're not in a mental state where you can be like, "Calm down," you have to do everything yourself . . . and you want to be like, "I'm not doing anything wrong," you know, and you can't blame them, it's their brain. (Participant 5)

Another difficulty was determining the best choice of action a nurse should take for a patient. For example, Participant 2 was unsure of when to reorient a confused patient:

> Is it really worth reorienting a patient who has been this way for years? If they're comfortable thinking it's 2001 right now, then maybe we should let them live their lives in that comfort state. So, when do we reorient them?

Participant 1 explained that reorienting a confused patient is necessary if their actions could cause harm, but she cautioned, "That's kind of a hard line to walk because you have to make sure you have a very trusting relationship with that person." Participant 6 thought, "Another hard thing would be knowing their function; you just don't know when something could be acting up

that day . . . you got to be really patient with getting them up and around." Patience, time, excellent communication, and good judgment are essential skills for understanding what a confused older adult is thinking and then to execute an appropriate course of care. However, these participants also recognized that abstract knowledge gained in the classroom, designed to help them acquire these essential skills, is "way different" (Participant 1) than applying that knowledge in the clinical setting. When these participants reflected on their nursing decisions for severely confused older adults during clinical classes, they developed practical knowledge that refined and extended their textbook knowledge (Murray et al., 2019). They became more assured of their ability to care for older adults because it "was definitely a learning experience I can apply for the next time" (Participant 3). All participants' beliefs in their capacity to independently care for older adults were, thereby, able to grow as they developed clinical judgment skills and expertise consistent with values taught and emulated in the clinical setting.

Subtheme: Impoverished Clinical Environments

All participants complained that nursing homes are largely understaffed and that long-term care has a bad reputation: "There's a lack of people working in geriatrics, and I think it's just because of that stigma. It seems like a chore to have to take care of older people" (Participant 5). Participant 3 thought that "people don't like to work in long-term care, and don't stay there for a very long time." She explained:

> You're always short-staffed, or you're always training new coworkers because it's just like a revolving door of people. . .. When you are short-staffed, it feels like there's zero effort to try and get people to come and help you. You're stuck being overworked that day. (Participant 3)

Participant 9 maintained that her friends, who had worked in nursing homes, had told her that "staff [in nursing homes] don't always have the same drive that matches theirs [her friends] . . . they don't like how the nurse didn't do [something] for the patient." Participant 9 explained that these friends thought the care in the nursing homes was not "timely" and they did not like "the way nurses talk[ed] to the residents." This secondhand information had given Participant 9 a bias, even though she had never worked in a nursing home, and she said that it had "kind of turned me off" working in long-term care.

All participants recognized a discrepancy between the values of patient-centered holistic care, taught in the gerontology class and throughout the nursing curriculum, and the reality of the regimented, task-oriented nursing practice encountered in long-term care facilities. These participants explained this rigid, ordered approach to nursing care as a result of "always being short-staffed" (Participant 3) and the fact that nurses must "have their agenda [and] they have to stick to it" (Participant 1). Every participant believed that nurses "don't have time to . . . do all the things that they should be doing, different interventions" (Participant 1). Participant 1 questioned whether "that's just a time crunch situation or if that's a perception of 'I don't want to deal with this.'" Participant 6 remarked, "I know nurses are busy most of the time, but . . . they do have some downtime."

Although all participants recognized that staff nurses and clinical instructors were busy, they still believed that many of them were occasionally impatient and inattentive to the needs of older adults and "kind of order[ed] them around to do something rather than ask them if they want to do something" (Participant 4). These disturbing attitudes, which participants discerned among nurses and clinical instructors, were incongruent with what participants had learned in their classes and became a source of frustration and cognitive dissonance. Participants 1 and 8

described this as “disheartening” (Participant 1) and “defeating” (Participant 8), although it did not diminish their sense of satisfaction from caring for older adults. One participant said that it just became a “challenge” (Participant 8) to give the best care one wishes to provide when staff and resources were scarce. When participants sensed these impoverished clinical environments as obstacles hindering their attempts to provide good care, their perceived capacity to provide independent nursing care for older adults diminished; each participant was less likely to choose geriatric nursing after graduation. For instance, Participants 9 and 10 had both seriously considered working in long-term care, though they clarified that the low level of staffing had made their decisions difficult. Participant 10 explained, “It’s mostly the setting . . . the nurses are not attentive, and it is just a mess, kind of,” and she said, “I don’t want to work in this environment. I just feel like it’s just not the kind of culture I want to be in, but it was nothing against working with older people in general, it was the setting.” Participant 9 echoed this assessment, further explaining that it is not less “rewarding” to work in a nursing home than elsewhere, but it becomes a “challenge” due to shortages of both personnel and supplies. Participant 9 felt that “it’s kind of defeating, you go in and then want the best for the patients . . . when what you want is not matching what is available.” Participant 9 also said that “it’s more of the setting for me, population [older adults] is great.”

Theme 3: Educators’ Influence

All respondents reported that instructors respected older adults. However, they did not report that their instructors have much respect for geriatric nursing per se; respect for geriatric nursing entails a sense that caring for older adults is an important job for an RN. Five participants (Participants 1, 3, 4, 5, & 7) candidly conveyed that, apart from the gerontology professor, their instructors exhibited a lack of respect for geriatric nursing. For instance,

Participant 7 stated that only her gerontology professor encouraged students to work in geriatric care. This instructor talked about a sense of accomplishment and satisfaction. She encouraged the students to consider geriatric care because there was a growing need for nurses in this field. Participant 3 reported, “I didn’t really see anyone [nursing professors] that was like, excited about it.” She said that many of her instructors were thrilled for students to see a surgery or care for a cardiac patient in the hospital but did not have the same enthusiasm about caring for an older adult with multiple comorbidities.

Participant 1 had a similar perception and stated, “It’s just when we talk about, kind of what kind of nurse do you want to be? No one ever wants to work with the geriatric population and that sort of thing.” Participant 1 later recounted an incident in the clinical setting when a clinical instructor did not appreciate a potential teaching opportunity that may have helped the participant orient a confused patient, which meant that medication administration took an exceedingly long time. Participant 1 left with the impression that the instructor did not “have time for this, I’m not dealing with this” and that caring for older adults can be “exhausting and time-consuming.” Participant 1 found the incident very “disheartening” because, in her opinion, “that patient should be a little bit more of a priority.”

