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# Attitudes and Perceptions of Nursing Graduates Regarding Interest in Gerontological Nursing Practice

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MSN, Adventist University of the Philippines, 1987

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## Abstract

An ongoing increase in the number of older adults means an increased need for specialized health care, creating, in turn, a need for an increase in nurses in the United States to meet the demand. However, there is a problem in that nursing graduates, from the time they are students, do not choose geriatric-gerontological nursing (GN) as is practiced in long-term care and some specialty areas or units. The purpose of this basic qualitative study was to explore nursing graduates' perceptions of GN as a field for professional practice and to determine how interest in GN may be encouraged. The framework used for this study was Jean Watson's theory of caring in nursing, which pinpoints care factors as the foundation for nursing science. The research questions explored nursing graduates' attitudes about aging and caring for the elderly, along with perceptions of GN as a choice for a field for professional practice. Data were obtained from interviews with 12 registered nurses and the criteria for inclusion into the study included that they completed a baccalaureate or an associate degree program in the last decade. Data were analyzed by identifying recurring codes and themes. Key results included that most participants had positive attitudes toward older persons. Participants commonly noted, though, that they did not choose GN for practice because of perceptions that GN as a profession included deficiencies in systems and policies that contribute to the neglect of older persons. A position paper project with recommendations was designed for nursing educators to prepare them in strategies for promoting interest in GN. This study will contribute to positive social change by informing efforts in nursing education to provide an adequate base of nurses to deliver health care for older adults, with corresponding benefit to the quality of life of older persons.

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# Dedication

I dedicate this study to the recognition of significant persons in my life. First, I dedicate to the memory of my late but dear parents, Septimus and Alethia Donaldson, and to Kay and the late Dexter Madden. God gave me the wisest and best parents, who received their education directly from Him and exemplified excellence as they guided me toward seeking to take advantage of my God-given opportunities. Kay and Dexter Madden started me on my learning journey so many years ago by providing genuine love and financial support to prepare me for my first educational milestone—a Bachelor of Science degree in Nursing. I will never be able to thank them enough, and I will never stop paying it forward. I also dedicate this study to my great-niece, Danielle Alethia Donaldson, and to my posterity, the grandchildren I hope to have one day. I hope that my example will lead them to realize that they can achieve whatever their minds can conceive, at whatever age they make the effort.

# Acknowledgments

I thank God for the strength that went into completing this project study and this overall program of studies. This achievement might appear to be mine, but it is really God's, and I will use it to honor His name. I would never have embarked on this doctoral journey and continued to its culmination had it not been for the strength God provided through the support of my dear family members, relatives, friends, and colleagues.

I am grateful for all the support, encouragement, prayers, and other forms of reinforcement I received from so many, some of whom I might not be able to name here because space will not allow. Alastair, my son, I thank you for laying down the challenge after completing your undergraduate studies with plans to pursue a doctoral degree. I might still have been procrastinating had it not been for you. My siblings, I am grateful to you (especially to Michael for his wit and comedy and continuing to speak this accomplishment into being, long before reality seemed possible). You have my gratitude too, Steve (the most awesome of brothers-in-law). My fabulous nieces and nephews, you kept me feeling youthful and able. My dear relatives, friends, and colleagues (too many to name), you provided needed support. I am forever grateful to Shirlyn Corlette, my friend and sister, who lovingly prayed for me, shaming me away from quitting and through to the finish line. I am grateful, too, to my CCM Family for sincerely demonstrating positive social action on an everyday basis and for welcoming me into that unique family since 2019 to strengthen and support me. There were times when the going got tough, and I hoped for some discouragement from each or even one of you to give me an excuse to quit, but you all remained positive, which kept me going. I appreciate the contributions you made. I thank you for everything you did.

Achieving this milestone would not have been possible without the kind assistance of my Walden University doctoral study committee and other faculty and staff. I will continue to do for others what you have done for me. Thank you for guiding me through the tunnel to see the existence of light and clear blue skies again.

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# Section 1: The Problem

There has been insufficient understanding of why nursing students and graduates do not choose geriatric-gerontological nursing (GN), as is practiced in long-term care and some specialty areas or units. Since 2009, there has been a shortage in the number of nurses to meet the health care needs of the rapidly increasing number of older adults as the baby boomer population continues to age (American Association of Colleges of Nursing, 2017). However, nursing students and graduates have demonstrated a preference for nursing practice areas that do not involve providing care to older adults (Coffey et al., 2015; Hirst & Lane, 2016; Neville et al., 2014). With the health challenges that occur in old age, there has been a resultant inadequate workforce to meet the health and nursing care needs of older persons (O'Lynn, 2013).

## The Local Problem

The problem of insufficient understanding of nursing students and graduates not choosing GN has been an ongoing concern. There have been concerns about nursing vacancy rates in GN and nurses' lack of preparation for working in such settings (O'Lynn, 2013). GN is not one of the top career choices for students in undergraduate nursing programs (Neville et al., 2014). Based on a study of senior nursing students who rotated through a GN clinical setting, most reported positive experiences, but they did not demonstrate an interest in selecting a GN practice environment for their post-graduation professional work (Williams et al., 2006). Other research has also supported the low preference that health care professional students give to a career that involves caring for older patients (Coffey et al., 2015). Nursing students have tended to demonstrate

abhorrence for the professional nursing practice area of caring for older patients (Hirst & Lane, 2016).

The problem became noticeable to me in 2011 to 2014 during my employment as an educator and interim administrator and has remained a problem. There were regular reports in the nursing faculty meetings of the university in the southeast United States that most senior nursing students, at the point of transitioning into professional practice, were expressing displeasure with clinical placements in GN environments. In Spring 2012, the placement coordinator for the course that is equivalent to a nursing synthesis course in some universities had difficulty locating an adequate number of the preferred acute care clinical placements for graduating nursing students. As an interim administrator in the Department of Nursing, I received an update from the placement coordinator that all 48 senior nursing students of the cohort had requested placements in any care setting except the GN setting. Similar requests were reported in earlier and later years from students of other cohorts. Nursing faculty from other educational institutions also often verbalized knowledge of the problem of students rejecting GN clinical placements.

The problem of nurses, even from the time they are students, choosing not to work with older patients is that it challenges the nursing profession to seek ways to ensure the delivery of care for those patients. The problem is as widespread internationally (He et al., 2016; Hsieh & Chen, 2017; United Nations, 2017) as it is in the United States and is particularly critical in some southern and western states, which are projected to experience severe consequences of the nursing shortage (Zhang et al., 2017).

The demand for registered nurses (RNs) outweighs the supply in every U.S. state, but more so in the southern and western states (Zhang et al., 2017). For instance, the Maryland Department of Aging (2016), in a plan for 2017 to 2020, presented data to draw attention to the growth in the population of aging persons in that southern state. Statistics via the Population Reference Bureau also provide information for an understanding of the enormity of the problem in terms of the growth in the number of older Americans requiring health care (Mather et al., 2015). Although the problem is not new to nursing education, what is new is the possible impact on the health care system, when the system must face the projected growth in the number of older persons who will need the services of GN professionals.

Studies have implicated clinical experience and clinical education as contributing factors in nursing students' attitudes toward and perceptions of GN. The locations where students receive clinical experience and nurses who serve as professional guides contribute to the choices nursing students eventually make regarding working with older adults (Duggan et al., 2013). The quality of mentoring is an influence on job satisfaction (Jiang et al., 2020); thus, mentoring in GN settings could affect attitude toward that practice area. Perceptions of nurse mentors contribute to students' perceptions (Gould et al., 2015). Sequencing of clinical educational experiences is also a possible influencing factor for negative perceptions of caring for older persons (Dahlke et al., 2019). Clinical education is one factor that influences students' perceptions of working with older patients (Algoso et al., 2016). Research thus supports the need for studying the problem of nurses failing to choose GN practice. There is a gap in practice between the need for

more nurses to care for an aging population and the number of graduate nurses selecting gerontology for professional practice.

## Rationale

A study of nursing students' perceptions regarding the lack of interest in GN and what can be done to encourage interest was a timely one. The population of older persons is growing rapidly, and adequate health care is a necessity (Lun, 2018; U.S. Department of Health and Human Services, 2013). Nurses who practice GN play an essential role in providing health care to the vulnerable population of older adults (Abreu & Caldevilla, 2014). Not having adequate health care workers with the appropriate educational preparation to care for older persons deprives those older persons of the ability to meet basic needs and could imply ageism. Further, discrimination against older persons influences access to health care and other services (Bai et al., 2016; Levy & Macdonald, 2016). Studies have highlighted the effect of ageist behaviors on the treatment older persons receive and how nursing education can prepare nurses to care for older adults (Dionigi, 2015; Hirst & Lane, 2016).

Nursing educators must prepare for the increased demand for nurses to care for older patients (Coffey et al., 2015). Nursing educators have recommended addressing it during training when nursing students choose their professional roles (Asiret et al., 2017; Duggan et al., 2013; Kagan & Melendez-Torres, 2015; Lee et al., 2015). At that transitional point, clinical placements are secured for students. Many students prefer placements in acute care settings and refuse placements in long-term care settings, which has been attributed to previous clinical placements in which holistic care was not

practiced and nursing mentors who did not model individualized care (Duggan et al., 2013).

Various organizations have indicated that a crisis will occur if the problem is not understood. The American Association of Colleges of Nursing and the US Census Bureau have published statistics to support the stark nature of the issue (American Association of Colleges of Nursing, 2017; Ortman et al., 2014). The United Nations also acknowledges the problem (Hokenstad & Restorick, 2013; United Nations, 2017). Articles featured in several professional publications demonstrate awareness of the problem by professional bodies. In *Nurse Education Today*, clinical education was identified as a factor impacting students' perceptions of working with older patients (Algoso et al., 2016). Research findings for reports, coupled with statistics, help to give credibility to the problem.

## Definition of Terms

Some terms used in this study might not be widely understood. An explanation of such terms will follow, with the hope that the reading and comprehension of this study will become more evident to readers because of these explanations:

*Ageism*: Ageism refers to discrimination aimed at persons based on their age. Robert Neil Butler, a physician who founded the U.S. National Institute on Aging, created the term *ageism*. Butler considered ageism comparable to sexism and racism (Achenbaum, 2013).

*Gerontological nursing (GN)*: Gerontological nursing is defined as the specialty area of nursing that relates to the nursing care of older persons

(https://www.omicsonline.org/scholarly/gerontological-nursing-journals-articles-ppts-list.php). A gerontological nurse is a nurse who specializes in that field of nursing.

*Nursing graduates*: The term is defined for this study, based on the determination of "new graduate nurses" as nurses during their first year or first 12 months of professional practice (Dyess & Sherman, 2009). With one year or 12 months as the determining factor of recency for "new" or "recent" nursing graduates, nursing graduates include those deemed recent graduates of a basic nursing program and those who are beyond a year of graduation.

*Nursing synthesis course*: The nursing synthesis course is placed in the final semester of the 4-year baccalaureate nursing program and is described as a course in which there is "Focus on integration of the professional nursing role into practice with the assistance of a preceptor" (Washington Adventist University, 2013, p. 405). The name of the course might differ in some programs, but the content is usually similar.

*Older adult population*: For this study, the older adult population in the United States is described as consisting of persons who are 65 years of age or older (American Association of Colleges of Nursing, 2017).

## Significance of the Study

The purpose of this study was to explore nursing graduates' perceptions of not choosing GN as the field for professional practice and to determine how interest in GN may be encouraged. The study's findings can improve understanding of why nursing students and graduates often do not select GN as the field of nursing for professional practice, giving rise to the appearance of an aversion to caring for older adult patients.

Such an understanding could guide strategies for developing programs to encourage interest in GN, and by so doing, help to increase the nursing workforce to meet the distinctive health needs of older adult patients.

It is not possible to adequately meet older patients' health needs without a necessary workforce. Unmet needs can result in older persons' cognition, overall physical health status, and length of life being affected due to the implied ageist practices (Nelson, 2016a). Nursing educators need to find ways to identify strategies for preparing future nurses to meet the increased demand for nurses who will care for older patients (Coffey et al., 2015). Nursing programs also need to incorporate social change items in their curricula, in keeping with their mission and the mission of tertiary institutions of which they are a part (Yob et al., 2016). Understanding why nursing graduates avoid choosing GN and any perceptions associated with encouraging interest will guide the development of such programs.

Findings regarding the perceptions held by the studied nursing graduates can inform nursing education in its approach to preparing professional nurses (American Association of Colleges of Nursing, 2017). Research has indicated that culture, ethnicity, and age of the student are factors influencing students' preference for working with older persons (Zisberg et al., 2015). Students of higher age and those with more positive attitudes toward older persons seemed to be more likely to select the GN field. Nursing education programs may be specifically designed to help modify ageist attitudes in nursing students (Zisberg et al., 2015). Gaining an understanding of the perceptions of the

studied nursing graduates can guide necessary educational strategies for bringing about change to influence favor in student and graduate nurses for GN.

## Research Questions

I formulated the research questions (RQs) for this study to aid in gaining a better understanding of attitudes and perceptions of nurses regarding the selection of practice areas after graduation. Discovering nursing graduates' attitudes and relating findings to perceptions surrounding the failure to choose GN could demonstrate a pattern, which might be helpful to nursing educators in planning strategies to encourage interest in GN. Finding attitudes of nursing graduates in connection with the perceptions of those nursing graduates could be significant to an understanding of not choosing GN practice. The three RQs for this study have been designated as RQ-1, RQ-2, and RQ-3:

- RQ-1: What attitudes do nursing graduates hold that could affect their choice for professional practice?
- RQ-2: What perceptions do nursing graduates hold about the nursing practice field of GN and caring for the elderly that might be influential to their choice for professional practice?
- RQ-3: What reasons do nursing graduates give for their choice or lack of choice of GN as a profession?

## Review of the Literature

A review of the literature provided evidence of the problem of insufficient understanding regarding nursing graduates not choosing GN, the consequences of an inadequate health care workforce on older adults, and attitudes toward older adults. The

literature search for the study involved using the online resources of the Walden University Library and Google Scholar. Cumulative Index of Nursing and Allied Health Literature, Education Research Complete, UMI ProQuest Digital Dissertation, EBSCOhost, and PubMed are databases used. The key search words and phrases used included *caring*, *theory of caring*, *nursing education*, *elderly*, *older adults*, *older patients*, *baby boomers*, *gerontology*, *gerontological nursing*, *geriatric nursing*, *elder care*, *ageism*, *ageist attitudes*, and *perceptions*.

**Conceptual Framework**

Jean Watson's theory of caring in nursing (Watson, 2008a, 2011, 2017) served as the foundation for this study. The theory features 10 carative processes, referred to as caritas processes and depicted as forming the foundation for the science of nursing (Watson, 2008a, 2008b, 2011). The caritas processes are excerpted below (Watson, 2008b):

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one's own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings.

6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other's frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering 'human care essentials,' which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one's life-death; soul care for self and the one-being-cared for; "allowing and being open to miracles."

Watson's theory is one that is widely used in nursing practice and education. The caring concepts of Watson's theory contribute to nurses providing whole-person care for patients through different stages of life and the nurse's ability to apply critical thinking in a holistic manner (Braz Evangelista et al., 2020; Riegel et al., 2018). The theory may be beneficial to the relationship of nursing educators and their students during times of remote learning (Christopher et al., 2020).

### *Appropriateness of Theory*

The caring theory was an appropriate theory to apply in exploring nursing graduates' attitudes about the elderly, perceptions of GN, and the reasons for avoidance of that practice area. Watson (2011) posited caring as starting with the individual nurse and emitting to others to benefit society. Caring in nursing is expected to be deep-seated,

incorporating love for humanity and going beyond the cliché of care often stated as a reason for entry into nursing (Watson, 2017). Impaired caring could result in a lack of concern for others, such as could be reflected in an inadequate number of nursing graduates to care for the elderly, giving weight to Watson's earlier depiction of human caring as involving struggles that can have adverse effects on humans (Watson, 2008). The practice of caring in nursing is transformative to nursing and health care (Lee, 2017). The theory thus served as a sound framework on which to base this study related to nursing education.

Watson's theory has been studied in various ways to demonstrate, from the collected data, its effect on imbuing caring in nurses. One of the RQs for a study of caring in a GN practice setting (a long-term care nursing setting) was whether or not student nurses view caring as crucial to nursing (Nelson & Watson, 2012). As justification for utilizing Watson's theory of caring, Labrague et al. (2015) concluded that educators positively affect student nurses' ability to demonstrate caring behaviors by first modeling those behaviors for students, to ultimately influence the outcome of nursing education. Using previous studies for guidance, themes can be identified from the expressed attitudes and perceptions to associate possible factors for influencing action(s) in nursing education to encourage students' and graduates' interest in GN.

**Broader Review of the Literature**

Those in nursing education must prepare to meet the stated health care challenge. One purpose of nursing care is its unquestionable influence on an older person's quality of life (Abreu & Caldevilla, 2014). There is, however, confirmation of the severity of an

expected shortage of nurses (Harrington & Heidkamp, 2013), which will lead to an inadequate health care workforce for older persons and must be prioritized to acquire an adequate number of professional nurses (Neville et al., 2014).

However, the literature is rife with studies that demonstrate a failure of nurses to select GN as their area of professional practice. Studies have demonstrated the historical nature of the problem (Heise et al., 2012; Neville et al., 2014; Williams et al., 2006). Students have been shown to place the lowest ranking on working in a GN environment among other possible work environments (King et al., 2013). The need to explore for an understanding of why nursing graduates lack interest in GN was, therefore, well justified and meaningful to the impending health care crisis.

The issue of an inadequate workforce to meet the needs of large numbers of older persons exists worldwide. As severe as the problem is in the United States, there are countries in which it is even more severe (Ortman et al., 2014). The American Association of Colleges of Nursing (2017) used a report of the U.S. Census Bureau as the basis for reporting a shortage of gerontological nurses in the face of the projected major increase in the population of older individuals. Global systems need to meet the health care needs of the soaring number of older adults, with a projected tripling of populations worldwide (He et al., 2016). It is now necessary to implement ways to promote adequacy in nursing care over the upcoming decades.

A synthesis of scholarly literature also indicates the need for more research about the problem of an inadequate workforce to care for older persons. Bai et al. (2016) suggested additional study of older persons' access to health care. Upon concluding a

study of health care workers' attitudes toward older persons, Kydd et al. (2013) also recommended research into the working conditions in gerontological care settings to arrive at ways to attract persons into the workforce. Further, Coffey et al. (2015) suggested that nursing educators need to find ways to identify strategies for preparing future nurses to meet the increased demand for nurses who will care for older patients. Studies indicate the critical role nurses play in resolving the problem of an inadequate health care workforce.

Additionally, the literature demonstrates possible strategies for problem resolution. In a literature review, clinical education was mentioned as one factor that impacts students' perceptions of working with older patients (Algoso et al., 2016)). In a quasi-experimental study, Lee et al. (2015) compared groups of nursing students to demonstrate the positive impact of education on nursing students' perceptions of caring for older persons. Coffey et al. (2015) concluded that with the growing need for professionals to care for older patients, it is incumbent on educators to ensure the preparation of students to meet that need. Coffey et al. also cited the need to understand students' perceptions since those perceptions will influence how students choose their areas of professional practice. With an understanding of graduates' perceptions and resulting curricular changes, there is the possibility that more students and graduates could develop an interest in caring for older adult patients and choose GN to meet the demand for nursing care for the rapidly growing population of older persons.

The possibility of ageism as a factor in nursing graduates' perceptions of GN and their ultimate career choice should also be considered. There have been several studies of

ageism in the attitudes of nurses and other health care professionals. A 34-item attitude scale developed by Kogan (1961) is often used in such studies. For example, Topaz and Doron (2013) employed Kogan's Attitude Scale and Palmore's Facts on Aging Quiz (Palmore, 1977) in a study in Israel of nurses' attitudes toward older patients in the acute care setting. Studies have found that students in advanced courses or those studying physical therapy had more positive attitudes toward older patients than nursing students (Turan et al., 2015). Research has also addressed dental hygiene students' attitudes toward older adult residents of a residential health care facility (Wiener et al., 2014). The issue of ageism is widely associated with nursing and health care.

### *Ageism*

The concept of ageism (Butler, 1969; Nelson, 2002) depicts older persons as victims of discrimination. Ageism is viewed as victimizing and could also involve favoring persons of an age group, thus giving it both positive and negative connotations (Ayalon & Tesch-Romer, 2017; Intrieri & Kurth, 2018; Palmore, 1999). Ageism has been viewed as similar to racism or sexism and described as "the systematic discrimination against people because they are old" (Butler, 2010, p. 72). With the rapid growth in the population of older persons, the importance of addressing any detections of ageism becomes a duty to society.

Since every person who lives long enough will experience aging, the one who practices ageism will likely, at some point, become the one against whom it is practiced. The probability of its universal effect is what makes ageism distinctly different from racism and sexism, in that those who practice the latter two areas of discrimination do not

usually belong to the victimized groups. However, those who practice ageism usually are in, or will someday belong to, that group (Andrews, 1999; Intrieri & Kurth, 2018; Nelson, 2005). The fight against ageism needs to be assigned top priority since it reduces the society's prospect for advancement (Blancato & Ponder, 2015). Ensuring lives of "dignity and security" for all older adults is a priority of the United Nations in its efforts against ageism (Hokenstad & Restorick Roberts, 2013, p. 77). Effects of ageism negate dignity and quality of life and are likely to be encountered by every human being at some point in life.

There is evidence of the distinct effects of ageism on the quality of life. There are consequences related to the individual's ability to secure employment, acquire finances, and maintain overall health (Irving, 2015). Despite long-held views on aging, a person's health and productivity do not have to decline with age (Johnson & Mutchler, 2013). The aging population is expressed as presenting society with possible challenges for systems such as health care and opportunities for the contributions that older persons can make (World Economic Forum, 2012). Ageism is often internalized and contributes to one's negative views of self (Irving, 2015). The damaging effects of ageism on society can be clearly seen.

