



ENGAGING NURSING STUDENTS IN MEANINGFUL EDUCATION PERTAINING TO GERONTOLOGICAL NURSING STUDIES: A QUALITATIVE DESCRIPTIVE STUDY

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Abstract

Background: Older people are the greatest users of healthcare and nurses represent the largest number of healthcare professionals within the healthcare system to provide care to them. This fact highlights the need to understand how nursing students are learning to work with older people. Although studies identify that practicing nurses have gaps in their knowledge regarding the care of older people, these studies do not address *how* nursing curricula and education pertaining to gerontology needs to be improved. Conducting research surrounding nursing students' experiences working with older people in their undergraduate nursing program can be used to improve how student nurses are learning about caring for older people. **Methods:** A descriptive qualitative analysis used conventional content and thematic analysis of interview transcriptions, to identify factors that influence students' perceptions of working with older people and students' learning needs related to working with older people. **Findings:** Three themes emerged from the data analysis: perceptions about working with older people, preparation to work with older people, and advice for improving education. Findings from this study showed that nursing students' perceptions of working with older people were influenced by their clinical learning environment, past experiences, and theory courses that generally concentrate on adults as opposed to older people. **Conclusion:** There is a need for faculties to commit to providing more resources for a rich educational experience related to older people. Addressing ageist perspectives, in addition to how students learn and the learning environment in which they learn, will better prepare graduates for the future of nursing and positively impact the quality of the care older people receive. **Implications for Nursing Practice:** Enhancing the gerontology content within the nursing curriculum and the clinical environment could help increase the perception, willingness, and competence of graduating nursing students to contribute to positive health outcomes for older people.

Keywords: meaningful education, nursing students, older people, gerontology

People aged 60 years and older are increasing among the population (World Health Organization [WHO], 2018). Older people are the largest, most complex and most vulnerable users of the health care system (Canadian Institute for Health Information [CIHI], 2011). Despite the prevalence of this population, nurses do not have adequate knowledge and skills to meet their health needs (Flood & Clark, 2009; Koskinen et al., 2012, Rathnayake et al., 2016). Nurses who lack knowledge about working with older people may misinterpret signs of an acute illness (such as delirium) as a normal aspect of ageing (Dahlke et al., 2019b; Kjørven et al., 2011) or attribute seniors' health state to an age-related illness (Negrin & Dahlke, 2019; Williams, 2009) and consequently fail to provide adequate nursing care, leading to poor health outcomes for this population. Nurses are graduating with inadequate gerontological knowledge (Cooper et al., 2017; Fox et al., 2016). This is due in part to the ageist views of older people that exist in healthcare institutions, society, as well as within the nursing profession (Baumbusch et al., 2014; Dobrowolska et al., 2019; WHO, 2018). Examples of ageist behaviours include being impolite, not involving older people in their care, or ignoring their concerns (Chrisler et al., 2016). Negative perceptions about working with older people are also reflected in nursing students who perceive gerontology as an area of study that lacks challenge, advanced knowledge, and skill rather than as a specialization (Garbrah et al., 2017). Yet, perceptions and willingness of nursing students to work with older people can improve when they receive gerontological education (Dobrowolska et al., 2019; Koskinen et al., 2015; Rathnayake et al., 2016).

Background

Nursing faculties face many challenges in effectively educating student nurses about older people. Challenges to enhancing curriculum around gerontology include, but are not limited to: a loaded curriculum, inadequate preparation of nursing educators who teach gerontology (Baumbusch et al., 2012; Deschodt et al., 2010; Negrin & Dahlke, 2019), and lack of attention to ageism (Dobrowolska et al., 2019). Often, content related to older people is threaded throughout nursing curricula (Hirst & Lane, 2016). Yet, scholars who have examined the amount of gerontological content in nursing courses found that less than five percent of students' learning content related to this demographic (Plonczynski et al., 2007).