Participant 4 expressed the same idea: “Clinical instructors haven’t really focused a lot on the geriatric population. Theory wise I feel I have more knowledge.” She confided that her clinical instructors

> have all been respectful for the most part. [However], I feel that many of them will walk into a room and just talk really loud with a geriatric patient, they will talk just super loud and say, “Ok we’re going to do this now” [talks loudly]. They would not do that with

> younger patients, and I noticed they and the [staff] nurses' kind of order them around to do something, rather than ask them if they want to do something. (Participant 4)

Participant 4 later lauded the gerontology clinical instructor, whom she regarded as "really caring" and "sensitive and warm; she paved a nice way for us." Participant 5 also praised the gerontology professor, whom she thought was "really great." This instructor emphasized the human aspects of the diseases covered in the course; the instructor reminded the students numerous times to "please remember that this is still a person."

Participant 9 was interested in working with older adults but starting her career in long-term care had never occurred to her. She believed working in acute care had "just been ingrained in us, like to start there." She was concerned that if she were to start in long-term care, she might not gain the "skill set of time management" and "have a base of skills across a lot of different things." Participant 9 had been told that acute care "is the best place to learn," and she did not wish to limit her options or "close in on something too small to start." Perhaps a reason for this emphasis on acute care was the primacy placed on healing within the curriculum, as suggested by Participant 9 who said,

> I definitely think our school does a great job with other parts; we have a cultural class where we talk about different cultures. We talk a lot about non-pharmacological, but when it comes down to it, it's like, "This is how you're going to help someone with this condition." For instance, the answer on a test would be "give them morphine," not "give them a back massage."

Another possible and more worrying reason for this emphasis on acute care is that many clinical instructors conveyed to students that LPNs typically work in nursing homes, which tacitly

implied that working in long-term care is beneath RNs. As Participant 9 explained, “That takes [long-term care] out of my options when I hear that because I’m not an LPN.”

Nursing students perceive their instructors to be the most influential people affecting their career decisions, so naturally clinical instructors, practicing nurses, and even physicians could adversely impact students’ perceptions of older adults and their intentions to work in geriatric nursing. For instance, Participant 10 described an encounter with a pediatric physician the previous summer that exemplified this influence. She was vacillating between geriatrics or pediatrics as a career path and asked the physician if he thought working with children can be sad. Participant 10 said he replied, “Why am I going to work my ass off in school for eight years, and then take care of people who don’t take care of themselves their whole lives?” This comment especially troubled her because, as she explained, “I never thought like that . . . that makes sense, but when I’m caring for old people, I don’t think like that at all, it’s just like I give them [older patients] my full care” (Participant 10). This responsibility was presumably a result of her understanding of older adults and the personal connections she had developed during her clinical rotations and when caring for her grandparents. She was confused and experienced a certain level of cognitive dissonance because she believed the physician’s argument made sense, so she answered him by saying “I wish you didn’t tell me that” (Participant 10).

This exchange may seem innocuous; however, it occurred during a time when she was “going back and forth about what I wanted to specialize in, [and] I was like, yeah, that’s true.” Even though the comment was from an authoritative source and tacitly implied that work with older adults has little value, other social pressures perceived by the participant must be considered to understand the overall impact of what the physician said (Participant 10). For instance, the negative comment may have been mitigated by the geriatric clinical instructor’s

relationship with the student and the instructor's modeling of positive and caring relationships with older adults (Participant 10). Participant 10 noted that she thought her geriatric instructor demonstrated effective communication and listening skills, which "formed the basis for all of my other clinical [experiences] . . . just learning how to speak to older adults, and . . . how important it is just to listen to them." In the face of counteracting positive subjective norms, the negative comment by the physician seemed to have little lasting effect on the participant's values. Still, it did seem to cause the participant mental unease at the time of the interview.

Summary

The chapter began by describing the orientation of the researcher to the analysis and interpretation of the findings because all researchers bring something of themselves to this process. Next, the chapter described the sample and how the data were analyzed. Finally, the chapter presented the findings themselves. Three primary themes emerged: (a) personal connections, (b) agency to care, and (c) educators' influence. These themes offered valuable insights into participants' attitudes, subjective norms, and perceived control toward geriatric nursing. The themes provided answers to the primary research question of how graduating baccalaureate nursing students envision courses of care for older adults.

Chapter 5 discusses the substance of the study, its effectiveness in answering the research question of how graduating baccalaureate nursing students envision courses of care for older adults, and the resulting implications for nursing education. The chapter will then compare the study findings to previous literature and established thought within the geriatric nursing field and relate these findings to the theoretical framework of Ajzen's theory of planned behavior. Chapter 5 concludes with a brief discussion of the study's limitations, implications for practice, and recommendations for future research.

CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

This dissertation's final chapter begins with a summary of the results and the logic connecting the data to the study's theoretical proposition. Next, the chapter extrapolates the findings to the theoretical proposition to provide a new frame of reference for nursing educators to understand nursing students' intentions regarding geriatric nursing after graduation. The chapter concludes with a discussion of the study's limitations, implications for practice, and recommendations for future research.

Summary of the Results

America's population has been aging (Harris-Kojetin et al., 2019), and researchers have forecast adults aged over 65 years to exceed 20% of the population by 2030 (Vespa et al., 2020). Because these older adults have been living longer with more complex medical needs, researchers have also predicted that an increasingly disproportionate share of healthcare services will be devoted to older adults (IOM Committee on the Future Healthcare Workforce for Older Americans, 2008; Nolet et al., 2015). Associated with the aging population is an expected increase in demand for nurses knowledgeable in geriatric nursing (IOM Committee on the Future Healthcare Workforce for Older Americans, 2008). Experts have continued to recommend higher levels of RN staffing in nursing homes than those mandated by the federal government because the federal standards are outdated and do not meet the complex needs of older adults (American Nurses Association, 2014; IOM, 2004). Unfortunately, nursing students have consistently tended to work in areas other than geriatric care after graduating (Gould et al., 2015; Hirst & Lane, 2016; Schroeder, 2016; Zisberg et al., 2015).

Many researchers have devoted their effort to developing and implementing educational programs designed to improve students' attitudes toward older people in the hope of attracting

more graduates to geriatric nursing (Carlson & Idvall, 2015; Hovey et al., 2017; Koehler et al., 2016; Lee et al., 2018; Matarese et al., 2019; Mattos et al., 2015; McCloskey et al., 2020b; Nolet et al., 2015; Parsons et al., 2015; Schroeder, 2015). Several of these researchers made an implicit assumption that attitude toward older adults in general, influences attitudes toward caring for the elderly (Coffey et al., 2015). However, researchers have established that nursing students generally do not have negative attitudes toward older adults themselves but instead have negative attitudes about working in long-term care, and these negative attitudes can become stronger as students progress through their nursing programs (Carlson, 2015; Dahlke et al., 2019; Wareing et al., 2018; Zisberg et al., 2015). The researcher examined the educational experiences of graduating baccalaureate students taught by knowledgeable geriatric nursing instructors. The findings filled a gap in the existing literature by improving the understanding of students' perceptions of work in gerontological nursing.