Ageism is reflected in varying aspects of life, with health care and nursing being no exceptions. Participants--physicians, social workers, and nurses--in one study, admitted to using ageism, acknowledging positive use by themselves and assigning negative use as what they observed in others (Ben-Harush et al., 2017). The American Psychological Association (2020) resolved to shun every form of ageism and to support

policies for its eradication. Malinen and Johnston (2013), in their research, found hidden attitudes of ageism in the workplace and called for processes to make such attitudes detectable. Levy and Macdonald (2016) studied the areas of health and employment, challenging related disciplines to conduct research to contribute to the understanding of ageism to enhance the process of aging. Ageism is thought to now be more widespread than racism or sexism (World Health Organization, 2017). Ageism, however, unlike racism and sexism, appears to go unnoticed (Nelson, 2002, 2015, 2016b). It is no wonder that nursing students and graduates could unknowingly be practicing ageism through their lack of interest in a practice area involving older persons' care.

Ageism can have severe effects, including depression, on the lives of older persons, as was found in a study in China (Bai et al., (2016). The World Health Organization included among facts on aging that world health systems need to align with the needs of older persons (World Health Organization, 2017). Ageism is likely to affect how health professionals provide care, much to the detriment of older patients (Malta & Doyle, 2016). Malta and Doyle recommended additional research and training for health professionals in Australia related to ageism and noted that ageism is an issue of international concern. The concept of ageism is a reminder that much remains to be accomplished to ensure a society of well-rounded, healthy persons who can pursue quality in life at every age.

**Constructs of Ageism**. Significant constructs of ageism help to demonstrate its effect on the quality of life of the older person. Butler (1980) described the three primary constructs of ageism. Malta and Doyle (2016) denoted the constructs in relationship to

ageism in Australasia. The construct of attitude towards and beliefs about older persons includes how those attitudes and beliefs of health professionals negatively affect older persons (Butler; Malta & Doyle). The construct of behaviors exemplifying stereotyping is most evident in treatments meted out to older persons in the workplace (Butler; Malta & Doyle). The construct of formal policies and procedures incorporates higher-level systems that neglect consideration of older persons' well-being in developing important policies (Butler; Malta & Doyle). Knowledge of the constructs highlights the need to focus on all forms of ageism to ensure that older persons can enjoy lives of quality, as cannot be possible without adequate health care through nursing.

***Ambivalent Ageism Scale***. The Ambivalent Ageism Scale (AAS) was developed from already existing tools to measure hostile and benevolent ageism as negative and positive aspects of ageism. Before the development of the AAS by Cary, et al. (2017), there were earlier measures for determining only hostile ageism, but a measure of benevolent ageism was lacking. A literature review revealed studies, spanning over five decades, of measures focused on negative or hostile ageism (e.g., Palmore, 1977; Fraboni et al., 1990; Shiovitz-Ezra et al., 2016). Testing the AAS for reliability resulted in high scores for both the initial testing and retesting (Cary et al.). The results of the reliability testing help to confirm the AAS as a reliable tool for measuring hostile and benevolent ageism, and thus a valuable source from which to derive qualitative interview questions.

### *Educational Preparation to Care for Older Adults*

There is varying educational preparation offered in baccalaureate nursing programs regarding care for older adults, and research studies denoting actual program

offerings are not common in the United States. A study by Gray-Miceli et al. (2014) was born out of the knowledge of the increasing population of older persons and the inadequacy of the preparation that nursing education is able to provide for prospective nurses. Findings of the study by Gray-Miceli et al. indicate the urgent need for a national program to address geriatric/gerontology education, necessary curricular improvements, and content to be included in such a program. Studies conducted in international locations similarly pinpoint priorities identified by Gray-Miceli et al. (Hsieh & Chen, 2017).

With the challenge of getting nursing students and graduates interested enough in GN to select its pursuit for professional practice, those in nursing education will need to understand possible reasons for the disinterest. Attitudes toward aging, stereotypes of aging, discouraging experiences, and lack of knowledge were among the critical issues affecting gerontology nursing education (Birimoglu Okuyan et al., 2020; Niles-Yokum, 2018; Zisberg et al., 2021). Pepper (2014) referred to the lack of nursing faculty with adequate preparation to teach GN content compared to the number of faculty prepared to teach other practice areas. Some nursing faculty enter nursing education for reasons that include giving back to the profession or due to influence of their nursing faculty on them (Evans, 2018); such nursing faculty might be able to model positivity to influence the attitudes of nursing students and graduates.

Educators must also find ways to change nursing students' interest in and choice of GN for professional practice. Contact of younger persons with older ones has positively impacted existing attitudes and stereotypes (Teater, 2018). Studies have shown courses designed for international health professionals to yield collaboration and

improvement in knowledge, attitudes, and practice-specific application related to GN (Clark et al., 2017; Liu et al., 2017). Knowledge of aging lessened anxiety about contact with older persons and reduced ageist attitudes of undergraduate students (Allan & Johnson, 2008). Ongoing research will continue to aid in identifying the needed change.

### *Research Regarding Preparation to Care for Older Adults*

Research has shown that early intervention and immersion are two possible actions that might contribute to the needed change in nursing students' interest in GN. As part of the preparation for higher education, educators could implement programs to expose students to contact with older persons since research has shown that such contact can significantly shape attitudes toward the elderly (Teater and Chonody, 2017). Merz et al., (2018) demonstrated that after a course in gerontology, knowledge of aging and positive attitudes toward the elderly improved in first-year students. Immersion into aspects of the lives of older persons through life stories had a positive effect on the attitudes of students in higher education toward older persons (Yamashita et al., 2018). In a survey of baccalaureate-level GN courses in Taiwan, it was found that courses aimed at multiple disciplines and those that are separate and not integrated into other courses are essential aspects of nursing program strengthening (Hsieh, & Chen, 2018). Strategies introduced early, even before entry into higher education, and those that expose students and potential students to the experience of older persons merit consideration by nursing educators in promoting the necessary field of GN to nursing graduates.

## Conclusion and Summary of Literature Review

As suggested by Jean Watson's theory, caring has been shown in application as synonymous with thoughtfulness, concern, sensitivity, and compassion in the attitudes and actions of nurses (Costello and Barron, 2017). Failure in nursing education to prepare an adequate number of GN professionals to meet the increased needs for care of older adults, as suggested by the World Health Organization (2017), would be contrary to the values inherent in the caring theory. Such failure could also imply ageism in nursing as a profession, and ageism could have dismal consequences for the well-being of the population of older persons (Irving, 2015). An understanding of graduate nurses' perceptions of GN and reasons for lack of interest in that career field can provide a vantage point for the successful preparation of GN professionals. Use of the AAS (Cary et al., 2017) as a basis for discovering hostile (negative) and benevolent (positive) ageism among nursing students can contribute data for use in nursing's plan of action to stem the crisis of an inadequate number of GN professionals to care for older persons.

## Implications

Based upon results from this study, I prepared a position paper with recommendations for improvements to systems and professional practice policies to promote interest in GN. Curricular and policy changes to nursing education programs and nursing practice have been shown as necessary. It is hoped that action on the recommendations will allow for programs to focus on awareness of the need for and benefits of GN. Such programs and or changes formulated around the discoveries made through this study can help to intentionally provide nursing students and graduates with

educational environments created to promote and maintain enthusiasm for GN and caring for older persons.

## Summary

The population of older adults will continue to increase in numbers. The resulting health care needs must be addressed if older adults are to enjoy a quality of life conducive to healthy aging and maximal functioning. There is already a deficit in the health care workforce and the reluctance of nursing graduates to select GN, the field of nursing in which provision of care to older persons is the focus, gives rise to the question of ageism as a contributing factor. Since the nursing workforce is at the forefront in meeting the health care needs of older persons, if ageism is to be thwarted, there needs to be an adequate number of nurses to provide appropriate health care. Ageism prevention is an area for the rethinking of nursing education. For contributions to the rethinking of nursing education, in this study, I explored perceptions of nursing graduates regarding GN and reasons for failure to choose GN practice. Findings from this exploration of perceptions served as the basis for a position paper with policy recommendations to impact nursing practice and curricular changes related to GN and the care of older persons. In the subsequent section, I have detailed the methodology used in this study, including the selected research design, participants, and instrumentation.

## Section 2: The Methodology

I used a qualitative method to better understand nursing graduates' perceptions of GN and failure to choose it as a professional practice area. I investigated why nursing graduates did not select GN for professional practice and whether ageist attitudes influenced their perceptions and attitudes. There were three RQs, identified as RQ-1, RQ-2, and RQ-3. RQ-1 was designed to guide the collection and analysis of data to address nursing graduates' attitudes relating to ageism, and RQ-2 and RQ-3 guided the collection and analysis of data related to nursing graduates' perceptions of GN and caring for older persons, along with the reason or reasons for not choosing GN for practice. Qualitative data provided data to answer all three RQs. For RQ-1, qualitative data from interviews helped to identify hostile or benevolent ageist attitudes of nursing graduates. Qualitative data for RQ-2 and RQ-3 addressed nursing graduates' perceptions of GN and reasons for failing to select it for professional practice. Data for RQ-2 and RQ-3 were also collected through interviews. The study findings expand understanding of nursing graduates' attitudes about older adults, perceptions of caring for the elderly, and reason(s) for avoiding GN as a profession. The design and approach with justification, details regarding study setting and participants, and data collection and analysis are delineated in this section.

### Research Design and Approach

In this basic qualitative research study, I investigated perceptions and attitudes of nursing graduates. The qualitative approach enabled a detailed examination and exploration to arrive at answers to the RQs. Using a qualitative method can clarify the

answers to the RQs through the characteristically detailed explanations offered (Creswell, 2012). The use of a qualitative approach allowed for sharing of the rich meanings uncovered about the phenomenon in sufficient depth (Bogdan & Biklen, 2007; Lodico et al., 2010; Merriam, 2009; Merriam & Grenier, 2019). As such, the use of the qualitative design and approach assisted in providing an understanding of what nursing graduates think of GN and why they lack interest in the field. The nature of the study also aided in identifying what can be done differently in nursing education to encourage graduates to have a more favorable view of the professional nursing practice area of GN.

I collected qualitative data for answering the RQs from the selected participants who also provided demographic information. Before the scheduled start of data collection and interviews, each graduate nursing participant submitted demographic information to promote ease of follow-up, if necessary, and for tabular and graphic presentation of attitudes and perceptions with certain demographic factors. Participants (nursing graduates who were categorized as being within 6 months after graduation, between 7 months to a year of graduation, and beyond a year of graduation) participated in individual interviews to supply data to answer all three RQs:

- RQ-1: What attitudes do nursing graduates express/acknowledge about the elderly that might reflect positive or negative ageism and influence their choice for professional nursing practice?
- RQ-2: What perceptions do nursing graduates hold about the nursing practice field of GN and caring for the elderly that might affect their choice for professional nursing practice?

- RQ-3: What reasons do nursing graduates give for their choice or lack of choice of GN as a profession?

The AAS served as the source of the interview questions for identifying hostile (negative) or benevolent (positive) attitudes toward the elderly.

Nursing graduates within the first decade of graduation were able to provide the richest information for this study. During their time as nursing students and as professionals, for some, those relatively recent graduates gained clinical experience in GN clinical areas to allow them to be able to provide worthwhile data through the answers they provided to the interview questions. Nursing graduates who most recently graduated also already had the opportunity to select a GN area (or to select an area other than GN) for their transitional clinical experience into professional practice and were able to provide data regarding their reasons for failing to choose GN (or for choosing GN). Therefore, nursing graduates within the first decade of graduation were at a strategic point in their careers that rendered them the most suitable participants for a study of attitudes toward older persons and perceptions regarding interest in GN.

**Problem and Research Design**

The problem for this study was insufficient understanding of nursing graduates not choosing GN and possible contributing attitudes. In this basic qualitative study, I investigated the perceptions of nursing graduates, within a decade after graduation, regarding the failure to choose GN for professional practice. A basic qualitative research design allowed me to conduct a comprehensive exploration of the phenomenon to provide a clear description (Bogdan & Biklen, 2007; Howson, 2021) and helped unearth

data regarding nursing graduates' perceptions and attitudes that could be contributory to the failure to choose GN. Through a detailed exploration, I was able to find answers to the RQs, which identified attitudes and perceptions as offered by the study participants regarding interest in GN. The answers to the RQs also offered suggestions for what can be done differently in nursing education to encourage students to have a more favorable view of the professional practice area of GN.

**Justification of Research Design and Approach**

The basic design was the most appropriate design for this study. A basic qualitative study allows for an authentic portrayal of the phenomenon (Yin, 2003) and helps identify additional problems for more extensive research (Polit & Beck, 2013). A basic qualitative study may be explanatory or exploratory (Cohen et al., 2018). The purely basic qualitative design was chosen since a solely explanatory or exploratory study would produce the descriptions necessary to inform stakeholders of findings relevant to graduate nurses' perceptions of and attitudes toward the problem of failure to choose GN. Basic description allows for a presentation of the data without proffering interpretations (Sandelowski, 2000). Basic qualitative description allowed for the presentation of nursing graduates' perceptions from their perspectives.

An ethnographic study, a narrative study, or a study based on grounded theory would not allow for the proximity of researcher involvement with the data as occurs in a basic qualitative study (Sandelowski, 2000). A quantitative study, although a presentation of numerical data, would lack the kind of descriptions necessary to guide interpretation (Sandelowski, 2000). Quantitative description was not necessary for this study, although

it could have offered a way to set out numerical attitudinal data to clearly show any relationships among variables (Sandelowski, 2000). If presupposed factors that might lead to a particular outcome formed the basis for this study, using a quantitative methodology would be the most appropriate (Creswell, 2012). Therefore, a quantitative design was not pertinent to this study of nursing graduates' attitudes and perceptions regarding GN and choice of a professional practice area. A case study, qualitative or quantitative, would be neither appropriate nor necessary since a case study would be more likely to require data collection over a more extended period than was available for this study (Polit & Beck, 2013). Therefore, the basic qualitative design was the most appropriate for the needed explanations and explorations into the phenomenon. The basic qualitative method was also appropriate for this study because of its suitability for research related to the health sciences, as was this study of nursing graduates (Merriam & Grenier, 2019; Sandelowski, 2000).

## Setting and Sample

There was no distinct setting for this study. RNs who were graduates of a baccalaureate degree nursing program or an associate degree nursing program and were within the first decade after graduation and residing in or graduated from a nursing program in the southern or western United States served as participants for this study. The participants were eight nursing graduates who graduated with a Bachelor of Science in Nursing degree and four who graduated with an Associate of Science degree within a decade of the start of data collection. Participant characteristics, including demographic data obtained from responses to pre-interview questions, are summarized in Appendix C.

All participants answered interview questions formulated with the AAS as a basis to provide data for answering RQ-1. All participants also answered interview questions to provide data for answering RQ-2 and RQ-3.

**Population**

Nursing graduates of a generic baccalaureate degree nursing program or an associate degree nursing program from any U.S. university and who resided or completed their nursing studies in the southern or western United States served as participants for this study. The nursing graduates would have gained exposure to the GN field, as students, through required clinical nursing experience(s) or as practicing nurses. Prior to graduating from their nursing program, the nursing graduates would also have completed the required GN clinical nursing experience(s) and decided on a nursing practice area for transitioning to their selected career path.

**Sampling Method**

Nursing graduates who met specific required criteria were included as participants for the study based on convenience and purposeful sampling. Nursing graduates included those who had or had not chosen GN practice. Selected graduates were the first to indicate interest in study participation since nursing graduates who met the study criteria were selected based on the timeliness of their response to the invitation to volunteer for the study. Several potential participants indicated interest but later withdrew their interest, citing being “too busy” due to the ongoing COVID-19 pandemic, which coincided with the recruitment of volunteers leading up to data collection.

There were eventually 12 participants chosen for this study. Participants included nursing graduates of baccalaureate degree and associate degree nursing programs who were residing or who had studied nursing in the southern or western United States. Participants needed to be among the first 10 to 20 nursing graduates to respond to the invitation to participate in the study and meet all other study criteria. The studied problem was found to be common to nursing programs in several locations. The choice of study participants from baccalaureate and associate degree nursing programs was partially based on the setting in basic nursing education in which the problem of nursing students' aversion to choosing GN was initially identified as an ongoing issue. Participants recruited for the study met the predetermined criteria and provided a signed agreement to participate.

**Eligibility Criteria**

The detailed criteria for participant selection are listed below:

1. All participants had to be nursing graduates of a baccalaureate or an associate degree nursing program and graduated within a decade of the start of data collection.
2. All potential nursing graduate participants had to confirm having participated in a final clinical rotation as a student. The final clinical rotation should have included preceptorship, and the participant must have selected placement in a field or area of practice other than GN (for at least 60% of the number selected) or must have selected GN placement (for a maximum of 40% of the number selected).

3. All potential nursing graduate participants must have completed didactic and clinical portions of an introductory GN-related course as a nursing program requirement.

All potential participants must have completed the signing of the required consent form to indicate the absence of coercion and receipt of detailed information before consenting for study participation.

**Justification for Number of Participants**

The intent was for a sample size of 10 to 20 graduates from baccalaureate degree or associate degree nursing programs in the United States to comprise the study. Since this was a basic qualitative study, I used purposeful sampling of the research participants to maximize contributions to understanding the studied phenomenon (Creswell, 2012; Hahn, 2020). As in mainly qualitative studies, the aim of this study was to secure a sample of nursing graduate participants who would be able to supply helpful information to answer the RQs over securing a large number of participants (Lodico et al., 2010).

The decision for RN participants who were graduates of two types of nursing programs and the relatively small number of participants was based on sound guidance. More exhaustive information collection could be achieved with fewer participants for qualitative studies (Creswell, 2012). The number of participants would need to be increased to promote the intent of generalizability for a quantitative study (Bogdan & Biklen, 2007; Lodico et al., 2010). In keeping with the intent of basic qualitative studies (Sandelowski, 2000), the intent in this study was to obtain a depth of information to promote understanding of attitudes and perceptions of graduate nurses regarding GN.

Fewer participants might have been selected for a qualitative case study to enhance the bounded nature attributed to case studies (Creswell, 2012; Lodico et al., 2010; Merriam, 2009), though up to 30 participants can be selected in qualitative studies to supply deep and adequate information (Morrow, 2005).

Participants were RNs from two nursing program types, with two-thirds of the participants being from a bachelor's degree program and the other third being from an associate degree program. Regarding the basis for two-thirds of the registered nursing participants being from bachelor's degree programs, the bachelor's degree program has, for years, been regarded as the point of entry into professional nursing practice (Lynaugh & Brush, 1996). A mandate was put in place for 80% of all RNs in the United States to have had a bachelor's degree by 2020 (Institute of Medicine, 2011), making it more advisable to include a larger percentage of graduates from generic baccalaureate nursing programs for this study. Twelve nursing graduate participants who graduated from a baccalaureate degree or an associate degree nursing program within the last decade were able to provide adequate depth of perceptions and attitudinal data for this study.

**Establishing Working Relationship with Participants**

In recruiting participants for the study, I maximized the use of the internet and social media and sought assistance from individuals and health care organizations to advertise the study. I requested assistance from nursing alumni associations of universities in the southern and western United States to post invitations on their websites and social media sites. I also prepared hard copies of fliers for posting and dissemination in organizations that employ nursing graduates and by persons who were likely to know

of nursing graduates. In communications with prospective study volunteers who made contact to register interest in study participation, I requested that the recruitment material be passed on to others who might be eligible for participating in the study.

Potential participants were accepted based on being first to submit their completed agreement to participate, then to schedule the interview and follow through with the scheduled interview. I attempted to select an alternate set of potential participants who qualified for participation, based on the timeliness of receipt of their indication of interest in participating, through submission of the signed agreements to participate. Potential participants from the list of alternate participants were meant only to replace selected participants if the need arose prior to the end of data collection. However, COVID-19 pandemic-related limitations resulted in difficulty with recruiting participants, difficulty getting participants to schedule interviews, and then difficulty for participants to adhere to interview schedules affected the ability to strictly adhere to plans for maintaining an alternate list of participants. Two participants who submitted a completed, signed consent form but failed to schedule the interview in a timely manner were included in the list of alternate potential participants. Both alternate potential participants received communication of gratitude for their willingness to participate and were notified as soon as it was known that their participation would no longer be necessary since saturation of data had been achieved and data collection had been completed.

I established varying levels of rapport, starting with the participant pools. I sent an initial email communication to each person who entered the participant pool by

completing and submitting a signed agreement to participate in the study by the eventually communicated deadline. The initial communication included a statement of appreciation for interest in the study, an explanation of the criteria for selection, information of how selected participants would be alerted, and my contact information for registering their questions and comments. I used follow-up individualized but generically worded communication via telephone and text conversations to those selected for participation in the study, informing them of selection and their right to change their decision to participate. Conversations included the details for maintaining communication prior to the interview meeting. Before the scheduled interview, I verified that each participant was a practicing RN. I obtained information regarding the nursing program type and location from which the participant graduated and the participant's state of residence.

I made every effort to communicate all pertinent information clearly and expressed openness to establish rapport with all participants and potential participants. The rapport with potential participants continued through to the time of offering gratitude to those who withdrew from the study or were not among the selected participants for data collection. Rapport with selected participants continued in order for study findings to be shared with them. In recruiting participants for the study, I maximized the use of the internet and social media and sought assistance from individuals and healthcare organizations to advertise the study. I requested assistance from nursing alumni associations of universities in southern and western US regions to post invitations on their websites and social media sites. I also prepared hard copies of fliers for posting and

dissemination in organizations that employ nursing graduates and by persons who were likely to know of nursing graduates. In communications with prospective study volunteers who made contact to register interest in study participation, I requested that the recruitment material be passed on to others who might be eligible for participating in the study.

**Protection of Participants' Rights**

Ethical considerations guided the protection of participants' rights in this study. In research, ethical considerations should be used to provide defense for the researcher and as a statement of the researcher's duty to the study participants (Santiago-Delefosse et al., 2016). Ethical soundness is integral to qualitative research studies because of the small number of participants and the intrusive nature of the data collected from them (Twining et al., 2017). Providing adequate information to make it possible to obtain informed consent and maintain confidentiality for all participants (Merriam, 2009; Lodico et al., 2010) were ethical considerations I observed. I was sure not to initiate a researcher-participant relationship before receiving the Walden University Institutional Review Board (IRB) approval (IRB approval number 04-19-19-0425232).

My actions indicated respect for study participants. I avoided recruitment of participants until after I received approval from the Walden University IRB. Upon receiving IRB approval and interacting with participants, I provided each participant with detailed explanations about the study. Vital information included interview times and duration to aid participants in planning (Bogdan & Biklen, 2007). I informed participants of their right to withdraw consent and choose to no longer participate in the study without

repercussions. Using appropriate language in the writing of the study was a way to demonstrate respect for participants (Creswell, 2012). I maintained respect for participants at all times, before, during, and after data collection and after study completion.