Placing students in their first clinical setting with older people can have long-lasting effects on how they perceive working with older people (Brown et al., 2008). This underscores the importance of the clinical environments where nursing students are placed and how a positive placement can contribute to their perception and understanding of working with the ageing population. Scholars suggest that placing students in long-term care facilities for their first clinical experience exposes them to negative practice (Baumbusch et al., 2012).

Nursing students who are learning fundamental skills such as bathing and feeding in these long-term care settings may interpret working with older people as not challenging and therefore become uninterested in pursuing a career in gerontology (Garbrah et al., 2017). Feelings of being overwhelmed, unprepared and incompetent during students' first placement in long term care can also discourage the nursing student from pursuing a career in gerontology (Brown et al., 2008).

Scholars have suggested that improvements to nursing education related to working with older people will improve long term quality of care of the aging population (Flood & Clark, 2009) and diminish negative perspectives among nursing students towards older people (Garabah, et al., 2017). In order to understand how to improve gerontological education, it is important to explore social and contextual factors that student nurses experience as they are learning to work with older people (Dahlke et al., 2019a). Thus, the purpose of this study was to explore nursing students' perceptions and experiences learning to work with older people.

Method

Design

A qualitative descriptive methodology was chosen for this study, because it creates room for a naturalistic setting to explore the social and contextual phenomena about how student nurses are learning to work with older people (Sandelowski, 2000; Thorne, 2016). This approach aids understanding of human complexities from the perspective of the humans experiencing the phenomena (Sandelowski, 2000). The researcher aims to understand and use thick descriptions to provide the participant's perspective.

Setting and Sampling

A large university in Western Canada was selected as the site for this study. The study involved one in-person focus group (with 5 participants), and 6 telephone semi-structured individual interviews. Participants were in the third and fourth year of their undergraduate nursing program. They were recruited using purposive and snowball sampling through poster placement on information boards and via email (Polit & Beck, 2019).

Ethics

The research project was approved by the university on record in accordance with the tri-council policy statement. Participants were emailed information sheets about the study, and were asked if they had any questions prior to providing an audio recorded assent for the study, or signing consent of focus group participants. Data files were stored in a password encrypted file that could only be accessed by designated team members. The transcribed data were de-identified by a graduate student prior to data analysis. Participants were given pseudonyms. Participants in the single focus group were asked to keep the information shared confidential.

Data Collection

The focus group and individual interviews lasted between 15 to 30 minutes, were audio-recorded and transcribed verbatim. Our semi-structured interview included the following questions: Please describe your learning experience related to older people; What are the positive and negative experiences working with older people; and what are your suggestions for where content and experiences about older people should be in the nursing program.

Data Analysis

Conventional content analysis and thematic analysis were used to analyze the data. Hsieh and Shannon (2005) defined qualitative content analysis as the subjective interpretation of text content through the process of coding and theme identification. According to Braun and Clarke (2006), thematic data analysis is defined as “a method for identifying, analyzing and reporting patterns (themes) within data with richness in relation to the research question (p. 79).” An inductive approach was used by reading the transcripts, identifying codes and examining how codes fit together to develop categories, and how these categories fit together to form themes. The researchers began by reading and coding three interviews, then met and discussed similarities and differences until agreement was reached. A coding framework identifying the codes and their definitions were developed from this discussion. The framework was used in coding the remaining interviews. Once coding was complete the researchers met and discussed codes that were similar, collapsing them into categories. A discussion of how categories fit together to form themes finalized this process. Pseudonyms

are used to protect the anonymity of participants.

Rigor

Direct quotes were used to provide a thick description which contributed to the study credibility. The researchers independently coded and analyzed interview data that met the study inclusion criteria. Finding confirmability and dependability was supported by data triangulation of initial coding, categories, and themes between researchers in addition to the analytic processes undertaken. Transparency of the researchers' data collection and analysis decisions contributes to study dependability. An audit trail and reflexive journal were kept to track the progress of this study and reflect on researchers' experiences to mitigate their impacts on the research process (Polit & Beck, 2019). Description of the context and sample further contributes to transferability of findings in similar conditions.