A basic qualitative design was chosen to uncover students' cognitive processes and perceptions of situational factors that affect their decisions regarding gerontological nursing as a career option. This design also allowed for developing a theoretical proposition that guided data collection, analysis, and interpretation of the results. The theory of planned behavior (Ajzen, 1991) provided the theoretical framework for this study. From this framework, the theoretical proposition was conceived, and the scope of the study was defined. The proposition states that only nursing students with confident beliefs in their abilities to care for older adults; favorable expectations and beliefs regarding the attributes of caring for older adults; and reasonable expectations regarding the outcomes and rewards of caring for older adults will be favorably disposed to work in this specialty.

The themes (a) personal connections, (b) agency to care, and (c) educators' influence provided answers to the primary research question of how graduating baccalaureate nursing students envision courses of care for older adults. All participants described their expectations and beliefs regarding the nursing care of older adults in terms of how they know the patient. Personal connections were an essential way participants came to know their patients. All participants developed personal connections first through applying nursing knowledge to detect patients' patterns of responses and later through a desire to advocate for patients because participants perceived patients as unique and valuable people. Students perceived their personal contributions to patient care by how they knew their patients and how they cognitively understood their contributions when attempting to make a difference in patients' lives.

The findings indicated that the participants' agency to care for geriatric patients was influenced in three ways. First, the agency to care for older adults was diminished in impoverished clinical environments when students perceived they could not provide the quality of care they were taught to provide or should provide. Second, the personal agency to independently care for older adults was dependent, in part, on students' understanding of patient lability and how nursing assessments are made. Third, the perceived agency to care for older adults improved when students reconciled what they learned in the classroom with the challenging clinical situations they encountered caring for older adults. Finally, the findings revealed that students' descriptions of their communications with instructors indicated that classroom and clinical instructors and the nursing curriculum explicitly and tacitly diminished the value of geriatric care.

Discussion of the Results

The theoretical proposition stated in the previous section guided the data analysis and, coupled with pattern coding, linked them to the research question. The discussion in this section uses the themes identified (1) personal connections, (2) agency to care, and (3) educators' influence to evaluate how well the findings supported the theoretical proposition and research question. These criteria linking the study's findings with the theoretical proposition provided a measure of internal validity.

Theme 1: Personal Connections

The study's theoretical proposition asserts that nursing students who hold favorable expectations and beliefs regarding the attributes of geriatric nursing and desire realistic outcomes or benefits derived from engaging in that behavior will be inclined to work in this specialty. Therefore, if students perceive caring for older adults as routine, boring, and difficult to make lasting or significant differences, they will likely choose to do something else. The findings from this study supported this proposition. When participants developed personal connections with older adults, the line between the participants and older adults blurred a little, the participants' attitudes toward caring for older adults improved, participants' clinical judgment evolved, and they discovered ways to advocate for older adults not previously considered. These more favorable perceptions of caring for geriatric patients can, conceivably, influence students' career choices in favor of geriatric care. The findings suggested that as personal connections developed between the student and the older adult, the students' perceptions of geriatric care changed in four ways: (a) older adults became humanized and less intimidating, (b) students developed a more mature understanding of aging; how aging relates to geriatric care, (c) students understood older adults as individuals and began to advocate for them in ways not previously appreciated,

and (d) personal satisfaction, the idea of "making a difference," became possible. The findings thereby supported the notion that personal connections are essential in developing favorable expectations regarding the nursing care of older adults. Consistent with the study's theoretical proposition, this must be present for the student to consider this specialty after graduation.

Theme 2: Agency to Care

According to the assumptions of this study, students who consider working in geriatric care possess a strong belief in their ability to choose geriatric nursing and to organize and execute the actions needed to care for older adults within the long-term care environment. However, the findings indicated that several graduating participants encountered three principal challenges in their clinical education that negatively influenced how they envisioned geriatric care: (a) perceived instability of older adults' medical conditions, (b) difficult or challenging older adults, and (c) a lack of resources, support, and professionalism within the long-term care environment. When graduating nursing students perceived they were the most qualified medical staff in a nursing facility and that patients could become unstable, their agency, or perceived capacity to actively and independently care for older adults, diminished. These participants felt they could better develop the skills needed by working in an acute care setting after graduation, instead of long-term care and were unlikely to choose geriatric nursing as a specialty after graduation. However, not all participants perceived that their patient's conditions could change rapidly and

Theme 3: Educators' Influence

The theory of planned behavior purports that an important and influential antecedent of any behavior is the individual's perception of societal norms and expectations regarding that behavior. Therefore, the more a student believes that instructors and society value work in

geriatric nursing, the more inclined the student will be to pursue geriatric nursing after graduation. Relative to the student's motivation to comply with nursing instructors and society, the strength of this belief will moderate the student's intention to work in geriatric nursing. The findings indicated that many nursing instructors and clinical nurses hold the care of older adults, particularly those residing in long-term care, in low esteem, which negatively influenced participants' desires to care for older adults. Specifically, instructors and the nursing curriculum tacitly diminished the value of working in long-term care, mainly by extolling the value of other options, especially acute care.

Participant 9 exemplified the effect of this preference for acute care when she stated that her goal was to work in acute care because "I feel that's just been ingrained in us" and that "starting in long-term care has never crossed my mind." She elaborated, saying in class, "it's always like, 'When you go work in the hospital,' they just assume that's where we're going to be" (Participant 9). Each participant also described several comments and actions of clinical instructors and nurses that overtly devalued or demeaned geriatric care. For instance, being told that "it's mostly LPNs [who work] in nursing homes" (Participant 9) could eliminate long-term care from many students' deliberations because, as one participant explained, "I'm not an LPN" (Participant 9). Although literally true, the comment implies that an RN's skill is wasted in long-term care.

Instructors compounded this minimization when they neglected to acknowledge the many competencies required for patient-centered care coordination or the quality of care that only RNs can bring to this increasingly complex area of nursing. Several participants spoke of occasions when clinical instructors or staff nurses revealed dismissive or demeaning attitudes toward the care of older adults (Participants 1, 4, 5, 6, 7, & 10). For example, Participant 10 overheard

clinical nurses during their end-of-shift report saying, "'Oh yeah this old person, they don't know what's going on,' or, 'they're like all the others,' 'they're a pain in the butt,' 'they're a handful.'" Participant 1 described ambivalent attitudes from her clinical instructors: "It's just kind of, 'here we go again,' kind of just, not gung-ho."