Written information provided to participants in order to obtain informed consent from them included the following (as put forward by the US Department of Health, Education and Welfare, Public Health Service, and National Institutes of Health, 1971):

1. A detailed explanation of the interview and other processes, including alternate ones, involved in collecting and clarifying data.
2. A detailed description of the risks and benefits expected from study participation.
3. Communication that all study-related questions would be welcome and would be addressed to the participant's satisfaction.
4. Advice that each participant would have the right to revoke his or her consent and terminate study participation without fear of detrimental or punitive treatment.

Prospective participants were allowed to read the information, acknowledge receipt and understanding, and provide signed consent for study participation. Modifications to the process for obtaining signed consent became necessary because of the COVID-19 pandemic. I sent the consent form to each prospective participant by encrypted email using my Walden University email address. I requested a careful review, signing, and returning the consent form, or a statement of consent, by email. I asked participants to

keep a copy of all communication and the consent form as a record of the signed informed.

All participants were provided the right to confidentiality, privacy, and non-maleficence. For confidentiality reasons, some demographic information obtained from participants while verifying study eligibility has not been displayed. Specific locations of participants recruited for the study have not been shared because a participant's identity could be deduced by linking multiple characteristics when those characteristics are presented in a manner that allows ease of linkage (Kaiser, 2009). I have only presented some demographic data according to a summary of percentages of characteristics of participants (see Appendix C). All personal identifying information from interviews was kept undisclosed and coded, based on an arbitrary assignment of alphanumeric pseudonyms, to maintain confidentiality and privacy (Cohen et al., 2018). Each participant was asked to provide two letters of the alphabet and two numbers between one and twenty. I selected one letter and one number to use in coining an alphanumeric pseudonym, which only I would be able to identify. Provision of two letters of the alphabet and two numbers, between one and twenty (01 and 20), by each of the 12 participants helped to avoid repetition of any letter or number in the resultant assigned pseudonyms. The assigned pseudonyms were 15F, 10L, 02H, 08W, 05K, 07S, 11M, 04D, 20Y, 03A, 06T, and 01B, as shown in the outline of participants' responses to the demographic questions (see Table 1 and Appendix C). Considering possible harm to participants ahead of study activity allowed for formulating a plan (included in the consent form) to intervene appropriately if any dimension of a participant's well-being

was threatened during study participation, as Cohen, et al. stated. I included the protection measures in the information I provided to participants for the informed consent process. Along with the stated measures, I was prepared to promptly and thoroughly address any individualized issues that might have arisen with participants to assure confidentiality, privacy, and non-maleficence.

**Table 1**

*Participants' Information from Demographic Questions*

| Participant by alphanumeric pseudonym | Graduation recency and number of years if more than one | Age range | Gender group | Race and ethnicity |
|---|---|---|---|---|
| 15F | More than 1yr<br>10 | 55-64 | Female | Black or African American<br>Non-Hispanic |
| 10L | More than 1yr<br>3 | 24-42 | Female | Asian<br>Non-Hispanic |
| 02H | More than 1yr<br>5 | 55-64 | Female | White<br>Non-Hispanic |
| 08W | More than 1yr<br>2 | 24-42 | Female | Black or African American<br>Non-Hispanic |
| 05K | More than 1yr<br>4 | 24-42 | Female | Black or African American<br>Hispanic |
| 07S | More than 1yr<br>5 | 24-42 | Female | White<br>Non-Hispanic |
| 11M | More than 1yr<br>4 | 24-42 | Male | Black or African American<br>Non-Hispanic |
| 04D | More than 1yr<br>8 | 24-42 | Female | Black or African American<br>Non-Hispanic |
| 20Y | More than 1yr<br>7 | 24-42 | Male | Black or African American<br>Non-Hispanic |
| 03A | More than 1yr<br>6 | 24-42 | Female | Black or African American<br>Non-Hispanic |
| 06T | More than 1yr<br>7 | 24-42 | Female | Black or African American<br>Non-Hispanic |
| 01B | Between 7 months and 1 year | 24-42 | Female | Asian<br>Non-Hispanic |

## Data Collection Strategies

The data collection coincided with a time when the data were most likely to be available from the participants. The specified time was within one decade of graduation from a bachelor's degree or associate degree nursing program, having already had exposure to GN and after having failed to choose GN or having chosen GN for either a capstone clinical experience as a student or for professional practice since graduation. All participants provided qualitative data after providing demographic data germane to the study. Data were collected from a purposeful sample of nursing graduates, using prepared interview questions from a researcher-developed interview protocol (see Table 2, Table 3, and Appendix B).

### Qualitative Data Collection

Data collection for this basic qualitative study was accomplished through semi-structured interviews. I interviewed 12 nursing graduates, most (eight) of whom had not chosen the GN field for their professional practice, as summarized (see Appendix C). Of the 12 participants, three were employed in GN in a long-term care setting, and one was employed in GN in a mental health setting. I conducted all interviews myself to promote uniformity and minimize the possibility of data collection errors. Data collection commenced on April 14, 2021 and ended on July 11, 2021. Rather than the proposed face-to-face interviews, I conducted telephonic interviews to ensure safety during the COVID-19 pandemic.

**Data Collection Instrument**

I used semi-structured interviews of participants. For data collection from all nursing graduates, I used individual interviews. The interview protocol (see Appendix B), field notes of interviews, audio recordings, and transcripts of interviews comprised the data. The following were the interview questions for data collection:

1. What are your views of the elderly being allowed independence to function?
2. What are your views of how older persons communicate?
3. What are your views of older persons' impact on society?
4. How would you describe your views of the GN practice field and caring for elderly patients?
5. How would you compare GN and caring for the elderly to other nursing practice fields and caring for other human populations, in general, and specifically to your preferred field and the population represented?
6. What is your explanation of the pros and cons of GN and those of your preferred field of nursing?
7. How would you explain your reasons for choosing (or not choosing) another field of nursing over GN?
8. How would you describe factors that might have caused you to consider (or fail to consider) GN for your professional nursing practice area over another practice area?

### *Interviews*

My interview protocol was researcher-developed and was submitted for review by the expert researchers who formed my doctoral study committee, prior to use. Interview questions were formulated around the three RQs. Interview questions asked of all nursing graduate participants and the plan for data collection related to the RQs have been outlined (see Table 2).

**Table 2**

*Research Questions and Data Collection*

| Research Question | Data Collection Details |
|---|---|
| What attitudes do nursing graduates hold that could affect their choice for professional practice? | Semi-structured interviews of nursing graduates, using the following questions derived from the Ambivalent Ageism Scale (AAS):<br><br>What are your views of the elderly being allowed independence to function?<br><br>What are your views of how older persons communicate?<br><br>What are your views of older persons' impact on society? |
| What perceptions do nursing graduates hold about working in GN that may be influential to decisions about their choice for professional practice? | Semi-structured interviews of nursing graduates, using the following questions:<br><br>How would you describe your views of the GN practice field and caring for elderly patients?<br><br>How would you compare GN and caring for the elderly to other nursing practice fields and caring for other human populations, in general, and specifically to your preferred field and the population represented?<br><br>What is your explanation of the pros and cons of GN and those of your preferred field of nursing? |
| What reasons do nursing graduates give for their choice or lack of choice of GN as a profession? | Semi-structured interviews with nursing graduates, using the following questions:<br><br>How would you explain your reasons for choosing (or not choosing) another field of nursing over GN?<br><br>How would you describe factors that might have caused you to consider (or fail to consider) GN for your professional nursing practice area over another practice area? |

The interview questions surrounding RQ-1 and related to nursing graduates' attitudes were formulated based on the AAS. The instrument was developed in conjunction with and to build upon previously developed instruments (Cary et al, 2017). Since the prior instruments were developed to measure hostile ageist attitudes, the scale developed by Cary et al focused on the inclusion of measurement of benevolent ageist attitudes. In testing the AAS, the researchers measured it against the Fraboni Scale of Ageism (Fraboni, Saltstone, & Hughes, 1990), which was an existing reliable scale for assessing ageist attitudes. The AAS was developed in four sound phases and found to be reliable for use by researchers to examine both hostile and benevolent ageist attitudes (Cary et al, 2017).

Brinkmann and Kvale (2015) suggested the importance of ensuring that interview questions are clear and that it is easy for the study participants to understand them. All interview questions were worded to stimulate maximum information from participants (Bogdan & Biklen, 2007; Merriam, 2009). Getting to know participants and developing rapport before the actual interview promoted ease of data collection (Bogdan & Biklen). The stated strategies were meant to ensure that the data collected would provide the necessary information for an understanding of the phenomenon.

**Sufficiency of Instrument**. The instrument used for this study was sufficient to explore the phenomenon being studied. Interviews allowed for collecting data describing each participant's perceptions, according to the participant's unique view of the experience (Bogdan & Biklen, 2007). Interviews conducted as the only instrument were

adequate, and the adequacy can be maintained even if used along with the qualitative instrument of observations (Bogdan & Biklen, 2007; Creswell, 2012). Interviews could, therefore, be used to adequately collect data for exploring nursing graduates' perceptions regarding lack of interest in GN.

***AAS***. Although I did not use the AAS as an actual instrument for this study, I am describing it in more detail because of its use as a source for arriving at interview questions. The scale was developed by Cary et al. (2017) to include 13 items. The first nine items measure benevolent ageism, while the final four items are consistent with the measurement of hostile ageism (Cary et al.):

1. It is good to tell old people that they are too old to do certain things; otherwise they might get their feelings hurt when they eventually fail.
2. Even if they want to, old people shouldn't be allowed to work because they have already paid their debt to society.
3. Even if they want to, old people shouldn't be allowed to work because they are fragile and may get sick.
4. It is good to speak slowly to old people because it may take them a while to understand things that are said to them.
5. People should shield older adults from sad news because they are easily moved to tears.
6. Older people need to be protected from the harsh realities of society.
7. It is helpful to repeat things to old people because they rarely understand the first time.

8. Even though they do not ask for help, older people should always be offered help.
9. Even if they do not ask for help, old people should be helped with their groceries.
10. Most old people interpret innocent remarks or acts as being ageist.
11. Old people are too easily offended.
12. Old people exaggerate the problems they have at work.
13. Old people are a drain on the health care system and the economy.

When used as a stand-alone instrument, as in survey research and other quantitative studies, responses to the AAS are provided based on a range of seven possible answers to each question. Number "1" is allocated to the response of "Strongly disagree," and number "7" to the response of "Strongly agree" (Cary et al.).

***Process for Tracking Data from Instrument***

I used a sound process for tracking data from the instrument for this study, interview transcripts. Tracking of data from interviews involved audio recording done with participants' permission, note-taking during each interview, and creation of transcripts based on the two collection methods. In preparation of the collected data for analysis, I conducted an initial phase of member checking by seeking verification and any clarification of the information contained in the each participant's interview transcript, to help to promote accuracy of the collected data (Lodico et al., 2010; Merriam, 2009). I sent each participant a copy of the interview transcript via secure email, using my Walden University email account, and requested a review of the transcript for

inaccuracies, incorrect information, or information needing clarification. After receiving the interview transcript, one participant communicated a need to submit clarification, stating the transcript depicted rambling so clarification would be submitted. The participant, however, later communicated that there was no need for clarification after reviewing the transcript a second time. A second participant corrected a "clinic" mentioned in the interview as "PR clinic" and stated that "pediatric clinic" was what was intended.

**Systems for Developing Themes**. Since I collected data from a relatively small number of participants, I manually developed codes from the collected data to link with themes derived from the theoretical basis for the study, and I employed a qualitative data management (QDM) system. After reviewing the data sources and soliciting verification of accuracy, I identified the most prominent themes, consistent with Watson's theory of caring (Watson, 2008a; Watson, 2008b; & Watson, 2011) and the constructs of ageism (Butler, 1980; & Malta and Doyle, 2016). After evaluating QDM systems, I then chose to use the Quirkos QDM system for the possibility of further deriving thematic material from the collected data. Quirkos appeared most appropriate for the task, based on the relatively small volume of study data collected, because of the apparent intuitive characteristics of Quirkos, affordability, ease of use, and availability of support (https://www.quirkos.com/learn-qualitative/index.html). Using Quirkos also aided me in creating visual aids for presenting the data according to the codes, themes, and demographic factors (https://www.quirkos.com/learn-qualitative/index.html).

**Role of Researcher**. As the researcher and primary investigator for this study, I was solely responsible for collecting and analyzing data. I conducted all interviews to ensure uniformity and to reduce data collection errors. I had previously served as a nursing faculty member, interim chair of a Department of Nursing, and in the Center of Student Success at universities but was no longer employed in academia and was no longer functioning in either of those roles during the period of recruiting participants and collecting data. Any nursing graduate who indicated an interest in participating and was someone with whom I had a current supervisory relationship was respectfully excluded from participation. Interested RNs who were potentially eligible to be nursing graduate participants for the study, since they were not part of a vulnerable population, were provided with detailed information about the study and allowed to provide consent to participate. I used no coercion in recruiting participants and informed all interested volunteers that there was no remuneration for study participation. I reminded participants at each step of the process that they could withdraw consent and choose not to participate at any time during the process. I, therefore, had no current working relationship with any participant at the time of data collection for the study and used no coercive recruitment tactics.

With a vested interest in the study topic, I remained acutely aware of any biases and worked at controlling them. Inability to control bias can affect the study's credibility (Lodico et al., 2010). With that in mind, I was cognizant of how I conducted interviews. In formulating the research and interview questions, I considered those that would serve best as the basis for the instrumentation to enable deep exploration to get the necessary

answers to foster understanding over preconceived results. During data collection and analysis, I practiced constant reflection to promote appropriate use of subjectivity to advance knowledge and promote social change since subjectivity is a characteristic of qualitative studies (Bogdan & Biklen, 2007; Lodico et al., 2010). My concern for avoiding the effects of bias on the study carried over into the way I have used language to present study information (Creswell, 2012). Tables and graphs add to the verbal explanations in the presentation of the information.

**Qualitative Data Analysis**

I complied with suggestions by Creswell (2012), of member checking, triangulation or substantiating of data, and use of external auditing as three principal methods for validating qualitative research. After employing member checking by involving participants to review interview transcripts, I analyzed the data using the following processes to demonstrate the study's trustworthiness:

1. I compared data collected from interviews of nursing graduates who graduated between seven and twelve months of data collection and those who graduated over a year of data collection, along with a comparison of data according to the number of years since graduation for those who graduated over a year prior to data collection. I compared the responses of nursing graduates employed in GN with the responses of those employed in other practice areas. Comparing data according to the different demographic characteristics of study participants was a way to substantiate the data and reduce the possibility of introducing bias into the study.

2. I employed the service of a fellow researcher who has no connection to this study, to audit the study by cross-checking the collected data and the analysis of the data. I was sure to select a well-established researcher with extensive research experience, especially in qualitative research, to perform the review during and at the end of the study to confirm the study's credibility.

After reviewing the data multiple times and in all forms, it became clear that participants' interview responses included many similarities. Similarities were demonstrated in the passion noted both vocally and in the choice of words. Despite the distribution of demographic variables, participants reported some similar perceptions and attitudes and mostly concentrated responses to all/most of the interview questions around characteristics of older adults. I identified codes and then narrowed them down. I identified 245 codes initially: I identified 82 codes from responses to interview questions 1, 2, and 3 to answer RQ-1; I identified 101 codes from responses to interview questions 4, 5, and 6 to answer RQ-2; and I identified 62 codes from responses to interview questions 7 and 8 to answer RQ-3. I continued manual review and reduction of codes multiple times while concentrating on the aligned repetitions of themes throughout the data (Merriam & Tisdell, 2016). After reviewing and reducing the initial number of codes, the remaining nine codes for RQ-1, eight codes for RQ-2, and seven codes for RQ-3 were aligned with selected themes and inputted into the Quirkos QDM system. Selected themes were easily applied to responses provided for all interview questions. It was, therefore, only necessary to identify those minimal number of relevant themes and

common codes, with some amount of overlap, related to Watson's theory of caring and ageism. However, a consequent varying number of search words or terms evolved.

Identified themes were based on the constructs of ageism and the relationship of those constructs to the framework of caring espoused in Watson's theory. The constructs of ageism as described by Malta and Doyle (2016) include 1) attitudes and beliefs that can have negative effects, 2) behaviors based on stereotypes that are expressed in how older persons are treated, and 3) formal policies and procedures reflective of disregard for the well-being of older persons. Therefore, the derived themes were formulated as #1) Positive attitudes/beliefs, #2) Negative attitudes/beliefs, #3) Stereotyping expressed in treatment, and #4) Systems and/or policies contributing to neglect. Watson (2011) maintained that caring starts with the nurse and is released to others, while Watson (2017) added that such caring is not superficial but is deep-rooted. The themes positively connected to caring with the constructs of ageism to highlight study findings aimed at promoting quality living for older persons through caring nursing care.

I used methods recommended by experts to allow for an appropriate level of validity for the study. Coding of data allowed for identifying the major themes from each participant's perceptions (Creswell, 2012; Bogdan & Biklen, 2007; Lodico, Spaulding, & Voegtle, 2010; Merriam, 2009; Polit & Beck, 2013). As justification for utilizing Jean Watson's theory of caring and for demonstrating the impact of nursing educators, it was concluded that educators positively affect student nurses' ability to demonstrate caring and coping behaviors by modeling those behaviors to influence the outcome of nursing education (Labrague et al., 2018; 2015). Bearing that in mind, I carefully searched for

related themes and others in the interview data to identify graduate nurses' perceptions that might highlight factors that could influence actions in nursing education to encourage the choice of GN. Triangulation and member checking allowed for validation of the data collected to promote accuracy (Creswell, 2012; Merriam, 2009). After analyzing the data, securing the services of a more experienced researcher who had no connections to this study contributed to auditing for accuracy of findings (Creswell, 2012; Polit & Beck, 2013). The use of the stated measures has promoted the trustworthiness of the study.

## Data Analysis Results

Nursing graduates' attitudes discovered in answers to RQ-1 are presented in relation to perceptions identified in RQ-2 and RQ-3. For RQ-1, the concentration was benevolent (positive) or hostile (negative) ageist attitudes based on questions surrounding the AAS (Cary et al., 2017). The expressed attitudes of nursing graduates have been detailed (see Table 3) to show them in conjunction with identified perceptions regarding caring for the elderly, as in GN, and failure to choose that area of practice.

**Table 3**

*Major Themes According to Research and Interview Questions*

| Major Themes | Research Question | Interview Questions |
|---|---|---|
| #1: Positive attitudes/beliefs<br>#2: Negative attitudes/beliefs<br>#3: Stereotyping expressed in treatment | RQ-1: What attitudes do nursing graduates hold that could affect their choice for professional practice? | What are your views of the elderly being allowed independence to function?<br>What are your views of how older persons communicate?<br>What are your views of older persons' impact on society? |
| #1: Positive attitudes/beliefs<br>#2: Negative attitudes/beliefs<br>#3: Stereotyping expressed in treatment<br>#4: Systems and/or policies contributing to neglect | RQ-2: What perceptions do nursing graduates hold about working in GN that may be influential to decisions about their choice for professional practice? | How would you describe your views of the GN practice field and caring for elderly patients?<br>How would you compare GN and caring for the elderly to other nursing practice fields and caring for other human populations, in general, and specifically to your preferred field and the population represented?<br>What is your explanation of the pros and cons of GN and those of your preferred field of nursing? |
| #1: Positive attitudes/beliefs<br>#2: Negative attitudes/beliefs<br>#4: Systems and/or policies contributing to neglect | RQ-3: What reasons do nursing graduates give for their choice or lack of choice of GN as a profession? | How would you explain your reasons for choosing (or not choosing) another field of nursing over GN?<br>How would you describe factors that might have caused you to consider (or fail to consider) GN for your professional nursing practice area over another practice area? |

**RQ-1**

Responses to the first three interview questions provided data to demonstrate attitudes of nursing graduates that could affect their choice for professional practice. All 12 participants responded to interview question 1 with depictions of positive attitudes or

beliefs about older persons being allowed to function independently. Most responses to interview question 1 included the statements “should be allowed” and “I believe it is important” with only minor deviations in the statement of that sentiment. Three participants stated concerns for older persons’ safety, and eight participants mentioned health or medical conditions, declining physical and mental health as the only reasons independence to function might not be allowed. Participant 15F made a conditional statement, despite agreement with independence to function for older persons:

> Independence to function should be allowed if it is safe and or carried out in a safe environment and they are able to function with the supervision or monitoring provided by caregivers or loved ones or family members. I believe they should be allowed to function independently unless it is not safe.

Participant 02H added to the condition of safety limits with a statement:

> I believe it is very important for the elderly to maintain independence. They need to be able to make their own decisions and need to (as far as they still can) be responsible for tasks such as grocery shopping and deciding what they want to wear.

It was Participant 08W who made what appeared to be the broadest of the conditional statements:

> as long as they’re safe to do so. Let’s say, if they have their memory and if they can take care of themselves, take their medications on time, and if they have help or staff that’s there. I believe that they should be able to do that [function independently] as long as they’re safe, unless they have dementia or they are

> really declining—for example, forgetting where their car keys are, or forgetting to take their medications and things like that. Then, that's when I feel that they need someone to be able to come in and be able to help them and monitor them. But as long as they are able, they're healthy, and they're able to be independent to just manage their needs and be safe, then I agree that they should be independent for as long as possible.

Fifty percent of participants expanded on their views by portraying the benefits of older persons being allowed independence to function, naming longevity, life preservation, improved overall physical and mental health, and boosting memory and self-esteem as some of the major benefits. In response to interview question 2, views of how older persons communicate were again mostly positive and included differences compared to communication by younger persons. Two participants had purely unfavorable views of how older persons communicate, stating "there could be a lack of communication" and that "sometimes it is hard to talk to the elderly due to the generational gap." Another two participants stated ambivalence by way of mixed positive and negative views. One hundred percent of participants voiced positive views of older persons' impact on society in responses to interview question 3, with economic impact, inspiration, knowledge, and wisdom, and "good morals" stated among major contributions of older persons. Participant 20Y gave an interesting response, citing a contribution of values and morals:

> It almost goes back to a more concrete way of thinking about morals and values and maybe even what it is right and what is wrong, for instance. I think that they [older adults] have a level of maturity over time to see the things that have

happened throughout the world, to know what is kind of the best outcome, morally, where now morals for a lot of people might tend to dwindle and fold (if that makes any sense). I think they bring the history of that, and when that's kind of carried on through your kids and what they teach their other kids, they're kind of sharing that with you, as opposed to letting society and the media and other outlets try to invoke their thoughts of how things should be morally. They kind of hold that true moral tradition together.

