RESEARCH REPORT SERIES

Aotearoa New Zealand student nurses' perceptions of working in aged care: August 2024

By Dr Samantha Heath, Sue Hudson, Nasyitah Abd Aziz, Dr Ruth Crawford, Dr Peta Taylor, Dr Eltahir Kabbar, Dr Bernadette Solomon, Dr Pam Foster, Victoria Munro, Molly Page, Michelle Rogalin-Henderson, Robina Mall, Shobha Johnson, Janice Groube, Adrianna Grogan, Christianah Adesina, Fiona Soper, Michelle Eleno, Jillian Phillips and Maia Topp

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Foreword

Supporting an ageing population is a globally recognised challenge (United Nations, 2020; World Health Organization, 2023). In the next ten years, the healthcare sector in Aotearoa New Zealand will confront this significant issue as the number of older adults markedly increases (Stats NZ, 2020). By 2036 over a quarter of the population of New Zealand will be over 65 years old (Te Pou o te Whakaaro Nui, 2019.) This demographic shift warrants significant attention because of increasing longevity and the number of older adults that will be living with complex or multiple diagnoses requiring supportive healthcare. As a consequence of technological and medical advances, adults will be living longer with chronic illness and the effects of ageing.

Nurses are at the front line of healthcare and are ideally placed to respond to the changing demographic. It is imperative, therefore, that we understand how well we are preparing nurses for doing the work that will be required. As educators, we need to understand what curriculum developments might be needed to support a well-prepared future nursing workforce (Heath et al, 2023).

This is the second of three reports about the future nursing workforce and aged care, in which student nurses' perceptions of working with older adults are examined. In conjunction with the earlier report on the stocktake of clinical placements, these findings will form the basis of the final phase of the research, a consultation with the profession and broader community about their views on what should be included about older adult healthcare in pre-registration nursing programmes. It will be our opportunity to ensure the readiness of our future nursing workforce in Aotearoa New Zealand.

Samantha Heath, August 2024

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Literature Review

INTRODUCTION

Life expectancy in Aotearoa New Zealand is increasing (Vollset et al., 2020). By 2036 over a quarter of New Zealand's population will be over 65 years (Stats NZ, 2020). It is a picture of demographic change repeated across the globe. With increasing life expectancy comes the need to provide health services tailored to supporting people living active lives well into old age, as well as care provision for the increasing morbidity of many diseases, chronic illnesses and disabilities (World Health Organization, 2023). The requirement for registered and enrolled nurses to provide nursing care to a growing number of older adults will increase commensurately. Consequently, the future nursing workforce will need to be adequately prepared to meet the healthcare needs of older adults wherever they choose to develop their careers, since older adults will use most of the available health specialties.

Current evidence indicates that personal experience and interaction with older adults, together with the influence of curriculum experience and clinical exposure, is significant in the development of student nurses' perceptions (Holroyd et al., 2009; Neville et al., 2014; Rababa et al., 2020). Their perceptions of older adults are not always reported as being positive and this can impact on the quality of service provided. Expressed as behaviour, a poor perception of older adults has been found to be a barrier to the effective organisation of care packages (Neville & Dickie, 2014). Negative perceptions of older adults have also been reported as a barrier to treatment in the wider healthcare setting (Chang et al., 2020; Inouye et al., 2021), creating further intersectionality where health inequalities already exist. This contributes significantly to the overall cost of healthcare (Neville & Dickie, 2014). At the forefront of healthcare, nurses are in an ideal position to address these barriers and inconsistencies, yet there is an absence of research on Aotearoa New Zealand student nurses' perceptions of older adults in the context of current curriculum provision. As 75% of new nurses graduate from nursing programmes offered by Aotearoa polytechnics, there is a need to understand student nurses' perceptions of older adults to determine whether the future nursing workforce is positioned to take up the mantle of effectively caring for our ageing population and to inform future curriculum development.

The first report in this series presented the findings of a stocktake of placement preparation and clinical experience for Aotearoa student nurses in aged care settings. The undergraduate curriculum was examined from the perspective of its purpose, topic inclusion, supporting placements and clinical supervision with respect to Aotearoa's changing demography and the contemporary issues raised about preparation for practice in response to this change. The purpose of this research, then, is to add the student voice on current curriculum provision through the exploration of Aotearoa student nurses' perceptions of working with older adults. The findings, in conjunction with those from the earlier stocktake, will be used to illuminate the relationship between curriculum provision and the development of student nurses' perceptions, creating a platform for professional and community

consultation in the final phase of the work. This future work will canvass expert opinion about the requirements of a contemporary nursing curriculum that might be adopted to adequately prepare a future nursing workforce to meet the health needs of older adults throughout the health service provision in Aotearoa New Zealand.

DEFINITIONS

There are several terms used interchangeably within the literature relating to older adults. These terms, 'aged care' and 'aged residential care', will be used consistently throughout this report and are adapted from the definition used by the Australian Government (2020):

> Aged care is the support provided to older people in their own home or in an aged residential care home. It can include help with everyday living, healthcare, accommodation, and equipment such as walking frames or ramps.

Aged residential care will be used to mean aged care (as described above) that is being provided within a residential facility.

The definition of older people is taken from the United Nations (UN) as being people over the age of 60 years (United Nations, 2020).

DEFINING 'PERCEPTION'

A significant body of work in the gerontological nursing literature has focused on the attitudes held by both qualified and student nurses working in aged care (Brower, 1985, Carlson & Idvall, 2015; Celik et al., 2010; Dahlke et al., 2019; Henderson et al., 2008; Holt et al., 2023; King et al., 2013). Latterly, there has been an increased interest in student nurses' attitudes towards older adults, and their perceptions of working in aged care have garnered global attention across the nursing profession, government departments and from service providers. In part, this shift has been due to the worldwide shortage of qualified nurses (Auerbach et al., 2013, World Health Organization, 2023; Nursing Council of New Zealand, 2020a), declining numbers of nurses opting to take up positions in aged care (Nursing Council of New Zealand, 2018; Neville et al., 2014), and the forthcoming shift in the population demographic that will likely see a greater number of older adults accessing all medical specialties with a consequent need for workforce development (World Health Organization, 2023; Nursing Council of New Zealand, 2020a; Ministry of Health, 2020). However, in their review of studies examining undergraduate nurses' attitudes, perspectives and perceptions towards older adults, Neville and Dickie (2014) recognise several issues regarding using the terms 'attitudes', 'perspectives' and 'perceptions' in the literature. The terms have been used interchangeably within individual studies, resulting in a lack of conceptual clarity (Neville & Dickie, 2014). Thus, while Neville and Dickie (2014) advocate that nurses' attitudes, perspectives and perceptions should be considered distinct to elicit precise study results, the prevailing literature is inconsistent. The current study focuses on student nurses' perceptions of older adults, in which the term 'perception' can be defined as, "an idea, a belief or an image you have as a result of how you see or understand

something" (*Oxford English Dictionary*, 2023). However, it is also relevant to consider students' attitudes towards older adults in addition to their perceptions of working in aged care environments, since these findings have value in understanding the implications for nursing education.

PERCEPTIONS OF OLDER ADULTS AND WORKING IN AGED CARE

Factors and attitudes
A review of factors associated with registered and student nurses' attitudes to older adults by Liu et al. (2013) concludes that the most frequently researched variables, such as age, gender and educational level, were not consistent predictors of attitude toward older adults. Similarly, Lambrinou et al. (2009) found that opting for nursing as a first choice of career was even less so. However, having a preference to work in aged care and knowledge related to ageing appears to underpin more positive attitudes (Liu et al., 2013). Henderson et al. (2008) and Swanlund and Kujath (2012) also demonstrate that having an interest in working with older adults is more pronounced among student nurses with greater aged care knowledge or prior work experience. The latter finding is further validated in the work of Neville et al. (2014), who propose that the more positively students found working with older adults prior to their course, the more positive their perceptions, and vice versa. Holroyd et al.'s (2009) work also outlines other determinants that significantly shaped student nurses' perceptions of older adults. Interestingly, these included views about the perceived status of the clinical environment.

Students deemed that acute care was of a higher status than long-term care, and perceived resource deficiencies in the aged care system contributed to its lack of appeal as a career choice, as did inadequate gerontological content in nursing education programmes (Henderson et al., 2008; Holroyd et al., 2009; Hsu et al., 2019; Swanlund & Kujath, 2012). Here, Duggan et al. (2013) observe, nursing curricula are often premised on the idea that the patients admitted to hospital would become sicker and more acutely ill as health policy embraced care in the community. The preferencing of acute care within nursing curricula creates an image of nursing that lacks usefulness in contemporary healthcare. Both Gillespie (2013) and Xiao et al. (2013) articulate that such images of acute nursing reinforce societal stereotypes of nurses and nursing, and unintentionally negate the relevance of placements with older adults. Further, Fagerberg and Gilje (2007) point out that the subsequent incongruence of academic and clinical environments can be confronting, resulting in deterioration of student perceptions of older adults and avoidance of choosing to work in the aged care specialty at all. Consequently, there is a potential for students to lack preparation for meeting the health needs of older adults. In the last 20 years in Aotearoa New Zealand, there have been calls for updates to the education of health professionals (Ministry of Health, 2016; Cornwall & Davey, 2004; Health Workforce Advisory Committee, 2003; Ministry of Social Policy, 2001), and for nursing in particular (Heath et al., 2023), to respond to changes in global and local demography such that the healthcare needs of older adults are reprioritised.

Declining positivity

The findings from studies by Happell (1999, 2002) and, later, Dahlke et al. (2019) add another perspective. These works reveal that students' perceptions of older adults deteriorate during their nursing programme. Dahlke et al.'s (2019) findings are congruent with other research, which reports that attitudes towards older adults are poorest in the third year of nursing programmes, after students' exposure to several clinical placements where the patient demographic tended to be older (Holroyd et al., 2009; Wareing et al., 2017). Dahlke et al. (2019) offer two explanations for the decline of student nurses' perceptions at a specific point in a nursing programme. First, it is suggested that learning technical skills in acute care placements is emphasised until the third year of nursing programmes in Canada (Dahlke et al., 2019). Dahlke et al. (2019) argue that this likely creates frustration for students when they attempt to apply previously learned skills in placements they consider 'non-acute'. Second, social-learning theory (Bandura, 1969) might explain students' deteriorating perceptions of older adults, with exposure to practising nurses' attitudes and perceptions as part of professional socialisation (McCloskey et al., 2020; Parker et al., 2021). This view is also supported by earlier studies that demonstrate the tendency for students to emulate unfavourable views witnessed in acute care practices (Brown et al., 2008a; Duggan et al., 2013). Furthermore, Neville et al. (2014) note the importance students assign to their first clinical placement with older adults and the impact this has on later career choices. This impact has been described as making or breaking decisions about future career choices (Neville et al., 2008; Robinson et al., 2009; Stevens, 2011).

The reason that placement, especially the first one, is so important is because it is considered to be the beginning of professional socialisation, the point at which occupational knowledge, values and attitudes are relayed (Hunter & Cook, 2018; Leducq et al., 2012), and the point at which the student must alter behaviour and develop a new self-concept (Meleis, 1991). In earlier seminal work, Kramer (1974) points out that the difficulties, or 'reality shock', of transition to clinical practice can produce feelings of inadequacy, frustration and disengagement. However, in contemporary practice and education settings, the issue may not solely be related to the impact of clinical placements.

The contribution of employment in aged care as a student

With many student nurses taking up employment outside of their course, there is the possibility that these experiences also contribute to perceptions of working with older adults. Here, Hasson et al. (2013) found that paid employment in clinical areas could influence students' choice of future practice area. There was also evidence to suggest that there were other consequences to doing so. Students reported experiencing difficulties in managing their dual roles as a Health Care Assistant (HCA) and student nurse. The latter point is pertinent, given the detailed explanation from Burrow et al. (2017) about the conflicting demands and low levels of support afforded those in HCA roles in the aged care sector. However, students who had no work experience believed that they were at a disadvantage in developing clinical skills and adjusting to their placement. In other work, Algoso et al. (2019) add the

perspective that employment in aged care provides student nurses with the opportunity to further develop their communication skills, as well as refining their ability to prioritise care. Thematic analysis showed students felt that the experience had helped them to develop greater confidence in nursing practice (Algoso et al., 2019). Wise et al. (2022) further expand understanding about the detail related to undergraduate employment in an integrative literature review.

Outlining their evidence for themes of personal growth and development, including emotional literacy, in addition to earlier findings on interpersonal skills, Wise et al. (2022) confirm that students also developed their clinical capability in relation to complex care and improved their technical knowledge. The development of professional values and behaviours was also documented (Wise et al., 2022). Under appropriate circumstances, it is clear that undergraduate employment in aged care and other health settings is a useful learning opportunity and is an adjunct to clinical exposure obtained during the nursing programme. However, of note is a single study in the review that indicates that being employed for more than 16 hours per week has a negative impact on academic performance (Phillips et al., 2016).

CULTURAL IMPACT ON THE PERCEPTION OF AGED CARE

Culture and ageing

Heath et al. (2023) identified that there is a need for improvement in educational practices with a greater adoption of cultural and Indigenous perspectives within aged care nursing course content in Aotearoa New Zealand. Nationally, the increasing life expectancy of Māori will place more emphasis on the need for an appropriate cultural response if ageism is not to further intersectionality for this vulnerable group. Presently, the cultural impact on students' perceptions of ageing appears to be largely related to the few Māori who use aged residential care facilities at this time (Hikaka & Kerse, 2021; Fraser et al., 2022). As Heath et al. (2023) note, in using aged residential care placements as a gold standard for older adult healthcare provision, the absence of Māori is emphasised and results in the continued normalising of Pākehā models of care for student nurses.

Understanding cross-cultural norms is crucial in caring for older adults and is especially important within multicultural societies (Hanson, 2014). Cross-cultural competence within gerontological nursing has become more relevant now than ever. Increased global migration and life expectancy have contributed to greater cultural diversity among the ageing population (Fagerberg & Gilje, 2007; Sundquist, 2001; United Nations, 2020). Global migration of nurses has further reinforced the need to emphasise cross-cultural norms and educate nurses about cultural competency. Given that culture can influence individual perspectives of older adults, including ageist sentiments, stereotyping and social labelling, it is of little surprise that it also significantly affects perceptions and attitudes related to caring for older adults (Hanson, 2014; Higgins et al., 2007). It is an aspect of the contemporary curriculum that will need to be emphasised (Heath et al., 2023). Indeed, recognition of the challenges that lie ahead is reflected in Government strategy, in which the Better Later Life strategy recognises that inequalities in health will need to be reduced for

Māori, Pacific people, migrant and refugee communities, and people with disabilities (Ministry of Social Development, 2019).

CURRICULUM AND AGED CARE NURSING

Content/knowledge deficit

The call for change and improvement to nursing curricula to reflect more significant concerns for aged care nursing is not recent. Moyle (2003) argued more than 20 years ago that there was a need for nursing programmes to adopt a more holistic approach that paid attention to transitions throughout the lifespan and health needs in later life, rather than categorising older adults based on age. In a recent national study, Heath et al. (2023) reveal a lack of consistency in gerontological nursing content in Bachelor of Nursing (BN) programmes in Aotearoa New Zealand. These findings concur with earlier findings of Mellor et al. (2007), who argue that nurses have glaring deficits in their knowledge of gerontology. Contrastingly, Kwon and Choi (2019) assert that increased proficiency in gerontology-related nursing skills is essential to the overall development of professionalism, and Funderburk et al. (2006) identify that a curriculum with substantial gerontological content increases nursing expertise and ameliorates ageist attitudes.

Increased knowledge and better perceptions

The literature is replete with examples of ways that researchers have investigated the value of curriculum emphasis on the health needs of older adults. Coursework specifically relating to older adults was found to be pertinent to students' knowledge and skill acquisition, and to dissipating their stereotypes of ageing and older adults within several other studies (Bleijenberg et al., 2012; Flood & Clark, 2009; King et al., 2013; Runkawatt et al., 2013; Usta et al., 2012). Likewise, King et al. (2013) found that courses with a specific gerontological focus evoked positive attitudes toward older adults, resonating with findings from Baumbusch et al. (2012) and Rodgers and Gilmour (2011) regarding content integration. Garbarino and Lewis (2020) developed a course with an added clinical component, delivering it to student nurses to determine its impact on their attitudes towards working with older patients. Similarly, Mastel-Smith et al. (2016) initiated an online gerontological course and found that undergraduate students' knowledge and skills improved. Leedahl et al. (2020) demonstrated the value of intergenerational relationships on the development of more positive attitudes about older adults.

Educator expertise

In contrast, Holroyd et al. (2009) reported a decline in positive attitudes to aged care during the second and fourth years of an integrated four-year baccalaureate programme. Following further curriculum scrutiny, findings reflected a lack of gerontological expertise among educators, and exposure to acute medical and surgical placements where there had been less emphasis on older adult care (Holroyd et al. 2009). Holroyd et al.'s (2009) finding about educators is upheld in findings from similar studies (Gonçalves et al., 2011; Runkawatt et al., 2013; Xiao et al., 2013). In other research investigating the relationship between nursing students and nurse educators' attitudes towards older adults, Gibbs and Kulig (2017) showed how skilled educators positively

influenced students' attitude development. Findings from this study also demonstrate how educators can affect students' preference for wanting to work with older adults, and cause a shift towards more favourable perceptions of older people and the skill complexity required for aged care nursing (Gibbs & Kulig, 2017). Koskinen et al. (2015) consider that nurse educator expertise is crucial. In their examination of studies from 17 countries, the lack of gerontology qualifications and clinical experience among nurse educators was a barrier to the development of positive perceptions of older adults. In Aotearoa New Zealand, findings from a national stocktake of curriculum provision are similar (Heath et al., 2023). Interestingly, Brower (1985) first proposed that specialists with graduate-level qualifications were required to effectively teach nurses about older adults' health needs. Further, Brower (1985) also postulated that deans should view gerontological nursing as a discrete specialty and recruit academic staff with relevant experience.