These attitudes, both implicit and overt, predisposed some participants to believe that working in long-term care could "limit options" (Participant 6) or force them to "close in on something too small" (Participant 9). However, the findings did not reveal the ramifications and extent of this effect because the strengths of students' motivations to adopt or internalize these viewpoints are unknown, as are the strengths of any social or individual pressures that work to counter these motivations. For instance, these negative influencers may have been mitigated by the geriatric instructor's encouraging persuasion, expert knowledge, and modeling of positive, caring relationships with older adults. Further research is needed to understand the impact of societal norms and expectations on nursing students' attitudes toward work in long-term care and education's role in perpetuating these norms and expectations.

Conclusions Based on the Results

The following two sections focus on what the study's findings practically mean for the prevailing nursing education knowledge and the wider nursing community. These meanings or the key assertions described here are abstract interpretive observations derived from each of the three themes that emerged during analysis. These key assertions, like theories, are attempts to infer transferability and predictive power or, in other words, are observations in the local context that give meaning to the findings in similar contexts now and in the future. The researcher interpreted six key assertions from the data:

1. When students can develop personal connections with older adults (the line between self and others becomes blurred), students' perceptions and beliefs toward caring for older adults become approving, and their sense of responsibility develops.
2. When students gain personal satisfaction through personal connections (knowing the patient as a person), patients need not have successful medical outcomes, exhibit changes in their conditions, or provide affirmation for students to feel rewarded. The perception that students are helping their patients is rewarding enough.
3. Students' personal agency/perceived behavioral control for geriatric nursing diminishes when students perceive that the clinical environment hinders their ability to provide good care.
4. Students' personal agency/perceived behavioral control for geriatric nursing diminishes when students perceive that their patients' conditions can change.
5. Students' personal agency/perceived behavioral control for geriatric nursing grows when students reflect on the nursing care they have provided for severely confused older adults during clinical classes.
6. When nursing instructors either explicitly or tacitly diminish the value of geriatric care, nursing students tend to prefer other career options after graduation.

Comparison of Findings with Theoretical Framework and Previous Literature

This subsection compares each key assertion in relation to the study's theoretical framework, the theory of planned behavior (Ajzen, 1991) and existing literature. The six interpretive observations or key assertions derived from empirical data are the lessons learned; illuminating the concepts underlying Ajzen's theory of planned behavior (1991). These ideas

may be used later to reinterpret the results from existing studies or to define new research, thereby providing meaning and knowledge relevant to other contexts.

Theme 1: Personal Connections

Key Assertion 1

When personal connections are developed, students' perceptions and beliefs about caring for older adults become more approving, and their sense of responsibility develops.

An important finding from this research study is that the process of developing personal connections, that is, relationships between students and their older patients, explains how students' beliefs and expectations regarding the care of older adults evolve and change and how students assess the value of geriatric nursing. The findings suggested that personal connections color students' perceptions of what it is like to care for older adults. The emotional aspect inherent in this process can motivate students to change their beliefs and expectations. According to the theory of planned behavior (Ajzen, 1991), these behavioral beliefs directly influence behavioral intentions; the likelihood of students pursuing geriatric nursing after graduation.

When the young adult participants and older adult patients came together and interacted meaningfully, trust and compassion developed, and prejudices and biases toward older adults dissolved. Older adults became humanized and viewed as individuals with dignity in their own right; a sense of solidarity with and responsibility for marginalized older adults developed among the participants. These new positive and valued expectations of what it is like to care for older adults aroused the participants' intentions to care for older adults. They were thus more likely to consider geriatric nursing after graduation.

Previous research has shown that the formation of close, meaningful relationships with individuals from another group makes it harder to adopt negative stereotypes about members of

that group or ignore the mistreatment of members from that group (Dovidio et al., 2017; Levy, 2018). These studies collectively found that a reduction of prejudice between groups occurred most commonly when one or more of four specific conditions between the groups were met: (a) equal status between members of groups, where they (b) shared common goals, (c) worked cooperatively, and (d) had the support of authorities, law, or custom (Dovidio et al., 2017). Although a larger effect on prejudice reduction was noticed when one or more of the conditions were met, all that was needed to improve attitude in most cases was merely contact between groups (Dovidio et al., 2017).

Key Assertion 2

When personal satisfaction is gained through personal connections, it is unnecessary for patients to have successful medical outcomes, or for the nurse to see changes in a patient's condition or receive affirmation to feel rewarded.

The findings from this dissertation study suggested that it is the way participants know their patients and how they cognitively understand their contribution to patient care that affected their perceptions of personal satisfaction or "making a difference" in caring for older adults and the likelihood of choosing geriatric nursing after graduation; this idea is consistent with Ajzen's (1991) theory of planned behavior. When nurses recognize that the value of their contribution to geriatric nursing is by advocating for things consistent with the patient's needs and desired outcome, then personal satisfaction (perceived value of caring for older adults) is attained. A successful medical outcome—visible changes in a physical or mental condition—or the patients' affirmation are unnecessary to feel rewarded. Therefore, student nurses' perceived outcomes regarding work in geriatric care only require a *perception* that the nurse has helped a patient. Because this outcome expectation is compatible with geriatric nursing, where older adults

residing in long-term care often do not have remarkable recoveries or dramatic changes in outcome, this perception of geriatric nursing outcome is realistic. According to the theory of planned behavior (Ajzen, 1991), nursing students who embrace a realistic outcome will be more inclined than other nursing students to choose a career in long-term care.

When a participant focused primarily on knowing a patient as a person, the relationship became paramount, and the participant and patient established a personal connection. The participant developed a sense of responsibility for the patient and identified with the patient. The participant learned exactly what was important to the patient and how to meet the patient's needs in ways consistent with the patient's desired outcomes. Participants became advocates for their patients and measured success in terms of how well they could help their patients attain personally desired outcomes. When personal satisfaction was gained in this way, through personal connections, a perception felt by the participant evolved: a quiet knowing that the participant could successfully advocate for the patient. Thus, this knowing was the *only* criterion for personal satisfaction. It was unnecessary for the patient to have a successful medical outcome, or for the participant to see changes in the patient's condition, or receive affirmation to feel rewarded.