Responses were overwhelmingly positive, thus not implicating ageism in a significant way regarding the construct of attitude and beliefs (Butler, 1980; Malta and Doyle, 2016) but suggesting caring, instead, in the absence of the potentially harmful effects of negative attitudes and beliefs on older persons. The themes and codes derived from the data related to RQ-1 are outlined, with explanations of each code (see Table 4).

**Table 4**

*RQ-1 Themes and Aligned Codes with Explanations*

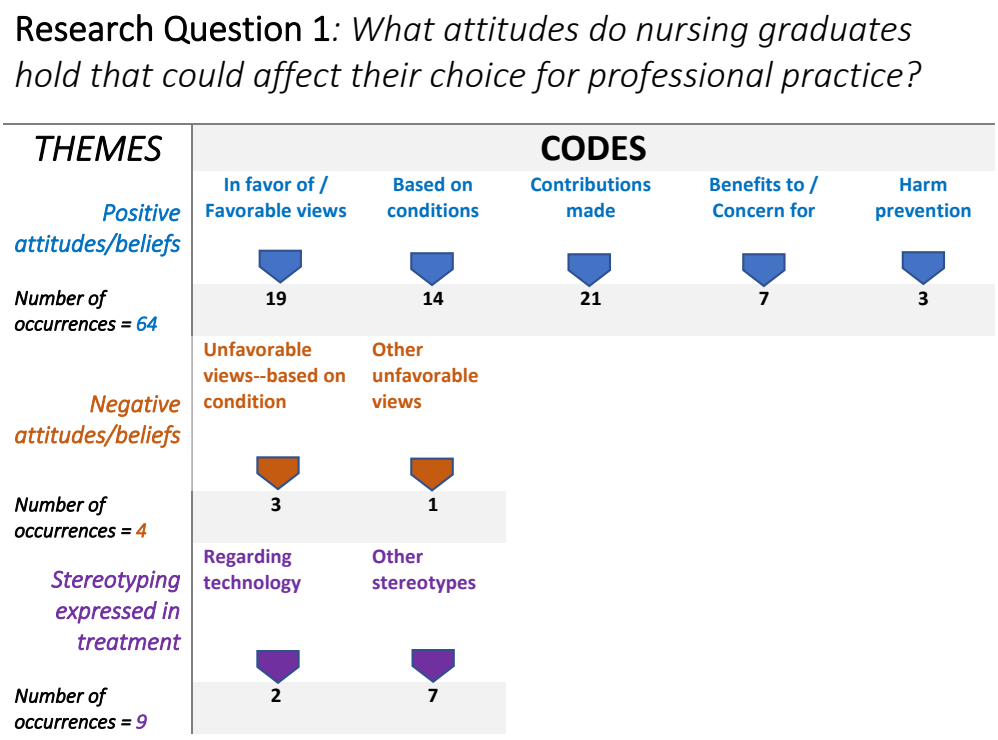
| Research Question 1 | Themes | Codes | Code Explanation |
|---|---|---|---|
| What attitudes do nursing graduates hold that could affect their choice for professional practice? | #1: Positive attitudes/beliefs | Favorable views | Statements favoring aspects of older persons |
| | | Based on condition | Statements of conditional clauses for positive views |
| | | Contributions made | Positive statements of contributions of older persons to society |
| | | Benefits to /concern for | Statements voicing areas of concern for older persons or factors that might be beneficial to older persons |
| | | Harm prevention | Statements highlighting the need for awareness of possible risks for harm to the elderly |
| | #2: Negative attitudes/beliefs | Unfavorable views based on condition | Negative views stated as dependent on certain conditions |
| | | Other unfavorable views | Negative views stated without links to specific conditions |

| | | | |
|---|---|---|---|
| | #3: Stereotyping expressed in treatment | Regarding technology | Statements of stereotypes regarding older persons and their technology use |
| | | Other stereotypes | Expressions, not regarding technology, stereotyping older persons |

The themes and codes are further summarized to depict the number of occurrences from participants' interview responses, as identified from the data to answer RQ-1 (see Figure 1). hemes derived from interview responses to answer RQ-1 are based on the constructs of ageism and are presented in color-coded font with the aligned codes. Similarly color-coded arrows designate the number of occurrences of each code.

**Figure 1**

*RQ-1 Codes with Linked Themes and Frequency of Occurrences*



From Figure 1, it is possible to visualize the overwhelming number of responses indicating positive views and attitudes of participants toward older persons being allowed independence, how older persons communicate, and older persons' contribution to society. In comparison to the 64 occurrences of responses aligned with positive attitudes or beliefs, only four responses aligned with negative attitudes or beliefs and nine responses aligned with stereotyping expressed in treatment.

The code, *In favor of or Favorable views*, included statements favoring aspects of older persons. The code, *Based on conditions*, was identified from statements of conditional clauses for positive views. The code, *Contributions made*, imply positive statements of contributions of older persons to society. *Benefits to or concern for*, included statements voicing areas of concern for older persons or factors that might be beneficial to older persons. *Harm prevention* as a code was reflective of statements highlighting the need to be cognizant of possible risks for harm to the elderly. Aligned with negative attitudes and beliefs, the code of *Unfavorable views—based on condition* were negative views stated as dependent on certain conditions, while *Other unfavorable views* were negative views stated without links to specific conditions. The code, *Regarding technology*, related to statements of stereotypes regarding older persons and technology use, while *Other stereotypes* included other expressions stereotyping older persons.

### *Findings*

In answering the RQ regarding attitudes of nursing graduates toward older persons that could affect their choice for professional practice, the data were replete with

positivity. The positive nature of the responses rules out ageism among the nursing graduate participants, toward older persons, as an attitude affecting the choice of GN.

**RQ-2**

Responses to interview questions 4, 5, and 6 were the source of data to answer RQ-2, regarding perceptions of nursing graduates about working in GN and with older persons that may be influential to decisions about their choice for professional practice. In responding to interview question number 4, participants essentially, again, had more positive than negative perceptions regarding the GN practice field and working with elderly patients. Ten of the twelve participants (83.3 percent) made positive statements about GN and caring for the elderly. Two of those participants also included some negative statements and appeared ambivalent in their views. Two participants provided purely negative views concerning "the workload" of GN, with one participant including "cleaning up of patients" and another participant referencing the repetitive and "structured" nature of the work and stating, "There's no variety." Although questions 5 and 6 were also framed around the GN practice field, much of the responses dealt with qualities of older persons that influenced the views stated and with deficits in systems and policies that affect the GN practice field, and the population served. Responses to question 5, comparing GN and caring for the elderly to other nursing practice fields and caring for other human populations, included positive and negative views regarding GN and caring for the elderly. Among other descriptions, GN was described as "difficult," "heavy," "physically taxing," and "not a desirable field." Descriptions of caring for the elderly included statements alluding to the vulnerability of that population, chronic health

conditions and comorbidities, older persons' "need for more assistance," and that the elderly are not "cared for" as well as persons in other stages of life. One participant, 03A, who was not employed in the GN field, stated:

> it was sad to say, but I do feel as though [that] oftentimes they kind of just look at that field of nursing as just like, ok, you know, "They've done their part to society, so let's move on to the next generation." They don't take care of the elderly as much as or as well as they probably should. Persons in other stages of life are cared for better than the elderly are cared for--most definitely--from what I've seen in the last ….

Compassion and advocacy were frequent words in the answers stated to the question of comparison of GN with other fields of nursing. Participant 02H made a statement including both keywords:

> I already work in GN and I find that one must have a personal interest in that field of nursing and like to work with the elderly. A person must have compassion to like this field of nursing. For example, in pediatric nursing there is a lot of family involvement but it is different in GN because a lot of elderly do not have family or might have family who are not involved. Nurses, therefore, need to advocate for the elderly whereas in pediatric nursing for example there is family to advocate for them. I believe that makes caring for the elderly easier but some nurses might think it is the other way around (where it makes it more difficult). Having to advocate for the elderly helps the nurse to get to know them better and to build trust, which [may] not be the same when caring for children, for example.

In responding to interview question 6 regarding pros and cons of GN and/or the preferred field of nursing, participants working in long-term care GN settings stated 1) relationship building, 2) development of nursing skills including prioritization, and 3) time to critically think and anticipate patients' needs, due to the routine nature of the work, as pros. One participant working in a mental health GN setting stated inability to identify any pros for nurses but stated that being able to meet "new people and have somebody to talk with daily" as a pro for patients in that setting. Participants from GN and other fields of nursing mostly stated the sheer joy of working with older persons and relationship building, along with the predictable nature of the specialty as pros. In general, cons of the GN field were mostly viewed as being related to workload, lack of work-life balance, insufficient resources, inadequate staffing and assistance for nurses, inflexibility of management, qualities like confusion viewed as inherent in older persons, and even possible complacency among nurses with resulting lack of advocacy for patients. The themes and codes derived from RQ-2 are tabulated and include explanations of each code (see Table 5).

**Table 5**

*RQ-2 Themes and Aligned Codes with Explanations*

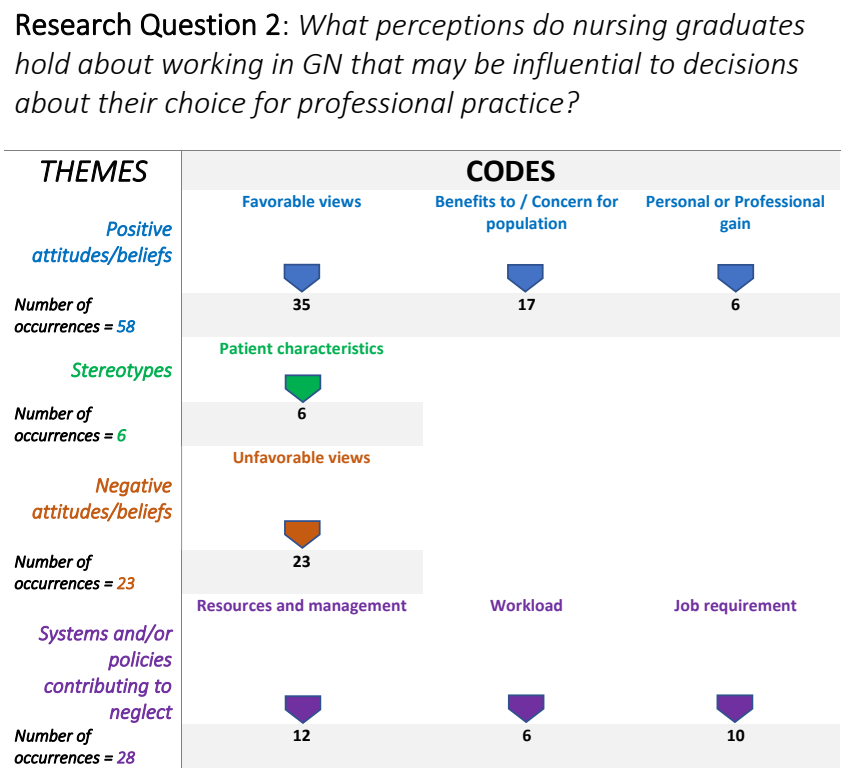
| Research Question 2 | Themes | Codes | Code Explanation |
|---|---|---|---|
| What perceptions do nursing graduates hold about working in GN that may be influential to decisions about their choice for professional practice? | #1: Positive attitudes/beliefs | Favorable views | Statements favoring GN and aspects older persons |
| | | Benefits to /concern for population | Expressions of how GN benefits older persons or expressions of the ill effects of GN deficiencies on older persons |
| | | Personal or professional gain | Views of advantages participants experienced or can experience from a career in GN |
| | #2: Negative attitudes/beliefs | Unfavorable views | Negative declarations concerning GN |
| | #3: Stereotyping expressed in treatment | Patient characteristics | Stereotypical assertions about older persons as patients |
| | #4: Systems and/or policies contributing to neglect | Resources and management | Voiced as the adverse effects of inadequate resources and unreceptive administrators on GN and older patients |
| | | Workload | Describing the unbearable nature of the “heavy” workload in GN |
| | | Job requirement | Descriptions of intolerable expectations of nurses working in GN |

Themes and codes are further summarized to depict the number of occurrences from participants’ interview responses, as identified from the data to answer RQ-2 (see Figure 2). Figure 2 shows eight codes aligned with the four themes identified from the data for answering RQ-2. Themes arising from the interview responses to answer RQ-2 are grounded in the constructs of ageism and are shown in color-coded font with the aligned codes. Similarly color-coded arrows denote the number of occurrences of each code. Figure 2 provides a visualization of the similarity in the number of occurrences of positive views and attitudes of participants toward older persons and GN and the number

of negative ones. There were 58 occurrences of responses aligned with the theme of *Positive attitudes/beliefs*. There was a combined total of 57 occurrences of responses aligned with the three themes bearing a negative connotation—six occurrences aligned with *Stereotypes*; 23 occurrences aligned with *Negative attitudes/beliefs*; and 28 occurrences aligned with *Systems and/or policies contributing to neglect*.

**Figure 2**

*RQ-2 Codes with Linked Themes and Frequency of Occurrences*




The code, *Favorable views*, in this instance, were statements favoring GN and aspects of the population served in GN (older persons). The code, *Benefits to or concern for population*, were expressions of how GN benefits older persons or expressions of the

ill effects of GN deficiencies on older persons. The code, *Personal or professional gain*, were views of advantages participants experienced or can experience from a career in GN. *Patient characteristics*, as a code, captured responses with stereotypical assertions about older persons as patients. The code, *Unfavorable views*, accounted for negative declarations concerning GN. *Resources and management*, included interview responses voicing the adverse effects of inadequate resources and unreceptive administrators on GN and on the population served. *Workload*, as a code could be grouped with *Resources* but was separated because of the emphasis and detail used in describing the unbearable nature of the "heavy" workload in GN. For the code, *Job requirement*, there were descriptions of intolerable expectations of nurses working in GN.

***Findings***

Participants articulated a high number of positive perceptions of the GN practice field and working with older patients. Participants' views of working with elders were a mix of favorable and unfavorable views, with favorable views exceeding the unfavorable ones. Concerns related to stereotypes and systems and policies resulting in neglect for older persons were found to be common cons of the GN practice field.

**RQ-3**

Responses to the final two interview questions, numbers 7 and 8, were the source of data to answer RQ-3 regarding the reasons nursing graduates give for their choice or lack of choice of GN for a profession. A significant theme identified in the responses of nurses who chose other fields of nursing over GN centered around systems or policies that contribute to the neglect of older persons, the population served in GN. The results of

such systems or policies were stated as explanations of what made the GN practice field less desirable. Participants vehemently stated those results of systems or policies as their reasons for choosing other fields of nursing over GN. Workload, staffing issues, and being required to assume what might be considered as more ancillary tasks were high on the list of concerns around specified systems and policies. Participant 05K stated:

> The workload in GN is heavier and it is not seen as a pleasant job to do (or field of nursing). I think when a lot of people think of GN and caring for older adults, they think of cleaning them up, changing their diapers, and just dealing with patients who are incontinent. I don't find anything glamorous about it. I think for me the workload is heavier and the patients are not as independent. Mentally they might be a little bit—well so many factors might come into play mentally—they're less able to answer questions, they might just agree with you—but more so than anything else, it's the physical workload. I do not want to clean up after people although I work with a variety of persons across the age spectrum, I don't necessarily have to do that every day.

Participant 07S, who reported having previously worked in GN and having had an earlier desire to remain in that field, stated with a hint of sadness in the tone of voice:

> Since I worked in the GN field before, the main thing was wanting weekends and holidays off; and leaving a workplace where I just felt exploited; the workload, constant overtime and just no work-life balance are reasons I could not stay in GN.

One participant (assigned pseudonym not disclosed, to prevent deductive identification) who works in the intensive care field reported with audible relief, “I think it would be the patient ratio. It is lower [in intensive care] so I’m able to actually focus on my patients a lot more versus in GN where it’s definitely a heavier patient load.”

Although expressing other concomitant reasons for choosing another specialty over GN, Participant 11M added:

> I think I wanted a faster pace and wanted to work with just like sicker patients and I do less, yeah, less maybe patient care with ADLs and assisting in patient with those things because from my understanding, care for the gerontology population includes a lot of that. They require a lot of assistance from the nurses, which is not just a uh in terms of medications, but assisting with feeding, bathing and things of that nature and I wasn’t immediately interested in doing that.

Major themes identified in the responses of nurses who chose GN over other fields of nursing centered around positive ageist attitudes, views, and behaviors. Although nurses who chose the GN practice field also acknowledged systems or policies that contribute to the neglect of older persons, awareness of those systems or policies were stated as motivations for the choice of GN. Participant 06T cited a desire to “get rid of the stereotype” while helping patients to “feel that they belong and it’s okay to age” in order to make a difference in the lives of the population served in GN. Nursing graduates working in the GN field detailed other reasons related to previous relationships with older persons, prior experience in the GN field outside of professional nursing, personal and

professional gains, and just an innate desire to work with older persons to improve the quality of their lives. Participant 02H implied all of the stated reasons in the response:

> The main reason I chose to work in GN is that I grew up around the older generation, like my grandmother and older people in the neighborhood so I have always been drawn to older persons. I believe it is good to help the elderly and help them to maintain their independence. Working in GN allows me to provide a lot of preventative care, allows me to serve as patient advocate, allows me to provide education, and allows me to be able to widen my scope since I am able to work in hospitals, and in areas like in Home Health and hospice.

Participant 06T's voice could not hide the emotional side of the response given to declare the reason for choosing the GN field:

> So, like the reason why I probably went into nursing was because my grandmother got sick and I wanted to impart the same care that my aunt dedicated herself to giving to her before she passed. …and I've always cared about my grandmother, so I wanted to impart that level of care onto somebody else's mother, grandmother, uhm somebody else's sister, somebody else's aunt, in the in the form of the elderly. Because most of the time the elderly aren't cared for properly because you need patience. You need kindness and you need to understand and have compassion on these individuals; and you have to have like a listening ear. And I think that's my compassion towards the elderly knowing that most of the time they're abused, they're neglected and because they're old people, usually younger people, they usually think that they've already lived their life so

there's no reason for you to actually put in effort into caring for these individuals. So, I wanted to make a difference.

Participant 08W described an inherent desire for the GN field based on previous exposure and enjoyment of older persons, with the statements:

> Yes, oh, so I did my clinicals there at one of the nursing homes and it was 40 hours that I was there during the clinical days but you know during the clinicals I just really enjoyed working for the older population. I enjoyed helping them, spending time with them because I've noticed that there in the nursing homes, patients often don't see their families often, many are in their rooms all day, and I just I felt compassion. I felt a connection with them and I just felt that they really need love, they need to know that somebody cares, they need to know somebody is there to encourage them. I just really enjoyed working with them. They just lifted up my spirit. I loved to see their joy when they see people and when they're talking with people. When they're around people they get so happy. I enjoy taking care of them and I enjoy just listening to them tell their stories, sharing their words of wisdom and I just like taking care of someone. I just like that, so that's just one of my passions. I just want to make sure I'm making people feel comfortable, as well. The other thing is that a lot of them have chronic pain and comorbidities and I like to make sure that they have pain medication, they have everything that they need and that they're comfortable and so as I just said, I enjoy taking care of that population. They are sweet, really sweet people.

Another participant (assigned pseudonym withheld to avoid deductive identification) who is employed in GN in a long-term care setting also stated enjoyment in interacting with older persons and some personal and professional gains:

> I have high respect for the elderly. I feel like they contribute a lot to society, to what we have now. Most of my friends are elderly, so like I'm very comfortable talking to people who are elderly. I feel like I can build rapport. It seems like I can build rapport with them a lot easier than I can with people my age, which is really interesting. I'm comfortable with them. I like building relationships and getting to know them and their families. They're there longer term so, like I said, I know the routine. I can anticipate their needs. Let's see, I like this setting [in] that it's more predic-- I mean, anything can happen, there's always changes-- but I mean it's more predictable than like if you're in a hospital setting, for example. …And it's also like here I'm getting good experience. Like if in the in the future though, if I do want to work in a hospital, which I'd like to do later. Here in a sense is a good start. Like I'm learning how to prioritize. I'm learning how to pass pills you know, in a timely manner, because there's like deadlines constantly. I'm learning how to do orders for the doctors and take calls learning how to deal with my coworkers, collaborate with them, and also with the doctor. So, I'm getting all kinds of good experience and that's one of the reasons why I chose that field. Uh huh, it provided very good professional experience.

A summary of the themes and aligned codes derived from the data for RQ-3 are presented (see Table 6).