Teaching and learning approaches have also been considered for their contribution to the development of clinical skills and positive attitudes towards older adults. Cheng et al. (2020) affirm that educational tools such as a Senior Simulation Suit Programme have been effective in heightening favourable perceptions and keenness to work with older adults. In a similar study, Macaden et al. (2017) report that low-fidelity sensory impairment simulation raised students' recognition of the importance of empathy, effective interaction and patience in caring for older adults. Integrating kinaesthetic learning into curricula has positively impacted student nurses' perceptions of and aged care. Despite the development of such understanding, nurse educators have been repeatedly criticised for their lack of attention to implementing teaching and learning strategies to mitigate poor attitudes towards older people (Rejeh et al. 2011). In a recent stocktake of curricula in Aotearoa New Zealand, Heath et al. (2023) found that there was no evidence to suggest that attitudes and perceptions about older adults in general or within the health system were tackled directly in the curricula used in the polytechnic sector. These findings were similar to those reported more than a decade earlier in the Australian university sector (Neville et al., 2008). However, even without any urgency to directly address aged care in the curriculum, there is evidence to suggest that student nurses' attitudes to and perceptions of older adults can become more positive as they progress through their course (Augustin & Freshman, 2016; Yilmaz & Ince, 2017; Koskinen et al., 2015; Maneval et al., 2020; Mansfield-Green et al., 2015; Marshall, 2015; Mohammed & Omar, 2019; Neville, 2015). Furthermore, evidence also suggests that students with more favourable attitudes and perceptions have had regular contact and hands-on clinical experience with older people, in addition to having developed a more refined understanding of the process of ageing (Augustin & Freshman, 2016; Yilmaz & Ince, 2017; Koskinen et al., 2015; Maneval et al., 2020; Mansfield-Green et al., 2015; Marshall, 2015; Mohammed & Omar, 2019; Neville, 2015).

CLINICAL EXPERIENCE IN AGED CARE SETTINGS

Placement quality

Moyle (2003) advocates that all student nurses should be provided the opportunity to participate in aged care focused clinical placements. Additionally, King et al. (2013) and Rodgers and Gilmour (2011) contend that high-quality clinical placements act as a platform to regulate and improve students' attitudes and perspectives of older adults, and perceptions of working in aged care. Robinson et al. (2008) and Welford (2014) separately report the results of an aged care project for students undertaking clinical placements in aged care facilities. The project aimed to improve clinical education from aged care providers and to draw graduate nurses to aged care nursing through education–industry collaboration. Welford (2014) summarises that sufficient theoretical preparation and effective clinical placements are the two most important factors associated with learning about aged care.

In earlier research, Robinson et al. (2008) also found evidence that suggested the importance of the role of clinical placements in student preparation. In key findings from their work, poorly organised allocation of preceptors contributed to nursing staff being indifferent to students. For students, this negatively impacted their clinical experiences and contributed to them feeling isolated. Where preparation was improved, small changes to orientation programmes, such as having a later start time and issuing information booklets, positively affected students' clinical learning experiences, which increased their willingness to work in aged care (Robinson et al., 2008). Greater structure to learning opportunities appeared to have other positive effects.

In a qualitative descriptive study, Rogan and Wyllie (2003) examined the effect that a structured educational programme had on students undergoing clinical placement at aged care facilities. The study had several notable findings, one of which was the increased compassion demonstrated by students who had more time with residents. Interaction with residents benefitted students' communication skills, enhanced a holistic approach to care, and increased confidence in caring for older people (Rogan & Wyllie, 2003). Further, students articulated that they felt a greater sense of self-worth from interacting with older adults and that spending time with residents had facilitated the application of theory to practice, especially where older people were managing multiple comorbidities (Rogan & Wyllie, 2003). Rogan and Wyllie (2003) emphasise that through clinical experiences in aged care settings, students gained a deeper understanding of the specialty, viewing its complexity and the integral role of nursing. Shellman (2006) and, later, Potter et al. (2013) concurred on the benefits of interacting with older adults during clinical placements, asserting that this persuaded students to reflect on their practice and improved their competency in aged care nursing.

The significance and value of quality clinical experiences for student nurses has been amplified across decades of research. Brower (1985) first reported that nurses educated in tertiary institutions rather than in small schools of nursing demonstrated more positive perceptions towards older adults. Later, Rogan and Wyllie (2003) reported on the importance of clinical placements for students to develop caring skills, and de Guzman et al. (2009)

added that the time students spent nursing older adults had implications for their overall perceptions of caring for older people. Koskinen et al. (2015) concluded that student nurses' experiences of caring for older adults in nursing homes made a positive contribution to the development of expertise in aged care. Also important was the level of collegiality found among staff at the clinical placement, and this was instrumental in forming a student's impression of the specialty (Keeping-Burke et al., 2020). McCloskey et al.'s (2020) more recent findings underscore the clinical placement as being most influential on students' keenness to work with older adults, in contrast to the marginal improvement in student attitudes towards older people ascribed to degree completion. These findings tend to imply that clinical experience has a greater influence on student nurses' developing skill-set, and other researchers have captured this in the essence of expert clinical supervision.

Expert clinical supervision

Moyle (2003) asserts that effective aged care depends on a nurses' capability to respond to the complexity found in the health needs of some older adults. Further, Moyle (2003) argues that the skillset of educators has an important bearing on students' perceptions of older adult health needs. Those involved in student nurse education must possess the nursing skills required to deliver care that addresses a wide range of competencies, including nursing assessment, pharmacology, palliative care and rehabilitation, as examples. Where supervision occurs by other means, Abbey et al. (2006) argue that there is limited exposure to the qualified nurse's role.

In related research, Brown et al.'s (2008b) study demonstrates the advantage of enriched clinical environments that enable students to develop a person-centred focus rather than one based, simplistically, on the provision of care. Enriched clinical environments include clear learning objectives for students and increase preparedness of nursing staff to induct, delegate and work alongside students. Brown et al. (2008b) conclude that mentorship from nurses with expertise in gerontology facilitates a more beneficial clinical placement experience for students and has a lasting impact on their perception of working in aged care. However, the stage of course completion was also found to be relevant to the curriculum location of an aged care focused clinical placement.

Curriculum location

Moyle (2003) argues that placing first-year nursing students in aged residential care facilities to learn 'basic care' is incompatible with the education needs of first-year students. Foster et al. (2022) concur, arguing that these practices can be instrumental in undermining the complexity of the clinical situation. Yet, as Heath et al. (2023) found, aged residential care is frequently used as a first clinical placement in Aotearoa New Zealand undergraduate programmes. As Abbey et al. (2006) comment, there is a possibility that first-year students might be overwhelmed by their experience of nurse-led care and the level of autonomy afforded nurses in this sector. Instead, the clinical experience required at this level of preparation for practice should emphasise wellness and include exposure to fewer comorbidities that require monitoring and care management (Moyle, 2003).

AGED CARE AS A CAREER

Unpreparedness to start a career

Within the nursing literature on aged care, scholars have exposed reasons that deter student nurses from considering a career in aged care. Studies conducted by de Guzman et al. (2009) and Robinson and Cubit (2007) highlight that students experienced feelings of panic and shock due to having insufficient preparation or knowledge about dementia and the ageing process, and this resulted in less willingness to work within aged care settings. Robinson and Cubit (2007) also uncovered that having previous work experience in nursing or aged care nursing lowered feelings of panic and shock. In other research, Okuyan et al. (2020) conducted a cross-sectional study of nursing students and identified three main reasons for student nurses' aversion to a career in aged care nursing. Their reasons included having insufficient knowledge and skills to support a career in aged care and having had a bad experience in a clinical placement. Likewise, the findings from Abbey et al.'s (2006) study indicate that insufficient experience in skills such as decision making, planning of care packages, and assessment procedures, had generated misconceptions that dissuaded nurses from choosing to work in the aged care sector. However, wider beliefs about the type of work required and impact on career prospects have all contributed to the reluctance often found in relation to choosing aged care nursing as a career.

Complexity of the work

Abbey et al. (2006) found that the nature of the registered nurse role was viewed as comprising of administrative tasks and supervision, and less to do with patient care. Henderson et al.'s (2008) study found that the passive pace of working in aged care, and the assumption that aged care nursing required a limited skill set, persuaded student nurses against opting to work in older adult care. Further, Xiao (2013) contends that the routine-ness experienced by students on placement led them to believe that it would be difficult to develop other skills and competencies.

Abbey et al. (2006) outline how students perceived aged care as offering little potential to hone their developing nursing skills, a view that had emanated from aged care clinical placements being persistently used for learning foundational skills. Robinson and Cubit (2007) suggest that reframing such perceptions as an opportunity to learn about individual, person-centred care would be beneficial for students. Alabaster (2006) concurs that the educational point could be focused on older adults as individuals. However, other studies have found that undergraduate nursing education has been less effective in highlighting the favourable aspects or the requirement for high-quality professional skills in aged care nursing settings (Andrade, 2016; Lee et al., 2018; Kovner et al., 2002). It is likely that these factors have also impacted students' consideration of aged care nursing as a long-term career.

Earlier research underlined the wider context in which caring takes place. Insufficient government support in funding, which has been associated with comparatively lower salaries for registered nurses working in the aged care sector, has also been found to contribute to a lack of enthusiasm for crafting a specialist career (Abbey et al., 2006; Baumbusch et al., 2012). Aged care is

also perceived to have lower professional status, undermined by government and industry support allocated towards high-acuity areas causing a reduction in the quality of working conditions (Abbey et al. 2006). Working conditions for registered nurses have been found to reduce student nurses' interest in pursuing careers in aged care (Baumbusch et al., 2012). Yet there appears to be a paradox between these career-context issues and the perceptions of students following placements, indicating that there may be other factors at play for students considering a career in aged care.

Carlson and Idvall's (2015) cross-sectional study explored Swedish student nurses' keenness to engage in aged care nursing, and found that most students' evaluations of older adult clinical placements were positive, with higher ratings among students who were considering careers in the sector. Positive perceptions are not uncommon following placement. Indeed, Nolan et al. (2006), Neville (2015) and Pan et al. (2009) also found that students were generally positive about working with older adults. Furthermore, students' interest in working in aged care settings did not appear to be associated with age, gender or previous work experiences as an HCA (Carlson & Idvall, 2015). However, in a recent study of student nurses in western Canada, Kalogirou et al. (2021) demonstrate that student nurses believed there was a generational divide between themselves and older patients, and saw nursing older adults as 'heavy' work. They also perceived aged care settings as being useful to practice skills as a student, but not as an appealing career option unless they were nearing retirement themselves (Kalogirou et al., 2021).

AGEISM AND PERCEPTIONS OF OLDER ADULTS

Ageism in nursing practice

Ageism is a process of "systematic stereotyping and discrimination against people because they are old" (Stevens, 1999, p. 151). First recognised in the United States, ageism relates to the application of stereotypes in a degrading way. In societies favouring the young, older adults are more likely to be perceived negatively (Butler, 1969; Biggs, 1993; Harbison, 1999; Minichiello et al., 2000; Thompson, 1998; Thompson & Campling, 1996). Ageism has become a global issue and will likely intensify with forecasted demographic change (Burnes et al., 2019; Little et al., 2014). Another form of intersectionality, ageism can prevent access to and treatment for myriad diseases (Inouye et al., 2021).

Ageism has three distinct domains. The cognitive domain addresses opinions and stereotypes about older people; the affective domain relates to unfavourable attitudes towards older adults; the behavioural domain encompasses direct and indirect discriminatory practices (Butler, 1969). Traits synonymous with ageing are mainly negative, such as sickness, dependency and isolation (Celik et al., 2010). Old age is seen as a 'problem' within the Western culture, ensuring that ageism pervades society and, consequently, healthcare workplaces and educational institutions (Hanson, 2014). Researchers have consistently found evidence of ageism in studies addressing undergraduate nurses' clinical education. Furthermore, it has been well documented that the stereotypes upheld by society also affect student nurses' attitudes.

Henderson et al. (2008) report societal stereotypes reflected in student nurses' attitudes towards older people. Liu et al. (2013) found evidence of the perception of older adults as a burden to nurses and a hindrance to the more important work of providing care to younger adults, whilst Celik et al. (2010) postulate that nurses' attitudes have developed from considering older adults as fragile and requiring constant assistance. Stevens and Herbert's (2007) investigation uncovered numerous occurrences of ageism in nursing practice, concluding that healthcare professionals have a crucial role in creating and disseminating ageism. More troubling is their assertion that nurses have become desensitised to ageism and their role in its promulgation (Moyle, 2003). Furthermore, Ferrario et al. (2007) argued that ageist assumptions were well entrenched in nurse education discourses and could negatively influence nursing practice (Ward, 2000; Garner, 2004). Since educating nursing students about older adults and aged care occurs within the prevailing societal, healthcare and nursing climate, combating ageism remains challenging (Dalhke et al., 2019).

Professional ageism

Nurses appear to have a poorer image of aged care than other healthcare professionals (Koch & Webb, 1996; Brown et al., 2008b). In a literature review by Rees et al. (2009) exploring nurses' perceptions of ethical issues in caring for older adults, ageism was one of the fundamental concerns confronting nurses in aged care. Moyle's (2003) study found that nursing students maintained societal perceptions of older adults, mainly that older adults are frail and have deteriorating health. Other perspectives emerged from the findings in other studies. Student nurses held other negative perceptions, describing older adults as slow, averse to change, inflexible, problematic, burdensome and incontinent (Koskinen et al., 2015; Sarabia-Cobo & Pfeiffer, 2015). Elsewhere, registered nurses appeared indifferent when managing behavioural and psychological symptoms of dementia, which provided unhelpful role modelling for students, and created unfavourable clinical experiences. Similarly, multiple commentators have highlighted evidence that nursing staff developed detached attitudes towards nursing older adults with dementia (Happell, 2002; Higgins et al., 2007; Ferrario et al., 2007; Henderson et al., 2008; Robinson & Cubit, 2007). However, Burnes et al.'s (2019) systematic review concluded that there were three effective interventions to reduce ageism. These interventions included education, intergenerational contact, and programmes that included education and forming bonds with people of different age groups.

Students' perceptions of working in aged care

The Better Later Life (2019–2034) strategy (Ministry of Social Development, 2019) sets out key action areas for addressing a response to Aotearoa New Zealand's ageing population. It recognises the importance of promoting healthy lifestyles and improving access to services as fundamental to the strategy realisation. A key factor underpinning this action is the involvement

of healthcare professionals. Nurses are uniquely situated at the forefront of healthcare to support physical and mental health, and positively impact the quality of life through service co-ordination. Yet, as research has shown, discriminatory attitudes are prevalent. When translated into service delivery, such attitudes and perceptions can be a barrier to the effective organisation of care packages, contributing to the overall cost of healthcare.

Negative attitudes and perceptions of aged care can influence career choices and ultimately impact workforce planning. These factors and the issues raised in this literature review highlight the current situation in which the aged care sector operates. It is a complex interaction between societal stereotypes and attitudes, healthcare professional discourses, personal experience and programme exposure. Demographic change predictions mean there will be a high need for health services for older adults, because age is the most significant risk factor for almost all diseases. Delivering care to meet these needs will only increase in the coming decades. There is a substantial role for nurse educators to play in the development of the future nursing workforce and in addressing negative perceptions and discriminatory attitudes. Consequently, appreciating student nurses' current perceptions of aged care is a pressing issue for education and is the major intention of this study.

Aim and research objectives

The study aimed to replicate research conducted at the University of Queensland (Neville, 2015) to understand undergraduate nurses' perceptions of working with older people in Aotearoa New Zealand.

The research objectives were as follows:

– To determine student nurses' perceptions of working in aged care.

– To understand student nurses' intentions to work in aged care following completion of a nursing programme offered at an Aotearoa New Zealand polytechnic.

– To provide information to the nursing community to inform future practice in relation to academic input, clinical experience, and the potential for career pathways in aged care.

Ethical approval

Unitec Research Ethics Committee (UREC) granted ethical approval in November 2021 (2021-1045). Access was applied for and granted by each polytechnic for the purposes of accessing student respondents.

Research method

This study replicated a cross-sectional survey of student nurses' perceptions of working with older adults at the University of Queensland (Neville, 2015). As in Australia, the study has implications for Aotearoa New Zealand stakeholders in both nursing education and the aged care sector. This project was conducted simultaneously with a stocktake of placement preparation and clinical experience for Aotearoa student nurses in aged care settings. The purpose of these pieces of work was to inform community consultation through a Delphi survey of an expert panel, on curriculum development for the future nursing workforce to meet the health needs of older adults.

THE STUDENTS' PERCEPTIONS OF WORKING WITH OLDER PEOPLE (SPWOP) QUESTIONNAIRE

The SPWOP questionnaire originated in the United Kingdom (UK). It was developed and validated by Nolan (2006) as an instrument to determine student perceptions of older people, as previously validated surveys lacked precision on critical issues. Nolan et al. (2006) used the survey with 718 students from four UK universities to assess undergraduate student nurses' perceptions of working with older adults as part of a more extensive study on nurse education related to aged care. In 2009, the SPWOP questionnaire was used to report the perceptions of 362 Taiwanese undergraduate nursing students in the first and third years of their programme (Pan et al., 2009). Neville (2015) used the survey with students in all years of their undergraduate programme at eight Australian universities (n = 886). In the United States, Koehler et al. (2016) reported using the SPWOP questionnaire in a longitudinal study of three cohorts of student nurses at a Midwest university. More recently, Ryan (2019) used the SPWOP questionnaire in a survey of the perceptions of undergraduate social work, nursing and nutritional sciences students, also in the United States.