Studies have consistently shown that nursing students commonly perceive geriatric nursing as sad, boring, repetitive, and physically demanding work (Carlson, 2015; Gould et al., 2015). Students perceive the care of older adults to hold little value for nurses and other healthcare professionals (Fox et al., 2016; Garbrah et al., 2021), while other areas of nursing such as pediatrics, midwifery, and critical care are preferred (Hirst & Lane, 2016; Matarese et al., 2019). As students move closer to graduation, they perceive a lack of opportunity for professional growth in geriatric nursing (Garbrah et al., 2017) and worry about the effect

working with older adults might have on their careers (Ben Natan et al., 2015). There is concern that they will be unable to make a difference in the lives of older adults (Algoso et al., 2016). Because older adults are at the end stage of their lives, students believe they are unable to "save them in an idealized heroic fashion" (Dahlke et al., 2020, p. 6). Negrin and Dahlke (2019) suggested that these negative perceptions of geriatric nursing have been initiated with and are being perpetuated by a technology-laden nursing curriculum. Educators' emphasis on technical skills and the curing aspect of the cure versus care dichotomy has left students to believe that basic, holistic nursing care is simple and unchallenging (Fox et al., 2016; Gould et al., 2015).

Nursing education has focused on instructing students to recognize patients' patterns of response and apply nursing's technical skills; it has neglected core caring skills such as communication and managing behaviors related to dementia (Algoso et al., 2016; Dahlke et al., 2020). Consequently, nursing students' focus on curing, and their perceived value of nursing care (personal satisfaction) is defined by whether or not a patient is cured (Algoso et al., 2016; Dahlke et al., 2020). Key assertion two suggests that if nursing students could perceive their contributions to patients' outcomes through the lens of personal connections rather than patterns of response, geriatric nursing would be seen to have greater value for many nursing students. Researchers have not linked particular perceptions of caring to personal satisfaction; an ethnographic investigation observing how nurses provide care in practice and in relation to their conceptions of care and personal satisfaction would lead to greater understanding.

Theme 2: Agency to Care

Key Assertion 3

Personal agency or perceived behavioral control for geriatric nursing diminishes when students perceive that the clinical environment hinders their ability to provide good care.

Novice nurses develop their professional identities by internalizing the nursing culture while simultaneously attempting to maintain the personal agency/behavioral control they developed as students (Hunter & Cook, 2018). Nurses' initial idealism and confidence can diminish when they recognize a disparity between what they want to do and what they can do (Traynor & Buus, 2016). The healthcare system's limited resources and biomedical cultural norms create conflict in the minds of novice nurses between the system's need for technical competence, time management, and documentation and the nurses' professional need to provide basic patient care and address patients' psychosocial needs. This cognitive dissonance results in anxiety and a sense of powerlessness, creating disillusionment and tempered idealism (Hunter & Cook, 2018; Traynor & Buus, 2016).

When nursing students observe professional role models (clinical instructors and nurses) caring for older patients, they can assess their abilities and limitations, determine the difficulty of providing good care within that environment, and evaluate their probabilities of success (Gibbs & Kulig, 2017; Hunter & Cook, 2018). When students graduate and encounter limited resources in long-term care, such as low staffing levels, the time constraints necessary to care for multiple patients, pressures of team membership, and nurses who provide poor patient care, they may conclude that the humanistic caring ethos they embraced before and during nursing school is unrealistic (Mellor et al., 2017). They may fear that they will have to surrender their ideals, succumb to the demands of others, and conform to extant organizational cultures. Other researchers have found that when students try to fit in, they do indeed gradually compromise their values (Hunter & Cook, 2018; Traynor & Buus, 2016). When medication administration and technical tasks become a greater priority than establishing patient relationships students

either redefine their agency/behavioral control goals or become disillusioned and leave nursing altogether (Hunter & Cook, 2018; Mellor et al., 2017).

Central to the theory of planned behavior is the degree to which an individual perceives an intended behavior to be under volitional control. Behavioral intention is diminished if the individual perceives significant barriers preventing the successful performance of that behavior and therefore threatens the individual's perceived behavioral control (personal agency) (Ajzen, 1991). The study's findings substantiated this prediction when all participants acknowledged the persistent understaffing in nursing homes and that long-term care has a bad reputation. All participants understood providing quality nursing care in the long-term care environment would be difficult. Participant 9 reported being "turned off" of long-term care because of reports of poor quality, and two participants (Participants 8 & 10) who were considering long-term care said low staffing levels made the decision difficult.

Key Assertion 4

Personal agency or perceived behavioral control for geriatric nursing diminishes when students perceive that their patients' conditions could change.

Each participant espoused one of two different philosophies regarding their vision of geriatric nursing. The first philosophy, supported by six participants (Participants 1, 3, 5, 6, 8, & 9), was that a patient's physical and mental status in long-term care could rapidly change. Members of this group (Participants 1, 3, 5, 6, 8, & 9) worried about urinary tract infections causing confusion, medication side effects, the prevalence of polypharmacy, determining the severity of respiratory conditions, and deciding when to call a physician or send a patient to the hospital. They (Participants 1, 3, 5, 6, 8, & 9) did not believe they possessed the skills to accurately assess older adults and prevent secondary complications; they felt uncomfortable

knowing they could be the most qualified medical professionals in the building. This uncertainty felt by Participants 1, 3, 5, 6, 8, and 9 obviated any belief that they could easily and successfully transition into geriatric nursing practice. Instead, these participants expressed a desire to work in acute care, where they would have expert support and opportunities to improve their nursing skills. This rationale was consistent with the theory of planned behavior. According to this theory, an individual's personal agency (perceived behavioral control) encompasses the degree to which the individual perceives the behavior to be under their volitional control (Ajzen, 1991). The insecurities expressed by Participants 1, 3, 5, 6, 8, and 9 diminished their sense of volitional control and personal agency/behavioral control for work in long-term care.

The second philosophy of geriatric nursing, supported by four participants (Participants 2, 4, 7, & 10), was that geriatric nursing was predominantly routine and focused on older adults' functions and activities of daily living. Members of this group (Participants 2, 4, 7, &10) did not acknowledge the possibility of rapid or unpredictable changes in patient conditions. They seemed to believe that if complications were to occur, they would happen gradually, possibly conflating chronic conditions with chronically stable conditions. Participants 2, 4, 7, and 10 emphasized chronic versus acute conditions when describing geriatric nursing and considered all geriatric care similar. These participants expressed no concern about the inaccessibility of more experienced medical professionals, possibly because they considered their nursing skills adequate for a long-term care environment (Participants 2, 4, 7, &10).

Participants 2, 4, 7, and 10 expressed their confidence in meeting the needs of older adults competently and independently. Their volitional control to pursue geriatric nursing was unimpeded, and their personal agency/perceived behavioral control was higher than that of the participants in the group previously discussed. Participants 2, 4, and 7 even expressed concerns

about losing personal agency by limiting the development of their nursing skills while working in long-term care. Other studies have similarly found this perceived lack of opportunity for professional development to be a barrier to choosing gerontological nursing as a career option (Ben Natan et al., 2015; Cooper et al., 2017; Gould et al., 2015; Hirst & Lane, 2016).