**Table 6**

*RQ-3 Themes and Aligned Codes with Explanations*

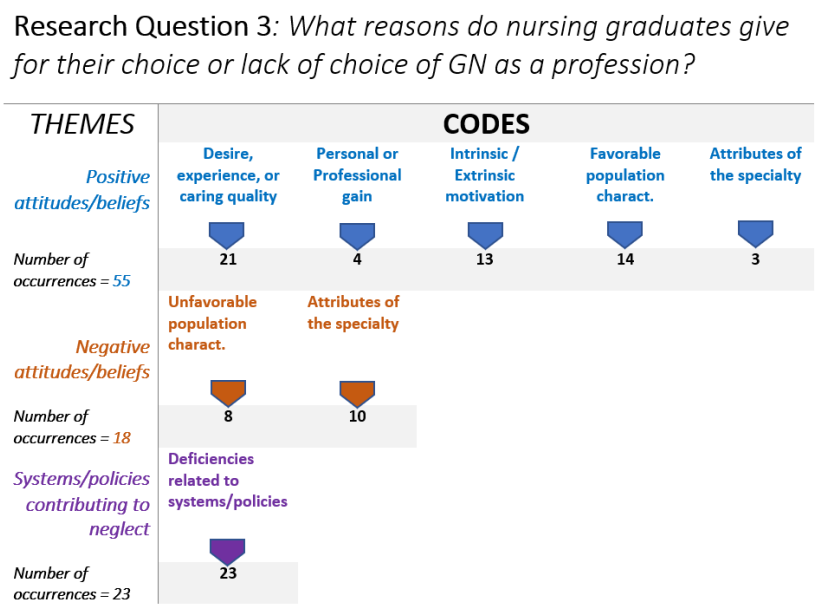
| Research Question 3 | Themes | Codes | Code Explanation |
|---|---|---|---|
| What reasons do nursing graduates give for their choice or lack of choice of GN as a profession? | #1: Positive attitudes/beliefs | Desire, experience, or caring quality | Statements describing those qualities as reasons for choosing GN or for not choosing another practice field over GN |
| | | Personal or professional gain | Reports of rewards experienced or anticipated from choice of GN |
| | | Intrinsic or extrinsic motivation | Positive innate and outside factors credited for guidance toward the choice of GN practice |
| | | Favorable population characteristics | Positive qualities of older persons stated as drawing participants toward GN |
| | | Attributes of the specialty | Positives of the GN field that attracted participants |
| | #2: Negative attitudes/beliefs | Unfavorable population characteristics | Statements of negative qualities of older persons that, reportedly, rendered GN unattractive to participants |
| | | Attributes of the specialty | Negatives of the GN field that resulted in failure to make it a choice for professional practice |
| | #4: Systems and/or policies contributing to neglect | Deficiencies related to systems or policies | Statements alluding to inadequacies in GN patient care policies and the systems enacting those policies |

The themes and the number of occurrences of each code found in the participants' interview responses to answer to RQ-3 are also shown (see Figure 3). Figure 3 is a delineation of the seven codes that aligned with three themes identified from the data for answering RQ-3. One code, *Attributes of the specialty*, appears as both positive and negative statements, aligned with two different themes. Themes derived from interview responses to answer RQ-3 are based on the constructs of ageism and are presented in

color-coded font with the aligned codes. Similarly color-coded arrows indicate the number of occurrences of each code. Figure 3 shows a continuing pattern of positive perceptions and attitudes toward GN and older persons. However, negative attitudes and perceptions are also at a noticeable high level among reasons for choosing or failing to choose GN. There were 55 occurrences of positive responses contrasted with an overall total of 41 occurrences of negative responses. Negative responses were along the line of the possibility for neglect of older persons, in keeping with a construct of ageism Malta & Doyle, 2016), so must be viewed as significant.

**Figure 3**

*RQ-3 Codes with Linked Themes and Frequency of Occurrences*




The code, *Desire, experience, or caring quality* included statements describing those qualities as reasons for choosing GN or for not choosing another practice field over

GN. *Personal or professional gain*, were reports of rewards experienced or anticipated from choice of GN. *Intrinsic or extrinsic motivation* involved both positive innate and outside factors credited for guidance toward the choice of GN practice. The code, *Favorable population characteristics* were the positive qualities of older persons stated as drawing participants toward GN. In the first instance, there were four occurrences of the code, *Attributes of the specialty*, stated as positives of the GN field that attracted participants. In the second instance, there were 10 occurrences of *Attributes of the specialty*, stated as negatives of the GN field that resulted in failure to make it a choice for professional practice. *Unfavorable population characteristics* were statements of negative qualities of older persons that, reportedly, rendered GN unattractive to participants. *Deficiencies related to systems or policies* was a compilation of statements alluding to inadequacies in GN patient care policies and the systems enacting those policies.

***Findings***

Answers to RQ-3 regarding nursing graduates' reasons for their choice or lack of choice of GN for a profession were found in the data. The main reasons stated by those who did not choose GN were linked to the themes of negative attitudes or beliefs and systems or policies that contribute to the neglect of older persons. Participants cited systems and policy deficiencies, including workload, staffing issues, and the tasks associated with GN as the most often identified issues for failing to choose GN.

**Analysis Related to Discrepant Cases**

In analyzing the data, I remained alert for the appearance of significant differences in the data in preparation to explore for possible explanations and to disclose such differences. As the sole researcher in this study, I remained committed to managing the possibility of my own bias, from an interpretive standpoint, described by Merriam and Grenier (2019). In so doing, I identified no real discrepant cases. I, however, identified three instances in which participants' views differed significantly from the pattern set by the views seen in most of the data.

In the first instance, in response to interview question number 1 about older persons being allowed to function independently, one participant provided an exhaustive response that provided much information regarding a possible means for promoting functionality, without appearing to address the question directly. The participant then ended with a statement implying favor for older persons being allowed independence:

> From my experience of all the areas I have worked in, I don't think the elderly are allowed to function independently anymore. It's like everything is very structured and taken off their hands. No, I don't think that that is how it should be. When I started nursing, actually before I even started nursing, I was helping out at nursing homes; and I was at a very pleasant place where depending on the drive that the elderly person still had and the capabilities that they had they were allowed to participate throughout the day in various functions--especially that was observed with the females--they were allowed to help in the kitchen helping to make breakfast and they would work doing things that they were accustomed to doing

> all their lives, taking care of their families. Other ladies would help out in the laundry, others would help out in the dining room, they would alternate, they had sewing club, they were doing things they had done all their lives with their hands and it was making sense, instead of now, they have all these programs especially in nursing homes where this kind of elderly clientele is to be found. People back in the day did not have time to play Scrabble, necessarily. This was more about bringing food to the table. I think a lot more people could be more independent, and they would want to be.

My effort at interpreting the participant's perspective behind the response led to a review of additional information mentioned by the participant prior to the time of the interview and repeated at the time of the interview. The participant divulged having been from another country and continent, where exposure to GN was first gained before becoming a nursing graduate in the USA.

In the second instance, a participant, in answering interview question 5 to compare GN to other fields of nursing practice, offered an answer that on its own might appear hostile:

> I'll be honest it's not a field that would be my preference to do. Just because the elderly can be less independent, they don't always communicate in the best way. You know, as you get older you tend to deteriorate mentally in terms of communication. If you have a mentally ill patient they might communicate with yelling or aggression—and I know it's not true across the whole spectrum but I think that's like the stereotype of older adults and more so, older adults like--I'm

> thinking of about 75 and above. To me it is not a desirable field. I think about myself getting older—I don't want to get older and that's just, you know, something everybody goes through in life but the idea of just being less, the possibility of being less independent and having to rely on other people. I don't think it's a favorable nursing specialty, to be honest.

Upon reviewing the participant's responses to other questions, although some partially similar statements were made in another response, the participant referred to own physical size as a deterrent to meeting the job requirements of practicing GN. In responses to other questions, the participant voiced positive and favorable views of older persons and GN. Stated views of older persons included that "they're more resilient" and do not complain as much as younger patients, which the participant stated makes the job easier in that participant's chosen nursing field. The participant indicated readiness for discharge as a characteristic of older persons that contributes to outcome achievement in the participant's practice setting.

In the final instance, a participant provided a response to interview question number 6 regarding the pros and cons of GN with data regarding involved danger that no other respondent had mentioned:

> Let's go with the con of physical danger, where there's a possibility that you might get hit. You might end up with probably a concussion and the thing is, you might end up with a broken arm, a broken leg, and you are not compensated for that injury because you're already going into that area knowing the dangers that lie ahead. So, if I go to work today and I come back with a broken arm, there's a

> possibility that if I have sick days, I might be compensated for the sick days. But if I'm supposed to be out for six months and I only have 3 months of sick leave time, that's what I'm going to be paid for; and the other three months, I have to compensate myself. So yeah, that's the con.

Further data review explained the discrepancy as the participant's employment in GN but in a mental health setting. The participant's responses to other questions were in keeping with the patterns in responses of other participants and were rife with positive sentiment and empathy for the patient population served in GN.

## Conclusion

Data collected from the interviews for answering the RQs demonstrate representative patterns. I have provided a visual presentation of the patterns, using tables and graphs, along with basic descriptions in the presentation. The linking of patterns related to the demographic characteristics of age, gender, ethnicity, and length of time since graduation with the identified attitudes and perceptions have been presented as information to aid nursing educators in decision making. Data related to the choice of or failure to choose GN and attitudes of hostile or benevolent ageism have formed the crux of the data that have been detailed qualitatively. Identifying the theme of systems and policies contributing to the neglect of older persons as a key concern forms guidance for a project on which to focus the study's outcome.

Findings could aid nursing educators in identifying strategies for promoting interest in GN. With interest in GN, there is an anticipation of more nursing graduates choosing that area of professional practice for its benefits to older persons and its

significant social change potential. This basic qualitative research study should be able to produce an understanding of nursing graduates' failure to choose GN, contributing factors to that failure, and can reveal possible solutions.

A position paper might be used beneficially by nursing educators and administrators and administrators of healthcare organizations who can be influential in facilitating change to influence improvement in systems and policies that affect older persons and GN. Such a position paper might also guide study participants in an understanding of advocacy and spur them to become actively involved in positive social change to impact the quality of life for older adults. Recommendations from the position paper include professional development and curricular options to educate nurse educators, student nurses, and practicing nursing graduates to advocate when necessary. Action on the recommendations can change systems and policies to promote positive patient outcomes for older adults and all patients. Systems and policy changes are likely to influence the attitudes and perceptions toward GN and result in more nurses choosing the GN field of nursing practice to produce positive social change.

# Section 3: The Project

The themes from the data were consistent with the constructs of ageism and the relationship with caring (or lack of caring) in nurses, which gave direction for a project to capitalize on positive perceptions and attitudes while providing education to counteract the negative impacts of ageism toward older persons. The findings highlighted positive attitudes and perceptions of nurses toward older adults, along with positive and negative but sympathetic attitudes and beliefs toward GN and an overwhelming perception that systems and policies are responsible for many issues that ascribe negativity to the GN field of nursing. Negativity incites fear of the GN field in nursing graduates and ultimately impacts the quality of life of older adults. But caring starts with the nurse and is released to others (Watson, 2011), which is not superficial but is deep-rooted (Watson, 2017). Applying the caring practice in nursing can completely change nursing and health care (Lee, 2017). Nurses who care and are prepared to advocate appropriately for change in systems and policies will be able to promote social change to improve the lives of older persons by impacting the affected systems and policies.

A position paper with policy recommendations is the project associated with the findings of this study. Empathizing with patients and protecting patients are important themes found in this study and previous literature (Davoodvand et al., 2016). This provided the driving force behind this project. Further, assertiveness training has been effective for health care students and professionals (Omura et al., 2017). Assertiveness training can be one method of educational preparation to promote patient advocacy. The project will recommend training in caring, patient advocacy, and assertiveness for student

nurses, nurse educators, and other stakeholders to facilitate action in cases where inaction to systems and policies might otherwise result in adverse outcomes for patient populations. Stakeholders include nursing educators and administrators of an educational organization affiliated with a large health care system. The director of research of a large health care system affiliated with an equally large academic educational institution requested follow-up regarding the study's outcome for sharing within the health care system.

## Rationale

I chose to develop a position paper to substantiate the study's findings and recommend actions for policy change because research in health care should be aimed at fostering improvement (Morse, 2012). The finding of ageism, as discovered in attitudes of quality shortcomings demonstrated through systems and policies impacting older persons, begs for changes to such systems and policies to ensure quality care and quality of life for older persons in GN settings. Nurses verbalized systems and policy deficiencies but did not verbalize any action on their part to correct the identified failings, although much was noted regarding the negative effect of the inadequacies on the lives of older patients. Nurses working in GN settings exposed awareness of the failings and their frustrations with systems and policies but expressed, in words and intonation during the interview, what amounted to a sense of helplessness. A primary goal is to initiate policy for nursing education toward the positive social change that will encourage appropriate health care for older persons to afford them lives of the highest quality.

# Review of the Literature

## Introduction to the Position Paper Genre

I completed a review of the literature to demonstrate the position paper genre as an appropriate project based on the findings of this study. Information about position papers, published position papers, and research articles have been included. Google Scholar and the Walden University Library were the sources of the search. *Position paper*, *white paper*, *position paper in Nursing*, *position paper in health care*, *health policy*, *policy change*, *research findings*, *research evidence*, *neglect of older persons*, and *abuse of older persons* were the search terms used.

Position papers might also be termed white papers and are usually documents that provide insight into problems or concerns as well as offer recommendations (Cullen, 2021; Walden University, 2020). The white paper has been in existence since the 16th century but has become more widely used since the 20th century and has links to social action (Malone & Wright, 2018). Although the terms position paper and white paper are often used interchangeably, a white paper can be differentiated from a position paper as a document intended to share an understanding of a specific issue (Roukis, 2015). On the other hand, the position paper presents explanations, provides rationales, and offers care recommendations. Specialized position papers can primarily be located in conjunction with organizations for which they were prepared, and some position papers are presented for publication in academic journals (Walden University Library, 2020).

A position paper allows for identification of an issue, persuasion by way of evidence regarding the serious nature of the issue and the opportunity to propose

recommendations for action regarding the issue (Rutgers University, 2017). Researchers have studied the gap between health policy change and research evidence and the possibility of partnerships between academic institutions and health care organizations or health systems to bring about research-driven policy change (Bowen et al., 2019; Gollust et al., 2017). Partnering of researchers with health systems might aid realization of any advantage to be gained from research (Vindrola-Padros, 2021). A position paper might be one way of forming a partnership to share recommendations from research findings, with the aim of positive social change.

**Preparation of a Position Paper**

A position paper is a form of argumentative writing for which the writer explores an issue and collects and analyzes data about the issue to arrive at a position, then clearly presents an argument of the issue in accordance with the findings (McGregor, 2018). Thus, a cohesive approach is suggested for preparing position papers (Bala, 2018). The triad of rhetoric recognized by Aristotle are essential elements of writing a position paper: (a) the writer's ethical value system, (b) appeal to the sentiments of potential readers, and (c) ability to present a rational line of reasoning (McGregor, 2018). It is also important to include recommendations for addressing the issue in the position or white paper (Cullen, 2012).

**Use of Position Papers in Nursing and Health Care**

Position papers in nursing and health care date back several decades. The American Nurses Association used position papers to declare thoughts on nursing education and practice entry requirements, as in its first (and controversial) position paper

in 1965 (American Nurses Association, 1965; Donley & Flaherty, 2008). Another position paper discussed apprehensions regarding the proposed use of robots in nursing in a position paper, suggesting the need to include caring theories and nurses to ensure that patients still receive expected care (Bulfin et al., 2019). The use of position papers in nursing and health care continues, as seen most recently, for example, in the face of the COVID-19 pandemic when the Indian Association of Palliative Care saw fit to make recommendations for the palliative care of both adults and children through a position paper (Damani et al., 2020). Similar to the present study, a position paper prepared for the National Gerontological Nurses Association was endorsed by multiple organizations to express the need for nurses and student nurses to receive adequate preparation in providing evidence-based care in GN. The writers of the position paper included recommendations for the argued training to provide evidence-based care in GN (Nunnelee et al., 2015).

**Specific Issues in GN to Be Addressed by Position Papers for Policy Changes**

One major issue in health care that could be addressed by a research-based position paper is the neglect of older persons. Neglect, according to Centers for Disease Control and Prevention (2019) is a common way by which older persons are abused and bears the definition: “Neglect is the failure to meet an older adult’s basic needs. These needs include food, water, shelter, clothing, hygiene, and essential medical care” (para. 1). National Center on Elder Abuse (n.d.) also described neglect as not fulfilling duties to an elder such as not paying for necessary services or care as well as not providing an elderly person with necessities such as food, clothing, medicine, or shelter. Neglect, in

the context of older persons, is usually defined around individuals. Family members and even caregivers are often viewed as the likely offenders, but whole systems and the policies they administer could also be the offenders. In pondering the question of whole-system neglect, recommendations are presented with study findings as the basis. There is also the thought of whether anyone cares enough to activate correction of the impairments in systems and policies that can result in neglect of older persons, described as a construct of ageism (Butler, 1980; Malta & Doyle, 2016). "Who will care …?" is a question frequently asked in connection to different population groups and in many cases to the older adult population, as in publications similar to that of Osterman (2017), with regard to health care and other aspects necessary to a population's well-being.

Other health care issues including meeting geropsychiatric needs, access to health care, and physical concerns related to care in certain disease conditions are among issues that could be (and have been) addressed through position papers with policy change and other recommendations. Harris et al. (2021) submitted recommendations for policy changes in the argument for the addition of a geropsychiatric subspecialty to the advanced practice GN specialty, to meet the mental health needs of older patients. It was by way of a position paper that the Council of Remote Area Nurses of Australia (CRANA) extended multiple recommendations regarding improvement in services to better meet the health care needs of older persons in remote rural locations (CRANAplus, 2019; Hakendorf, 2016). Position papers with recommendations for policy and related treatment changes are seen to be widely used for discussions about disease conditions affecting older persons, including cancer, sarcopenia, and heart failure (Bauer

et al., 2019; Brain et al., 2019; Damy et al., 2021; Pergolotti et al., 2020). The extensive use of position papers to address issues of concern in GN, with policy and guideline change recommendations, supports the use of that that genre for this position paper project for recommended change in nursing education to promote GN.

### Using a Position Paper to Address Policy Change in GN

A recommendation for instituting a policy to require nursing faculty who teach GN to be trained in caring, advocacy, and assertiveness has been shown to be a sound one to be presented in a position paper. A study by Evans (2018) underscores the significance of the mentorship performed by nursing faculty, which demonstrates the meaningfulness of a related policy recommendation from this position paper. Emphasis must be placed on advocacy as a fundamental nursing skill and one that should be taught to nurses and nurse leaders, in GN and other areas of nursing (Luca et al., 2021). Alsufyani et al. (2020) included caring and advocacy among the essential skills explored from the perspectives of nurses themselves, whereas Chiu et al. (2021) included papers of position statements among the literature reviewed on nursing organizations' crucial role in policy advocacy. The literature strengthens the possibilities that are inherent in the position paper genre for facilitating the kind of change that can be wrought in nursing education to encourage interest in GN, to promote adequate care for older adults.

## Project Description

The position paper provides a description of the research study, findings and social implications. I explain possible counterarguments and propose recommendations for directing policy change to improve the systems and policies that currently have

negative outcomes for older adults in the healthcare domain. The position paper outlines recommended implementation of the project by stakeholders. Clarifying ways of evaluating goal achievement is also a component of this position paper.

In my study there was exploration of the issue of nursing graduates failing to work in GN with potential negative impact on the quality of health and life for older persons, at a time when there is a major growth in the population of older persons. Data were collected and analyzed using qualitative methodology by way of interviewing nursing graduates to answer predetermined RQs, and the findings were articulated through the arguments in the position paper. The position paper presents the issues and facilitates the proffering of recommendations for change.

To fully understand the recommendations, a review of the original research is needed. The research study of graduate nurses' attitudes and perceptions regarding GN originated from a problem examined out of concern for the growing population of older adults and the care they need. The issue is that nursing students and graduates tend to avoid choice of GN for practice. "Who will care?" is a question frequently asked concerning different population groups regarding healthcare and other aspects necessary to a population's well-being. Through its basic qualitative methodology of interviewing, the study has now been able to provide an understanding of nurses' attitudes and perceptions regarding interest in GN by way of responses offered by the 12 participants to the interview questions. Having collected the interview responses as study data and having analyzed the data, findings have evolved from the identified themes and codes. Graduate nurses hold positive attitudes and perceptions regarding older adults, with some

positive attitudes toward caring for older adults and the nursing practice field of GN, some negative attitudes toward caring for older adults and the GN field, and some nursing graduates hesitantly offered attitudes of ambivalence. However, the main finding is that nursing graduates view systems and policies as contributing to the negative views of GN, resulting in neglect of older persons consistent with ageism.

Regarding the pros and cons of the GN nursing field and reasons for choosing GN or another area of nursing over GN, responses offered were inundated with attitudes and perceptions expressive of disfavor for systems and policies that negatively affect the GN field and older adults. Deficiencies in resources, in terms of workload and staffing issues were recurringly voiced by those employed in other fields of nursing, outside of GN, and even by those employed in the GN field in stating cons or negatives GN. The statements address factors that have ultimate ill effects on patients from lack of work-life balance for nurses, lack of adequate workforce in the local care settings, and inadequacy of supporting staff to ensure the provision of appropriate care. The position paper provides an overview of the study and its findings, recommends changes in keeping with the study findings, and offers suggestions for evaluation.

**Project Implementation**

Considering the interest shown regarding study outcomes, I will offer the position paper to the Director of Research of a large healthcare and educational system to share with those responsible for educating adults to become nurses. I will request an opportunity to make a presentation to the Director of Research and the educators and administrators deemed most integral to the systems for taking action and enacting

policies in nursing education. I will encourage those educators and administrators to share with administrators from the practice settings who are stakeholder members of the organizations' community advisory (or similar) body, inviting them to attend the presentation and promote possible action in nursing education and nursing practice. Caffarella and Ratcliff Daffron (2013) encouraged inclusion of other stakeholders apart from those directly involved in nursing education in the eventual actions of program planning as would become necessary based on the recommendations. I will remain accessible to the stakeholders to provide ongoing clarification and assistance with initiation of recommendations and evaluation of goal achievement.

**Project Recommendations**

Nursing education administrators and faculty are the primary stakeholders for action toward change in nursing education. In keeping with the findings of ageism demonstrated through systems and policies resulting in neglect of older persons and failure of nursing graduates to enter GN, education administrators and faculty are asked to lead the charge in pursuit of change with three recommendations:

1. Institute a policy that would include a specific curriculum in GN that is required of all nursing students. This may be curriculum content infused into several already existing courses or a new course.
2. Incorporate input and involvement from practice-setting administrators and nursing staff, who are stakeholder members of the educational institution's community advisory body, in the development of a proposed curriculum that provides relevant and comprehensive care of the elderly.

3. Institute a policy that all nursing faculty/educators, not only those who teach courses associated with GN and care for older persons, complete training in caring, advocacy, and assertiveness in the care of the elderly. Nursing educators will be able to lead by example to prepare future nurses, as professionals, to take action through caring, advocacy, and assertiveness, to bring about the intended positive social change.

**Potential Barriers**

Anticipation of barriers to the project is essential to ensuring success. Lack of time is one barrier to a project that involves action from nursing administration and nursing faculty because the time commitment is usually already extensive in those roles. Another barrier specific to a project involving curriculum inclusions or modifications is lack of room in the nursing program curriculum to allow for an addition. Resistance to change is another consideration as a barrier. Mitigating barriers is possible with awareness of the potential barriers.