The purpose of using the SPWOP questionnaire in Aotearoa New Zealand was in keeping with previous studies to determine student nurses' perceptions of working with older adults. UK, Australian and New Zealand nursing curricula are similar, in that each country uses a theory/practice model and has requirements for completion of a set number of clinical hours, meeting objectives for the respective graduate profiles, and demonstrating clinical competencies before students are eligible to register with their respective regulating bodies. The programme similarities were sufficient to indicate that the SPWOP survey could be used with nursing students in Aotearoa. Furthermore, the track record of its use across decades showed its versatility in providing information about student perceptions of older adults. Additionally in this study, direct-entry master's candidates, enrolled nursing students, internationally qualified nurses (IQNs) and returning to practice students were also participants. These latter groups of students also experience aged care clinical placements and constitute a critical part of the nursing workforce in Aotearoa. The versatility of the SPWOP questionnaire and the successful application in a range of other educational environments supported the decision to include all nursing students in the polytechnic sector.

Section One consisted of eight demographic questions; for example, age, first language, year of study, qualifications, and experience within the aged care nursing sector. Section Two contained the SPWOP questionnaire, which included 15 statements on a 5-point Likert scale to determine student perceptions of working with older adults. Section Three contained questions about students' previous experiences working with older adults and whether they had experienced a clinical placement in aged care. Three open-ended questions were added to ask students about their intentions to work in the aged care sector and factors that would encourage or prevent them from choosing such a career. The research team felt these were important questions to ask in the context of ongoing staffing issues and the lack of pay parity with the acute sector. Further, the research team felt the students' answers might hold insights for the nursing workforce pipeline.

DATA COLLECTION

Representatives from nursing schools at eight polytechnics who were also members of the research team reviewed the SPWOP survey (Nolan, 2002). Their initial review was to determine the suitability of the questions posed for the Aotearoa context and whether any language or terminology adjustments were required. The research team shared findings and agreed on alternatives for inclusion before testing. Ten students piloted the survey. In response to their feedback, minor adjustments were made for clarity.

The survey was available nationally to nursing students attending one of Aotearoa's Institutes of Technology and Polytechnics (ITPs) during Semester One, 2022. The lengthy availability of the survey was to accommodate the return-to-campus logistics faced by some institutions following the COVID-19 health response, as well as to account for the different start dates between participating institutions. Students were invited to participate through posters, messages on respective learning management systems, and by lecturing staff who shared the QR code provided by the principal investigator. The QR code linked to an online survey, which students were invited to complete. Consent was implied by survey submission. The data was confidential and shared only with the project team as needed to conduct the analysis.

A convenience sample of 757 student nurses completed the survey between February and June 2022. Excel and SPSS were used to analyse the closed questions within the study. Thematic analysis was used to analyse the qualitative data from the open-ended questions using NVIVO 12 (Braun & Clarke, 2012). Findings from the closed and open-ended questions are discussed separately in the following section.

Findings

DEMOGRAPHIC INFORMATION

Students from 13 Aotearoa New Zealand polytechnics were invited to participate in the survey. Access to students was granted by 12 polytechnics, from which 757 responses were received. During cleaning, five blanks or duplicates were removed, leaving 752 usable responses. Occasional answers were omitted in some data, and, where this is relevant, *n* is adjusted to reflect the number of responses obtained.

Gender and age
Students self-identified as 92% female (n = 694) and 6% male (n = 47), 1% was gender diverse (n = 8) and 0.4% (n = 3) preferred not to say. Most students were aged between 18 and 24 years (43%, n = 324) although the group aged between 35 and 55 years (25%, n = 192) represented a further quarter of the respondents. Details are provided in Table 1 (see below).

Ethnicity
Students identified that they came from a wide range of ethnicities, indicating their duality where appropriate. European/Pākehā was the most frequently identified (44.4%, n = 333), and while 17% (n = 128) of students identified as Māori, more used the 'other' option to identify their multiple ethnicities.

First language
English was not the first language for 28% (n = 210).

TABLE 1. STUDENT CHARACTERISTICS.

	n	%
Gender (n = 752)		
Female	694	92%
Gender diverse	8	1%
Male	47	6%
Prefer not to say	3	0.4%
Age (n = 750)		
18–24	324	43%
25–29	127	17%
30–34	98	13%
35–55	192	26%
56+	9	1%
Ethnicity (n = 749)		
Māori	128	17%
Pacific	68	9%
Asian	75	10%
MELAA*	3	0.4%

European/Pākehā	333	44.4%
Filipino	40	5.3%
Indian	42	5.6%
Other/Multiple ethnicity	159	
First Language (n = 752)		
English	542	72%
English as a second language	210	28%

*MELAA: Middle Eastern, Latin American, African

Entry qualifications

Students had been involved in a range of prior educational activities and were asked to document their highest qualification before starting their nursing programme (Table 2). Completed NCEA Level 3 and Bridging Programme Level 4 provided the entry qualifications for 447 students undertaking the Bachelor of Nursing (BN) programme. This was similar for BN (Māori) and BN (Pacific) students. Notably, 141 students had already gained an undergraduate degree. Of these students, 100 were enrolled in the BN programme. The Comptency Assessment Programme/Return to Nursing (CAP) programme further accounted for 24 students returning to nursing or undertaking the competency programme for internationally qualified nurses. Eight students with an undergraduate degree were engaged in the Master of Health in Nursing (direct entry) programme. An additional seven students were undertaking the Enrolled Nurse programme.

TABLE 2. ENTRY QUALIFICATIONS.

Entry qualification	Responses	Destination programme	n
NCEA Level 2	47	BN	34
		BN (Māori)	2
		BN (Pacific)	0
		Enrolled Nursing	11
NCEA Level 3	227	BN	197
		BN (Māori)	8
		BN (Pacific)	7
		Enrolled Nursing	15
Bridging Education Level 3	5	BN	3
		BN (Māori)	1
		BN (Pacific)	0
		Enrolled Nursing	1
Bridging Education Level 4	220	BN	189
		BN (Māori)	8

		BN (Pacific)	12
		Enrolled Nursing	11
Undergraduate degree (e.g., bachelor's degree)	141	BN	100
		BN (Māori)	1
		BN (Pacific)	1
		Enrolled Nursing	7
		CAP	24
		Master of Health Science with Nursing	8
Postgraduate degree (e.g., master's degree)	16	BN	8
		BN (Māori)	1
		BN (Pacific)	0
		Enrolled Nursing	2
		CAP	3
		Master of Health Science with Nursing	2

Evidence for students with enrolled nurse qualifications transitioning into registered nurse roles through the BN and BN (Māori) programmes was apparent in the 'other' response to entry qualifications (see Table 3). One student was undertaking the CAP programme. Other, non-nursing/health diploma courses had paved the way into nursing programmes, with 16 students enrolled into a BN programme and two more completing the Enrolled Nurse programme. Other Level 4 courses in health-related subjects had also provided the opportunity for entry to nursing programmes. Eight students had chosen the BN or BN (Pacific) programmes and five had selected the Enrolled Nurse programme.

TABLE 3. 'OTHER' ENTRY QUALIFICATIONS.

Entry qualification	Responses	Destination programme	n
Other			
Diploma in Nursing/Enrolled Nursing	9	BN	7
		BN (Māori)	1
		BN (Pacific)	0
		Enrolled Nursing	0
		CAP	1
Diploma (in a non-nursing subject or not stated)	18	BN	16
		BN (Māori)	0
		BN (Pacific)	0

		Enrolled Nursing	2
		CAP	0
Level 4 health-orientated courses	13	BN	5
		BN (Māori)	0
		BN (Pacific)	3
		Enrolled Nursing	5

Previous experience working with older adults

Students were asked about their previous employment and whether this had been with older adults. Students who had worked with older adults in previous employment (n = 337, 45%) reported that their involvement had been predominantly in health-related work. Job titles included support worker, HCA, volunteer and in-home caregiver. Other students had been involved in roles supporting care delivery; for example, they had worked as a kitchen hand or laundry worker in large aged residential care facilities. Those who reported having had a non-healthcare role that provided experience of working with older adults included roles in the disability, tourism, beauty and wellbeing service sectors. Where working life had not provided direct experience of working with older adults, family life had exposed students to older adults, except for four students who reported no personal or work experience. These latter students explained the absence of older adults in their lives in terms of their family situations, geography and migration, or a combination of these.

Of the 337 students who were working with older adults on commencement of their respective courses, 141 had ceased that employment. Where students had not worked with older adults prior to their programme, 77 now did. Among these students, 76 were employed to deliver healthcare in hospital or the community.

Across the cohort at the time of data collection, 36% (n = 271) were currently working in aged care. The cohort was also comprised of 12% (n = 87) who had no experience of older adults in the healthcare setting because they had never had a clinical placement and did not work with older adults prior to the commencement of their programme, and did not work in healthcare after their enrolment.

Students' locations

Data provided evidence for students attending polytechnics in both the North Island (60%) and South Island (40%). Details are shown in Table 4.

TABLE 4. LOCATIONS OF STUDENT NURSE PARTICIPANTS (BEFORE DATA CLEANING).

Institution	Responses (n = 756)	Island	%
ITP 5	11.9% (n = 90)	North	60%
ITP 4	5.3% (n = 40)	North	
ITP 3	14% (n = 106)	North	
ITP 2	12.8% (n = 97)	North	
ITP 12	4.4% (n = 33)	North	
ITP 6	4.1% (n = 31)	North	
ITP 7	2.5% (n = 19)	North	
ITP 11	6.1% (n = 46)	North	
ITP 10	27% (n = 204)	South	40%
ITP 1	4.9% (n = 37)	South	
ITP 9	3.6% (n = 27)	South	
ITP 8	3.4% (n = 26)	South	

Nursing programme progress

The Bachelor of Nursing programmes were most represented in responses to the survey (86.3%, n = 650) (see Table 5). There was an even distribution of students across all three years. A similar picture emerged for enrolled nursing students, who were distributed evenly across both levels of their programme. The CAP students represented 3.9% (n = 30) of the students, and Master of Health Science (with registration) students 1.3% (n = 10).

TABLE 5. PROGRAMME ENROLMENTS.

Courses		
	n	%
Bachelor of Nursing		
All programmes	**650**	
Bachelor of Nursing	599	79.6%
Bachelor of Nursing (Māori)	26	3.4%
Bachelor of Nursing (Pacific)	25	3.3%
Year of study		
Year 1	225	
Year 2	182	
Year 3	167	
Year 3, transition	73	
No year indicated	3	0.4%
Enrolled Nursing		
Enrolled Nursing all years	62	8.2%
Year of study		
Year 1	28	

Year 2		33	
No year indicated		1	
Return to Nursing/Internationally qualified nurses			
Competency Assessment Programme		30	3.8%
Year of study			
N/A (short course)			
Master of Health Science/Nursing			
Master of Health Science/Nursing		10	1.3%
Year of study			
N/A (One year programme)			

Students were further asked to identify the type of clinical placements they had completed at the time of the survey. This data is collated in Table 6. Among the respondents, 22% (n = 162) had not yet completed any kind of clinical placement. Of those who had done so, 69% (n = 516) had completed a placement in aged care, and the remainder had completed a placement, but this had not been in aged care (n =70, 9%).

TABLE 6. TYPE OF CLINICAL PLACEMENT COMPLETED AT THE TIME OF THE SURVEY.

Programme	Year	Placement type		
		Aged care completed	**No aged care placement**	**No placement**
Bachelor of Nursing (n = 650*)	1	72	18	135
*3 did not indicate year of study	2	153	17	12
	3	154	12	1
	3 – Transition	63	10	0
Enrolled Nursing	1	22	0	6
	2	23	6	4
Return to Nursing/Internationally qualified nurses	Pre-clinical	0	0	4
	Clinical	21	5	0
Master of Health Science/Nursing		8	2	0

STUDENTS' PERCEPTIONS OF WORKING WITH OLDER PEOPLE (SPWOP) QUESTIONNAIRE RESPONSES

The SPWOP consists of 15 statements on a 5-point Likert scale (Strongly Agree to Strongly Disagree). Scores range from 15–75, neutral is indicated

by a total score of 45. Data in Table 9 shows scores from the whole cohort and Figure 1 provides a visual narrative of the responses received to each statement (see pages 28 and 29). Overall, the cohort had a neutral perception of working with older people (range 31–55; mean 42.18; median 42.00).

Students' perceptions of working with older people in general
Student nurses disagreed/strongly disagreed that nursing older people was mainly about basic care and did not require much skill (87%, n = 618). Further, 71% (n = 534) agreed/strongly agreed that aged care nursing was a challenging and stimulating job. Students disagreed/strongly disagreed that "nurses work with older people because they couldn't cope with hi-tech care" (81%, n = 610), and further, 60% (n = 453) disagreed/strongly disagreed that it was necessary to be of a similar age to older adults to build good rapport. Nursing older people was viewed as a highly skilled job by 72% (n = 541), who agreed/strongly agreed with the statement posed. Students agreed/strongly agreed (67%, n = 504) that older people were interesting to nurse.

Students' personal disposition to working with older people
Survey responses showed that 32% (n = 239) strongly agreed/agreed that they would consider working in aged care when they qualified, while 38% (n = 285) were not considering this option, and the remaining 30% (n = 228) were neutral. Overall, 53% (n = 402) of students disagreed/strongly disagreed with the statement that working with older people did not appeal to them, compared to 21% (n = 158) that agreed/strongly agreed with this statement. Neutral responses were received from 26% (n = 196).

Regarding their prospective clinical placements, 55% (n = 411) of students agreed/strongly agreed that they had looked forward or were looking forward to their first placement in an aged care setting. Conversely, 18% (n = 134) had not looked forward or were not looking forward to it. Responses also demonstrated that there was concern associated with their first placement with older adults, where 39% (n = 295) agreed/strongly agreed that they were anxious about this clinical placement, although 40% (n = 301) disagreed/strongly disagreed with the statement. However, it is important to consider that students in all years of pre-registration programmes were invited to participate, meaning that anxiety reported may be explained by the prospect of a first-ever placement and not simply an aged care placement.

Students' perceptions of the consequences of working with older adults
When responding to the statement that working in aged care was a dead-end job, 72% (n = 540) disagreed/strongly disagreed. However, when considering job status, 27% (n = 200) indicated that they agreed/strongly agreed that aged care nursing was a high-status job. Overall, the cohort was neutral in their response to this statement. Contrastingly, 54% (n = 406) of students disagreed/strongly disagreed with the statement that "once you work with older people in residential aged care as a qualified nurse it difficult to get a job in another area." Students also disagreed/strongly disagreed that nursing older people in aged residential care provided little satisfaction as they rarely get any better (71%, n = 530). Students' apparent positive disposition to aspects of working in aged care continued when asked about choosing aged care nursing as a future career option, where 15% (n = 115) agreed/strongly agreed with

the statement that working with older people in aged care was not a good career move. For the rest, 47% (n = 356) were neutral and 37% (n = 280) strongly disagreed/disagreed with the statement.

SPWOP scores and demographic data

The results from the SPWOP were examined in conjunction with the demographic and course data supplied by the respondents. Table 7 shows the SPWOP means for each programme and, where applicable, the students' year or level. Direct-entry master's students had the lowest SPWOP mean score, with CAP students and Enrolled Nursing students returning the highest scores. A significant one-way ANOVA was found between programmes ($p = <0.02$).

When SPWOP scores were compared between levels of the Enrolled Nursing programmes using an independent samples t-test, there was no significant difference ($p = <0.91$). The scores for each year of the Bachelor of Nursing programme were compared using the same test. Year One students were the most positive, but there was significant difference between these students and students in Years Two and Three, at the values of $p = <0.08$ and $p = <0.06$ respectively. However, a comparison of SPWOP scores between Year One and transition students was significant at $p = <0.01$, with Year One students being the most positive.

TABLE 7. SPWOP MEAN BY COHORT AND COURSE.

	Mean
All cohort	**42.18**
Bachelor of Nursing (all programmes/years)	**42.04**
Bachelor of Nursing (Māori)	*(42.04)*
Bachelor of Nursing (Pacific)	*(40.76)*
Bachelor of Nursing	*(42.10)*
Year 1 (all programmes)	*(42.59)*
Year 2 (all programmes)	*(41.91)*
Year 3 (all programmes)	*(41.81)*
Year 3, transition (all programmes)	*(41.29)*
Enrolled Nursing (all programmes/levels)	**43.24**
Level 4	*(43.04)*
Level 5	*(43.33)*
Master of Nursing	**41.00**
CAP programme	**43.30**

Across the whole cohort, a significant difference was found in SPWOP scores, using an independent samples t-test, between those who had worked with older adults prior to starting their programme and those who had not ($p =$

<0.0001). Those who had not worked with older adults prior to their nursing course were more positive. There was also a significant difference between the SPWOP scores of those who were currently working with older adults outside of their programme and those who were not (p = <0.0001). Those who were not working with older adults outside of their programme were more positive. When the scores of those who had worked with older adults both previously and currently were compared with those who had never and did not currently, the t-test was significant (p = <0.0001). Those students who had not worked with older adults prior to or concurrently with the course were more positive. Still considering the students who had never worked with older adults and did not currently, the data was further interrogated to find out whether there was any difference between those students who had had no clinical placements at all when compared with those who had had a placement and those who had had a specific placement in an aged care setting. A one-way ANOVA demonstrated that placement was significant (p = <0.0053). Further analysis using a t-test is shown in Table 8, which identifies that the first placement ever is significant for students who have no prior clinical exposure.

TABLE 8. COMPARISON OF PLACEMENT EXPOSURE FOR STUDENTS WHO HAD NEVER WORKED WITH OLDER ADULTS PRIOR TO OR CONCURRENTLY WITH THEIR CURRENT NURSING COURSE.