No research specifically substantiates the finding that nursing students subscribe to different philosophies of geriatric nursing and thereby differ in their understanding of patient lability in long-term care. However, other researchers have reported that nursing students believe nursing curricula place too much emphasis on acute care, leaving them feeling unprepared to care for older adults and less motivated to seek work in long-term care (Algoso et al., 2016; Dahlke et al., 2020; Kalogirou et al., 2020). Similarly, a strong focus on technical skills and medicine's curative model at the expense of patient-centered care and esteem for the quality of life can suggest to students that geriatric nursing requires less skill than acute care nursing (Fox et al., 2016), is less exciting and challenging than acute care nursing (Hovey et al., 2018), and is routine and unchanging (Carlson, 2015).

Key Assertion 5

Personal agency, or perceived behavioral control for geriatric nursing grows when students reflect on the nursing care they have provided for severely confused older adults during clinical classes.

Even though participants expressed feelings of frustration, inadequacy, and uncertainty about their first attempts to understand and communicate with confused older adults and determine their best course of care, every participant insisted that they would feel more confident if this challenging situation occurred again. The theory of planned behavior provides an explanation for this phenomenon (Ajzen, 1991). When students critically reflect on their

challenging experiences caring for confused older adults, they question underlying assumptions and beliefs, thereby forming new insights regarding the prior situation and expectations of how to care for similar patients in the future. The students then bring these adjusted expectations to new clinical situations where the new expectations guide their choices of salient components found within the new situation (Trueman, 2017). The students' perceptions of potential outcomes also change when they imagine they are better placed to make sense of similar situations and formulate appropriate courses of action. Transformative learning has occurred and barriers to successful nursing practice are removed when students can imagine new and creative options available to them (Ajzen, 1991).

The current understanding of reflective practice has been informed by the seminal work of John Dewey (1933), who first articulated the value of reflection for critical thinking, defining it as "the turning over of a subject in the mind and giving it serious and consecutive consideration" (p. 3). In recent decades, researchers have sparked new interest in reflective practice in nursing by showing that nurses who reflect on their practice provide more flexible, individualized, and holistic nursing care. These reflective nurses have a more enlightened understanding of their actions, allowing them to resolve problems and develop professional skills (Contreras et al., 2020; Pai et al., 2017). Dubé and Ducharme (2015) produced an excellent synthesis of the existing literature on reflective practice in nursing; they asserted that most reflective research has been qualitative and conducted in academic settings. Therefore, research findings relating to reflective practice and the quality of nursing care are largely anecdotal (Dubé & Ducharme, 2015). Furthermore, few researchers have directly linked reflection and personal agency/behavioral control. However, there is evidence that individuals often initiate reflection after a significant or crucial event, typically a confusing experience or a mistake (Jones et al.,

2020), suggesting that damage to personal agency/behavioral control prompts reflective practice. Krogstie and Krogstie (2016) and van Seggelen-Damen and van Dam (2016) supported this suggestion.

Krogstie and Krogstie (2016) described the points on the reflective learning cycle at which personal agency/self-efficacy impacts reflection and vice versa. Regarding initiating reflection, Krogstie and Krogstie believed that personal agency/self-efficacy determines what an individual considers worth reflecting on. Personal agency/self-efficacy can also influence the scope and circumstances determined to be relevant, so the quality of reflection depends on personal agency/self-efficacy. Personal agency/self-efficacy also impacts the outcome of reflection, an individual's decision to implement a change in practice or signify readiness for action (confidence).

Dutch researchers van Seggelen-Damen and van Dam (2016) studied 506 employees and showed that people reflect in different ways depending on their agency/self-efficacy. Van Seggelen-Damen and van Dam found that individuals with higher personal agency/self-efficacy tended to reflect positively, using cognitive processes that critically questioned themselves and their actions. By doing so, these individuals could adaptively respond to challenges, such as through problem-solving and anticipatory planning. Those with lower levels of personal agency/self-efficacy tended to reflect unproductively using uncritical questioning of self and actions that led to continuous worrying thoughts, difficulty adapting, and impaired problem-solving.

An important finding of both Krogstie and Krogstie (2016) and van Seggelen-Damen and van Dam (2016) is that an individual's agency/self-efficacy influences their reflection, which affects personal agency/self-efficacy, resulting in a cycle. Even though the findings of this study

are consistent with Ajzen (1991) and the scant research relating to personal agency/self-efficacy, Dubé and Ducharme (2015) have cautioned that a great deal of knowledge about reflection is anecdotal, and researchers have done little to understand the effects of reflective practice on quality of patient care.

Theme 3: Educators' Influence

Key Assertion 6

When nursing educators either explicitly or tacitly diminish the value of geriatric care, nursing students tend to prefer other career options after graduation.

Human perception is highly selective; everyone sees things differently because everyone brings their schemas, interests, biases, and expectations to every experience. Lippmann (1922) wrote,

> For the most part, we do not first see, and then define, we define first and then see. . .. We pick out what our culture has already defined for us, and we tend to perceive that which we have picked out in the form stereotyped for us by our culture (p. 81).

Western culture generally places far more value on youth and technology, associated with cures in medicine, than on caring and compassion, which underpin geriatric nursing (Hovey et al., 2017; Koskinen et al., 2015). When nursing students begin their education, they have limited knowledge of nursing. However, their views and expectations derive from the dominant culture, so it is unsurprising that they eschew geriatric nursing from the start (Matarese et al., 2019). Researchers have shown that as these students advance in their education and gain theoretical and clinical knowledge, their preferences for specific areas of practice change, but stereotypes surrounding geriatric nursing remain, and geriatrics continues to be the least popular area of nursing practice (Gould et al., 2015; Hirst & Lane, 2016; Hovey et al., 2017; Hunt et al., 2020;

Matarese et al., 2019; Schroeder, 2016; Zisberg et al., 2015). Students' changing preferences suggested that nursing curricula and instructors can influence students to understand and appreciate different areas of practice. Students perceived nursing instructors to be influential in their choices of a professional career after graduation (Ben Natan et al., 2015; Carlson & Idvall, 2015; Matarese et al., 2019), but those instructors do not encourage students to work in geriatric practice (Ben Natan et al., 2015; Gould et al., 2015). The findings of this study reinforce the notion that nursing instructors and curricula uphold society's stereotypes and either explicitly or tacitly diminish geriatric nursing, thereby discouraging nursing students from pursuing it as a career.