The approach used in introducing the project can influence how stakeholders receive and support a project. It becomes necessary to introduce this project as essential to the well-being of older persons and as key to impacting positive social change. Education administrators and faculty will need to understand that the expectation will not be for administrators and faculty to take a single-handed approach to action on the recommendations. The phrasing of the recommendations already denotes segments to the overall expectation and involves including others along with the primary stakeholders. Involvement of administrators and nursing staff from the practice setting to provide input

can aid with nullifying lack of time as a potential barrier, since other stakeholders are able to share the responsibility. Declaring lack of room in the curriculum as a barrier can provide an opportunity for a thorough curriculum modification to add, remove, and strengthen curriculum content. Early introduction of the recommendations to faculty can facilitate acceptance of the changes inherent in the recommendations and minimize resistance from faculty. Specifically, support for implementation and buy-in may include the following actions:

1. Clarify the need for the proposed curriculum change, since helping nursing faculty to become knowledgeable about the proposed change may promote their acceptance of the new policies. Lack of knowledge could, on the other hand, result in failure of the nursing faculty to become involved and failure of the initiative to add the proposed content to the curriculum. Smith (2010) posited that the failure of American Nurses' Association's entry into practice recommendations were not successful because nurses were not aware of the related issues.
2. Prepare educational materials to disseminate to other stakeholders in nursing and health care practice to educate those stakeholders regarding caring, advocacy, and assertiveness for application in situations affecting older persons and all patients.
3. Use the suggested evaluation plan to provide feedback on the implementation and effectiveness of the policy recommendations.

## Project Evaluation Plan

I developed the position paper with the goal of rousing nursing administrators and educators toward preparation of nurses who will take action to prevent ageism and the ensuing neglect of older persons through recommended policies. Spaulding (2014) described formative evaluation as the process of continuing assessment for the purpose of gaining data to guide program development and any necessary changes. Formative evaluation of the ability to carry out the recommendations offered in the position paper will inform its effectiveness for achieving the intended goal. Overall project evaluation will generate information regarding effectiveness of the project in terms of how well the primary stakeholders are managing the recommendations to meet the goal of positive social change. Table 7 provides the overall project evaluation plan outline, while Appendix B is a survey that provides stakeholders with the opportunity to evaluate the project, as presented, and to share comments that could guide implementation of the project recommendations.

**Table 7**

*Project Evaluation Plan*

| Recommendation/Action | Goal and/or Suggested Action | Responsible Group or Party | Evaluation Method/Type |
|---|---|---|---|
| Insert proposed new curriculum content in GN | Develop course or content in 3 stages, starting within 6 months of initial meeting: | | Formative course evaluation of key players during course development |
| | Initiation: Discussions and decisions re content | Administrators | Summative evaluation 1 year after graduation of 1st cohort of students who complete proposed course |
| | Course or content development and review | Nursing faculty | |
| | Course or content approval and ongoing review | Nursing and institution curriculum committee and general nursing faculty | |
| Incorporate input from practice-setting administrators and nursing staff | Convene a Community Advisory Committee meeting within 3 months of initiation of proposed course | Nursing administration and faculty | Tracking of meeting minutes and brainstorming sessions |
| | Conduct annual survey of nursing staff satisfaction with GN, starting 1 year after initial meeting | Practice administrators | Survey/questionnaire |
| Introduce proposed policy changes to faculty | Familiarize faculty with study findings and recommendations, especially recommendations re proposed curriculum change and training for faculty, within 3 months of initial presentation | Nursing and institution administration | Tracking of meeting minutes<br>Faculty survey |
| Initiate proposed training for nursing faculty on implementation of new curriculum content | Modify faculty orientation programs to include proposed training and new curriculum content, as soon as course development is completed | Nursing administration | Pretests and posttests re course concepts<br>Faculty survey re plan for action related to training |
| Report | Write report of formative evaluation during initial stages of the previously stated recommendations | Nursing administration | Twice yearly review of all course and educational materials |

The outline displays recommendations with the aligned time-sensitive goals o suggested action(s), the responsible group or designated party among stakeholders, and the means for evaluating goal achievement. A crucial aspect is for adherence to the evaluation plan and reporting of the evaluation findings to ensure outcome achievement, transparency, and possession of current and relevant content associated with the recommendations. Evaluation will guarantee awareness of effectiveness of the plan for bringing about targeted change to prevent neglect of older persons through deficiencies in the systems and policies.

## Project Implications

Stakeholders will be able to initiate advocacy to improve the conditions and issues identified as those that align with the theme and construct of ageism, which is described as systems and policies that can cause neglect to older persons (Butler, 1980; Malta & Doyle, 2016). Access to the position paper will allow for awareness of the discovered attitudes and perceptions and allow stakeholders the opportunity to become involved in the change and improvement of systems and policies affecting GN and the population of older persons served. While it targets nursing education for initiation of recommended actions for change, the position paper also provides an opportunity for study participants who passionately expressed caring towards the elderly population to assert themselves and effect positive social change.

This project will give direction to ways for correcting the systems and policies that result in the neglect of older persons and portray ageism. Nurses must be a part of the

change through caring, assertiveness, and advocacy actions. Nurses need preparation by including policies that allow them the professional development opportunities that start even as they are students and continue during employment as professionals. Nursing graduate participants in the study expressed favorable attitudes toward older people, in keeping with caring, implying that nurses can be assisted to act on their caring attitudes. Educational programs inserted into the nursing program curriculum and used by employing organizations will demonstrate understanding of the extent of the change that can be accomplished when nurses are encouraged to be involved with the opportunities available for involvement in social change. The Nurses on Boards Coalition (NOBC) seeks to place 10,000 nurses on boards to impact healthcare improvements because of the influence nurses can wield in that arena (Nurses on Boards Coalition, 2020). Hopefully, administrators will find ways to encourage nurses to get involved, not only with causes to benefit GN and older patients but also to benefit any field of nursing and any population served.

## Section 4: Reflections and Conclusions

There has been insufficient understanding of why GN has remained a nursing field that nursing students and nursing graduates have been failing to choose for professional practice. Nursing students and graduates have persistently preferred nursing practice fields that mainly involve caring for other patient populations rather than older persons; the population served in GN. Consequently, there has been a shortage in the number of nurses available to meet the health care needs of older persons, with continuing rapid growth in the baby boomer population. The nursing shortage dates as far back as 2009 (American Association of Colleges of Nursing, 2017) and has resulted in an inadequate workforce to manage the health failings that are likely to occur in old age. There is a concern for the quality of life that older persons lead. Ageism may be a factor in preventing nurses from fully grasping caring, as suggested by Watson in her theory of caring. I conducted this study to acquire an understanding of the attitudes and perceptions of graduate nurses toward GN, to aid nursing education in the preparation of nurses to provide care for the aging population.

The study's findings, from interview data collected from 12 graduate nurses, are based on themes around the constructs of ageism and Watson's caring theory. Results revealed positive perceptions and attitudes that would align with caring and would not be aligned with ageism but also revealed attitudes and perceptions associated with systems and policies in keeping with ageism. The data showed those systems and policies as factors that further the reluctance of nurses to enter the field of GN, so they must be addressed by administrators and educators to ensure positive outcomes for older persons

who need the benefits of GN to be able to lead fuller lives. Understanding the findings underscores the urgency of initiating steps to achieve positive social change for the older population.

## Project Strengths and Limitations

Issues with my original and evolving plan for study participants appeared as study limitations but have ultimately become the foundation for the project's limitations and strengths, in consideration of Benner's novice to expert model (Benner, 1982). An exploration of nursing students' perceptions and attitudes toward GN was initially proposed and approved by the Walden University IRB. Attempts at gaining access to various nursing education programs were met with a response that recruitment of the nursing students could not be allowed because the students were "overwhelmed" with the volume of work they had. Some nursing program administrators stated that the students were already inundated with research studies recruiting from inside those educational institutions. Thus, the proposed study population changed from nursing students to recent nursing graduates (within a year of graduation). Recent nursing graduates (and nursing graduates, in general) are not regarded as a vulnerable population since they are no longer students. When recruitment for nurses started, the COVID-19 pandemic led to challenges with recruitment. But upon guidance from my committee chairperson, graduates within a decade of graduation participated in the study. Only one of the 12 participants was at Benner's "advanced beginner" stage (Benner, 1982; Ozdemir, 2019), having graduated within a year of data collection.

Now that the study has ended, I view the change from nursing students and recent nursing graduates for participants to nursing graduates within a decade of graduation for study participants as a significant strength. Changing to include nurses with experience farther out from graduation was a strength. Graduate nurses within a decade of graduation allowed the participants more nursing expertise and exposure to GN to influence the rich quality of the answers to the interview questions and to provide data to answer the RQs. As was noted in a study by Ozdemir (2019), the strength of the eventual data obtained from nurses who were beyond the novice stage of Benner's five-stage model allowed for the influence of experience to enrich the descriptions of perceptions. The subsequent findings of the study then guided the determination of a position paper as the project.

## Recommendations for Alternative Approaches

Alternate approaches could involve other project genres. I contemplated using the genre of professional development to educate nurses about advocating for older patients by becoming involved to promote changes to deficient policies that result in negativity regarding the practice area of GN, with ill-effects to the older persons served. The use of professional development in that manner would have a relatively narrow scope because buy-in from those stakeholders who directly influence policies could not be assured. Curriculum development consideration involved strengthening the nursing curriculum with a specific course to educate about caring as espoused by Watson (2008a, 2008b, 2011, 2017).

I also considered including courses on advocacy and assertiveness to prepare future nurses to proactively become involved to correct existing policies and prevent

future policies that might expose older persons and other patient populations to neglect. As a singular measure, the curriculum development plan would also not have the far-reaching effect necessary to bring about lasting change. Although both the professional development and curricula development plans could be effective ways of starting the process toward positive social action, neither on its own would have the potential for effectiveness that a position paper is likely to have related to the findings of this study. Recommendations from the position paper could be inclusive of curricular changes and professional development.

### Scholarship, Project Development and Evaluation, and Leadership and Change

As a requirement toward a Master of Science degree in Nursing, over three decades ago, I completed a scientific research study of the effect of time of specimen collection on the glucose content of patients with diabetes mellitus in Manila hospitals. It was a quantitative study and required an immense amount of work and time commitment. Upon its completion, I gained deep satisfaction from my learning in research and statistics and looked forward to a subsequent quantitative study. Decades later, when the time arrived for this doctoral study, I was tempted to study a problem to which a similar methodology could be applied to make it easier for myself. As I pondered problems, I realized that an issue of the preparation of a nursing workforce to meet the needs of the constantly growing number of older persons held enormous possibility for involvement in positive social change. With my love for writing, I decided that there would be more personal learning by using a basic qualitative approach over a quantitative approach. I realize that despite the setbacks with getting an approved prospectus and then an

approved proposal, followed by difficulty recruiting participants to begin data collection, it has been a fruitful learning experience.

I have been a professional nurse for approximately four decades and have served as an educator in academia and practice and in educational and training leadership positions. The experience gained over the years made it easy to navigate systems and communicate with administrators who could be instrumental in facilitating access to potential study volunteers. However, the possibility of access is sometimes not enough when individuals' time and other factors must be taken into account, especially during a pandemic. Now that the study has reached completion and findings are known, I am more impressed that including assertiveness training for nursing students and graduate nurses should be a recommendation to help to prepare nurses to take action rather than using avoidance when there are implications for the quality of nursing and the patients who are dependent on the care provided. Assertiveness training can be effective for health care professionals, including nurses and nursing students (Omura et al., 2017). If nursing professionals are adequately prepared, more positive change can be effected in nursing to benefit patients such as those served in GN.

## Reflection on Importance of the Work

This study uncovered significant findings related to the perceptions and attitudes of nursing graduates toward GN. Making these findings available to administrators in nursing education and practice and to the nurses who served as study participants gives hope that the ultimate result can be positive social change in GN and the improvement of lives for older persons.

## Implications, Applications, and Directions for Future Research

Future research, at this point in the COVID-19 pandemic, could give a current and projected picture of the adequacy of nurses to care for older adults. It is not yet known how the effects of the pandemic, with major loss of lives and from the population of older persons, will impact the nursing shortage in general and specifically to GN. The position paper based on the findings of the related study can impact positive social change, as recommendations are put in place in nursing education by administrators and educators to strengthen GN nursing practice settings and encourage interest in that field of practice.

There has been focus on the benefits of developing partnerships between researchers and those in health systems for the sharing of research findings to foster evidence-driven change (Bowen et al., 2019; Gollust et al., 2017; Vindrola-Padros, 2021). Offering the position paper to nursing education administrators and nursing faculty could be a step in the direction of initiating a partnership for action on the recommendations born out of the findings of the related study. Nurses' placement in health care systems affords them the opportunity to be significant contributors to an organization's strategy (Borum & Marcum, 2019) and therefore makes it likely for them to impact policy change for positive social action in GN. Many nurse educators enter that profession with an aim of contributing to nursing (Evans, 2018). With nurse educators serving as role models, the recommendations for policies that involve nurse educators' contribution to positive change in GN are likely to result in effective actions. Ongoing periodic future research into nursing graduates' perceptions and attitudes regarding GN practice and involvement of educators and nursing graduates in advocacy for the patient

population served will provide information regarding progress made from the recommendations toward positive social change.

## Conclusion

Working on the study and the related project has given me a deeper understanding of the information I was able to secure to understand issues that need to be studied. I now have more experience with the qualitative research methodology and hope to use it again in future research. As I initiate social action to benefit the lives of older persons, I realize that this work might also impact my own life at some point. As I follow through with the implementation of the project, which will involve dissemination of the position paper to the stated stakeholders, I hope to become involved in future related research to study the progress of positive social action as implemented from the findings of this study.

# References

Abreu, M., & Caldevilla, N. (2014). Attitudes toward aging in Portuguese nursing students. *Procedia - Social and Behavioral Sciences*, *171*(2015), 961–967.

Achenbaum, W. A. (2013). Remembering our roots: Robert N. Butler, MD (January 21, 1927–July 4, 2010): Visionary leader. *The Gerontologist*, *54*(1), 6–12. https://doi.org/10.1093/geront/gnt015

Algoso, M., Peters, K., Ramjan, L., & East, L. (2016). Exploring undergraduate nursing students' perceptions of working in aged care settings: A review of the literature. *Nurse Education Today*, *36*(1), 275–280. https://doi.org/10.1016/j.nedt.2015.08.001

Allan, L. J., & Johnson, J. A. (2008). Undergraduate attitudes toward the elderly: The role of knowledge, contact and aging anxiety. *Educational Gerontology*, *35*(1), 1–14. https://doi.org/10.1080/03601270802299780

Alsufyani, A. M., Aldawsari, A. A., Aljuaid, S. M., Almalki, K. E., & Alsufyani, Y. M. (2020). Quality of nursing care in Saudi Arabia: Are empathy, advocacy, and caring important attributes for nurses? *Nurse Media: Journal of Nursing*, *10*(3), 244–259. https://doi.org/10.14710/nmjn.v10i3.32210

American Association of Colleges of Nursing (2017). *Fact Sheet: Nursing Shortage*. http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage

American Nurses Association (1965). *A position paper.*

American Psychological Association (2020). *Resolution on ageism* [online]. http://www.apa.org/about/policy/ageism.aspx

Andrews, M. (1999). The seduction of agelessness. *Ageing and Society, 19*(4), 301–318.

Asiret, G. D., Kaymaz, T. T., Copur, E. O., & Akyar, I. (2017). Ageism attitude towards elderly: Young perspective. *International Journal of Caring Sciences, 10*(2), 819–828.

Ayalon, L., & Tesch-Römer, C. (2017). Taking a closer look at ageism: Self- and other-directed ageist attitudes and discrimination. *European Journal of Ageing, 14*(1), 1–4. https://doi.org/10.1007/s10433-016-0409-9

Bai, X., Lai, D. W. L., & Guo, A. (2016). Ageism and depression: Perceptions of older people as a burden in China. *Journal of Social Issues, 72*(1), 26–46.

Bala, M., Kashuk, J., Moore, E. E., Catena, F., Leppaniemi, A., Ansaloni, L., Biffl, W., Coccolini, F., Peitzman, A., Sartelli, M., Sugrue, M., Fraga, G. P., Di Saverio, S., & Kluger, Y. (2018). Establishing position papers by the WSES. *World Journal of Emergency Surgery, 13*. https://doi.org/10.1186/s13017-018-0163-8

Bauer, J., Morley, J. E., Schols, A., Ferrucci, L., Cruz-Jentoft, A. J., Dent, E., Baracos, V. E., Crawford, J. A., Doehner, W., Heymsfield, S. B., Jatoi, A., Kalantar-Zadeh, K., Lainscak, M., Landi, F., Laviano, A., Mancuso, M., Muscaritoli, M., Prado, C. M., Strasser, F., … Anker. S. D. (2019). Sarcopenia: A time for action. *Journal of Cachexia, Sarcopenia and Muscle, 10*(5), 956–961. https://doi.org/10.1002/jcsm.12483

Ben-Harush, A., Shiovitz-Ezra, S., Doron, I., Alon, S., Leibovitz, A., Golander, H., Haron, Y., & Ayalon, L. (2017). Ageism among physicians, nurses, and social workers: Findings from a qualitative study. *European Journal of Ageing, 14*(1),

39–48. https://doi.org/10.1007/s10433-016-0389-9

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402–407.

Birimoglu Okuyan, C., Bilgili, N., & Mutlu, A. (2020). Factors affecting nursing students' intention to work as a geriatric nurse with older adults in Turkey: A cross-sectional study. *Nurse Education Today, 95*. https://doi.org/10.1016/j.nedt.2020.104563

Blancato, R. B., & Ponder, M. (2015). The public policies we need to redress ageism. *Generations, 39*(3), 91–95.

Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theories and methods* (5th ed.). Pearson Education.

Borum, C., & Marcum, K. (2019). Having a Voice: The nurse's role in organizational strategy. *Tennessee Nurse, 82*(4), 13.

Bowen, S., Botting, I., Graham, I., MacLeod, M., de Moissac, D., Harlos, K., Leduc, B., Ulrich, C., Knox, J. (2019). Experience of health leadership in partnering with university-based researchers in Canada – A call to "re-imagine" Research. *International Journal of Health Policy and Management, 8*(12), 684–699. https://doi.org/10.15171/ijhpm.2019.66

Brain, E., Caillet, P., de Glas, N., Biganzoli, L., Cheng, K., Lago, L. D., & Wildiers, H. (2019). HER2-targeted treatment for older patients with breast cancer: An expert position paper from the International Society of Geriatric Oncology. *Journal of Geriatric Oncology, 10*(6), 1003–1013. https://doi.org/10.1016/j.jgo.2019.06.004

Braz Evangelista, C., Limeira Lopes, M. E., Lima da Nóbrega, M. M., Ferreira de

Vasconcelos, M., & Gomes Viana, A. C. (2020). An analysis of Jean Watson's theory according to Chinn and Kramer's model. *Revista de Enfermagem Referência, 4*, 1–6. https://doi.org/10.12707/RV20045

Brinkmann, S., & Kvale, S. (2015). *Interviews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage Publishing.

Bulfin, S., Grobbel, C., & Fuller, W. (2019). Anne Boykin Institute for the Advancement of Caring in Nursing use of robots to complement caring relationships in nursing position paper. *International Journal for Human Caring*, *23*(4), 334–337.

Butler, R. N. (1980). Ageism: A foreword. *Journal of Social Issues, 36*(2), 8–11. https://doi.org/10.1111/j.1540- 4560.1980.tb02018.x

Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, *9*(4, Pt. 1), 243–246. https://doi.org/10.1093/geront/9.4_Part_1.243

Butler, R. N. (2010). *The longevity prescription: The 8 proven keys to a long, healthy life*. New York, NY: Penguin Group (USA) Inc.

Caffarella, R. S., & Ratcliff Daffron, S. (2013). *Planning programs for adult learners: A practical guide* (3rd ed.). Hoboken, NJ: Jossey-Bass.

Cary, L. A., Chasteen, A. L., Remedios, J., & Pruchno, R. (2017). The ambivalent ageism scale: Developing and validating a scale to measure benevolent and hostile ageism. *Gerontologist, 57*(2), e27–36. https://doi.org/10.1093/geront/gnw118

Centers for Disease Control and Prevention. (2019, May 28). Preventing Elder Abuse. https://www.cdc.gov/violenceprevention/elderabuse/definitions.html

Chiu, P., Cummings, G. G., Thorne, S., & Schick-Makaroff, K. (2021). Policy dvocacy

and nursing organizations: A Scoping review. *Policy, Politics & Nursing Practice*, *22*(4), 271–291. https://doi.org/10.1177/15271544211050611

Christopher, R., de Tantillo, L., & Watson, J. (2020). Academic caring pedagogy, presence, and Communitas in nursing education during the COVID-19 pandemic. *Nursing Outlook*, *68*(6), 822–829.

Clark, P. G., Weeks, L. E., van Den Bergh, G., & Doucet, S. (2017). Gerontology across the professions and the Atlantic: Development and evaluation of an interprofessional and international course on aging and health. *Gerontology & Geriatrics Education*, *38*(2), 141–157. https://doi.org/10.1080/02701960.2016.1144599

Coffey, A., Buckley, C., Gaidys, U., Sansoni, J., Arola, M., Deimante-Hartmane, D., … Tyrrell, M. (2015). Beliefs of students about growing older and perceptions of working in gerontology. *Nursing Older People*, *27*(1), 33–37.

Cohen, L., Manion, L., & Morrison, K. (2018). *Research methods in education* (8th ed.). New York, NY: Routledge.

Costello, M., & Barron, A. M. (2017). Teaching compassion: Incorporating Jean Watson's caritas processes into a care at the end of life course for senior nursing students. *International Journal of Caring Sciences*, *10*(3), 1113–1117. www.internationaljournalofcaringsciences.org

CRANAplus (2019). Position statement: Older persons and aged care. https://s3.ap-southeast-2.amazonaws.com/cranaplus-website-assets/files/CRANAplus-Older-persons-and-Aged-Care-June-2019.pdf

Creswell, J. W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. (Laureate custom ed.). Boston, MA: Pearson Education, Inc.

Cullen, M. (2021). How to write and format a white paper: The definitive guide. https://www.instructionalsolutions.com/blog/how-to-write-white-paper

Dahlke, S., Davidson, S., Duarte Wisnesky, U., Kalogirou, M., Salyers, V., Pollard, C., Fox, M., Hunter, K. & Baumbusch, J. (2019). Student nurses' perceptions about older people. *International Journal of Nursing Education Scholarship*, *16*(1), 20190051. https://doi.org/10.1515/ijnes-2019-0051

Damani, A., Ghoshal, A., Rao, K., Singhai, P., Rayala, S., Rao, S., Ganpathy, K. V., Krishnadasan, N., Verginiaz, L. A. S., Vallath, N., Palat, G., Venkateshwaran, C., Jenifer, J. S., Matthews, L., Macaden, S., Muckaden, M. A., Simha, S., Salins, N., Johnson, J., … Bhatnagar, S. (2020). Palliative care in coronavirus disease 2019 pandemic: Position statement of the Indian Association of Palliative Care. *Indian Journal of Palliative Care*, *26*(Suppl 1), S3–S7.