Findings

Eleven nursing students participated in this study. They were all female (n = 11), and ranged in age from 20 to 30 years old. Participants were either in their third (7) or fourth (4) year of the nursing program. The themes developed from the data analysis include *perceptions about working with older people, preparation to work with older people and advice for improving education.*

Perceptions about working with older people

Participants' perceptions of older people were both positive and negative, arising from their *clinical placements, complexity and prevalence, and past experiences.*

Clinical Placements

Participants were clear that their experiences in their clinical courses had a profound impact on their perceptions about older people and their perceptions of nursing practice with older people. These perceptions were heavily influenced by their first clinical experience and could be perceived as positive or negative depending on the nature of their experience. Some participants viewed their first clinical experience in Long Term Care (LTC) as a safe learning

environment where older people were understanding of the students' role and *“happy to have young students come and help them out”* (Kiri, 4th year). These feelings of safety allowed participants to have the time to become comfortable with older people, build on their communication skills and provide holistic care to this population.

In contrast, when students were unsure of their nursing role or witnessed acts of unprofessionalism towards older people, they felt uneasy and reported having negative perceptions of working with older people. Jennifer (3rd year) highlighted how staff who were taking care of the residents often deemed those who were low functioning as a lower priority in care and did not *“see them as people.”* This resulted in failure of the staff to take any *“extra time”* (Jennifer, 3rd year) or to have one-on-one periods with them, which was notably different from how staff treated residents who were considered higher-functioning. Jennifer (3rd year) also mentioned how sad it was when staff *“would come in, do their job and then leave”* without spending any time with the older residents. She expressed the need for a change amongst the healthcare workforce who work with older people, as she felt that some staff did not feel the older residents were worth their time. Jennifer also reported being unable to see the RN role integrated into the clinical setting as she stated, *“the nurses that I’ve come in contact with, there’s not very many of them on the unit, so there [were] only one or two LPNs.”* It appeared there were more Licensed Practical Nurses (LPNs) at her clinical placement than Registered Nurses (RNs). She witnessed the LPNs lack of personal contact with older clients when they came in contact with them during tasks such as medication administration.

These types of experiences contributed to students’ perception that working with older people didn’t seem exciting. For example, Kayla (4th year) described in her experience she *“wasn’t really being challenged”*, and that although she found it *“a good experience [she was] keen and ready to start learning more things about the older population.”* Kayla (4th year) explained the purpose of the placement was, *“just to get comfortable with being with patients, and the focus is more so on ADLs [Activities of Daily Living] [such as] feeding, changing, and helping dress the patient.”* Kayla (4th year) discussed that these types of activities carried on in her *“second acute placement, when I did work with the older population, I think I found it to be just kind of repetitive at some points, even though I had like, progressed in my degree, I was still dealing with like the same, like level of acuity when it came to the older population.”* It would seem that when she saw older people in a higher acuity area, she did not see any different challenges from the older people who she had worked with in LTC.

Participants in the focus group agreed with Wendy's (3rd year) statement, *“my clinical felt like it was too long. [Group: Affirmative sound] with just us talking, and talking”* while providing basic care needs such as activities of daily living (ADLs) in the LTC and Assisted living facilities. These initial experiences where students were learning the fundamentals of

nursing care in LTC settings were often perceived as basic, non-challenging tasks. Laura (3rd year) suggested that they could have found better uses of their time spent in LTC, as she went on to say, *“I could have used that time like, to practice more skills.”* This suggests that skill development was desired by some students, however it is unclear if students were associating this population as one in which advanced skills were not needed.

Participants expressed their frustrations with feeling unprepared to work with older people as well as how older people would react to them. Claudia (3rd year) expressed how some older people would *“deny or reject what I’m trying to do, and I try to explain it, but they still like, reject it.”* This experience led to participant having to go to her instructor voicing *“I need help”* (Claudia, 3rd year) and could lead to feelings of frustration for new learners who were trying to build their nursing skills. Laura (3rd year) described frustration related to feelings of unpreparedness to work with older people: *“I actually hated my job and had no background knowledge about older adults besides that one course where we learnt about theories about older adults.”* She was referring to a foundational course she took in her first year in the nursing program. Kiri (4th year) explained that *“theory class content was more about chronic diseases ...which wasn’t really related to LTC as much.”* In other words, learning about chronic diseases did not fully capture the practicalities they faced in LTC leading to a disconnect between *“the actual curriculum [and] clinical experience”* (Kiri, 4th year).