Placement type	Compared with …	
No placement at all Mean 43.85	Placement (no aged care) p = >0.0003	Placement (aged care completed) p = >0.033
Placement (no aged care) Mean 41.17	Placement (aged care completed) p = >0.01	No placement at all p = >0.0003
Placement (aged care completed) Mean 42.75	No placement at all p = >0.033	Placement (no aged care) p = >0.01

A one-way ANOVA for age and SPWOP mean was also found to be a significant variable for this cohort (p = <0.001). Students aged 56 years or over were the most positive, with the least positive students aged between 35 and 55. Gender was not found to be significant among this cohort. Figure 1 and Table 9 provide the overall results for the cohort for the SPWOP survey reposes.
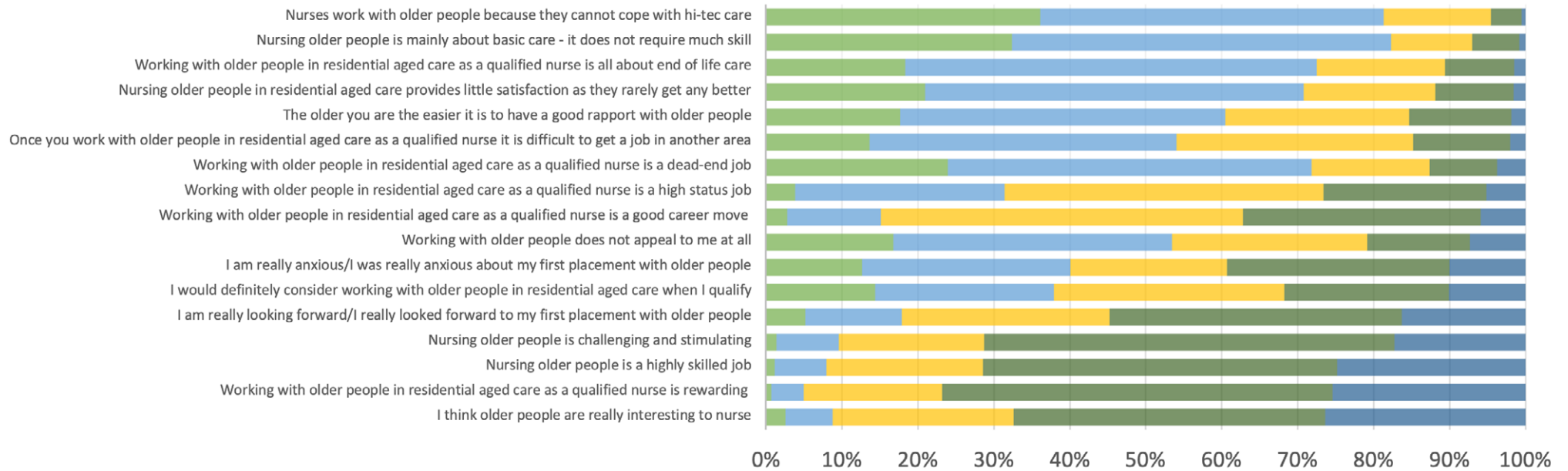
Figure 1. SPWOP: All cohort survey responses.

TABLE 9. ALL COHORT STUDENTS' PERCEPTIONS OF WORKING WITH OLDER ADULTS (N = 752).

	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean
Students' perceptions of working with older people in general						
Nursing older people is mainly about basic care – it does not require much skill	0.8	6.3	10.6	**49.7**	32.4	1.93 Disagree
Nursing older people is challenging and stimulating	17.3	**54**	19.1	8.2	1.3	3.78 Agree
Nurses work with older people because they cannot cope with hi-tech care	0.5	4	14.1	**45.1**	36	1.87 Disagree
The older you are the easier it is to have a good rapport with older people	1.9	13.4	24.1	**42.7**	17.6	2.38 Disagree
Nursing older people is a highly skilled job	23.8	**48.7**	19.8	6.5	1.1	3.87 Agree
I think older people are really interesting to nurse	26.3	**41**	23.8	6.3	2.5	3.82 Agree
Students' personal disposition towards working with older people						
I would definitely consider working with older people in residential aged care when I qualify	10.1	21.7	**30.3**	23.5	14.4	2.90 Neutral
I am really looking forward/I really looked forward to my first placement with older people	16.2	**38.4**	27.3	12.6	5.2	3.52 Agree
I am really anxious/I was really anxious about my first placement with older people	10	29.3	**20.6**	27.4	12.6	2.96 Neutral
Working with older people does not appeal to me at all	7.3	13.6	25.7	**36.7**	16.8	2.58 Disagree
Students' perceptions of the consequences of working with older people						
Working with older people in residential aged care as a qualified nurse is a dead-end job	3.7	8.9	15.6	**47.9**	23.9	2.21 Disagree
Working with older people in residential aged care as a qualified nurse is a high-status job	5.2	21.4	**42**	27.5	3.9	3.00 Neutral
Once you work with older people in residential aged care as a qualified nurse it is difficult to get a job in another area	2.0	12.8	31.1	**40.4**	13.6	2.62 Disagree
Nursing older people in aged residential care provides little satisfaction as they rarely get any better	1.6	10.2	17.3	**49.6**	20.9	2.42 Disagree
Working with older people in aged residential care as a qualified nurse is NOT a good career move	2.9	12.4	47.3	**31.3**	6.0	2.75 Disagree

Range 31–55; Mean 42.18; Median 42.00

FREE-TEXT RESPONSES

The design and implementation of this research occurred in a context that included recovery from the post-COVID-19 health response and ongoing discontent among the nursing workforce. Nurses were dissatisfied with long-term staffing issues and a perceived lack of remuneration. There were also persistent pay disparities between former District Health Board (DHB) employees and other healthcare providers. Staff and resource shortages were widely reported in the media. It was against this background that students responded to three free-text questions added at the end of the SPWOP. Their purpose was to provide illumination and understanding about factors that influenced nurses' choice of career. Students were invited to explain what would encourage them to work in aged care, and to identify any barriers to doing so. Finally, students were asked to provide any general comments they might want to make. The free-text questions are listed below:

– Thinking about your future career, what would make you want to choose a career in aged care nursing?

– Still thinking about your future career, what would prevent you from choosing a career in aged care nursing?

– Please add any further thoughts you would like to tell us about nursing older people.

It is also worthy of consideration that most students experienced a placement in aged residential care in the first year of their programme (Heath et al., 2023). Aside from the inevitable disruption caused by COVID-19, placements had been resumed at the time of the survey. As an indication of the clinical situations that might be encountered, the New Zealand Aged Care Association (NZACA) Nursing Leadership Group provides the following description of residents and the care they require:

Residents may be:
– very frail and clinically unstable
– well but disabled and have very high care needs
– cognitively impaired or with mental health issues, with some requiring a secure environment
– receiving end of life care. (2023, p. 2)

Process of analysis
A large data set was created by participants' responses to each of the questions posed. Each question returned hundreds of individual comments. This volume of data made decision making about the approach to analysis critical to ensuring that the process was both logical and cogent. Both deductive and inductive approaches had been considered for their usefulness at the outset.

While the literature is abundant with commentary on the kinds of things that might influence student nurses' perception of working with older adults, there is yet no acknowledged theoretical or conceptual position. It meant that a deductive approach was less favoured. Further, work of this type had

not been previously conducted with Aotearoa New Zealand student nurses. Consequently, there was an opportunity to listen to their voices from an Aotearoa New Zealand perspective. This was important positioning within the entire work programme as the intent was to reimagine nurses' preparation for practice within Aotearoa's changing demography and to create an agenda for change and reform. Thus, the decision was made to take an inductive approach to the analysis to see 'what came'.

An inductive approach is well supported by the literature when there is little available literature or theory to guide a deductive approach (Hseih & Shannon, 2005; Vaismoradi et al., 2013; Vears & Gillam, 2022). Therefore, the general inductive approach advocated by Thomas (2006) and Braun and Clarke (2006) was chosen to provide structure to the analysis of these student responses. However, the intention to use an inductive approach with the large volumes of data that had been returned for each question called for a high level of organisation and a logical approach, which led to the adoption of some strategies more usually seen in template analysis (Brooks et al., 2015).

The research team came together to work on the first question. With over 650 responses, the priority was familiarisation with participant responses 1–100. Once accomplished, the research team members were each asked to identify, independently and inductively, overarching categories. They were asked to develop categories from the broadest perspective of the narratives and to interpret what had been written as 'manifest content' using what Vears and Gillam (2022) describe as the "common sense meaning of the words" (p. 7). With these first 100 responses, each research team-member shared their deliberations. When the team met, the discussion supported a collaborative review of the categories that had been identified and the ways that both the categories and comments within were related. Agreement was reached on the main themes, and this was translated into a template that was applied to subsequent participant responses in batches of 100. The latter strategy reflects template analysis, in which Brooks et al. (2015) identify the use of a subset of data to carry out preliminary coding. This template was applied to the subsequent responses, where new categories were identified and added as necessary. Using this constant comparative method, some categories became less dominant as the data was analysed, others more so. Reviewing the newly defined template after each 100 responses were completed allowed for an updated template to be applied to the next 100 responses, and so on. Where responses were seen to correspond with more than one category, the comment was duplicated as necessary to maximise understanding of the data. The team found some comments that would not fit with any of the categories until the final codes and definitions were decided. These comments were initially coded as miscellaneous until consensus was reached about their final coding. Eventually, all comments were aligned with the agreed themes. This iterative process supported the cohesive and logical analysis of the data set for each of the free-text questions.

The phases of analysis are provided in Table 10, together with an outline of the adaptations that were made to a general inductive approach to support methodical analysis of the large data set.

TABLE 10. PHASES OF DATA ANALYSIS IN THE GENERAL INDUCTIVE APPROACH TO PROCESS AMENDMENTS.

Phase	Objective and process
Familiarisation	**Becoming familiar with the data** Achieved by the reading and rereading of the responses to each question in batches of 100. Where the same topic was raised, it was noted with identification of the context. For example, pay rates were reported in conjunction with disparities with other healthcare providers and in responses about funding models.
Generation	**Coding features of the data** Excel and Word documents were used for ease of sharing and asynchronous input. Each overarching category was presented as a tab in an Excel document and potential sub-themes were grouped together within tabs where relevant and included outliers.
Searching	**Identification of themes and sub-themes within the coded data** The collated data was reviewed. Themes and sub-themes were identified for each question.
Defining	**Definition of the themes and sub-themes identified within the data** Themes were refined through a process of collapse and expansion until a coherent map of the data was achieved, and each theme was standing alone. Definitions were applied to theme and sub-theme for clarity.
Reporting	**Outcome of analysis is presented** (see subsequent sections in this report) Each question is reported on separately, where similarities can be noted across each data set.

The following analysis is organised by question and theme, presenting the sub-themes integrated into the narrative and demonstrated in a table.

WHAT WOULD MAKE YOU WANT TO CHOOSE A CAREER IN AGED CARE?

Inductive analysis using the processes described above allowed the description of five themes and sub-themes. The students who responded (89%, n = 667) provided a greater understanding of the issues relevant to their consideration of choosing a career in aged care.

Theme 1: Likelihood of choosing aged care
Defined as *'Plans or planning for a career in aged care'*, students indicated their likelihood of working in aged care. Decision making appeared to depend on several factors (see Table 11). The first was described by those students who viewed the career option favourably; for example, Participant 331 identified being eager to return to an aged care setting on their course completion:

> *"I came into the BoN [Bachelor of Nursing] wanting to go back to aged care as I found caregiving to be such a rewarding job, and being able to provide more care and the best quality to some of the most vulnerable people is something that brings me joy."*

Participant 736 anticipated the job satisfaction of the work:

> *"I really like the very strong therapeutic relationship you are able to cultivate in an age care setting, it can be incredibly rewarding work when done right."*

Others talked about their passion for the specialty and career goals related to working with older adults in rehabilitation, aged residential care and hospital facilities. Students also identified the circumstances under which they might choose aged care. These circumstances related mainly to changes that they

felt would need to be made to support the work that would be expected of them; for example:

> *"Less paperwork, more staff and nurses on shifts so the nurse to patient ratio can include time for the nurse to have therapeutic relationships with the patients in increase everybody's happiness, patient and nurse." (697)*

Participant 652 held a similar view:

> *"... good management and policies, outstanding level of care in the facility, satisfied residents. Support from management for anything and everything. Good fair pay. rotation through the facility so not stuck in the same wing."*

Within the responses, the influence of placement experience could also be seen on the likelihood of choosing aged care:

> *"Going into my nursing studies was adamant aged care was not for me. My first placement last year was cut short to just 7 days in an aged care facility and boy did it open my eyes. Alot of older adults had no one visit or no family left. I was able to provide nursing care to them under support of RN. And also develop therapeutic relationships with them. I realised aged care is not just about old people. Its not about the dying process. Its giving them quality of life making them part of a family that is created in the aged care facilities. Once I graduate I would seriously consider aged care." (32)*

A group of students appeared to have clarity about their future nursing careers. For some, nothing would make them want to choose the specialty, but others clarified their reasons for holding this opinion. Participant 267 commented:

> *"I don't have much interest in the area of aged care. I enjoyed my time there but it never appealed to me. I don't think there could be anything in particular that would make me want to choose it as a future career."*

Some identified their future plans and intentions:

> *"Simply not my field 🙂 I want to work with children." (299)*

However, where the decision about whether or not to choose aged care had not been made, the reasons offered were to keep options open or to experience a variety of clinical opportunities before committing. Other participants indicated they were more likely to consider aged care later in their careers. The reasons for doing so were related to gaining additional experience before moving. Participant 403 explained:

> *"I would like to work in an aged care facility but not straight out of my degree, after gaining experience in a hospital setting. I've always loved working with older adults as it is rewarding and developing therapeutic relationships is appealing to me as it is not acute so there is more time to build relationships."*

Another concurred:

"I would want to begin nursing in my dream area/s first and then eventually work in RAC when I can go in with the skill, passion and commitment our older adults deserve." (256)

And further:

"Would love to have clinical experience in acute setting first." (426)

Additional reasons for leaving working with older adults until later in a career highlighted some prevailing attitudes and assumptions about where older adults receive care and the nature of the work involved. Participant 754 indicated their consideration that working with older adults could harm a nurse's career:

"If it was not a career killer. Might do it when I'm older."

Participant 637 indicated the perceived shortcomings of the clinical context:

"Probably as I get older I will be more attracted to working in a low stimulus environment such as this."

TABLE 11. LIKELIHOOD OF CHOOSING AGED CARE, SUB-THEMES.

Theme	Sub-themes
Likelihood of choosing aged care *Plans or planning for a career in aged care*	Reasons to choose aged care *Circumstances in which aged care would be considered*
	Likely to choose aged care *A career option that is considered favourably*
	Influence of previous workplace or clinical placement *Clinical placement or previous workplace that highlighted aged care as an option*
	Certainly, or almost certainly, no to aged care *Unlikely to choose aged care at any point in career*
	Other plans *A different career plan already laid out or in progress*
	Open minded *The option has not been ruled out*
	Later on, or towards the end of career *An option to be considered after other things or later in a career*

Theme 2: Gaining aged care clinical experience

This theme was defined as the *'Opportunity to have exposure to a range of clinical experiences related to aged care'* because the students expressed how much could be learned (see Table 12). Participant 4 shared their intention:

"To gain a solid knowledge around co-morbidities, managing end of life care, managing and understanding polypharmacy, being in an environment like an aged care facility where it is considered the patient's home and what that entails in terms of needs/wants of the patient in day to day life."

Participant 315 summarised the opportunity:

"A lot of people do not understand the skills and compassion needed

to care for our elderly population. They deserve so much more than they are currently receiving."

Other knowledge and skills that could be gained in the aged care environment were viewed as being useful preparation for other nursing specialties:

"If I was interested in palliative care. It would be a great steppingstone." (63)

Clinical skills were also recognised for their complexity, challenge, and the need to think critically about care delivery. Participant 84 observed:

"I truly believe i would be able to gain more knowledge and be more exposed to different type of conditions and diseases in aged care nursing than any other. Would be a great opportunity."

Participant 161 indicated

"The challenges and skills you will learn and gain in caring for elderly patients."

For others, the opportunity for professional growth was important; for example, Participant 659 was

"Wanting to broaden skills and deal with complex health issues."

Participant 665 added an indication about the opportunity to make use of clinical skills already gained, and the

"Variety of many different aspects of nursing, application of physical skills and mental health skills."

TABLE 12. GAINING AGED CARE CLINICAL EXPERIENCE, SUB-THEMES.

Theme	Sub-themes
Gaining aged care clinical experience *Opportunity to have exposure to a range of clinical experiences related to aged care*	Environment for learning skills for caring *The kind of interpersonal and clinical skills that could be developed*
	Role complexity *Recognition of the role of the nurse in meeting complex health needs*

Theme 3: Career advancement

Career advancement was defined as *'Support provided in full or part by an aged care institution that enables a nurse to be promoted, accumulate experience and/or qualifications in nursing'*. It appeared that opportunities for ongoing professional development were an important part of decision making for students considering the specialty (see Table 13). However, it was not immediately obvious to participants 211 and 670 how career advancement was possible.

"If there was career pathways to support career goals, rather than just being a floor RN." (211)

"Opportunities for career development (or better discussion in nursing study if these opportunities already exist)." (670)

Others indicated their desire for entry to practice programmes in aged

residential care, and to have a well-documented career pathway. For professional development, students were interested in regular in-house education programmes as well as support to study for higher degrees such as PhD.

TABLE 13. CAREER ADVANCEMENT, SUB-THEMES.