Damy, T., Chouihed, T., Delarche, N., Berrut, G., Cacoub, P., Henry, P., Lamblin, N., Andrès, E., & Hanon, O. (2021). Diagnosis and management of heart failure in elderly patients from hospital admission to discharge: Position paper. *Journal of Clinical Medicine*, *10*(3519), 3519. https://doi.org/10.3390/jcm10163519

Davoodvand, S., Abbaszadeh, A., & Ahmadi, F. (2016). Patient advocacy from the clinical nurses' viewpoint: a qualitative study. *Journal of medical ethics and history of medicine*, *9*(5).

Dionigi, R. A. (2015). Stereotypes of aging: Their effects on the health of older adults. *Journal of Geriatrics*, *2015*, 1–9, https://doi.org/10.1155/2015/954027

Donley, R., & Flaherty, M. J. (2008). Revisiting the American Nurses Association's first position on education for nurses: A comparative analysis of the first and second position statements on the education of nurses. *Online Journal of Issues in Nursing*, *13*(2), 3–3.

Duggan, S., Mitchell, E. A., & Moore, K. D. (2013). 'With a bit of tweaking…we could be great'. An exploratory study of the perceptions of students on working with older people in a preregistration BSc (Hons) Nursing course. *International Journal of Older People Nursing*, *8*(3), 207–215. https://doi.org/10.1111/j.1748-3743.2012.00317.x

Dyess, S. & Sherman, R. O. (2009). First year of practice: New graduate nurses transition and learning needs. *Journal of Continuing Education in Nursing*, *40*(9), 403–410. https://doi.org/10. 3928/00220124-20090824-03

Evans, J. D. (2018). Why we became nurse educators: Findings from a nationwide survey of current nurse educators. *Nursing Education Perspectives*, *39* (2), 61–65. https://doi.org/10.1097/01.NEP.0000000000000278

Fraboni, M., Saltstone, R., & Hughes, S. (1990). The Fraboni Scale of Ageism (FSA): An attempt at a more precise measure of ageism. *Canadian Journal on Aging*, *9*, 55–66.

Gollust, S. E., Seymour, J. W., Pany, M. J., Goss, A., Meisel, Z. F., Grande, D. (2017). Mutual distrust: Perspectives from researchers and policy makers on the research

to policy gap in 2013 and recommendations for the future. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, *54*.

Gould, N. O., Dupuis-Blanchard, S., & MacLennan, A. (2015). Canadian nursing students and the care of older patients: How is geriatric nursing perceived? *Journal of Applied Gerontology*, *34*(6), 797–814. https://doi.org/10.1177/0733464813500585

Gray-Miceli, D., Wilson, L. D., Stanley, J., Watman, R., Shire, A., Sofaer, S., & Mezey, M. (2014). Improving the quality of geriatric nursing care: Enduring outcomes from the geriatric nursing education consortium. *Journal of Professional Nursing*, *30*(6), 447–455. http://dx.doi.org/10.1016/j.profnurs.2014.05.001

Hahn, A. (2020). *Accidental sampling*. Salem Press Encyclopedia.

Hakendorf, M. (2016). CRANAplus Position Paper: Older persons--remote context. *Australian Nursing & Midwifery Journal*, *23*(7), 40.

Harrington, L. & Heidekamp, M. (2013). The aging workforce: Challenges for the health care industry workforce. *In Brief: Issue Brief of the NTAR Leadership Center*. https://www.dol.gov/odep/pdf/NTAR-AgingWorkforceHealthCare.pdf

Harris, M., Melillo, K. D., Keilman, L. J., Peraza-Smith, G. B., Bronner, S., Walmer, M., Nwogu, C. A., Lewitz, A. M., & Cacchione, P. Z. (2021). Supporting evidence for geropsychiatric nursing as a subspecialty of gerontological advanced practice nursing. *Geriatric Nursing*, *42*(1), 247–250.

He, W., Goodkind, D., & Kowal, P. (2016). *An aging world: 2015* [US Census Bureau, International Population Reports, P95/16-1]. Washington, DC: US Government

Publishing Office.

Heise, B. A., Johnsen, V., Himes, D., & Wing, D. (2012). Developing positive attitudes toward geriatric nursing among millennials and generation Xers. *Nursing Education Perspectives*, *33*(3), 156–161. https://doi.org/10.5480/1536-5026-33.3.156

Hirst, S. P. & Lane, A. M. (2016). How do nursing students perceive the needs of older clients? Addressing a knowledge gap. *Journal of Geriatrics*, *vol. 2016*, 7 pages. https://doi.org/10.1155/2016/7546753

Hokenstad, M., & Restorick Roberts, A. (2013). The United Nations plans for a future free of ageism and elder invisibility. *Journal of the American Society on Aging, 37*(1), 76–80.

Hsieh, P. & Chen, C. (2018). Geriatric nursing and long term care content in baccalaureate nursing programs in Taiwan. *International Journal of Gerontology, 12*(2018), 52–56. http://dx.doi.org/10.1016/j.ijge.2017.04.001

Howson, A. (2021). *Qualitative research methods (sociology)*. Salem Press Encyclopedia.

Institute of Medicine (IOM). 2011. *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

Intrieri, R. C., & Kurth, M. L. (2018). Racial differences in attitudes toward aging, aging knowledge, and contact. *Educational Gerontology*, *44*(1), 40–53. https://doi.org/10.1080/03601277.2017.1388962

Irving, P. (2015). Self-empowerment in later life as a response to ageism. *Journal of the*

*American Society on Aging*, *39*(1), 72–78. http://ezproxy.muni.cz/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,uid&db=a9h&AN=102414435&lang=cs&site=eds-live&scope=site

Jiang, Z., Di Milia, L., Jiang, Y., & Jiang, X. (2020). Thriving at work: A mentoring-moderated process linking task identity and autonomy to job satisfaction. *Journal of Vocational Behavior*, *118*.

Johnson, K. J., & Mutchler, J. E. (2014). The emergence of a positive gerontology: from disengagement to social involvement. *Gerontologist*, *54*(1), 93–100. https://doi.org/10.1093/geront/gnt099

Kagan, S. H. & Melendez-Torres, G. J. (2015). Ageism in nursing. *Journal of Nursing Management*, *23*(5), 644–650.

Kaiser K. (2009). Protecting respondent confidentiality in qualitative research. *Qualitative Health Research*, *19*(11), 1632–1641. https://doi.org/10.1177/1049732309350879

King, B. J., Roberts, T. J., and Bowers, B. J. (2013). Nursing student attitudes toward and preferences for working with older adults. *Gerontology and Geriatrics Education*, *34*(3), 272–291. https://doi.org/10.1080/02701960.2012.718012

Kogan, N. (1961). Attitudes toward old people: The development of a scale and an examination of correlates. *Journal of Abnormal and Social Psychology*, *62*(1), 44–54.

Kydd, A., Wild, D., & Nelson, S. (2013). Attitudes towards caring for older people:

Findings and recommendations for practice. *Nursing Older People*, *25*(4), 21–28. https://doi.org/10.7748/nop2013.04.25.3.22.e769

Labrague, L. J., McEnroe-Petitte, D. M., Al Amri, M., Fronda, D. C., & Obeidat, A. A. (2018). An integrative review on coping skills in nursing students: Implications for policymaking. *International Nursing Review*, *65*(2), 279–291. https://doi.org/10.1111/inr.12393

Labrague, L. J., McEnroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., Arulappan, J. (2015). Impact of instructors' caring on students' perceptions of their own caring behaviors. *Journal of Nursing Scholarship*, *47*(4), 338–346. https://doi.org/10.1111/jnu.12139

Lee, S. M. (2017). Advancing caring literacy in practice, education, and health systems, in Lee, S. M., Palmieri, P. A., & Watson, J. (eds.). *Global advances in human caring literacy*, pp. 13–20. New York, NY: Springer Publishing Company, LLC.

Lee, Y., Shin, S., & Greiner, P. A. (2015). Can education change attitudes toward aging? A quasi-experimental design with a comparison group. *Journal of Nursing Education and Practice*, *5*(9), 90–99. https://doi.org/10.5430/jnep.v5n9p90

Levy, S. R., & Macdonald, J. L. (2016). Progress on understanding ageism. *Journal of Social Issues*. https://doi.org/10.1111/josi.12153

Liu, C., Balcom, S., Carrigan, S., Malloy, M., & Mammba, V. (2017). Gerontology across the professions and the Atlantic: Students' reflective views and voices. *Gerontology & Geriatrics Education*, *38*(2), 158–170. https://doi.org/10.1080/02701960.2016.1152270

Lodico, M., Spaulding, D., & Voegtle, K. (2010). *Methods in educational research: From theory to practice*. (Laureate Education, Inc., 2nd ed.). San Francisco: John Wiley & Sons.

Luca, C. E., Cavicchioli, A., & Bianchi, M. (2021). Nurses who assume the role of advocate for older hospitalized patients: A qualitative study. *SAGE open nursing*, *7*, 1–14. https://doi.org/10.1177/23779608211030651

Lun, M. W. A. (2018). Human services students' experiential learning on conducting a life story research of Chinese American family caregivers. *Educational Gerontology*, *44*(5–6), 301–307.

Lynaugh, J. E., and B. L. Brush. 1996. *American nursing: From hospitals to health systems.* Cambridge, MA and Oxford, U.K.: Blackwell Press.

Malinen, S., & Johnston, L. (2013). Workplace ageism: Discovering hidden bias. *Experimental Aging Research*, *39*(4), 445–465. https://doi.org/10.1080/0361073X.2013.808111

Malone, E. A., & Wright, D. (2018). "To Promote That demand": Toward a history of the marketing white paper as a genre. *Journal of Business and Technical Communication*, *32*(1), 113–147. https://doi.org/10.1177%2F1050651917729861

Malta, S., & Doyle, C. (2016). Mental health and well-being in older people: Butler's three constructs of ageism in Australasian Journal on Ageing. *Australasian Journal on Ageing*, *35*(4), 232–235. https://doi.org/10.1111/ajag.12363

Maryland Department of Aging (2016). *2017-2020 State plan on aging*. http://www.aging.maryland.gov/Documents/MDStatePlan2017_2020Dated09221

6.pdf

Mather, M., Jacobsen, L. A., & Pollard, K. M. (2015). *Aging in the United States. Population Bulletin*, *70*(2). http://www.prb.org/pdf16/aging-us-population-bulletin.pdf

McGregor, S. L. (2018). Argumentative essays: Position, discussion, and think-piece papers. *Understanding and evaluating research: A Critical Guide* (pp. 469–495). New York, NY: SAGE Publishing.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Merriam, S. B., & Grenier, R. S. (2019). *Qualitative research in practice: examples for discussion and analysis* (Second edition.). Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: a guide to design and implementation* (Fourth edition.). Jossey-Bass.

Merz, C. C., Stark, S. L., Morrow-Howell, N. L., & Carpenter, B. D. (2018). When I'm 64: Effects of an interdisciplinary gerontology course on first-year undergraduates' perceptions of aging. *Gerontology & Geriatrics Education*, *39*(1), 35–45. https://doi.org/10.1080/02701960.2016.1144600

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Morse, J. M. (2012). *Qualitative health research: Creating a new discipline*. Taylor and Francis ProQuest Ebook Central. https://ebookcentral.proquest.com

National Center on Elder Abuse (n.d.). Types of abuse. https://ncea.acl.gov/Suspect-Abuse/Abuse-Types.aspx

Nelson, J. & Watson, J. (eds.). (2012). *Measuring caring: International research on caring*. New York, NY: Springer Publishing Company.

Nelson, T. D. (2015). Ageism. In T. D. Nelson (Ed.), *Handbook of prejudice, stereotyping, and discrimination*. New York, NY: Taylor and Francis.

Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of Social Issues*, *61*(2), 207–221. https://doi.org/10.1111/j.1540-4560.2005.00402.x

Nelson, T. D. (2002). *Ageism: Stereotyping and prejudice against older persons*. Cambridge, MA: MIT Press.

Nelson, T. D. (2016a). Promoting healthy aging by confronting ageism. *American Psychologist*, *71*(4), 276–282. https://doi.org/10.1037/a0040221

Nelson, T. D. (2016b). The age of ageism. *Journal of Social Issues*, *72*(1), 191–198. https://doi.org/10.1111/josi.12162

Neville, C., Dickie, R., & Goetz, S. (2014). What's stopping a career in gerontological nursing? *Journal of Gerontological Nursing*, *40*(1), 18–27.

Niles-Yokum, K. (2018). Critical issues and pedagogical pathways in gerontology & geriatrics education. *Gerontology & Geriatrics Education*, *39*(1), 1–2. https://doi.org/10.1080/02701960.2018.1435500

Nunnelee, J., Tanner, E., Cotton, A., Harris, M., Alderman, J.,Hassler, L., Conley, D., & Schumacher, S. (2015). NGNA: Position paper on essential gerontological nursing education in registered nursing and continuing education programs.

*Geriatric Nursing*, *36*(3), 239–241.

Nurses on Board Coalition. (2021). https://www.nursesonboardscoalition.org/

Nursing@Georgetown (2017, February 08). How will the nurse shortage affect your state? [Web blog post]. https://online.nursing.georgetown.edu/blog/nurse-shortage-map/

O'Lynn, C. E. (2013). *A man's guide to a nursing career*. New York, NY: Springer Publishing Company.

Omura, M., Maguire, J., Levett-Jones, T., & Stone, T. E. (2017). The effectiveness of assertiveness communication training programs for healthcare professionals and students: A systematic review. *International Journal of Nursing Studies*, *76*, 120–128. https://doi.org/10.1016/j.ijnurstu.2017.09.001

Osterman, P. (2017). *Who will care for us? Long-term care and the long-term workforce*. Russell Sage Foundation.

Ortman, J. M., Velkoff, V. A., & Hogan, H. (2014). An aging nation: The older population in the United States. *Economics and Statistics Administration, US Department of Commerce*, *1964*, 1–28. https://doi.org/10.1016/j.jaging.2004.02.002

Ozdemir, N. G. (2019). The development of nurses' individualized care perceptions and practices: Benner's Novice to Expert Model perspective. *International Journal of Caring Sciences*, *12*(2), 1279–1285.

Palmore, E. (1999). *Ageism: Negative and positive*, 2nd ed. New York, NY: Springer.

Palmore, E. (1977). Facts on ageing: A short quiz. *The Gerontologist*, *17*(4), 315–320.

Pepper, G. A. (2014). A new era in geriatric nursing education. *Journal of Professional Nursing*, *30*(6), 443–444. doi: http://dx.doi.org/10.1016/j.profnurs.2014.10.001

Pergolotti, M., Battisti, N. M. L., Padgett, L., Sleight, A. G., Abdallah, M., Newman, R., Van Dyk, K., Covington, K. R., Williams, G. R., van den Bos, F., Pollock, Y., Salerno, E. A., Magnuson, A., Gattás-Vernaglia, I. F., & Ahles, T. A. (2020). Embracing the complexity: Older adults with cancer-related cognitive decline—A Young International Society of Geriatric Oncology position paper. *Journal of Geriatric Oncology*, *11*(2), 237–243. https://doi.org/10.1016/j.jgo.2019.09.002

Polit D, Beck C. (2013). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Purdy, E. R., & Popan, E. M. (2020). *Descriptive research*. Salem Press Encyclopedia.

Riegel, F., Crossetti, M., & Siqueira, D. S. (2018). Contributions of Jean Watson's theory to holistic critical thinking of nurses. *Revista Brasileira De Enfermagem*, *71*(4), 2072–2076.

Roukis, T. S. (2015). White papers, position papers, clinical consensus statements, and clinical practice guidelines: future directions for ACFAS. *The Journal of Foot and Ankle Surgery: Official Publication of the American College of Foot and Ankle Surgeons*, *54*(2), 151–152.

Rutgers University (2017). Writing a position paper. https://people.cs.rutgers.edu/~rmartin/teaching/fall17/Writing_a_Position_Paper.pdf

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, *23*(4), 334–340.

Santiago-Delefosse, M., Gavin, A., Bruchez, C., Roux, P., & Stephens, S. I. (2016). Quality of qualitative research in the health sciences: Analysis of the common criteria present in 58 assessment guidelines by expert users. *Social Science & Medicine*, *148*, 142–151. https://doi.org/10.1016/j.socscimed.2015.11.007

Shiovitz-Ezra, S., Ayalon, L., Brodsky, J., & Doron, I. (2016). Measuring ageism based on knowledge, attitudes and behavior: Findings from an Israeli pilot study. *Ageing International*, *41*(3), 298–310. https://doi.org/10.1007/s12126-016-9251-9

Smith, T. G. (2010). A policy perspective on the entry into practice issue. *Online Journal of Issues in Nursing*, *15*(1), 2.

Spaulding, D. T. (2014). *Program evaluation in practice: Core concepts and examples for discussion and analysis* (2nd ed.). San Francisco, CA: Jossey-Bass.

Teater, B. (2018). How stereotypes and attitudes toward older adults are challenged through intergenerational contact: Young people explain the process. *Gerontology & Geriatrics Education*, *39*(1), 104–116. https://doi.org/10.1080/02701960.2015.1115985

Teater, B. & Chonody, J. M. (2017) Stereotypes and attitudes toward older people among children transitioning from middle childhood into adolescence: Time matters. *Gerontology & Geriatrics Education*, *38*(2), 204–218. https://doi.org/10.1080/02701960.2015.1079708

Topaz, M. & Doron, I. (2013). Nurses' attitudes toward older patients in acute care in

Israel. *Online Journal of Issues in Nursing*, *18*(2). https://doi.org/10.3912/OJIN.Voll8No02PPT01

Turan, E., Yanardag, M., & Metintas, S. (2015). Attitudes of students of health sciences towards the older persons. *Nursing Education Today*, *36*(2016), 53–57.

Twining, P., Heller, R. S., Nussbaum, M., & Tsai, C. C. (2017). Some guidance on conducting and reporting qualitative studies. *Computers & Education*, *106*(2017), A1–A9.

United Nations (2017). *World population prospects: The 2017 revision*. https://www.un.org

US Department of Health and Human Services (2013). *A Profile of Older Americans: 2013*. Administration on Aging (AoA), Administration for Community Living, U.S. https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2013_Profile.pdf

US Department of Health, Education, and Welfare, Public Health Service, and National Institutes of Health (1971). *The Institutional Guide to D.H.E.W. Policy on protecting human subjects*. DHEW Publication (NIH), *2*(December), 72–102.

Vindrola-Padros C. (2021). Can we re-imagine research so it is timely, relevant and responsive? Comment on "Experience of health leadership in partnering with university-based researchers in Canada: A call to 're-imagine' research". *International Journal of Health Policy and Management*, *10*(3), 172–175.

Walden University Library. (2020). *Quick answers*. https://academicanswers.waldenu.edu/faq/345561

Washington Adventist University (2013). *2013–2014 Academic Bulletin*. Takoma Park, MD: Washington Adventist University.

Watson, J. (2011). *Human caring science: A theory of nursing* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Watson, J. (2008a). *Nursing: Human science and human care: A theory of nursing*. Sudbury, MA: Jones & Bartlett Publishers.

Watson, J. (2008b). *Nursing: The philosophy and science of caring*. Boulder, CO: University Press of Colorado.

Watson, J. (2017). Global advances in human caring literacy, in Lee, S. M., Palmieri, P. A., & Watson, J. (eds.). *Global advances in human caring literacy*, pp. 3–11. New York, NY: Springer Publishing Company, LLC.

Wiener, R. C., Shockey, A. T., & Long, D. L. (2014). Dental hygiene students' perceptions of older adults. *Journal of Dental Education*, *78*(12), 1623–1628.

Williams, K.N., Nowak, J., & Scobee, R.L. (2006). Fostering student interest in geriatric nursing: Impact of senior long-term care experiences. *Nursing Education Perspectives*, *27*(4), 90–93.

World Economic Forum. (2012). *Global population ageing: Peril or promise*? Global Agenda Council on Ageing Society, 148.

World Health Organization (WHO) (2017). *10 facts on ageing and the life course*. http://www.who.int/features/factfiles/ageing/en/

Yamashita, T., Hahn, S. J., Kinney, J. M., & Poon, L. W. (2018). Impact of life stories on college students' positive and negative attitudes toward older adults, *Gerontology & Geriatrics Education*, *39*(3), 326–340. https://doi.org/10.1080/02701960.2017.1311884

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Yob, I. M., Danver, S. L., Kristensen, S., Schulz, W., Simmons, K., Brashen, H. M., … Penland, D. R. (2016). Curriculum alignment with a mission of social change in higher education. *Innovative Higher Education*. https://doi.org/10.1007/s10755-015-9344-5

Zhang, X., Tai, D., Pforsich, H., & Lin, V. W. (2017). United States Registered Nurse Workforce Report Card and Shortage Forecast : A revisit. *American Journal of Medical Quality*, First publ, 1–8. https://doi.org/10.1177/1062860617738328

Zisberg, A., Shulyaev, K., & Van Son, C. (2021). Assessing attitudes and intention to work with older adults by American and Israeli nursing students: Adapting and testing a measure. *Nurse Education Today*, *98*, N.PAG. https://doi.org/10.1016/j.nedt.2020.104735

Zisberg, A., Topaz, M., & Band-Wintershtein, T. (2015). Cultural- and educational-level differences in students knowledge, attitudes, and preferences for working with older adults: An Israeli perspective. *Journal of Transcultural Nursing*, *26*(2), 193–201. https://doi.org/10.1177/1043659614526625

# Appendix A: The Project

Consideration is given to the question of ageism, as evidenced in the neglect perpetrated on older persons through systems and policies, and to the thought of such neglect as being contrary to the caring expressed in Watson's theory of caring. A doctoral research study of the perceptions and attitudes of graduate nurses toward gerontological nursing (GN) yielded findings of graduate nurses avoiding GN due to systems and policies that result in neglect to older persons. It is necessary to provide appropriate health care for older persons by bolstering the nursing workforce. Attracting nurses toward GN will ultimately improve the health care provided to older persons and promote life quality for them. Hopefully, measures to encourage nurses' interest in GN will activate engagement toward positive social change.