Complexity and Prevalence

The prevalence of older people coupled with the complexity of care associated with ageing, played a significant role in participants’ desire to work with this population. Sarah (4th year) expressed her classmates’ surprise about the prevalence of older people in the healthcare system in statements such as, *“Oh, so I’m STILL working with old people, like I thought that now that I was in surgery I would get like, younger”* (Sarah, 4th year). Sarah advised that *“I think it just needs to be reinforced that no matter where you work, you’re still gonna be working with older adults.”* This way, nursing students would be able to realize that the majority of older people with complex needs are who they will see seeking healthcare services.

Some participants acknowledged that the population they were seeing in their clinical experiences did not reflect the entire aging population. One participant noted that they were continuously *“exposed to the frail older adults who are in the hospital [despite there being a] population of really healthy 90 year-olds who are still driving, [and] still active in the community”* (Lizzy, 4th year). Students that are only given learning opportunities surrounding

frail and ill older people, may reinforce negative- stereotypical ideas surrounding normal ageing. This in turn, may impact how students perceive the uniqueness of this population. These negative stereotypes were additionally perpetuated in students' first experiences with older people in LTC settings. Accordingly, Jennifer (3rd year) shared, "*Oh, it's long-term care, I don't wanna do this anyways, I'm not gonna – put effort into it.*" It would seem that these first experiences were pivotal in establishing nursing students' perspectives about working with the older population.

Past Experiences

Previous experiences within participants' families or in previous work and clinical roles influenced nursing students' perceptions about working with older people. Jennifer (3rd year) had past experience as a Health Care Aide [HCA] prior to the nursing program and explained how "*sad [she felt due to] experiences with long-term care back home, before I came to university... [where she saw] the exact same situation [of older people being]... treat[ed] like they're not worth [caregivers] time.*" In other words, quality care, time and attention seemed to be missing from the care older people received. On the other hand, Kiri (4th year) expressed her exposure to working with older people as "*a good eye-opening experience to kind of what that whole area entailed [from people she knew] like my grandparents and family friends.*" With this exposure in assisted living and LTC, she was able to embrace how people aged differently and uniquely in order to provide individualized care to them. Based on her previous experiences, Lizzy (4th year) highlighted the need to treat and communicate with older people in a respectful way knowing that despite their hospitalization, "*they're human[s] who are – who have lived experience and are not children.*"

Preparation to work with older people

Participants believed that preparation to work with older people was under-emphasized. The categories *lack of information, learning strategies, and developing communication skills* were developed from this theme.

Lack of Information

Participants identified that fundamental information in providing care, communication

skills, and the chronic conditions that are often seen in older people was missing in their education. For instance, Kayla (4th year) expressed, *“topics and illnesses are presented, and symptoms and case studies and all these things were presented, but – we never really touched on that older population aspect.”* Many participants explained that just learning about illness did not provide holistic education towards older people. Jennifer (3rd year) said, *“I think I had some information about older adults, but not necessarily how to treat them with kindness and care.”* In class content was stated to predominantly reflect healthy adults, who often had no difficulties communicating their needs to students. Nick (3rd, year) stated, *“real life is really different from textbook”* which highlighted this participant’s desire for practical knowledge in addition to their in-class theoretical knowledge. Kiri (4th year) summed up how gerontological considerations of body systems were reviewed in her health assessment *“but not really about actually working with them and what would be different.”* In other words, the need to realistically reflect the aging population is important for students’ preparation to work with this demographic.