Theme	Sub-themes
Career advancement *Support provided in full or part by an aged care institution that enables a nurse to be promoted, accumulate experience and/or qualifications in nursing*	Career pathway *A formal or well-articulated pathway, provided by the institution, that underpins the framework for investment in a nurse's career advancement or promotion*
	Awareness of career pathways and support available *Accessibility of information about career pathways*
	Professional development *Activities that are supportive of a nurse's continuing practice development and may be formal or informal, clinical or academic*

Theme 4: Improving remuneration and the working environment
This theme was defined as *'Pay, hours and staffing, and the impact of facilities and resources (physical and human) on care delivery'*. Through lenses of clinical placement and previous employment, it was evident that students' experiences of aged care had created the impression of an under-resourced, understaffed, and underpaid workforce (see Table 14). During their clinical experience, students observed firsthand the shift rosters and impact of staffing levels in the organisations to which they were allocated. Participant 526 summarised the improvements that would encourage the choice to work in the sector:

> *"Better working conditions and pay, to have multiple other nurses working with me and RN colleagues to work with, and for management to roster adequate/safe amount of HCAs rather than focusing on money."*

Participant 164 put their assessment of the situation as follows:

> *"Better staff in with skilled workforce, all carers should be well trained to a national standard and have a fair level of pay. Ensuring privately run rest homes put more money into the clients rather than profit. To know that I can do a good job because I am well supported in caring for the clients."*

The idea that remuneration and increased staffing and resources would improve patient care was echoed through the responses provided. Participant 216 suggested:

> *"Fantastic pay, higher staffing rates so the caregivers can really spend time with the patients rather than conveyer-belt cares. 'I haven't got time to consider your independence in the shower, I have 5 other people to shower before morning tea' attitude."*

Participant 347 added:

> *"Frequent and regular training to refresh all members of the team.*

More support for the older adult i.e more nurses on the floor providing more time with residents, having necessary equipment such as hip protectors and higher pay rate."

Workload was also problematic. Students had observed how registered nurses used their time. Participant 309 reflected:

"If more nurses were on together, not 1 nurse to so many patients that it is all about medications and documentation. There was no time for any nurse to truly 'nurse' any residents on placement."

Others indicated the work could be very physical and hard on the body. Participant 132 outlined their experience:

"I know how heavy it can be working in a nursing home and caring for elderly & to care for them in hospital settings. Health professionals in those settings do not get paid enough for the work they do, as do every other health facility. I would also want more staffing such as healthcare assistants as patient load is heavy and stressful at times for 1 or 2 to manage."

It appeared that those who might want to consider working in the specialty wanted to be able to see that there was time to care. Participant 206 wrote:

"I want to be able to work on the floor with my caregivers/hca but my experience tells me that aged care nurses are stuck in the station doing care plans and paper work. If this aspect was altered so I could spend more quality time with my patients, I would strongly consider a career in aged care."

Collegiality was also important for this cohort as they considered what would encourage them to work in aged care. Students wanted an environment with established processes and well-organised activities where colleagues were supportive and management valued staff. Participant 559 summarised for the group what was expected:

"Support networks within the facility. Policies and procedures adhered to by all staff so the client is safe, heard and cared for in a competent manner."

TABLE 14. IMPROVING REMUNERATION AND THE WORKING ENVIRONMENT, SUB-THEMES.

Theme	Sub-themes
Improving remuneration and the working environment *Pay, hours and staffing, and the impact of facilities and resources (physical and human) on care delivery*	Pay rates *Expectation of financial reward and comparison with other specialties and services*
	Hours, rosters, and shift work *Commentary on the type of working arrangements*
	Staffing levels *The number of staff available to manage the workload*
	Resources and equipment *Needed to complete the nursing care required*
	Workload *Expectations of staff in terms of care delivery and number of people available*
	Colleagues *Collegiality, support, team spirit and the impact of others in the workplace*

Theme 5: Creating a caring environment

Defined as the *'Affinity for working with older adults and creating a positive environment in which care takes place'*, this theme captured the students' responses that reflected enjoyment, passion, reward and positivity associated with the clinical environment (see Table 15). Participant 372 was already considering aged care as an option because they

"loved working in aged care, particularly dementia."

Participant 362 felt it was

"a very rewarding part of nursing, stability of employment, I enjoy working with old people."

Other rewards of the job were also articulated. Participant 623 shared the following about factors that contributed to making them want to work in aged care:

"… the support provided for professional development, how rewarding it is to care for older adults, the passion I have for it, how it is building upon my foundation of nursing."

Participant 252 was unequivocal about reasons to choose a career in aged care:

"I love working [with] and taking care of older people."

Participant 379 simply stated that it was

"What I enjoy and am good at."

Students showed that they had a positive disposition to working with older adults, providing the perspective that these were reasons to choose to work in the specialty. Participants 328 said:

"I enjoy working with the elderly."

Another felt that they had an

"… ability to connect well with older people and humor they express." (465)

Similarly, Participant 275 noted:

"I get along very well with older people."

and Participant 337 liked

"… working with the older people in my rest home."

Other students also reported that they enjoyed working with older adults, but would rather there were hospitals dedicated to the needs of older people, or their preference was for work in the community on a one-on-one basis with people. Another student indicated that they would like to work in a kaupapa Māori-based unit.

TABLE 15. CREATING A CARING ENVIRONMENT, SUB-THEMES.

Theme	Sub-themes
Creating a caring environment *Affinity for working with older adults and creating a positive environment in which care takes place*	Reward and satisfaction in the work *Reasons to enjoy practice in aged care and to impact positively on the lives of older adults*
	Disposition towards older adults *Personal preference towards older adults*
	Type of clinical environment *Looking after older adults outside of ARC facilities*

WHAT WOULD PREVENT YOU FROM CHOOSING A CAREER IN AGED CARE NURSING?

There were three main similarities between student responses to the questions *'What would make you want to choose aged care?'* and *'What would prevent you from choosing it?'* These similarities were pay, staffing and resources, grouped as an overarching theme about remuneration and working conditions. The students who responded to this question (87%, n = 657) also outlined aspects of learning, the environment in which they were learning, and career opportunities.

Theme 1: An undervalued contribution

This theme, *'An undervalued contribution'*, again exposed the perceived disparity in reward and expertise available to the sector (see Table 16). The definition used for this theme was, *'The value of the service provided reflected in pay, funding and staffing resources'*. There were similar issues reported about remuneration and staffing but, in this question, comments extended understanding of student perspectives of pay, staffing and funding, which prevented them from potentially choosing a career in aged care.

"The pay, the staffing and the limited number of supplies: for example, 2 nappies per day is not sufficient enough for people in aged care." (2)

"Love the elderly. Hate the system they are placed into because they are no longer viewed as relevant, useful or worth having around.

NZ treats its elderly with contempt the same as the NZ government treats nurses and healthcare providers." (632)

"I think it's a very commendable job, requiring a very caring and compassionate nature. I think better pay and conditions would make the job more attractive." (216)

"More staffing/healthcare assistants need more recognition for the hard work they do, and they don't get enough support or paid what they deserve. I am a nursing student with 5+ years of HCA experience in Hospitals, and HCAs are not treated equal with nurses and respected enough for the hard work they do." (132)

"It is a challenging job with disproportionately low pay." (136)

"Aged care nursing is very rewarding, traditionally it is a lower paid nursing position, but it should not be." (638)

Staffing was singled out as a reason that prevented students from working in aged care, not only as a resource, but also for the expertise that was available. Students explained that the standard of care was reflected in the calibre of staff and staff/patient ratios to care for patients. The key issue highlighted was the need for patient safety, and the emotional, mental and physical safety of the nurses and care workers. Poor staff numbers and staff with limited experience or professional qualifications, together with poor staff/patient ratios, contributed to what was perceived as an unsafe nursing environment. There was also a perception that limited staffing was an emotional barrier to working in this sector.

"It's a wonderful thing to be able to make someone's last few months amazing but staffing shortages in healthcare mean that people are just a task rather than a valued person." (618)

"Lower pay, unsafe staffing levels – on a regular basis, emotional fatigue from experiencing continual loss/death of patients / compassion fatigue." (348)

However, the structure of the aged care organisation, for example profit making and providing a return on investment for shareholders, also impacted student perception. A contentious balance between high-quality nursing care and staffing, and the funding model was perceived by some students.

"Low wages. ENORMOUS workload. Ghastly shareholders and/or owners who simply want slave labour and who want the elderly as money making machine. The shareholders want their money at the expense of nurses and healthcare support staff. NEVER would I work for these vultures …" (632)

"Very unsafe staffing, no resources, no adult diapers while the CEO makes millions, low pay, dead-end job, co-workers often rude, violent dementia patients …" (65)

"I think the bad reputation that private nursing homes have is a defining factor to put me off. I don't want to be caught in the system

and unable to care for people due to bureaucracy and budgets. Elderly people need a lot of care and attention and unfortunately, money is more important for some of the residential homes, and that is too hard to see …" (630)

The constraints of inadequate resources, and staffing issues observed by the students, resulted in patient care and job fulfilment being perceived as inadequate.

"The quality of care practised by nursing homes [is] always constrained by staff and financial budgets. This makes working conditions unattractive …" (44)

However, students were able to articulate what they would like to see if they chose to work in aged care:

"In no particular order – a supportive work environment where staff feel safe and valued, adequate staffing, decent pay such as overtime rates, free counselling/support services or staff …" (90)

TABLE 16. AN UNDERVALUED CONTRIBUTION, SUB-THEMES.

Theme	Sub-themes
An undervalued contribution *The value of the service provided reflected in pay, funding and staffing resources*	Pay rates *Expectation of financial reward and comparison with other specialties and services*
	Staffing levels *The number of staff available to manage the workload*
	Funding models *Perceived constraints and impacts on caring because of the financial model used*

Theme 2: The 'shop-window' legacy

This theme was defined as *'Take-away messages from clinical experiences'*, where students working in the sector and/or following clinical experience perceived staff shortages, a high workload and, in some cases, inadequate patient care to be a barrier to a future career in aged care (see Table 17).

"Via placement I saw how boring this job would be as there was hardly any contact with residents apart from giving medications. Not because they didn't want to but because they had so many residents to give medication too that by the time they finished documenting after breakfast rounds it was lunchtime rounds. This is not sustainable or safe practice. In order for more Nurses to mahi in this environment the structure must change!" (309)

Students whose placements were in facilities with limited resources could be put off, but respondents also indicated that educational quality and professionalism of supervision within the placement added to the impression. Students recalled varied experiences depending on the facility to which they were allocated, as the following responses indicate:

"Nursing aged people is a great ice breaker to nursing placements as the residents love the interaction and providing learning opportunities for students (cognitive residents mostly however residents with dementia are great learning opportunities as well). I have had fabulous learning experiences as a result and ultimately gained employment from these opportunities without previous working experience in this environment …" (7)

"During my placement, I was utilised as an HCA the whole time which is valuable for learning basic care, but I didn't work [alongside] the nurse at all or learn about what it's like to be [an] aged-care nurse. She was always stressed as she was the only nurse rostered during her shifts and didn't have time to teach students. Maybe if there were more nurses rostered it wouldn't be so stressful and they could have taught the students and make aged care nursing seem more desirable and rewarding to the students." (526)

"More students may be open to trying aged care if student experiences on placement were better and lined up with actual RN duties and not HCA duties …" (300)

It was also evident from student narratives that students perceived aged care placements as being slow paced and lacking challenge. Others held the view that aged care was routine and had neither a critical-care perspective nor complexity. For others, there was the concern that nursing skills could be lost through work that was repetitive. However, other students saw the complexity but outlined that this added to their consideration of reasons that would prevent them from working in aged care.

"I think aged people are complex and require a lot more than just care assistants. The level of care I have witnessed from placement and my grandmother in hospital level of care was quite alarming. I think I also wouldn't work in aged care because it's not a safe enough working environment from what I've seen. I feel safety isn't the top priority and looking after old people as a student terrifies me because of this …" (653)

"Just as an example, a nurse in a hospital ward has up to 5 patients they may care for, with doctors and other assistance readily available. However, in a residential facility a nurse is responsible for 40 plus patients. Often the only nurse there, the level of nursing in a care home is much more complex but yet still need to care for more people. It makes no sense to me so I would not want to put myself in a position with such unsafe staffing." (5)

The remuneration and opportunities for clinical experience were not entirely unexpected narratives in the students' responses, especially in the light of the changing healthcare context, the media coverage of nurses' strikes, and aged care workforce issues as part of wider workforce demands. Beyond this, students also shared the impact of the situations in which they had found themselves and the emotional impact placement had on them personally as reasons preventing them from choosing a career in aged care nursing.

Students reported finding aged care confronting. The most frequently reported situation was related to student involvement with patients who were dying and for whom end-of-life care was required, for example:

"The end of life side of Aged care." (397)

"Providing care to patients at end of life stage …" (215)

"Getting attached then [losing] them when they pass away …" (200)

For others, the most confronting situations were those related to dementia care and knowing how to respond to behaviours that challenged when these were met. Other challenges came from colleagues who were under stress in a short-staffed environment, who appeared to the students to lack empathy for their residents. One student remarked that they felt like 'free labour', and that staff were usually unavailable to support adequate learning opportunities.

Separate from the feelings of being confronted, students' narratives also gave insight into the emotional impact of their placements. These feelings were of attachment to residents, of sadness about lives coming to an end, and sorrow for dementia patients who were deteriorating. Participant 161 summarised these aspects as "emotional responsibility". Participant 491 described being heartbroken, as did Participant 287 when revealing the particular situations of some residents.

"While on placement I saw how conveyor belt life was for the residents. It broke my heart. Residents had lost their individual identities and all fun was gone. The nurses and HCA staff were all so busy and didn't have much time to interact on personal levels with each resident …" (287)

Other students internalised their emotions, reflecting on their own families growing older, and for one student

"The aspect of deterioration especially mental deterioration is something that I find hard to see as I have grandparents with dementia and it is an emotional topic for me." (355)

For another:

"Overlapping the elderly patients to my grandparents and parents." (715)

Grief was a familiar, but undesirable emotion:

"I am not comfortable doing end of life cares and going through the grief process is not something I can continuously go over." (334)

"Dealing with death all the time find it emotionally draining …" (708)

"I'm quite emotional, so looking after age care especially in my care and close to me and suddenly give up or died in my care is challenging for me." (77)

TABLE 17. THE 'SHOP-WINDOW' LEGACY, SUB-THEMES.

Theme	Sub-themes
The 'shop-window' legacy *Take-away messages from clinical experiences*	Environment for learning about caring *Observations about clinical experience*
	Role complexity *The pace, routine and requirement for critical thinking encountered in an aged care workplace*
	Confronting situations *Situations that are found to be significantly challenging in the clinical area*
	The emotional work of caring *Feelings related to the work experience of clinical placement*

Theme 3: Crafting a future in nursing

Defined as *'Experience available that would impact a nurse's career',* students' responses appear to show aged care as a polarising career choice. There were students who wanted to use their qualification to gear into a career in aged care and, by contrast, there were others who identified that their qualification may not equip them well enough to take up a position. Others saw aged care as a limiting career choice, or as a career for older nurses who required a 'less exciting' role. These perspectives were used to explain why aged care was not a valued specialty. Students also observed that there was a lack of attention to ongoing professional development and limited information about career pathways (see Table 18).

Expressing their buoyant view of a career in aged care, respondents suggested that there was nothing that would stop them progressing their ambition to work in the specialty.

"I am pursuing a Bachelor of Nursing. So, I can work as RN in an aged care facility. Nothing can prevent me from choosing a career in aged care nursing." (254)

"Nothing would actually prevent me from choosing a career in aged care nursing, it is on my list of top 5 departments." (592)

"At this stage nothing. I would strongly consider it." (221)

Beyond such enthusiasm, there was evidence that others' attitudes about the impact working in aged care might have on future career prospects had influenced students' perceptions.

"… I have been told it's harder to get sought after positions or back into the hospital after working in aged care (is a backward step in your career) but since working in the hospital as an HCA I have found this to be untrue as lots of nurse have previously worked in age care. I have observed there is a negative stigma among young nurses working at the hospital that nurses coming from age care to the hospital won't have as relevant clinical skills." (487)

"Not being able to get a job elsewhere if had enough of aged care." (540)

"I'm afraid of getting stuck in a dead end job." (53)

Furthermore, students demonstrated they were concerned that their skillset would be diminished by spending any length of time in aged care. The skills that could be acquired in hospitals appeared to be more desirable. One student summarised:

> "I feel it is quite limiting and there are other areas I'd prefer to work in that would accel my career much more." (413)

Considering entry to practice, Participant 392 stated:

> "Being a new graduate and working in aged care would make me unemployable in other areas of nursing. Working in aged care may be something I'd consider after having vast experience in other areas of nursing."

Students could be put off by registered nurses with whom they came into contact.

> "I was told on my [XX] placement that if I chose to go into Aged Care, I would not be considered if I ever applied to work as a nurse at the hospital." (675)

The latter observation was borne out by peers:

> "I would worry that that I wouldn't be looked at for consideration to work in other Healthcare areas." (364)

Others explained the situation differently, choosing to view the way in which the specialty was undervalued as the result of the funding and staffing issues that were evident:

> "I feel it is widely overlooked. However, given the state of some facilities and also the quality of care given I can see why so many people disregard it as a career option …" (451)

> "It is very rewarding; however, it is also evident that it is not a very valued career within the nursing profession. It seemed like nurses use age residential care as a steppingstone to apply to other vacancies within the health sector …" (455)

> "Staff are overworked and either underpaid or just on median scale. There's not much opportunities given to staff for growth and pay increase. It is undoubtedly rewarding, but the job is underappreciated …" (437)

Students again wrote about their perception of professional development (PD). This time they noted that PD was often dependent on the facility and the way in which it looked after its staff. PD was not simply attending teaching and learning or doing courses. Further, students highlighted their regard for multidisciplinary working, for example, and it was Participant 66's perception that this was missing in the aged residential care environment:

> "The isolated practice. Not being able to work closely with Doctors and other nursing colleagues."

Clinically, there were students who did not see how working in aged

residential care could enhance their skill set, and it was not immediately obvious to others how they could reach their career goals, such as becoming a nurse practitioner.

TABLE 18. CRAFTING A FUTURE IN NURSING, SUB-THEMES.