Although the theory of planned behavior (Ajzen, 1991) can easily explain students diminished behavioral intentions resulting from prejudicial normative beliefs propagated by instructors and other role models, it is important to remember that the theory also provides students with control over such subjective norms in the form of their motivation to comply. There may also be competing subjective norms from positive role models, such as geriatric instructors, that may counteract negative norms (Ajzen, 1991). Researchers have found that a positive clinical culture and support of a mentor favorably impact students' choices regarding whether to work with older people (Carlson & Idvall, 2015; Matarese et al., 2019).

Interpretation of the Findings

Students' favorable beliefs and expectations regarding geriatric nursing are largely influenced by how they know their patients. The findings suggested that knowing a patient as a person is the most salient factor influencing students' perceptions of geriatric nursing and personal satisfaction (outcome expectations). Emotions essential in establishing personal connections work to demystify the aging process and demolish stereotypes. Caring for older

adults is not, then, perceived to be sad; and when students develop a realistic understanding of the aging process, they recognize older adults' distinct individual nursing needs. A sense of responsibility or advocacy for the older adult develops from this recognition of unique needs and plays a role in personal satisfaction.

New graduates of nursing programs may then feel cognitive dissonance if they try to maintain their personal agency for compassionate person-centered care within an impoverished clinical environment. The findings suggested that the graduating students who participated in this study, after experiencing inferior nursing care within impoverished clinical environments, became disillusioned and then refused to work in long-term care as a way of resolving their cognitive dissonance and maintaining personal agency. This disillusionment and threat to personal agency might be avoided by implementing Mueller et al.'s (2011) Minnesota model in nursing curricula. Nursing programs need additional resources to integrate geriatric didactic education and clinical practice, to implement partnerships with regional nursing home staff, and to prepare nursing mentors to role model excellent geriatric nursing (Carlson & Idvall, 2015; Cooper et al., 2017; Hirst & Lane, 2016; Nolet et al., 2015).

A nursing student's philosophy or vision of geriatric care depends on how the student perceives older adults' needs. When students focus on understanding and tending to the elders' changing needs that stem from individual and variable physical and mental health conditions, the study's findings suggested that students feel unprepared to care for older adults competently and independently in a long-term care environment. If instead, students primarily focus on providing basic nursing care because they perceive older adults' needs to be unchanging, then students will regard geriatric nursing as routine and may fear losing technical skills by continuing to work in long-term care.

When students who generally have faith in their nursing abilities reflect on and critically analyze their behavior and clinical decisions after caring for older adults in challenging clinical situations, they form new expectations. These new expectations empower students to reframe future challenging situations using this new knowledge, which increases students' personal agency with respect to caring for older adults. Students believe they are better placed to make clinically appropriate decisions in the future. At least a few barriers to successful nursing practice are removed when this transformative learning occurs. Findings from this study revealed that students' critical reflections on their challenging clinical situations could result in their increased personal agency when caring for confused older adults. Reflective practice should, therefore, be encouraged in nursing programs. Principles for an effective reflective practice program for undergraduate nursing students have been identified in the literature (Contreras et al., 2020; Pai, 2015).

Without competing subjective norms countering the dominant Western culture's infatuation with the biomedical model and technology, nursing students will tend to avoid geriatric nursing, even though nursing instructors and nursing curricula can have a powerful influence on students' career choices after graduation. Findings from this study indicated that nursing instructors, staff nurses, and nursing curricula uphold society's stereotypes, discouraging graduating nurses from entering geriatric nursing after graduation. Without specific knowledge of geriatric nursing, distinguishing geriatric syndromes from the aging process and chronic conditions, nurses tend to base clinical decisions on society's ageist attitudes and devalue geriatric nursing (Fox et al., 2016). Educational initiatives from health care providers and educators are, therefore, needed to prepare RNs and undergraduate nursing students in geriatric

nursing, counter stereotypical ageist practices and attitudes, and recognize geriatric nursing as a specialty (de Almeida Tavares et al., 2015; Fox et al., 2016; Negrin & Dahlke, 2019).

Limitations

Two influences on participants potentially impacted the findings of this study. The first is the timing of the interviews, which occurred during exam week of the final semester and did not allow time for participants to review transcripts. The second is a possible perception by participants that the researcher was loosely connected with their class professor, who was present during recruitment. The researcher explained before each interview, orally and in writing, that participation in the study would not help participants in any way and that what was said during the interview would remain confidential. Even though each participant indicated his or her understanding, students possibly structured their responses to interview questions to avoid criticism from instructors or the school in the hope of making a favorable impression.

Implications for Practice

Koehler et al. (2016) showed that an evidence-based curriculum involving partnerships with healthy older people living in the community could positively influence students' perceptions of working with older adults and increase their preferences for working with older adults. Koehler et al. implored future researchers to explore the effects of student perceptions by using different models of gerontological nursing education (stand-alone versus integrated content), and different practice placements (residential or community) to understand other means by which nursing curricula can be enhanced. However, an important implication found in this research study, which nurse educators should consider, is the suggestion that nursing curricula per se do not influence student perceptions, but instead it is the cognitive and emotional

processes that evolve and mature while students develop personal connections with older adults that result in students' changed perceptions.

A key finding from this study argues that when students establish personal connections, their perceptions and beliefs about caring for older adults improve, and their sense of responsibility is enhanced. It is believed to be those cognitive and emotional changes that occur when a student develops a personal connection that motivates this change. It can be reasoned, therefore, that it was not Koehler et al.'s (2016) evidence-based curriculum or the partnership with healthy older people that caused a positive change in student's perceptions but a result of the personal connections the students developed after being exposed to the gerontological course and a clinical practice placement with healthy older adults within the community. A more constructive focus for future research would be to examine how personal connections are developed and maintained using different models of gerontological curriculum and clinical placements.

Another key finding advanced by this study is the suggestion that students' personal agency/behavioral control and desire to work in geriatric nursing will diminish when students understand that older adult's physical and mental conditions can change and that they are ill-equipped to manage these changes successfully. Alternatively, students who do not appreciate the potential changes that can occur in older adults' conditions perceive geriatric nursing as routine and unchallenging. These students are also disinclined to consider geriatric nursing as a future career. While other scholars have established that actively engaging with contextually relevant and interesting gerontological content can inspire positive changes in interest for work in this field (Hovey et al., 2017; Parsons et al., 2015) and that a lack of preparation for the complexity of providing care to a heterogeneous older population can lead to internalizing ageist

attitudes and a dampening interest for geriatric nursing (Dahlke et al., 2020; Fox et al., 2016); this study provides a novel examination of students' cognitive and emotional processes that underlie their desire to pursue geriatric nursing.