Some participants expressed their frustrations of not having the necessary skills to work with older people who had dementia. When students worked with older people with advanced dementia, they often shared their feelings of helplessness, as they were unsure of what to do. Claudia (3rd year) explained her experiences with dementia patients: *“I don’t think I’m prepared... there’s the aspect of like, how do you communicate with them without making them more agitated.”* This participant explained that lectures focused primarily on the pathophysiological aspects of the older person, without exploring therapeutic communication techniques. Claudia (3rd Year) explained the challenges of *“de-escalating – like some of them can get very like, aggressive when they get agitated. Like to be honest, I don’t know how to like, feel safe in that kind of situation...”* Students found it challenging to develop a nurse-client relationship with older people who were experiencing dementia as they felt that more education and training were required.

Learning Strategies

Participants viewed simulation, videos, learning activities preceding clinical experiences, guest speakers, population specific textbooks, and required textbook readings as learning strategies that may enhance their learning or conversely, impinge learning. Kayla (4th year), Kiri (4th year), Nick (3rd year), and Laura (3rd year), expressed how valuable the simulation lab was to their learning. Laura (3rd year) explained, *“they are always safe and non-judgemental.”* On the other hand, simulation was also said to not be as realistic as the actual in-person experience: *“it’s not the same as treating a real person with dementia [even if] they try and model it as much as possible”* (Jennifer, 3rd year). Moreover, fourth years

Kayla, Kiri, and Sarah, as well as third years Claudia and Lyndi believed that the use of videos was essential to their learning. Kayla (4th year) explained that, *“videos would’ve been good... videos that were current – or could relate and really present the information well.”* Kiri (4th year) supported the effectiveness of having videos for visual-learners as she explained, *“videos are always a good way to learn, [and] I think people are visual learners a lot of the time.”* Lyndi and Claudia further added, *“Oh, those videos where they upload for lab – [Lyndi: Videos?] They’re really helpful, [Lyndi: Yeah] I think. They like go through each step by step, but like – cautions, and like [Lyndi: Yeah] yeah. Those are really helpful.”*

Other participants believed it was important to learn about physical assessment for older people preceding a placement with predominantly older people. Nick (3rd year) explained *“if you taught it in second year, it would be fresh in the mind and it would be better practiced throughout clinicals when we’re actually working with the geriatric population.”* Nick was referring to second year as that is when students had their first clinical placement in LTC. The idea of learning content at the same time or just before a clinical placement was also expressed by Sarah (4th year): *“I feel like as soon as you start your clinical, that’s when you definitely need to – like maybe at the same time learn about it so that it is – you’re doing what you’re learning about ... [It] sticks a little better that way, ‘cause if you learn about it before and you don’t realize how relevant it is and how important this will be, sometimes you forget.”*

Participants also mentioned how it would be helpful to have an age or population specific textbook that focused on geriatric considerations. To illustrate, Wendy (3rd year) stated: *“A lot of the textbook is just like, general.....so – one specific textbook would be nice.”* Kiri (4th year) added that *“a required textbook that has required readings that are integrated throughout the course, I think, would be the best.”* Wendy (3rd year) further explained that she has learned best from *“readings that were like shorter, and more impactful.”* as opposed to assigned readings that lack age-specific content and require an unrealistic amount of reading. Time constraints were identified as a reason for this.

In addition to wanting a more *“interactive [textbook, as they can sometimes be very] overwhelming”* (Nick, 3rd year), other participants had different views about textbooks as Kiri (4th year) explained, *“I don’t think that getting another ...textbook would be a very good idea – I think it’d be overwhelming to people.”* Kayla (4th year) added that *“readings can be like 100 pages long and take a lot of time to go through.”* Lizzy (4th year) shared her point of view that *“people can connect – like when they’re able to interact... you don’t interact with the content the same way, like if you’re just reading about it.”* In other words, reading text without a connection to the material through simulation or clinical experiences would not have the same impact.