Theme	Sub-themes
Crafting a future in nursing *Experience available that would impact on a nurse's career*	Ambition *Setting up for a career in aged care*
	Career prospects *The impact envisaged as a consequence of working in aged care*
	Learning opportunities *Accessibility of professional development and expertise of others*

Theme 4: Being enabled to do a good job

Being enabled to do a good job was defined as *'Having appropriate resources (physical and human) for care delivery'*, and played a significant role in determining the caring context to which students were exposed during their clinical placement (see Table 19). It subsequently provided the background reasoning to articulating factors that would prevent them choosing a career in aged care. Participant 8 stated:

> *"The workload is unreasonable and unsafe, I have never in my time at aged care facilities finished my shift on time, I have always gone over time due to paperwork and being stretched too thin. The pay is not reflective of this unsafe nature and the nurses (and to an extent, the HCAs) that gravitate towards aged care facilities lean towards being … less than team players, to be polite."*

Others described

> *"High case loads, minimum support from management, wage gap, medication focused with minimum one on one time with patients, not enough staff." (207)*

Another, the lack of human resource to support completion of all care deemed to be required:

> *"Just purely that time, resources doesn't always allow for HCAs to take the time to properly wash, dress and care for a patient. At one placement I saw many HCAs barely rub a wash cloth over clients before pretending to pat them dry before dressing them. It was awful. I always made sure to take extra time to talk with and properly wash, dry, moisturise and dress any client I had the pleasure of tending to, as I was never sure the last time it was done properly. Not to even forget shaving clients (women and men), trimming nails, those sorts of things and how often they are neglected because there just isn't enough hours in a day when you have one staff member to 10–15 clients." (341)*

One participant spoke of their sadness about the situation:

"I absolutely loved being able to look after older people and finding out about whole lives that they had lived. But it always saddened me leaving and feeling as though they deserved so much more. That I would never want my parents, grandparents, family, treated/neglected the way that some are treated in rest homes." (339)

Other aspects of the experiences students described made difficult reading. Some students wrote about the "toxic working environment" to which they had been exposed. Here, poor staffing was a considerable contributor and students clearly understood how this could impact on organisational culture. Participant 269 asserted that choosing to work in aged care

"… would be based on the facility and current staff employed. If they did not show promotion of independence, empathy or treat the patients with dignity it would put me off working in aged care."

Another student reflected:

"The environment has not always felt very good for the patients/ residents – both on my placement and during work I have seen a lot of situations that are sad and unfair for the older person." (380)

Participant 317 indicated how the impact of short staffing was heightened by a lack of collegiality:

"… short staff in ARC and unco-operative HCAs …"

One student provided their summary of the situation:

"Unfortunately, I would not choose to work in an aged care facility as a registered nurse (as much as I know they are greatly needed in this sector). Over the past five years of working in an aged care facility, I have watched it going from nursing lead to healthcare assistant (HCA) lead. The nursing role has changed dramatically, but so has that of an HCA. Nurses have become people/staff managers; their roles are full of admin and cross-checking HCAs' work. The face-to-face care the nurses once got with the residents was minimal. HCAs are the ones giving out medication, doing acute and chronic wound care and monitoring residents' health. This leaves the nurse with more responsibility 'on their registration' than ever before with so many non-professionals under them, and it is not something that I would be comfortable with." (657)

TABLE 19. BEING ENABLED TO DO A GOOD JOB, SUB-THEMES.

Theme	Sub-themes
Being enabled to do a good job *Having appropriate resources (physical and human) for care delivery*	Workload *Expectations of staff in terms of care delivery and number of people available and skill mix*
	Organisational culture *The collection of traits that make a clinical area or an organisation what it is*
	Unsafe practice observed or experienced *Aspects of the facility that cause or contribute to an unsafe clinical situation*
	Colleagues and collegiality *Team spirit and the impact of others in the workplace*

PLEASE ADD ANY FURTHER THOUGHTS YOU WOULD LIKE TO TELL US ABOUT NURSING OLDER PEOPLE

Students were invited to add any comments that they felt necessary to supplement the information they had already provided. Almost half of the students chose to respond to this final question (46%, n = 342). The process of analysis mirrored that used for the other free-text questions. Similar themes to those identified in the previous questions were evident in the data and will not be substantially repeated here other than as sub-themes (see Table 20). Additional themes that emerged from the opportunity to add any other comments encompassed a vision for the future and, further, the research team made the incidental observation of the use of ageist language, descriptions and stereotypes.

Theme 1: Vision for the future
Defined as *'Capturing ideas to positively promote aged care nursing'*, students summarised areas for action, recognition of nursing value, education (theory and practice) and the need to reduce professional stigma.

In their final commentaries, students again argued strongly for pay parity with hospital services, citing that

> *"People in ARC do not get paid what they are worth, this severely needs to be changed. They work so hard to not get appreciated as much as they deserve. Constantly understaffed making the workload insurmountable and overwhelming. The turnover is very high in ARC due to this, which just creates an extremely vicious cycle."* (391)

But along with relative pay making the specialty a more attractive option, students elaborated on the need for change to support better staffing within the sector. Here, students specified the need for safer staffing to create space and time to be able to do more for residents than the medication rounds they had frequently observed as the role of RNs:

> *"My prior experience was of 1 nurse to 30 patients, nothing but medication rounds, no patient interaction or actual care."* (114)

Solutions suggested were looking for *"better ideas on attracting and retain good staff"* (240). Suggestions included developing a *"robust team with many people to share the load"* (665) and *"to increase the patient/carer ratio"*

(472). It was argued that this might help to prevent burnout and improve the experience for nurses and HCAs. A different suggestion was to provide financial support for nurses seeking further education as a means of adding value to their tenure. Others saw the situation differently.

Participant 222 stated that aged care nursing was not recognised as being valuable by the nursing community. The student went on:

> "Older people deserve the highest standard of care, support and skills available. Respect and recognition of nurses in this field is rare. They are unsung heroes. They deserve their due accolades for their commitment and dedication to our elderly."

Others spoke of their admiration for nursing colleagues who worked in the sector, singling out the skill set of compassion, empathy and understanding required in the role. While students perceived that the role might be rewarding, they agreed that it was underappreciated.

Notwithstanding how nurses might value aged care nursing, students also summarised the role of education role-models as part of their own developing attitudes. Participant 692 outlined how their placement had been framed from an academic perspective.

> "I think many people don't want to go into aged care because it is something that many students are told to 'get over it because there will always be older people' and it's something that we aren't eased into, we are just told to be grateful that we have even been given a placement. Personally, this has made the whole experience of working with older people not something I would ever consider outside of this degree as it was forced on me for the majority of my degree and I never got the chance to experience working with any patient under the age of 75."

However, there was also a view that students were not necessarily excited about aged care placements which, as Participant 469 observed, was *"an issue for NZ considering our ageing population."* Further, it was recognised that older adults made up much of the hospital population and, as Participant 585 outlined, it meant that nurses need to be willing to *"nurse the elderly in [their] future career."*

The timing of placements in aged care and the clinical examples to which students were exposed were variously commented upon. Participant 444 related how more experience with older people before their placement in aged residential care would have been welcomed. This student thought that

> "… people that were already HCAs had a slight advantage as they knew what to expect."

For others, however, the issue was not about where they were allocated for clinical placement, but rather who they were buddied to work with when they were there. Participant 325 established a position:

> "I think when student nurses for placements at aged care following around a aged care worker isn't satisfactory for being a nurse due to the fact I'm studying to be a nurse not an aged care worker …??

*For me being placed on a placement in aged care made me feel u[n]
certain and unsure because it was like we were being trained to be
aged care workers?? But we are wanting to b nurses, to a certain
point aged care is great I love the people but I felt I could have learnt
more."*

Participant 580 expressed the view that

*"It is extremely challenging, especially as a student when there
are no RNs to work with that day and you are placed with HCAs.
Although they possess a high amount of knowledge and wisdom,
it shows how desperately HCAs need help. The placement I was
at, had HCAs giving medication as there was only 2–3 RNs on
for an entire shift across the building. This is not the best learning
environment for a student and does not convince a student to want to
work in these places."*

It was a view echoed in other narratives.

*"I feel older people's care would be much cable [sic] to do more as
students. As we were just HCAs we didn't get to see what it would
be like to be an RN in an aged care facility and as a result I feel like if
I worked in an aged care facility as an RN I would just be a glorified
HCA." (413)*

*"Changing the focus of the first placement in nursing school from
being one of following caregivers to one of working with RNs may
change student nurses perceptions of aged care." (365)*

While the experience of clinical placement was testing for some students,
others were able to see that there was professional stigma attached to
choosing to work in the sector. Participant 288 recognised how such stigma
had contributed to her opinion prior to clinical placement:

*"Before my older adult clinical placement I did not think I would enjoy
it. However I found it to be a privilege to be able to provide care to
older adults and I enjoyed forming a therapeutic relationship with the
residents."*

Similarly, participant 269 stated:

*"My perception of working in aged care prior to doing my course
was that it was boring and you dealt with death often. However,
since doing my placements I would say aged care was my favourite
placement so far, I enjoyed having great therapeutic relationships,
getting to know family members, and individuals' needs. I learnt
active listening was crucial in aged care as many patients felt they
were never listened too. Even in palliative scenarios it was sad to
experience, but you knew you had done everything for them to pass
with comfort and dignity."*

And participant 188:

"I was dreading it, thought I'd hate it but ended up loving it, loved

being able to build relationships with the residents."

Participant 236 concluded that the

> *"Nursing profession seem to have put a stigma on aged care nursing … Nurses need to take a chance in aged care, they might be surprised what they find out about themselves and what they have to offer in caring for the older persons."*

TABLE 20. VISION FOR THE FUTURE, SUB-THEMES.

Theme	Sub-themes
Vision for the future *Capturing ideas to positively promote aged care nursing*	Areas for action *Making aged care more attractive as a career option*
	Recognition of nursing value *Recognising the unique value of nursing for older adults*
	Education (theory and practice) *Improving the teaching and learning examples*
	The need to reduce professional stigma *Reflecting the need to improve professional courtesy*

Theme 2: Ageism

For the purposes of this theme, ageism is defined as *'Recognition of ageism in the narratives provided as responses to the survey'*, to reflect this incidental finding as part of this work. While the examples are implicit, finding them at all serves to highlight that student nurses are not excluded from the influence of societal attitudes, which are brought to their educational experience. Five types of examples are provided for illumination (see Table 21).

Defined as *'Referencing older adults in a way that denies their age'*, infantilising older adults was observed where older adults were described variously as needing to be treated like a *"newborn"* (633) or that they were to be cared for with the same patience with which one might care for *"kids"* (234). Older people were also referred to as being *"sweet"* (676, 93) or *"cute and lovely"* (17).

Regarding what older adults might need from a health service, students' assumptions were that

> *"… close relationships with them is very important. Cause they tend to [lead] a very lonely life."* (127)

and that

> *"Elder people they need more attention."* (338)

or alternatively,

> *"they just want company and to be heard. At times, maybe left alone."* (71)

> *"I've always wanted to provide the ageing population care as these people in my opinion are the loneliest and I want to be there for them."* (650)

However, there were negative connotations expressed about older adults. Here, Participant 502 suggested:

> "They are unpredictable and sometimes racists, most older people do not like change either."

Participant 321 further noted:

> "There are many older people with amazing past unfortunately they are not able to do a lot for themselves with."

Participant 562 believed

> "… it would be very rewarding knowing you're making a difference in that person's life whether physically caring for them or just being an emotional support in their lives but they can be quite rude which is the downside to caring for them."

Lastly, in their narratives about clinical experience, students illustrated how older people were often thought of as being different:

> "I think it's a really good experience to have and grants a new sense of appreciation for the older generation and opens your eyes to the lives people live and what they were able to accomplish up until the point where they couldn't care for themselves or have deteriorated." (434)

> "To be able to nurse older people, you have to be extra careful and thoughtful. Treat them as you would your own grandparents. Take the time to sit and talk with them. They love sharing their past as most of the time they are lonely and away from their loved ones." (23)

> "Old people are equally important as young and middle-aged people. They need proper care, treatment, respect, love and affection. Moreover, aged people have equal human rights to have good medical facilities." (254)

TABLE 21. AGEISM, SUB-THEMES.

Theme	Sub-themes
Ageism *Recognition of ageism in the narratives provided as responses to the survey*	Infantilising *Referencing older adults in a way that denies their age*
	Negative connotations of being older *Being older is a negative thing*
	Assumptions and stereotypes *Generalisations about older people and their needs*
	Older people are different *Showing how older people are considered different from other populations*

Discussion

The aim of this study was to to replicate research conducted at the University of Queensland (Neville, 2015) to understand Aotearoa New Zealand student nurses' perceptions of working with older people.

WHAT ARE STUDENT NURSES' PERCEPTIONS OF WORKING IN AGED CARE?

The responses to the SPWOP survey indicated that, overall, Aotearoa New Zealand student nurses have a neutral perception of working with older adults. This finding differs from previously conducted international studies, where students are documented as having an overall positive perception (Neville et al., 2014; Nolan et al., 2006; Pan et al., 2009). Importantly, the findings indicate that Aotearoa New Zealand student nurses had contrasting opinions about working with older people to their international counterparts, and that they had less entrenched views about the impact of working in the sector. Their neutrality, however, takes more explanation.

There is the possibility that the national emergency response to COVID-19 had the impact of facilities that would typically provide placements not being able to do so. Student nurses were also withdrawn from clinical areas at the start of the lockdown. Thus, students' neutral responses might reflect the lack of opportunity to experience an aged care placement. Yet, in the survey free-text responses, no statements relating to COVID-19 or its impact were found; these might have been expected from this cohort, given the interruption to their studies. Further, there was only limited evidence in the data to suggest there had been placement disruption for these respondents due to COVID-19, with only students in Year Two of the Bachelor of Nursing programme yet to complete any placement at all. This finding explains the anomaly between what students indicated they had completed and the programme-planning overview reported in Heath et al.'s (2023) concurrent curriculum stocktake.

Further analysis of the results showed that Aotearoa New Zealand student nurses held more positive views than their Australian counterparts about working with older people in general and the consequences of doing so. Aotearoa students observed that nursing older people required highly skilled nurses going beyond the delivery of basic care. They did not see that ARC was a dead-end job, nor that employment there would impact their future choices. These findings contrast with those of Neville et al. (2014), where Australian student nurses implied that only basic skills were required and employment in aged care was likely to impact a future career.

In considering their personal disposition to working with older people, Aotearoa students mirrored findings from Australia (Neville et al., 2014). Both groups of students were neutral on statements about the possibility of working with older people when they qualified, and that working with older people did not appeal to them. Both groups of students were also neutral about their first placement in aged care and their anxiety levels about this placement.

Aotearoa students again differed in their perception of working with older adults if they had done so before starting their chosen nursing programme.

Students in this study held less favourable perceptions of older adults when they had previously worked in the sector. This finding also held for students who reported working in aged care concurrently with their programme and was in keeping with the work of Happell (2002). In other international studies, Neville et al. (2014), Pan et al. (2009) and Nolan et al. (2006) all reported that exposure to the sector before and during a course of study increased positive perceptions of working with older adults. What separates the Aotearoa New Zealand cohort data from international study data is the climate surrounding the local data-collection period, in which there had been media debate, opinion and reckoning about poor resourcing, staffing and inequity in remuneration respectively for residents and staff in aged care facilities (Heath, 2022; Jones; 2022; Pentecost, 2023; Robinson, 2023). Thus, the less favourable perceptions of those students working in the sector, and found in this study, might well be explained by their first-hand experiences of under-funded and under-resourced care facilities. However, these observations are not a complete explanation, since the cohort also showed markedly opposite and positive views on the nature of the work in aged care and how a period of working in the sector might impact a career. Consequently, it could be interpreted that Aotearoa student nurses can see the enormity of the work required and acknowledge the value of aged care, including the high skill-level necessary and the intrinsic job satisfaction that is derived from working there. Their neutral personal disposition to working in aged care could reflect the esteem in which the sector appears to be held, consequent to the lack of investment in staffing and resources. This latter suggestion is in keeping with the work of Holroyd et al. (2009), who identified that students' views on the perceived status of the specialty can also shape their perceptions of older adults.

Within the cohort of student respondents, there were those who had not been to an aged care facility but who had had a clinical placement elsewhere. These students were of particular interest because they demonstrated that it was not simply an aged care placement that impacted their perceptions. Rather, it was a placement at all. This finding correlates with the seminal work of Kramer (1974) and latterly of Leducq et al. (2012), who indicated the magnitude of the transition that occurs at the time of first clinical placement. It is also noteworthy that in findings from a recent stocktake of clinical placements in Aotearoa New Zealand, Heath et al. (2023) observed that more than half of all student nurses were allocated to an aged care placement as a first clinical exposure. Amidst the current practice landscape and ongoing discourse related to funding and resources, the ramifications of such curriculum organisation may also have a significant role to play in the development of students' perceptions of older adults as well as their subsequent career choices.

Working with older adults prior to and concurrently with undertaking a nursing programme was a likely impact on student perceptions, and the same was true for programme progression, where Year Three Bachelor of Nursing transition students were found to have fewer positive perceptions of working with older adults than students in other years. There is no immediately obvious explanation evident in this data to corroborate a continuing decline in student perceptions, except for continued employment in the sector and sequencing of clinical placements. Dahlke et al. (2019) argue that the late-

programme exposure to aged care for students in Canada has been the reason behind a similar decline in these students' perceptions. However, as Heath et al. (2023) document, most Bachelor of Nursing students in Aotearoa have completed their aged care clinical placement(s) by the end of Year Two. Very few students returned to aged care in Year Three or transition to practice. It leaves open, therefore, the explanation that students are exposed to social learning from the attitudes and perceptions of nurses in other clinical areas, as well as those of educators and preceptors with whom they are involved over the duration of their programme (McCloskey et al., 2020; Parker et al., 2021).