Student participants in this study discussed their perceived ability to care for older adults in relation to their understanding of patient lability and how nursing assessments are made, revealing conflicting differences in the way they determined their capacity to care for older adults. Although literature reviews about gerontological nursing education have discussed the paradox of nursing students' views of gerontological nursing as simple, while simultaneously recognizing the need for more gerontological knowledge and feeling unprepared (Garbrah et al., 2017; Negrin & Dahlke, 2019), these studies do not explain why conflicting views persist. Findings from this study highlight how nursing education can influence students' perceptions of their ability to care for older adults and explain why some students feel unprepared while others interpret older adult care as routine, requiring minimal skills. Thus, there is a need for nursing education to promote geriatric nursing as a specialty and to provide the knowledge and skills necessary to accurately assess and manage geriatric syndromes; distinguishing these conditions from chronic illnesses and the aging process (Fox et al., 2016). The findings from this study imply that experiential learning programs, such as the service-learning projects described in Chapter 2, will ensure that all students understand and are prepared for the complexities inherent in geriatric nursing care.

Recommendations for Further Research

Results from the study suggested that the emotional aspects inherent to personal connections can drive changes in beliefs and expectations about caring for older adults more than cognitive knowledge gained from factual information about aging. Research comparing the

benefits of geriatric didactic classroom theory to the benefits of clinical relationships with older adults concerning expelling negative stereotypes could help educators make effective curriculum decisions. It would also be helpful to know how expelling negative stereotypes enhances nurses' clinical judgment and improves patient outcomes or quality of life.

The design of this study did not allow the researcher to make definitive predictions regarding nursing students' career choices after graduation. This limitation should be addressed in future research. For instance, it would be helpful to learn whether there is an association between the number of nursing graduates choosing long-term care and their development of personal connections with older adults. Students operating with this new philosophical perspective may find greater personal satisfaction or personal agency/behavioral control. Moreover, it might be beneficial to determine if curriculum strategies designed to promote personal connections between students and older adults will increase students' behavioral intentions to work in geriatric nursing.

Cheng et al. (2015) and Chi et al. (2016) discussed findings that indicated that knowing an older adult over an extended period was positively correlated to a higher regard for geriatric nursing and a willingness to consider a career in aged care. However, the differences between how nurses know their patients (knowing patients as individuals versus knowing patients' patterns) are not yet fully established or understood. The recommendations made here for future investigation rest on the idea that personal connections, a natural consequence of knowing the patient as a person, direct aspects of students' behavioral beliefs regarding attributes and outcomes of geriatric nursing. These aspects include (a) the characteristics of old age and the aging process, (b) the development of personal responsibility when caring for older adults, (c)

how nurses make clinical decisions in terms of the salient factors noticed and the way options and priorities are organized, and (d) how personal satisfaction is defined and attained.

There is limited knowledge available regarding how clinical instructors empower students to recognize discrepancies between values taught and practiced and then discern and implement measures that will help them resist unprofessional practices (Mellor et al., 2017). More research is needed to identify learning strategies that promote self-advocacy and social intelligence. Understanding whether such strategies influence students' feelings of personal agency concerning the care of older adults in long-term care could positively impact the quality of patient care and popularity of geriatric nursing.

Many nursing researchers have lauded the advantages of reflective practice and claimed that critical reflective practice has advanced learning from experience, improved decision making and clinical competence, and helped students become more aware and confident with an enhanced appreciation for nursing (Dubé & Ducharme, 2015). The concept of reflection itself has yet to be clearly defined, and nursing research in this area is rudimentary, lacking evaluative studies examining its effects on nursing practice (Dubé & Ducharme, 2015). A better understanding of the concept and its effects on personal agency is essential for nursing education. Additional research is needed to help educators facilitate reflective practice with their students and understand how they can constructively use reflection to impact personal agency and advance nursing practice. A final recommendation for future research is to explore the possible impact of reflection on personal agency by measuring personal agency before and after nursing students have reflected on the care they provided to an older adult in a challenging situation. It would be beneficial to explore changes in both personal agency and intention to work in geriatric nursing.

Conclusion

Remarkable advances in medicine combined with historically unprecedented advanced economic and social conditions worldwide have resulted in increased longevity and numbers of adults 65 years and older (World Health Organization, 2015). In the United States, there are currently 57.8 million adults over the age of 65, and this is predicted to nearly double to 95 million by 2060 (United States Census Bureau, 2021). Life spans are also increasing; the average life expectancy in the United States is projected to be 85.6 years in 2060, an increase of six years since 2017 (United States Census Bureau, 2020). Consequently, greater numbers of geriatric healthcare professionals are needed now and in the immediate future (National Academies of Sciences, Engineering, and Medicine, 2017). Nursing, the largest segment of healthcare providers in the United States (United States Bureau of Labor Statistics, 2020), therefore, has a distinct responsibility. However, nursing research has consistently revealed that even though undergraduate nursing students hold positive attitudes toward older adults overall, they do not want to work in geriatric nursing (Gould et al., 2015; Hirst & Lane, 2016; Schroeder, 2016; Zisberg et al., 2015).

In an effort to grapple with this confusing conundrum and create new ways of teaching and thinking about gerontological nursing, a basic qualitative research study using Ajzen's (1991) theory of planned behavior as an underlying theoretical framework was designed. The purpose of the study was to understand and interpret the experiences of nursing students that are instrumental in their decision to choose gerontological nursing as a career upon graduation from nursing school. A proposition founded on the theory of planned behavior (Ajzen, 1991) guided data collection, analysis, and interpretation of results. This proposition contended that *only* nursing students with confident beliefs in their abilities to care for older adults; favorable

expectations and beliefs regarding the attributes of caring for older adults; and reasonable expectations regarding the outcomes and rewards of caring for older adults would be favorably inclined to work in this specialty. After interviewing ten graduating baccalaureate nursing students, three themes emerged from the data: (a) personal connections, (b) agency to care, and (c) Educators' influence. These themes indicated that each behavioral determining factor identified in the data (attitude, subjective norms, and perceived control), and which regulates behavioral intent, were supported by the study's proposition.

Six key assertions interpreted from the data provided an understanding of how nursing students perceive the needs of older adults and their care. These assertions, or lessons learned, can be used to define new research focusing on other specific situations for which the reader of this research can apply to new contexts. Thus, the findings contribute not only to abstract theory-building but also, at a higher conceptual level, to the creation of genuinely new ways of teaching and thinking about gerontological nursing.

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