Equally important, participants found that a guest speaker who was experienced in

working with older people greatly enhanced their learning. Jennifer (3rd year) explained how having “*someone that came in who was very experienced in this area, loved it and was super passionate about it... will influence people to love it.*” On the other hand, Kayla (4th year) brought up her experiences with making presentations as a learning strategy and expressed that she “*didn’t enjoy making presentations [because] I didn’t really know what I was missing. I didn’t know like what [or]– if I’m getting all the key points and if that’s filling all the holes.*” Kayla was unsure if she covered key areas of the course when instructors assigned topics to students to present to their peers.

In summary, participants felt more could be done within the curriculum to improve their learning on how to work with the older population. If participants had experienced activities that prepared them for clinical practice, they often had less suggestions for improvement. Being given practical clinical preparation about how to work with older people demonstrated the importance of both working with older people and the need for practical information.

Developing Communication Skills

The development of appropriate communication skills influenced how nursing students perceived working with older people. A gap was noted by participants on how to communicate effectively with dementia patients. Jennifer (3rd year) explained, “*They didn’t teach us like, how you can’t just treat them like everyone else, there’s special communication tricks and stuff with them.*” Claudia (3rd year) described her experience while working on a dementia unit as “*mentally draining [with the perception that she] didn’t really have that training from like being in school*” to work with, and feel safe while caring for patients living with dementia. Likewise, another participant expressed how nervous she felt talking to older people, “*Oh, it’s ‘cause of me, [but later realized] it’s ‘cause they have like, hearing problems and vision problems*” (Melody, 3rd year). This example validates that, if students did not recognize the communication challenges that older people face, they would not know how to accommodate these communication needs.

Kiri (4th year) identified that a beneficial way of learning to communicate with the older population was to immerse yourself in conversation by “*talking to them and working through it,*” no matter the topic of conversation. This participant felt that a hands-on real-life experience was more beneficial to a lesson on effective communication strategies. Kiri (4th year) went on to explain “*it was really hard for me to communicate with some of the older adults, and like I had no idea what to say when they were just like yelling, like, ‘I don’t want to do this!’ Like, I just didn’t know how to communicate properly.*” Participants needed

guidance of what to say in these types of situations as well as how to start a conversation with an older person. Kayla (4th year) expressed her concern for finding alternative ways to communicate with residents that were unable to voice their concerns: *“I think on the other side, I struggled with the patients who are more so maybe nonverbal, or their conditions are quite progressed, and trying to learn how to read those cues.”* Lizzy (3rd year) added that she would often notice caregivers speak to the older residents as if they were children and *“I think that it’s important to have like that knowledge and also being able to communicate in a way that is like, respectful and takes into account that they’re human who are – who have lived experience and are not children.”* Assertiveness, de-escalation, and having tough conversations such as those involving goals of care, death, and palliative origins were other areas of identified communication needs by participants.

Advice for improving education

Participants provided insights into ways the nursing curriculum could be improved to better prepare students to work with older people. This is discussed in the following categories, *throughout the program* and *clinical preparation*.

Throughout the Program

The point at which exposure to older people learning should be introduced was predominantly viewed as throughout the program as opposed to having content introduced at one point in time or in a focused course. Having this information threaded throughout the nursing program and having the in-class learning content match with clinical experiences was discussed by most participants. Jenifer (3rd year) advised that the *“complexity aspects of treating older adults [should be] in each year and [in] each part of the curriculum.”* Lizzy (4th year) explained, *“I think having that exposure at the same time as long-term care would have like, opened my mind a bit more, earlier.”* Sarah (4th year) added, *“I feel like as soon as you start your clinical, that’s when you definitely need to [learn]– like maybe at the same time learn about it so that it is – you’re doing what you’re learning about.”*

Students’ exposure to the complexity of older people impacted how students perceive the geriatric population and believed that having more healthy-ageing exposure to older people was important. Sarah (4th year) talked about her experience working with healthy older people: *“I got to see this like healthy aging thing, but not everyone else did.”* Lizzy (4th year) expressed the need for students to be exposed to *“healthy aging [as] really important [and as] a huge component that’s missing from what we are exposed to when we’re going*

through nursing school.” Nursing students who were not exposed to healthy ageing could get the impression that the majority of older people tend to be sick and hospitalized, which could influence their willingness to work with this population.