It was also possible to compare responses provided by students at different academic levels of the Enrolled Nursing programme, which was primarily re-implemented because of the contribution these roles would likely have in the aged care sector. Enrolled nurses had the most positive perceptions of working with older adults, and this was found not to deteriorate across the programme. This data appears to suggest that preference towards, and attitude to, working with older adults are related, and this finding concurs with those of Liu et al. (2013).

WHAT ARE STUDENT NURSES' INTENTIONS TO WORK IN AGED CARE FOLLOWING COMPLETION OF A NURSING PROGRAMME OFFERED AT AN AOTEAROA NEW ZEALAND POLYTECHNIC?

In their SPWOP responses, almost a third of students reported that they might consider aged care later, a third were keen to try and the remainder did not intend to work in aged care when they qualified. Students revealed a myriad of factors that impacted on their intentions to working in aged care and their decision-making processes. It was possible to see direct links to clinical and work experiences, the attitudes and behaviours to which they had been exposed, and a sector very much at the centre of vigorous debate about funding, staffing and resourcing.

Herzberg's two-factor theory
The analysis of the free-text responses was an inductive process and is described elsewhere in this report (see page 26). Given previous discussion about the findings in the responses received, the view that Herzberg's two-factor theory might well have enabled deductive analysis is evident (Herzberg et al, 1959). Herzberg's two-factor theory provides understanding about independent and distinctive factors that motivate employees during their employment (Miner, 2005). These factors are usually given as reasons to stay in a particular role. Conversely, there are factors that prevent employees becoming dissatisfied in their roles. Respectively called 'motivating' and 'hygiene' factors, each has a push (to leave) or pull (to stay) effect on employment decision-making. These factors are shown in the table below.

TABLE 22. HERZBERG'S FACTORS.

Motivating factors	Hygiene factors
Achievement Recognition The work itself Job advancement opportunities Growth opportunities	Peer relationships Company policies Physical workspace Working conditions Salary Status Security Supervision

Lawlani and Lawlani (2017) reviewed Herzberg's theory for its relevance to the 21st century, finding that, but for small changes to definitions, the same factors motivated or prevented dissatisfaction with employment. Jamieson et al. (2015) concluded that the theory was also useful when considering the prospect of retaining Generation Y registered nurses in employment in Aotearoa New Zealand. In this study, Herzberg's theory can help to make sense of issues raised by the students and will be used as a framework to organise the next stage.

THE REALITY OF THE CURRENT WORKING ENVIRONMENT

Remuneration

The poor remuneration provided to nurses in the aged care sector dominated responses across all three free-text questions. It was the primary reason cited for not wanting to work in the sector, as well as the most frequently offered response to the question of what would encourage students to take up a career in aged care. The work was perceived as being hard and the pay disparities between this sector and others was seen as being unfair. As one of the 'hygiene factors' in Herzberg's two-factor motivational theory, remuneration reflects one of the basic needs of an employee to prevent dissatisfaction with their work. Inadequate remuneration is a 'push' factor and can impact on decisions to leave a particular employment (Miner, 2005). With high levels of staff turnover, and inequity in remuneration between this sector and acute care services, students had a first-hand view of the ways that remuneration impacted staffing and, consequently, the quality of care that was able to be provided. It is a position that is unlikely to resolve quickly or easily, and this concern needs to be reflected in placement planning in the future. Continued exposure to the current situation may perpetuate poor perceptions of aged care and affect generations of nurses to come.

Resources

Students in this study recognised that it was not only remuneration for staff that impacted on care delivery, but that funding for resources more generally impacted on the ability to complete the job well. Human and physical resources were both reported as being lacking within a facility, and students perceived that this affected the quality of life for residents as well as staff–resident relationships. This was emphasised through a reduction in the amount of time that could be spent with residents, and students were limited in their

opportunity to develop the empathy and understanding brought about by intergenerational contact. The reduction of such an important learning context from placement areas should be a red flag for future course development, given the extensive commentary about the anticipated demographic shift in Aotearoa New Zealand (Stats NZ, 2020).

Human resources also impacted the students' clinical experience in other ways. The lack of time to care created an experience in which the care focus was on tasks such as medication rounds, completing washes and serving meals, as opposed to building relationships and delivering person-centred care. The nature of the work itself is a motivating factor in Herzberg's two-factor theory (Miner, 2005). As a benchmark for choosing to work in aged care, a task-driven over person-centred focus may be off-putting for some students. Exposure to task-oriented care delivery does little to showcase professional nursing as a whole or the importance of the role of a qualified nurse in any setting. As it stands, as an initial placement and consequently a window on what might lie ahead in each nursing programme, the current difficulties being experienced in the sector may not inspire nurses to continue with their programme. Given that most students undertake a placement in aged care in Year One (Heath et al., 2023), and coupled with current dropout rates, the educational purpose of early allocations to aged residential care placements needs review.

Working conditions
Medical and toileting supplies were reported as being unavailable in the required quantities and students indicated that such practices were unacceptable. Students were keen to achieve a high standard of nursing care for residents, and constraints on resources resulted in the conclusion that there was inadequate patient care and job fulfilment. These findings concur with earlier research that underlined insufficient government funding and resources are associated with lower salaries for nurses working in the aged care sector (Abbey et al., 2006; Baumbusch et al., 2012). These concerns contribute to the overall impression of potential career prospects and lower the professional status of aged care nursing, given that more government support is allocated towards higher-acuity areas (Abbey et al., 2006).

Students also observed that the nurse's role in aged care was often focused on administrative tasks and paperwork, rather than being with residents and assessing their needs, a finding that is in keeping with the report from Abbey et al. (2006). Students also consistently reported a ratio of too few qualified nurses to HCAs. This finding presents an issue for educators, because it is not only the number of staff required in an organisation but also the expertise and experience of staff managing the complexity of care required, and the consequent role-modelling of professional practice.

Staffing and collegiality
Staffing levels were a key issue faced by students who responded to this survey. Inadequate staffing levels – without enough registered nurses, and variously trained support staff providing most of the direct caregiving – ensured care for aged adults occurred in a difficult nursing context (Burrow et al., 2017). Further, limited resources, including hygiene products and suitable equipment, was perceived to be a barrier to providing the necessary level of

care required. This perception echoes findings by Baumbusch et al. (2012), who found that suboptimal working conditions intensified ageist attitudes and reduced interest in pursuing a career in the specialty.

Limited numbers of staff who were perceived by students to be appropriately trained, together with limited staff-to-resident ratios, resulted in what was described as unsafe patient care. Workplace stress between individuals and groups of staff added to a difficult situation, leaving students feeling abandoned on occasion. Students indicated that a team approach was most supportive and relevant to their aged care placement. Such experiences occurred when resources were adequate, but also when team members were respectful to one another. Organisational culture and, in particular, collegiality, was a key factor in determining what was thought to be an acceptable learning and care environment. As a characteristic of a clinical placement, a high level of collegiality has been found to reflect staff willingness to work together and to include students as part of the team (Keeping-Burke et al., 2020).

Funding

Students offered their opinions of current funding models, identifying their concerns about the structure of the aged care organisations in Aotearoa New Zealand. Students expressed the idea that there were financial and economic issues with the current aged care model and within a facility. The for-profit model was perceived to affect the availability of resources, both positively and negatively, as well as the quality and standard of services that could be provided. Some students described the profit orientation as being 'exploitation' of those in the aged care system. More importantly, it led to the perception of an unsafe environment for both staff and patients. The limitations of the funding system were also recognised as a wider issue in terms of society's attitudes towards older adults in the community and aged care in Aotearoa. There is some similarity in these students' perspectives to those indicated by students in the work of Abbey et al. (2006) and Baumbusch (2012), who identified the favour in which specialties with higher acuity were viewed by both government and industry.

Cultural implications for nursing

Few students gave commentary about cultural perspectives in the free-text responses. Where they did so, there was an indication that they would like to see a wider variety of placements rather than simply the aged residential care sector. The lack of wider placement allocations that offer exposure to the health needs of older adults observed by these students substantiates the commentary made by Heath et al. (2023) that there was a lack of Māori perspective on the health needs of older adults throughout placement allocations for student nurses in Aotearoa New Zealand. It is a view corroborated by the work of Fraser et al. (2022). The increasing life expectancy of Māori should alone be enough impetus to address gaps in clinical-experience provision if nursing is to meet its te Tiriti obligations.

Other barriers to working in aged care

Beyond the expression of generalised background influences on students' experiences, there was an intelligent and rational perspective of the barriers to working in aged care. Students did not apprehend that the situation was

simply about money or supplies, nor did they offer the opinion that equitable pay and safer staffing levels would simply 'fix' the issues being faced by the sector. They identified that there were other reasons that made the specialty less attractive. Reflecting on their own capability, students saw that their knowledge, skills and preparation needed to match the care delivery they perceived as being complex. This finding concurs with those of Okuyan et al. (2020) and Abbey et al. (2006), who detailed students' reports of having insufficient knowledge, skills and experience to take up employment in aged care. The workload was also perceived to be too high and very physical. It became apparent that, as these factors accumulated, they contributed to an increasingly strong argument to avoid a career in aged care for those who were equivocal. By contrast, students who were positively disposed to a career in aged care amassed reasons to return once graduated.

WHAT INFORMATION CAN BE PROVIDED TO THE NURSING COMMUNITY TO INFORM FUTURE PRACTICE IN RELATION TO ACADEMIC INPUT, CLINICAL EXPERIENCE AND THE POTENTIAL FOR CAREER PATHWAYS IN AGED CARE?

Information for the academe

Preparation for clinical experience: Students appreciated the enormity of the skilled care-delivery required in the aged residential care sector. Many students who responded to this study were most likely to have experienced an aged care clinical placement early in their programme (Heath et al., 2023). While Year One students were found to hold the most positive perception of working with older people, the data from this study has also shown the impact placement has on student perceptions. It is a finding consistent with the broader literature (Hunter & Cook, 2018; Kramer, 1974; Leducq et al., 2012; Meleis, 1991). In light of calls for more substantial gerontological content throughout nursing curricula because of its association with the development of increased empathy and more positive perceptions of older people, the acknowledged complexity of the work, a student body who was found to hold an overall neutral view of working with older people, and the changing demography of Aotearoa New Zealand, the evidence to support reconsideration of when and how the future nursing workforce is orientated to the needs of older adults is overwhelming (Mellor et al., 2007; Bleijenberg et al., 2012; Flood & Clark, 2009; Runkawatt et al., 2013; Usta et al., 2012;; King et al., 2013; Baumbusch et al., 2012; Funderburk et al., 2006).

Grief, loss and confronting situations: Students were open about the personal impact that a placement in aged care could have on them. They described the emotional consequences of facing the deaths of residents and other confronting situations. They outlined how ill-prepared they were for such clinical experiences, and about what they saw as the emotional responsibility of working with older adults. These descriptions are comparable to those indicated by Robinson and Cubit (2007), who highlighted that students had experienced feelings of panic and shock due to having insufficient preparedness and knowledge of dementia and the ageing process. Coupled with the potential for aged care clinical experience to be early in programme,

the counsel of Meleis (1991) and Kramer (1974) relating to feelings of inadequacy, frustration and disengagement is to be heeded. It is important to remember that most nursing students in this cohort were aged 29 years or under and may not have had exposure to grief and loss, or potentially to life experiences that had honed emotional resilience or self-care skills. Therefore, these findings are an indicator that preparation for clinical placements should also include not just theoretical models of death and dying or strategies to deal with behaviour that challenges, for example, but also how to manage emotions and caring for oneself when they are encountered.

Other career plans: Some students had dismissed the option of working in aged care based on having other career plans, or that they wished to work in a more dynamic nursing environment than the perceived slower older-aged sector. These plans included the desire to work in a range of other specialist areas and roles, such as mental health, community and children's nursing. Importantly, students perceived aged care as a specialty in its own right. Taking up a position in aged care was seen as a chosen career option beside others that came with its own rewards, satisfaction and privilege, because of the work and relationships with both residents and their families/whānau. Yet the perspectives provided by the students demonstrated that there is more work for educators to do in response to the emerging situation for healthcare provision in Aotearoa New Zealand. The myopic view that older adults are nursed in one place is incompatible with forthcoming demographic change that will mean that older adults are far more likely to be key users of a wide range of specialist services. The future nursing workforce will need to be able to respond to health needs of older people as and where they are presented. Future curricula should encompass practical and theoretical learning that reflects the needs of older adults across all specialties to ensure that nurses enter the workforce with appropriate understanding, capability and competence.

Aged care-ism: The influence and role modelling of academic nurse educators was highlighted in student narratives. It was evident that unhelpful opinions about the relevance of aged care were circulating among students. Such opinions serve to reinforce ageist stereotypes that pervade society and, by default, healthcare workplaces and educational institutions. As the average life expectancy in Aotearoa New Zealand continues to rise, the population of older people will be increasingly diverse across a range of factors, including culture and ethnicity, religion and spiritualty, gender identity and sexuality, all of which have implications for the future nursing needs of this diverse group (Te Pou o te Whakaaro, 2019). It is important for educators to recognise the ramifications of their ageist views, and the way in which they might perpetuate further intersectionality among older adults. These findings reinforce the need to take account of the gerontological qualifications of nurse educators (Gibbs & Kulig, 2017), and earlier findings by Heath et al. (2023) that there is a general lack of availability of this kind of expertise among those who facilitate aged care clinical experiences for students in Aotearoa. As Gibbs and Kulig (2017) point out, skilled educators positively influence students' attitude development, and as Brower (1985) suggests, there is a need to employ educators with specific

knowledge of the sector. For those who may be more removed from direct teaching or supervision, there is clearly an opportunity for a clinical/academic partnership to create professional development to foster deeper understanding of the specialty and its unique contribution to healthcare. Doing so may create the opportunity to highlight the more positive aspects of the specialty and its requirement for the high-quality professional skills identified by Andrade (2016), Lee et al. (2018) and Kovner et al. (2002).

Informing clinical partners

<u>More aged care-ism:</u> Aged care-ism was found to be not simply the domain of nurse educators. In this study, the perception of working with older adults was found to deteriorate as Bachelor of Nursing students advanced through their programme of study. One explanation found in the free-text responses was the power of 'word of mouth'. Where students had experienced placement difficulties in previous cohorts, this information was shared. Another explanation might be found in the greater number of clinical placements completed by senior Bachelor of Nursing students, and therefore longer exposure to the attitudes and perceptions of others. For these students, and in contrast to enrolled nursing students discussed earlier, Bandura's social learning theory (1969) might provide useful explanation about how vicarious learning about clinical specialties can manufacture negative perceptions prior to any in-person clinical experience. It is a view that can be supported by more recent findings from other researchers (McCloskey et al., 2020; Parker et al., 2021). These findings again bring into focus the need to highlight the more positive aspects of working in aged care, and the professional skills and knowledge that can be developed. Furthermore, the inclusion of a greater range of placement availability indicated by Heath et al. (2023), and the opportunity to showcase the critical importance and contribution nurses make to the health of older adults, would likely bring a welcome reframing of what it means to work in this space as well as the magnitude of the opportunity. As Leedahl et al. (2020) suggest, highlighting highly productive older adults in the community is beneficial to student understanding of the range of health needs of older adults.

<u>The importance of clinical supervision:</u> Clinical placement experience appeared to be a 'shop window' for what it might mean to begin a career in nursing and, indeed, in aged care nursing. It was evident from the responses provided by students that the impact of that exposure was significant. Placement provided an appreciation of the complexities of care and the opportunities within the sector, as a clinical learning environment, highlighting the reward and satisfaction of the work. The quality of clinical placement supervision was paramount, and where this varied, so too did students' impressions of working in aged care. This finding is in keeping with international literature that is categorical across repeated studies, demonstrating the importance and positive influence of appropriately skilled clinical supervisors in an aged care placement (Gibbs & Kulig, 2017; Holroyd, 2009; Koskinen, 2015). The opportunity to learn and add to clinical competency was not lost on those who had been well supported. Students saw the potential to learn about the complexities involved in assessment, pharmacology and co-morbidities, and

their respective impacts on care planning and delivery was apparent. The deeper understanding afforded these students is also reflected in the findings of other research (Potter et al., 2013; Moyle, 2003; Rogan & Wyllie, 2003; Brown et al., 2008a).

Where clinical placement supervision was viewed as unsatisfactory, students' learning intentions related to knowing more about the role of the RN and care delivery within the facility were frequently unrealised. Students were buddied by HCAs, and they felt this showcased 'basic skills'. Rather than reiterating what they already knew and could do, students were looking for role models for what it would mean to be qualified, and, for those who were employed in healthcare outside of their programme, the differences in the work they were expected to complete. Since so many students in this study reported being employed or taking up employment in healthcare roles to support themselves through study, there may be an opportunity to extend exposure to the health needs of older adults by individualising clinical placement allocation. Considering employment as an adjunct to clinical placements provided on nursing programmes may be an innovative way of adding to, rather than repeating, students' clinical experiences, given the relatively small number of clinical hours mandated by the Nursing Council (Algoso, 2019; Nursing Council of New Zealand, 2020b; 2021).

Another view of the situation might be as a mismatch of expectations between the educational purpose of clinical placement in aged care and students' own aspirations. In some teaching centres there appears to be an enduring commitment to an early placement in an aged care facility to learn 'foundational skills'. Such a view could contribute detrimentally to the picture of what it means to be a nurse in aged care (Heath et al., 2023; Foster et al., 2022). In other research, the number of students being allocated to aged residential care facilities was documented as being large (Heath et al., 2023). In these circumstances, the amount and quality of supervision provided is questionable. Given the evident context of aged residential care, it is necessary to suggest that these practices are best avoided, and provider facilities encouraged to decline in favour of reducing demands on an already lean staff roster. As several international researchers have documented, the quality of the clinical experience provided is crucial in creating a positive introduction to aged care nursing, yet it is highly dependent on the placement structure, its timing, clinical supervision, and the resources available (McCloskey et al., 2020; McKenna et al., 2010; Foster et al., 2022).