## Background of the Problem and the Related Study

There has been an incomplete understanding of why nursing students and graduates have mostly avoided choosing GN for professional practice. American Association of Colleges of Nursing (2017) referenced a shortage of nurses to meet the health care needs of the rising numbers of older persons, which has been evident for over a decade now. There has not been a clear understanding of the reasons for the trend of nursing graduates avoiding practice areas in which older patients are the focus. As proffered by Watson (2008a, 2008b, 2011), caring in nursing is a foundation for nursing education and nursing practice. Caring is usually a subconscious quality of nursing built on love for others (Watson, 2017), and that caring quality has the power to reform nursing and health care (Lee, 2017). Contrarily, resistance to caring can negatively

impact others (Watson, 2008a). Nurses resisting caring for older persons might reflect the practice of ageism in nursing. Butler (1969), defined ageism as discrimination against older persons because of their age. The practice of ageism in nursing, toward older persons, could have injurious effects on the elderly population and the wider society.

Research studies by Gould et al. (2015), Algoso et al. (2016), and Dahlke et al. (2019) are among studies of how students' view older persons and caring for them. The studies showed the need for more understanding of graduate nurses' perceptions toward older persons and GN. A practice gap between a shortage of nurses in GN to care for older persons and the number of graduate nurses who choose that field for their professional practice shows the need for better understanding. In the study associated with to this paper, graduate nurses shared their views of older persons and GN to contribute to an understanding of the problem.

Twelve graduate nurses participated in the study through telephone interviews. All 12 participants were RNs who were graduates of either a bachelor's degree or an associate degree nursing program. Based on the findings, there are recommendations for changes in nursing education to influence nursing practice and encourage more favorable views of GN by nursing graduates. A favorable view of GN is likely to encourage more nurses to enter the field to produce satisfactory outcomes for the population of older persons.

## Study Findings

This study of graduate nurses' attitudes and perceptions regarding interest in GN originated from a problem examined out of concern for the care needs of the growing

population of older adults. The study for an understanding of nursing graduates' attitudes and perceptions affecting GN produced the findings tabulated below:

1. Graduate nurses hold positive attitudes and perceptions regarding older adults with some positive attitudes toward caring for older adults and toward the nursing practice field of GN.
2. Graduate nurses hold some negative attitudes toward caring for older adults and the GN field, with some nursing graduates hesitantly offering attitudes of ambivalence.
3. Regarding the GN nursing field, by stating pros and cons and reasons for not choosing GN or for choosing another field of nursing over GN, the responses of nursing graduates indicated attitudes and perceptions expressive of disfavor for systems and policies affecting the GN field and ultimately the population of older adults who are meant to be its beneficiaries.

System deficiencies in resources in terms of workload and staffing issues were frequent responses by those nurses employed in fields of nursing, outside of GN. Those nurses employed in GN gave similar responses in stating cons or negatives of GN. The participants' responses mentioned lack of adequate nursing staff in the local care settings, inadequate numbers of supporting staff to ensure provision of appropriate care, and lack of work life balance for nurses as some factors that definitively have ill effects on the older patients served in GN.

## Recommendations

This is a list of recommendations for nursing education administrators and faculty as the primary stakeholders, based on the study findings:

1. Institute a policy that would include a specific curriculum in GN that is required of all nursing students. This may be curriculum content infused into several already existing courses or a new course.
2. Incorporate input and involvement from practice-setting administrators and nursing staff, who are stakeholder members of the educational institution's community advisory body, in the development of a proposed curriculum that provides relevant and comprehensive care of the elderly.
3. Institute a policy that all nursing faculty/educators, not only those who teach courses associated with GN and care for older persons, complete training in caring, advocacy, and assertiveness in the care of the elderly. Nursing educators will be able to lead by example to prepare future nurses, as professionals, to take action through caring, advocacy, and assertiveness, to bring about the intended positive social change.

## Possible Challenges

Lack of time for nursing administrators and faculty to address recommendations, lack of room in the nursing curriculum, and resistance to change are possible challenges to the implementation of a project in nursing education to correct systems and policies that could result in neglect of older persons. The wording of the related recommendations includes segments to delineate management of the challenges. Observing each

recommendation in the ways suggested but in ways unique to the situation of the chief stakeholders will allow for dealing with the challenges. Stakeholders will not need to single-handedly act on the recommendations because others, including nursing practice administrators and nursing practice staff, can play a role by sharing the responsibility and providing input and support. Faculty taking the opportunity to review the existing curriculum can aid in modifications that negate the challenge of lack of room in the curriculum for a new course or for added content. Introducing the recommendations to faculty early can help to promote clarity, promote acceptance, and reduce resistance to the recommended changes. Management of challenges will be more likely if stakeholders view the project as essential to positive social change through action on recommendations that improve the image of GN to future nurses.

Implementation and acceptance may be supported by the following actions:

1. Clarify the need for the proposed curriculum change, since helping nursing faculty to become knowledgeable about the proposed change may promote their acceptance of the new policies. Lack of knowledge could, on the other hand, result in failure of the nursing faculty to become involved and failure of the initiative to add the proposed content to the curriculum. Smith (2010) posited that the failure of American Nurses' Association's entry into practice recommendations were not successful because nurses were not aware of the related issues.
2. Prepare educational materials to disseminate to other stakeholders in nursing and health care practice to educate those stakeholders regarding caring,

advocacy, and assertiveness for application in situations affecting older persons and all patients.

3. Use the suggested evaluation plan to provide feedback on the implementation and effectiveness of the policy recommendations.

## Evaluation Plan

The suggested formative and summative evaluation plan for the project is outlined in the form of a table. At the end of the presentation of the project, each stakeholder is asked to complete a brief evaluation survey (see Appendix B) to rate the presented project and the presentation and to provide feedback that will be shared with the stakeholder body to guide implementation of recommendations.

## Table

*Evaluation Plan*

| Recommendation/Action | Goal and/or Suggested Action | Responsible Group or Party | Evaluation Method/Type |
|---|---|---|---|
| Insert proposed new curriculum content in GN | Develop course or content in 3 stages, starting within 6 months of initial meeting:<br><br>Initiation: Discussions and decisions re content<br><br>Course or content development and review<br><br>Course or content approval and ongoing review | <br><br>Administrators<br><br>Nursing faculty<br><br>Nursing and institution curriculum committee and general nursing faculty | Formative course evaluation of key players during course development<br><br>Summative evaluation 1 year after graduation of 1st cohort of students who complete proposed course |
| Incorporate input from practice-setting administrators and nursing staff | Convene a Community Advisory Committee meeting within 3 months of initiation of proposed course<br><br>Conduct annual survey of nursing staff satisfaction with GN, starting 1 year after initial meeting | Nursing administration and faculty<br><br>Practice administrators | Tracking of meeting minutes and brainstorming sessions<br><br>Survey/questionnaire |
| Introduce proposed policy changes to faculty | Familiarize faculty with study findings and recommendations, especially recommendations re proposed curriculum change and training for faculty, within 3 months of initial presentation | Nursing and institution administration | Tracking of meeting minutes<br><br>Faculty survey |
| Initiate proposed training for nursing faculty on implementation of new curriculum content | Modify faculty orientation programs to include proposed training and new curriculum content, as soon as course development is completed | Nursing administration | Pretests and posttests re course concepts<br><br>Faculty survey re plan for action related to training |
| Report | Write report of formative evaluation during initial stages of the previously stated recommendations | Nursing administration | Twice yearly review of all course and educational materials |

## Conclusion

The intent of this position paper was to share an awareness of the problem of nursing graduates' reluctance to enter the practice of GN and the implications for older persons and society, in general. It is hoped that stakeholders will assume the challenge presented in the form of recommendations for change, to take action to render GN a desirable field of nursing. GN, as a desirable field of nursing, will be likely to attract an adequate number of nurses to provide the well-needed care for older persons. When changes are made for older persons to be able to receive adequate health care, older persons will subsequently be able to lead quality lives.

# References

Algoso, M., Peters, K., Ramjan, L., & East, L. (2016). Exploring undergraduate nursing students' perceptions of working in aged care settings: A review of the literature. *Nurse Education Today*, *36*(1), 275–280. https://doi.org/10.1016/j.nedt.2015.08.001

American Association of Colleges of Nursing (2017). *Fact sheet: Nursing shortage*. http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage

Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, *9*(4, Pt. 1), 243–246. https://doi.org/10.1093/geront/9.4_Part_1.243

Dahlke, S., Davidson, S., Duarte Wisnesky, U., Kalogirou, M., Salyers, V., Pollard, C., Fox, M., Hunter, K. & Baumbusch, J. (2019). Student nurses' perceptions about older people. *International Journal of Nursing Education Scholarship*, *16*(1), 20190051. https://doi.org/10.1515/ijnes-2019-0051

Gould, N. O., Dupuis-Blanchard, S., & MacLennan, A. (2015). Canadian nursing students and the care of older patients: How is geriatric nursing perceived? *Journal of Applied Gerontology*, *34*(6), 797–814. https://doi.org/10.1177/0733464813500585

Lee, S. M. (2017). Advancing caring literacy in practice, education, and health systems, in Lee, S. M., Palmieri, P. A., & Watson, J. (eds.). *Global advances in human caring literacy*, pp. 13–20. New York, NY: Springer Publishing Company, LLC.

Smith T. G. (2010). A policy perspective on the entry into practice issue. *Online Journal of Issues in Nursing*, *15*(1), 2.

Watson, J. (2011). *Human caring science: A theory of nursing* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Watson, J. (2008a). *Nursing: Human science and human care: A theory of nursing*. Sudbury, MA: Jones & Bartlett Publishers.

Watson, J. (2008b). *Nursing: The philosophy and science of caring*. Boulder, CO: University Press of Colorado.

Watson, J. (2017). Global advances in human caring literacy, in Lee, S. M., Palmieri, P. A., & Watson, J. (eds.). *Global advances in human caring literacy*, pp. 3–11. New York, NY: Springer Publishing Company, LLC.

Appendix B: Evaluation of Project and Presentation

**Evaluation Form: Project Presentation**

**Date of Presentation:** To Be Determined

**Presentation Title:** Position Paper Based on Findings of Study of Nursing Graduates' Perceptions of and Attitudes Toward Gerontological Nursing

**Presenter/Researcher:** Sonia Donaldson

**Instructions:** Please indicate your rating of the project and the presentation, **using a scale of 1 to 5**, then include comments to explain the reason(s) for your rating.

**Rating Scale: 1**=Strongly Disagree**; 2**=Disagree
**3**=Neither Disagree nor Agree
**4**=Agree**; 5**=Strongly Agree

**Project: Circle a number to indicate your response.**

1. The position paper was effective in communicating study findings…**…1 2 3 4 5**
   Briefly state the reason(s) for your rating:

2. The recommendations can be followed effectively…**……1 2 3 4 5**
   Briefly state the reason(s) for your rating:

**Presentation: Circle a number to indicate your response.**

1. It was easy to understand the presentation……**1 2 3 4 5**
   Briefly state the reason(s) for your rating:

2. Attending the presentation was a worthwhile use of my time……**1 2 3 4 5**
   Briefly state the reason(s) for your rating:

**Please provide any additional feedback you might have for the researcher/presenter that could provide insight to guide implementation of the project recommendations.** (You may use the back of the form for additional writing space.)

*Thank you for attending the presentation and providing valuable feedback.*

# Appendix C: Protocol for Telephonic Interviews of Nursing Graduates

| **Participant**: #<br><br>**Assigned Pseudonym**: | **Nursing Practice Field**: | **Interview Date**:<br><br>**Time**: |
|---|---|---|
| **Selected Numbers and Letters for Pseudonym:** | | |

**Checklist of Items Needed**:

- ✓ Copy of Signed Consent Form
- ✓ Copy of Demographic Questions
- ✓ Copy of Interview Protocol
- ✓ Blank paper
- ✓ Pens and Pencils
- ✓ Fully Charged Mobile Telephone and charger
- ✓ Fully Charged Recording Device and charger

**Checklist of Pre-Interview Communication**:

- ✓ Introduce self, thank participant for volunteering for study participation, and converse briefly about a general topic appropriate to that participant and confirm current field of nursing practice.
- ✓ Review study information from the consent form and remind participant to retain the emailed copy of the consent form for the record, as communicated earlier by email.
- ✓ Provide reminder about confidentiality, privacy, and the voluntary nature of the study, making certain to remind the participant that consent can be rescinded at any time.
- ✓ Remind the participant to communicate if discomfort is experienced at any time during the interview so appropriate measures can be administered and/or interview stopped.
- ✓ Solicit any questions or concerns that the participant might have and address them as expressed.
- ✓ Ask the participant to select two numbers between 01 and 20 and two letters of the alphabet so one of each can be used to assign an alphanumeric pseudonym to conceal the participant's identity.
- ✓ Request/review the answers to the demographic questions, which were previously sent to the participant.
- ✓ Request permission to record the interview and explain the rationale for needing to do so.
- ✓ Start the recorded interview by asking the participant to confirm having given permission for the recording.

**Research Question 1**: What attitudes do nursing graduates hold that could affect their choice for professional practice?

**Interview Question 1**: What are your views of the elderly being allowed independence to function? **Clarification**: What do you think about allowing older persons to function independently? Explain if this is something that you believe should happen or not.

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**Any Necessary Further Probing**:

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**Interview Question 2**: What are your views of how older persons communicate?
**Clarification:** What do think about how older persons communicate? Are there any differences between how they communicate and how younger persons communicate, for example?

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**Any Necessary Further Probing**:

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**Interview Question 3**: What are your views of older persons' impact on society?
**Clarification**: How do you believe older persons impact society—what contributions, if any, for example, do they make to society?

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**Any Necessary Further Probing**:

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**Research Question 2**: What perceptions do nursing graduates hold about the nursing practice field of GN and caring for the elderly that might be influential to their choice for professional practice?

**Interview Question 4**: How would you describe your views of the gerontological nursing (GN) practice field and caring for elderly patients?
**Clarification**: What do you think about the GN field and what do you think about caring for older people, in general?

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**Any Necessary Further Probing**:

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**Interview Question 5**: How would you compare gerontological nursing (GN) and caring for the elderly to other nursing practice fields and caring for other human populations, in general, and specifically to your preferred field and the population represented?
**Clarification**: Example of other nursing practice fields and populations: Pediatric nursing—caring for children & adolescents; Maternal child nursing—caring for mothers and babies; Mental health nursing—caring for general populations with mental health conditions; etc.

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**Any Necessary Further Probing**:

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**Interview Question 6**: What is your explanation of the pros and cons of gerontological nursing (GN) and those of your preferred field of nursing?
**Clarification**: What comes to your mind as some positives and negatives about GN and the area of nursing in which you work, or if you currently work in GN what are the positives and negatives that come to mind?

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**Any Necessary Further Probing**:

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**Research Question 3**: What reasons do nursing graduates give for their choice or lack of choice of GN as a profession?

**Interview Question 7**: Explain your reasons for choosing another field of nursing over gerontological nursing (or for **not** choosing another field of nursing over gerontological nursing)?
**Clarification**: What are your reasons for choosing the field of nursing in which you work, over GN (**or, if you work in GN**, why did you choose to work in GN and not in another field of nursing)?

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**Any Necessary Further Probing**:

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**Interview Question 8**: How would you describe factors that might have caused you to consider (or to fail to consider) gerontological nursing for your professional nursing practice area over another practice area?
**Clarification: If you do not work in GN**: How would you describe factors that could have caused you to consider GN instead of your current field of nursing? **If you work in GN**: How would you describe factors that could have caused you to fail to consider GN and choose another field instead?

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**Any Necessary Further Probing**:

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**Checklist of Post-Interview Communication**:

- ✓ Inform the participant of having arrived at the end of the interview and that the recording will end.
- ✓ Ask the participant if there are any additional thoughts, questions, or concerns and address appropriately.
- ✓ Inform the participant that telephone contact might need to be made within the next 24 hours if any clarification is needed during transcription of the interview before completion of the transcript.
- ✓ Remind the participant to expect to receive the interview transcript by email, from the Walden University email address, for verification and feedback, as necessary, of the transcribed information (known as member checking).
- ✓ Thank participant for participation in the study and remind that study findings will be shared at conclusion of the study.

# Appendix D: Participants' Characteristics

## Summary of Participants' Characteristics

**Assigned Pseudonyms**

| | |
|---|---|
| Participant 1 | 15F |
| Participant 2 | 10L |
| Participant 3 | 02H |
| Participant 4 | 08W |
| Participant 5 | 05K |
| Participant 6 | 07S |
| Participant 7 | 11M |
| Participant 8 | 04D |
| Participant 9 | 20Y |
| Participant 10 | 03A |
| Participant 11 | 06T |
| Participant 12 | 01B |

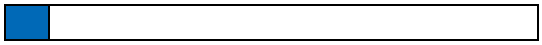
**USA Region**

| | |
|---|---|
| 66.67% West | |
| 33.33% South | |

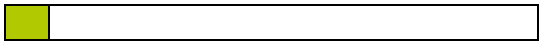
**Nursing Degree**

| | |
|---|---|
| 75% Bachelor's | |
| 25% Associate's | |

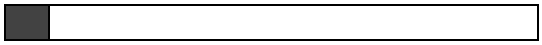
**Field of Nursing**



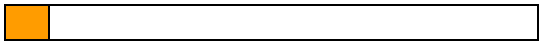
8.33% Neonatal-NICU



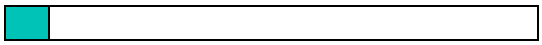
8.33% Hemodialysis



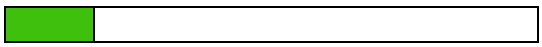
8.33% Pre-operative and Post-operative



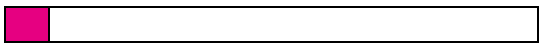
8.33% Outpatient Ear Nose Throat (ENT)



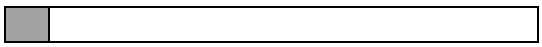
8.33% Critical Care



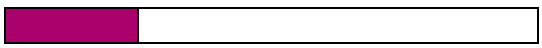
16.67% Intensive Care



8.33% Emergency



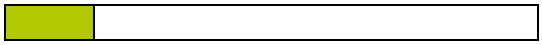
8.33% GN - Mental Health



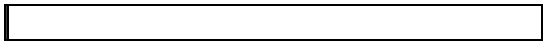
25% GN - Long Term Care

**Gender Group**

83.33% Female

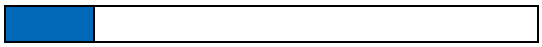


16.67% Male

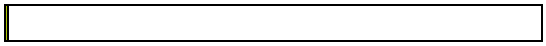


0% Other

**Age Range**

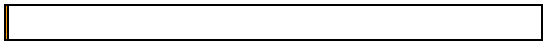


16.67% 55-64



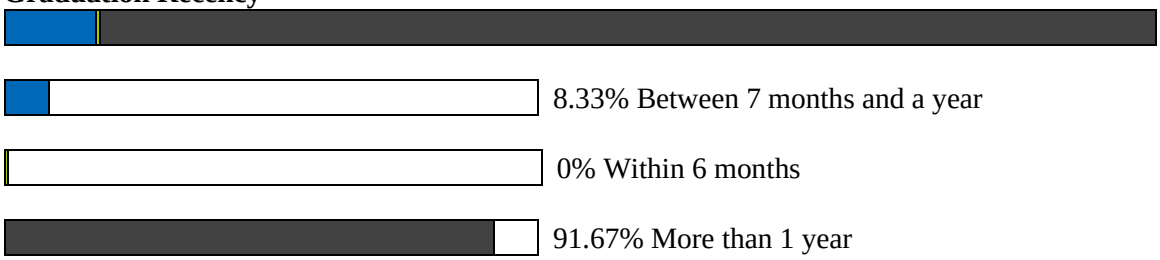
0% 43-54

83.33% 24-42

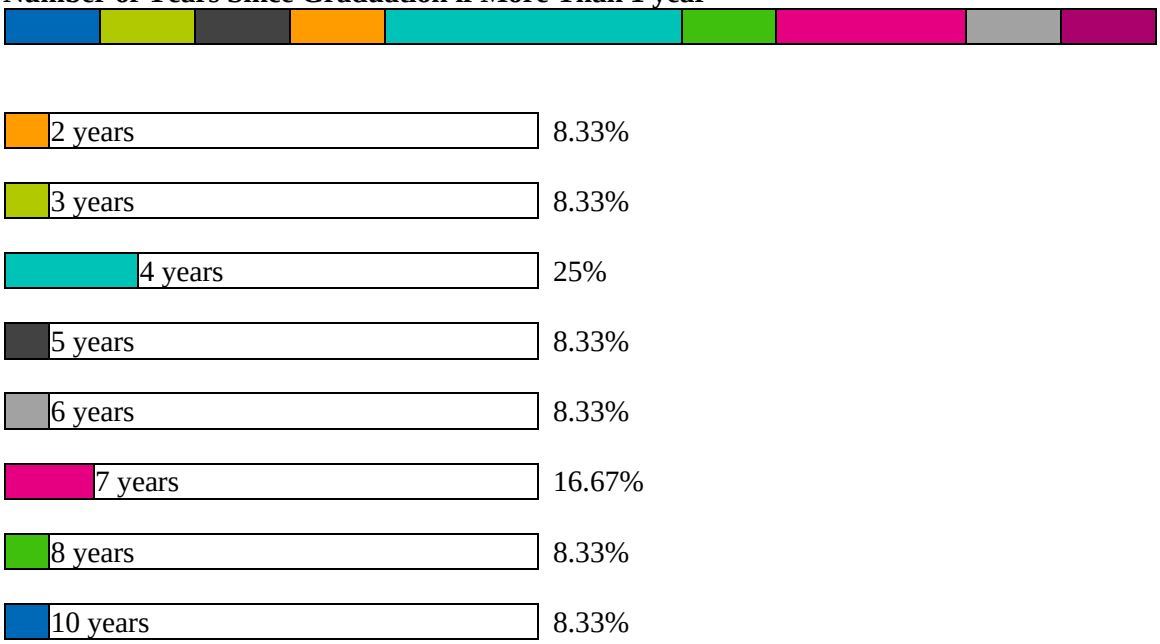


0% 19-23

**Graduation Recency**




**Number of Years Since Graduation if More Than 1 year**




**Race and Ethnicity**