When participants were asked about the best time to introduce older person content into the curriculum, Nick (3rd year), Kiri (4th year), Lizzy (4th year), Claudia (3rd year) and Laura (3rd year) suggested that this content should be introduced in second year, at the point where students are first exposed to older people. Nick (3rd year) stated, *“I think in second year, a refresher on the older adult population”* would have benefited him. While Kiri (4th year) added, *“Like a second year, second semester course? kind of before you’re – maybe either during your long-term care placement”* would have been the best point of exposure to this learning content. Kayla (4th year) also expressed how beneficial it was to *“start learning.. more simpler things [about older people] and being able to progress”* from then on.

Although participants may have had different opinions about when to start the content about older people, most recommended an integrated approach to learning the content about older people throughout the nursing curriculum. For example, Jennifer (3rd year) explained that this was important to her because: *“You’re not gonna remember much from your first year going into your fourth year, so I think maybe even just trying to implement it throughout the entire program would be better.”* One participant further suggested that clinical placements at the beginning and at the end of the nursing program would positively impact more students’ perceptions about older people, along with their motivation to work with this population. Nick (3rd year) explained that *“if maybe like, students can maybe in the future work one semester on older adults, like near the beginning, and then another one near the end,”* then it would refocus their learning on older people. He advocated for in-depth learning, concentration on older people for a length of time as opposed to having the content threaded throughout the program. This idea was to give students more opportunities for in depth learning on older people.

Clinical Preparation

Depending on whether or not participants had experienced clinical preparation in advance of their experiences with older people, they felt either more or less prepared to work with older people. Feelings of frustration and uncertainty were associated with feeling unprepared for the complex circumstances that they could encounter. Laura (3rd year) explained, *“I don’t feel well – really trained – or like, I don’t know enough information to be like – kind of, handling these clients?”* This participant was referring to what she perceived as inadequate education on approaching and caring for older residents who experienced

dementia, delirium, or depression. This lack of preparation led to feeling unsafe when working with patients who became aggressive: *“like some of them can get very like, aggressive when they get agitated. Like to be honest, I don’t know how to like, feel safe in that kind of situation, or how to even like, know when they’re gonna hit you”* (Claudia, 3rd year). Although Claudia (3rd year) acknowledged they had a lab on dementia, she expressed that *“It was just like, how to talk to them, like – how to like – like you hold their hand while you do their ADL... –[but] when I was working in the dementia unit. I was like, ‘Oh, like I didn’t learn this.”* As a result, she recommended that more information on health assessment and communication strategies while working with older people should be implemented to better prepare students going into clinical. Kayla (4th year) pointed out the differences she saw between the in-class learning and the preparation necessary for the clinical setting: *“when we talk about assessment in class, it’s pretty on the generic, like healthy – like middle-aged [person].”* Participants believed that students could be better prepared for the practicalities of communicating and working with older people and in particular, those living with dementia if more time was spent on these areas.

Discussion

The key findings from this study suggest that nursing students' perception of working with older people are influenced by their clinical learning environment, past experiences, and theory courses which concentrate on adults as opposed to older people. Students had differing ideas about the learning strategies they felt would improve education about the aging population, which suggests that a variety of approaches to learning may be the most effective strategy. Earlier research highlights the lack of gerontology content in nursing curricula (Baumbusch et al., 2012; Hirst et al., 2012; Negrin & Dahlke, 2019). Scholars have suggested that faculty development related to working with older people is essential if this is to change (Baumbusch & Andrusyszyn, 2002; Negrin et al., 2020; Plonczynski et al., 2007).