Legitimate career option: Students were able to see the broad range of nursing skills that might be available within the clinical environment. For some, it was the reason that they would choose to take up employment in an aged care environment. For others, however, the benefits needed to be clearer. They wanted to know how their career might be progressed. Students identified that they had little or no idea whether there was an opportunity for growth through things like on-site professional development or support for postgraduate study. Career pathways were not explicit, which left students wondering how they might pursue nurse practitioner roles, for example. Others were interested in furthering their learning about leadership and management. While the literature is silent on student views

of ongoing development in aged care, the topics highlighted in this study, for example job advancement and opportunities for growth, can be situated within the motivational factors described by Herzberg (Miner, 2005). These are the factors that encourage employees to be more creative, productive and committed. Greater collaboration between clinical and academic staff might provide an opportunity to demonstrate the range and depth of clinical knowledge and skills that could be available to the future nursing workforce.

Informing the profession

Ageism and professional stigma: Ageism was present in the free-text responses of the students. Stereotyping, assumptions based on age, generalisation and negative connotations about being considered older were all apparent across student narratives. That these examples are found is perhaps of little surprise, given how entrenched ageism is in society and the way that old age is seen as a problem in Western society (Hanson, 2014). It is a significant finding in the narratives of future health professionals because of the way in which such attitudes influence behaviour. Ageism among health professionals can add further intersectionality for vulnerable populations or exclude them from treatment consideration at all (Henderson et al., 2008; Inouye et al., 2021). In this study, students variously described older adults as dependent, sick, frail and helpless, which Celik et al. (2010) and others have asserted are stereotypes of what it means to be old (Koskinen et al., 2015; Sarabia-Cobo & Pfeiffer, 2015). The observation of such characteristics being used by students to describe older adults adds weight to the argument that students need to be provided with a range of clinical opportunities that showcase the wide range of contexts in which older adults might interact with the health service (Holt et al., 2023). Anti-ageism education should be part of every nursing programme, simply because the future nursing workforce will interact with older adults whatever specialist area they choose. As they become leaders and managers, they will have useful perspectives with which to view their contribution to decision making, policy development and other aspects of professional practice.

Within the responses from the students there was also an indication of how aged care is undermined by professional colleagues. Students relayed what they had been told or had observed with reference to the idea that less complex work was involved, how employment in aged residential care would impact on their career, and how their skills would stagnate. These findings are in keeping with other authors, who have suggested that qualified nurses are desensitised to ageism and continue to perpetuate ageist assumptions that negatively impact nursing practice (Moyle, 2003; Stevens & Herbert, 2007). This kind of professional stigma is unhelpful and presents an opportunity for postgraduate education to play its part in resensitising qualified nurses to the insidiousness of ageism, and its impact on the future nursing workforce. As Funderburk et al. (2006) point out, increasing understanding of gerontological nursing issues increases expertise, and promotes more positive attitudes.

Limitations

The data collection for this study occurred as students returned to their respective tertiary education institutions following the COVID-19 health emergency. The students who responded in this survey may have had an altered placement experience, which could have impacted their perceptions of working with older adults.

The volume of free-text responses was astonishing and meant that the research team had to rapidly develop an alternate plan for analysis. While every effort was made to seek advice and to pilot techniques used, it leaves open the possibility that there is weakness in the analysis of the volume of data, which could impact the trustworthiness of the data.

Conclusion

The aim of this study was to understand undergraduate nurses' perceptions of working with older adults. The stated objectives included understanding students' perceptions, their intentions to work in aged care following completion of their course, and to provide information to the nursing community to inform future practice in relation to academic input, clinical experience and the potential for career pathways in aged care. Our replication of Neville's (2015) study provided a basis for comparison between Australian and Aotearoa New Zealand student nurses. There were significant differences in students' overall perceptions of working with older adults, with Aotearoa students demonstrating greater appreciation of the complexity of nursing skills involved when compared with their Australian peers. Aotearoa students were different, in that their prior or concurrent employment impacted on the way in which working with older adults was perceived. While a third of students did not intend to work in the sector when they qualified, free-text responses provided insights about why that might be the case. Our students recognised that there would be many other specialties to which they would be exposed, and, for others, career plans were in the making. However, there were additional factors that influenced student perceptions of working with older adults.

WORKING IN THE AGED CARE SECTOR

The current difficulties being faced by the sector were observed and noted by students. The lack of parity in remuneration between nurses working in the acute sector versus those in the aged care sector was at the forefront of their clinical placement experience. Together with working conditions, these factors impacted the learning opportunities for many. Concerns such as these will have a bearing on the workforce pipeline as the inequity of remuneration and resources makes aged care a less attractive option. With the prospect of paying off a student loan and financing personal and/or family commitments, choosing to earn less seems absurd. Furthermore, collaboration between the

academe and clinical professionals is vital in order to clearly articulate a career structure in aged care and highlight the genuine opportunities that exist for advancing practice, to make sure these motivational aspects of the work do not stay hidden.

CURRICULUM, SKILLS AND CLINICAL PLACEMENTS

Clinical placements were of particular significance for students. As a showcase for the kinds of activities that would be undertaken by a nurse in the sector, supervision by HCAs and the observation of nurses completing administrative tasks did not receive a warm welcome. Students were clear that role modelling of what it meant to be qualified was important to them. They could see the complexities of the care required and wanted to learn about how to respond.

Many of the students were already working in aged residential care and were looking to expand their learning, but were unable to do so when the premise of their placement was to learn foundational skills, the same skills that they perceived had already been mastered in their out-of-programme employment. There is an opportunity to consider whether every student needs to attend a placement in aged residential care. If students employed in facilities outside of their programme are still to have this experience, then there is room for careful management to meet objectives that support the development of the appropriate scope of practice. It may also be an opportunity to think creatively about aged care placements and to strive for these to be student-centred. Given the current difficulties, allocating fewer students to aged residential care may paradoxically provide a better experience for those students who could benefit from the experience. This action would further provide an opportunity for conversation with clinical partners to review which students are allocated to aged residential care until the current issues are resolved. To replace the clinical experience, greater collaboration with external agencies who provide care and support for older adults would extend opportunities for intergenerational contact, enhance awareness of well older adults in the community, and showcase the spectrum of health services available. It would also reduce the privileging afforded clinical experiences in acute health services.

Extending students' views of health service provision for older adults is also necessary from a cultural and diversity perspective. Very few students appeared to have been allocated a placement that was culturally orientated, rurally located or was community specific. In the coming years there will be an increasing number of older adults who are managing long-term conditions, disabilities and acute health issues in a range of environments. Student nurse education needs to reflect these possibilities and ensure that even if aged residential care is not a chosen specialty, contemporary graduates of nursing understand the health needs of older adults wherever they may access health services.

The study highlights that there is more work to do to prepare students for clinical placement. Students related their responses to grief, death and dying, indicating that they were ill prepared. It is a warning that teaching for self-care and resilience should be incorporated into curriculum revisions to promote

student wellbeing and resilience. It has been too easy to forget that the young people who begin programmes of nursing may not have been personally exposed to some of the confronting issues and losses that are encountered in the current provision. It is another area where skilled supervision would be valued.

Promoting supervision by experienced and skilled educators is imperative for the development of positive perceptions among student nurses about the care of older adults. It is an area where academic and clinical partnerships can be commissioned and where joint appointments secured to promote excellence in teaching and clinical learning can be powerfully employed.

FUTURE CAREERS IN THE AGED CARE SECTOR

Working in the aged care sector would be considered by a third of students surveyed, another third was undecided, and the final third was unlikely to do so for a variety of reasons. That a third of students is interested in the specialty is encouraging, and substantiates the suggestion that there is room to consider ways that students can be motivated to fulfil this intention. Personalised placement allocations, to expand contact with older adults during nursing programmes, scholarships, and better articulation of career pathways and professional development support could add to 'reasons to return' to a role in aged care after graduation.

The future nursing workforce will be required to deliver care in a vastly changed environment. In a few years, the population of Aotearoa New Zealand will be demographically shifted to a position where a quarter of the population is aged over 65 years. It will no longer be acceptable to disseminate ageist views or exclude based on age. The potential for harm caused by ageism is immense. Therefore, it is imperative that anti-ageism education is begun. It will ensure that tomorrow's leaders, managers, educators and policy makers will be fit for the future.

Recommendations

The following recommendations are made:

1. There are genuine opportunities for an expansive career pathway in aged care. These opportunities and the support available for their achievement need to be highlighted to students through collaboration between academic and clinical colleagues.

2. Models of clinical supervision need to be addressed to develop and appropriately showcase the skills and knowledge required to be a nurse in aged care. Provision of appropriate role models is essential for students to see the activities and care delivery associated with their own scope of practice.

3. The students are largely exposed to Pākehā models of care. Māori life expectancy is increasing, and placements need to change to reflect the opportunity to learn about the health needs and care delivery models

defined by te Tiriti partners.

4. Greater emphasis should be placed on exposing students to cultural services. As Aotearoa New Zealand becomes more multicultural, nurses will need to be familiar with views of being older that differ from their own.

5. Joint proportional appointments (academic and clinical/support or cultural services) should be considered for their potential to supply the clinical expertise required to support students' understanding of contemporary practice required to address older adults' health needs.

6. Educators need to widen the scope of placements used to support understanding of older adults' health needs. It would be wise to address the diversity of environments in which care is delivered and that enables visibility of older people across a spectrum, from those who are well and completely independent through to those who are dependent. The changing requirements of the health system will also be better illustrated through interaction with older adults across the whole of service delivery. An increased amount of gerontological content needs to be included in all nursing programmes, to encourage the development of more positive perceptions of older adults as well as increasing empathy and reducing ageism.

7. Students acknowledged the enormity of the emotional work required to complete placements in aged care facilities. The emotional wellbeing of students could be better addressed, and thus there is a need for supplementary teaching and learning input on grief, loss, self-care and support.

8. Given current staffing levels, working conditions and the complexity of the work involved in aged residential care, the allocation of students for placements should be more carefully considered. It is likely that students in their final year of an undergraduate programme would have a greater range of nursing skills to take on the challenges of the environment. New students could be allocated other clinical experiences that foster understanding of older adults who are ageing well. This action would be supportive of colleagues who work in the sector by a reduction in the number of places required in each facility, thereby reducing the amount of clinical supervision to be delivered.

9. Students who have worked in aged residential care as employees should be allocated other clinical experience reflective of older adult health to prevent reinforcing the stereotype that conflates old and dependent.

10. There is a need for professional updates about the contemporary aspects of older people's health, so that academics are more confident about providing perspective and discourse about older adults across the programme. This will support development of students' viewpoint that older adults are encountered across all health specialties and are not defined by age, frailty or dependency.

11. Anti-ageism education is included in all nursing curricula a soon as practicable.

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Dr Ruth Crawford (RN, PhD) is the former Director of the School of Nursing, Health and Wellness at the Western Institute of Technology, Taranaki. Ruth has a background in child health nursing and has had an extensive career in nursing and nursing education. Ruth is an active researcher, focusing mainly on qualitative research.
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Dr Peta Taylor is a registered nurse and midwife with many years' clinical experience. A BSc in biochemistry, a PhD in medicine and a teaching diploma have provided an additional foundation for the 19 years she has spent teaching nurses and other health professionals at Ara Institute of Canterbury. Peta is currently employed as a Clinical Educator in Whāngarei Hospital, Northland.
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Dr Eltahir Kabbar is a passionate educator with over 20 years' teaching and research experience in Aotearoa New Zealand higher education institutes and abroad. He is a Senior Lecturer at the School of Computing, Electrical and Applied Technology at Unitec. Eltahir has a PhD from Curtin University. His research interests include diffusion of innovation, technology adoption challenges and enablers, and electronic government systems, with several publications, including book chapters, journal articles and international conferences.
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Dr Bernadette Solomon (RMN, MSc Criminology, DHSc) is a Senior Lecturer in Mental Health and Addictions, Manukau Institute of Technology. Bernadette is passionate about recovery in mental health and addictions, improving health outcomes for individuals affected by mental health, and eliminating health disparities. She graduated from the University of Bedfordshire, UK, in Nursing Studies, and gained an MSc in Criminology from Hertfordshire University, UK, and in 2019 received her Doctorate in Health Science

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Dr Pam Foster (RN, BN, MN [Hons], DHSc) is a Senior Lecturer in Nursing at Toi Ohomai, Tauranga. Pam's interest in aged healthcare has led to her completion of higher education in the field, with first a Master of Nursing in older people's health, and in 2020 her Doctorate of Health Science. Pam's thesis topic was "What nurse education actually teaches student nurses about people named as older: A Foucauldian discourse analysis." Her research interests continue to focus on healthy ageing and improving the perceptions of student nurses working in aged care.
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Victoria Munro is a registered nurse who has worked in a variety of clinical contexts in Aotearoa New Zealand and overseas, with her most recent clinical experience being in aged residential care, which ignited her passion for care of the older adult. Victoria started her nursing education career at NorthTec, Whangārei, in 2012, where she taught the older adult course and supported ākonga during their clinical learning experience in aged care. Victoria moved home to Dunedin in 2022 and currently works at Otago Polytechnic as a Nursing Lecturer and Year One Programme Leader. She is also currently leading the clinical workstream as part of the rollout of the unified nursing curriculum.

Molly Page is a dedicated nursing professional with a deep-rooted passion for gerontology. Her journey into the field of aged residential care was not initially planned, and it has evolved into a profound appreciation for the sector and nursing education. She transitioned into nursing education with the primary goal of making a significant impact on gerontology, fostering its development as a specialty and inspiring nursing students to explore this rewarding area of healthcare. She firmly believes that continuous education and support for registered nurses, especially at postgraduate level, are vital components of enhancing the quality of care in gerontology. Her commitment lies in promoting gerontology nursing developments to ensure the wellbeing and quality of life for the older person. Her vision is to see a healthcare system where gerontology nursing is not only highly valued but also continuously evolving to meet the unique needs of the ageing population.
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Michele Rogalin-Henderson is currently teaching human biology on the Bachelor of Nursing programme at Unitec, with emphasis on age-related body systems to prepare learners for their clinical placement in aged care. Previous teaching experience includes a geriatric rehabilitation (strand in chronic neurological disorders) programme and mental health across the lifespan.
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Robina Mall is an experienced nurse educator, and currently co-ordinates the Competency Assessment Programme at Unitec. Well connected to the aged care sector, Robina supports students in clinical practice and teaches into the Bachelor of Nursing programme.

Shobha Johnson is a passionate nursing lecturer with a strong commitment to shaping the future of healthcare through education. She has a Master of Nursing in paediatric nursing from India and an adult education certification from Aotearoa New Zealand, and has spent seven years

in nursing education, mentoring nursing students in both Aotearoa and India. She has also worked as a registered nurse in medical/surgical wards and paediatric wards. Shoba currently co-ordinates the Nursing Skills paper for newly enrolled nursing students in Year One at Unitec, and oversees the simulation lab, where she teaches nursing skills to Year One students and supports Year Two lecturers in the lab. She also provides clinical tutoring to nursing students during placements in Year Two and during the transition phase. She was nominated for the team award for Excellence in Early Career Teaching in 2022 at Unitec | Te Pūkenga.

Janice Groube (RN, MHthSc, PGC CITcg) is currently employed as a Senior Lecturer in Nursing at Ara Institute of Canterbury. She has over 40 years' nursing experience, and 15 years' experience in nurse education. She has over 30 years' experience working in the specialty of perioperative nursing, and has also nursed in a number of other specialties. Janice has a strong research interest in older person's health, clinical reasoning in nursing education, and nurse education in the clinical environment.
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Adrianna Grogan works at Eastern Institute of Technology's Te Tairāwhiti campus. Her roles include Principal Academic Staff Member, Site Co-ordinator and Senior Lecturer, which includes clinical coverage. She has worked in the ITP sector for the past 20 years. Throughout her nursing career she has had a passion for and commitment to improving the outcomes for paediatrics, the older adult and mental health.
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Christianah Adesinah is a Senior Academic Lecturer at the School of Nursing, Manukau Institute of Technology. She teaches in the undergraduate programme and supports students with clinical education. She has

a passion for teaching, as she believes in bringing out students' full potential. She also has a passion for caring for older people, the reason that led her to retrain to be a registered nurse. She has worked in various clinical settings, such as public health nursing, gastroenterology ward, plastics and reconstructive surgery ward, and aged residential care facilities. She has also worked as a Clinical Educator and as a Clinical Specialty Nurse in the Community Geriatric Service of one of the District Health Boards. She is currently a Doctor of Health Science candidate at Auckland University of Technology. Her research interests include older people, dementia, aged residential care and clinical education.
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Jillian Phillips has been employed as a Lecturer in Healthcare at Unitec for more than 25 years, and during this time she has held various roles in management as well as non-managerial positions. Throughout her time as a nurse educator, Jillian has been actively involved in curriculum development, student engagement and clinical excellence. Her clinical areas of interest include acute medical/surgical nursing and aged residential care. Jillian works with Level 7 and Competency Assessment students in these clinical areas.
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Maia Topp has experience in nursing and nurse education, with 20 years' practice in acute, medical and primary care. Her specialised area of interest lies in diabetes nursing. She has completed a master's degree, focusing on nurse perceptions of providing diabetes education to patients with Type 2 diabetes in the primary care setting. She is currently pursuing her PhD, with a research focus on diabetes nursing in the inpatient setting. Maia has been a nursing lecturer at Manukau Institute of Technology since 2018 and holds the position of Joint Research Lead for the School of Nursing. Her notable research interests include nursing practice through the lifespan, diabetes and education. https://orcid.org/0000-0003-0332-1080

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