In this study, participants identified the negative practices towards older people that they were exposed to during their clinical placements and past healthcare experiences. Scholars have identified that negative stereotypes towards older people, known as ageism (Butler, 2009), is so embedded in everyday cultural practices that people may be unaware of it (Palmore, 2015), especially to those working in healthcare settings (Kagan & Melendez-Torres, 2015). Negative stereotypes, abuse, harmful and brutal actions towards individuals due to their age are common forms of ageism (Kagan & Melendez-Torres, 2015; Kagan 2008; Mysyuk et al., 2013). Palmore (2015) suggested that ageism can be reduced through awareness. Improved awareness of ageism in nursing students' theory and clinical content could be implemented to reduce negative stereotypes towards older people. Dispelling

negative stereotypes of aging from the next generation of nurses will enhance the quality of nursing practices with older people.

Participants in this study were exposed to negative practices from the healthcare staff in their clinical placements. Unless their clinical teacher was a gerontological expert who could discuss the implications of what they witnessed, students were at risk to normalize the behaviour they witnessed as appropriate care. There is a dearth of gerontological educators to prepare nursing students for the role of the RN when working with older people (Baumbusch & Andrusyszyn, 2002; Deschodt et al., 2010; Gilje et al., 2007; Hirst et al., 2012; Koskinen et al., 2015; Xiao et al., 2008). Zarshenas et al. (2014) study highlights that nurses and their clinical teachers are role models who model how to be a nurse, and can influence how nursing students perceive their role. When students are exposed to nurse educators who are passionate and knowledgeable about the older population, their interest and perceptions about working with older people increases (Duggan et al., 2013). A study that gathered data from six countries asserted that nursing students are motivated to work with older people when they are taught by nurse educators who are informed, experienced, and insightful about geriatrics (Kydd et al., 2014).

Despite decades of scholars suggesting the need for including more gerontological content in the nursing curriculum (Baumbusch & Andryzyn, 2002; Negrin & Dahlke 2019; Plonczynski et al., 2007), the American Nurses Association suggests that two-thirds of nurses do not know enough about older people (Nunnelee et al., 2015). In a recent study, one nursing faculty claimed to have gerontological content integrated throughout theory courses, yet both faculty and students identified that it was skimmed over and most of the focus was on the generic adult demographic (Dahlke et al., 2020). This is similar to our findings as students reported feeling unprepared to work with older people, due to a mismatch between their theoretical learning and their clinical experiences. Our findings suggest that nursing education needs to include theory and practical clinical strategies that relate to communication and managing the complexity of persons with dementia. We believe that improvements to nursing education in relation to working with older people will improve their long-term quality of care (Flood & Clark, 2009) in addition to diminishing negative perspectives among nursing students towards older people (Garabah, et al., 2017).

Some limitations however, should be noted. First, there was a small sample size. Second, the participants selected for this study were pursuing a BScN degree from one university and therefore, the results obtained from this study may not be transferable to other sites. We hope that the thick description will help readers to see if it is similar to their sites.

Implications

We recommend that a variety of learning strategies be employed in nursing education related to older people, to create a richer educational experience. Theoretical content should include in-depth consideration on gerontology throughout their program since most students are exposed to this population in their education and later in their career (Plonczynski et al., 2007). The clinical environment in which students have their first clinical experience needs to be reviewed thoughtfully to ensure that students see the role of the RN and are prepared for the complexity of the population they will be encountering.

Our study participants suggested that videos, simulation labs, real experiences with older people, and gerontological educators as key points that can be taken into consideration when trying to enhance students' learning in regard to older people. We agree with Negrin et al. (2020) that innovative ways of learning, faculty development and more gerontological experts are needed to facilitate students' learning about older people. To better understand nursing students' perceptions about meaningful education of older people, more education and research is necessary to diminish negative practices towards older people and the adverse ramifications of ageism.

Conclusion

Meaningful gerontology education can be built through deliberate interventions; however, it is critical that nursing faculties are committed to providing resources for a rich educational experience on older people's content. By skillfully improving education on older people in the nursing curriculum to reflect substantial gerontology content taught by adequately prepared nurse educators, nursing students will be able to find meaning in the care of older people. Addressing ageist perspectives and taking into account how students learn and the learning environment in which they learn will prepare them for the future of nursing and positively impact the quality of care older people receive.

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