

*The Dichotomy Between Final Year Undergraduate New Zealand Nursing Students'
Reports of Learning and Their Practice Intentions in Aged Residential Care:
Challenges and Surprises*

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Abstract

The aged healthcare sector internationally is facing a crisis in attracting and retaining a nurse workforce. Alongside the global rise in longevity, the sector is experiencing an increasing demand on their services. Yet undergraduate nursing students are often reluctant to consider aged residential care (ARC) with perceptions that a lack of opportunities, compared to hospital positions, will mean that their education and high-tech skills are underutilised. This paper describes our institution's atypical response of offering ARC practicums in both the first and third years of study and our desire to discover students' perceptions of their learning and experience. Where the first-year experience allows students to undertake fundamental care, the final, month-long year 3 placement, focuses on managing complex care, enhancing nursing leadership and management practices and quality improvement. This mixed method study collected questionnaire data from 72 of 96 (75%) year three Bachelor of Nursing students and facilitated four focus groups involving 38 students. Findings included both congruent and disparate themes from contemporary literature on this subject. Whilst students reported some mixed experiences, they noted improved confidence in applying a range of knowledge and skills in response to encountered needs. Thirty percent said that they were more likely to choose the ARC sector as a career specialty. The biggest factor to which they attributed this positive shift was their interaction with registered nurses and managers. This paper shares our reflections on implications for how we can better prepare our students and educators for placement roles, skills and responsibilities and support the sector.

Keywords: Student Preference, Aged Care, Curriculum

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Introduction

Aotearoa New Zealand (NZ), like many countries is experiencing a growing older population, (by 2036 over 25% will be over 65) and an increasing shortage of nurses (NZ Aged Care Association, 2022). This demographic profile signals the need to provide health services tailored to supporting people living with the normal effects of aging including increasing frailty, chronic conditions, ill health and the need for both home-based and aged residential care support (ARC). The requirement for registered nurses (RNs) to provide speciality care in the community and ARC facilities is expected to increase proportionally, yet the number of RNs choosing to work in ARC is decreasing (Nursing Council of New Zealand, 2018). ARC settings account for 9% of the current RN workforce, yet a study in 2012 of the new graduate Advanced Choice Employment (ACE) programme, found only 1.32% of the 1232 national RN graduates selected ARC as a preferred setting (NZ Health and Disability System Review, 2019), a finding confirmed by Hughes et al. (2020) the following year.

Due to this lack of ability to attract NZ graduates and experienced nurses, the ARC sector is highly reliant on internationally qualified nurses (IQN), of whom 27% were working on temporary visas, prior to the pandemic (NZ Health and Disability System Review, 2019). The impact of Covid-19 on international nurse recruitment has created significant workforce issues meaning there are currently over 1000 vacant RN positions in ARC (NZ Aged Care Association, 2022). Retention of staff also continues to impact ARC with a high turnover of RNs reported at 48% in 2022 (NZ Aged Care Association, 2022), up from 38% in 2017 (NZ Health and Disability System Review, 2019). Issues concerning the nursing workforce in the ARC sector have long been predicted (WHO, 2012). Nurse leaders, educators, researchers and policy makers in recent years have been focused on developing responses to the need to recruit and retain far more RNs in the ARC sector.

Literature review

The need to identify perspectives to foster education and practice responses to increase BN students' entry into the ARC sector has been the topic of numerous international studies over the last 20 years (Algozo et al, 2016; Brown et al, 2008; Wilkinson et al., 2016) including: career intentions (Happell, 1999; Rodgers & Gilmour, 2011); student perspectives of working with older persons (Koh, 2012, McAllister et al, 2020) and factors that contribute to career preferences (Lea et al., 2017; Liu et al, 2013; McKenzie et al., 2014; Wilkinson et al., 2016). Four critical factors have emerged in the literature: (1) BN students' negative/social stereotypical attitudes toward older persons (Abbey et al., 2006; Cheng et al., 2015; Evers et al., 2011; Henderson et al., 2008); (2) the influence of prior work (part-time employment) in ARC on negative attitudes (Happell, 2002); (3) experiences in ARC practicum placements as students (Hunt et al., 2020; Moquin et al., 2018; Robinson et al., 2008; van Iersel et al., 2018); (4) the influence of education providers, including the BN curricula (Abbey, 2006; Algozo et al., 2016), educational preparation (Hunt et al., 2020; Lea et al., 2017; Moquin et al., 2018), and the influence of nurse educators (Foster, 2019).

Aged residential care provides an essential mainstream function within our health care system and is currently not valued as such, according to Hughes (2020). Over 40,941 ARC beds are provided in some 670 facilities throughout NZ (NZ Aged Care Association, 2022). These facilities provide 24-hour care and assessment, rehabilitation, and palliative care services; with 96% of facilities offering additional respite care to provide breaks and support for families and carers. The average age of residents entering ARC is 85 years and rising. A

growing proportion have cognitive impairment and/or multiple long-term conditions requiring significant levels of speciality care. Stays in ARC are becoming shorter over time with the medium length of stay 18 months, however the acuity of the resident is increasing (NZ Health and Disability System Review, 2019). With predicted increasing need, resident acuity is likely to continue alongside population aging (Boyd et al., 2009). We urgently need to discover the impact of BN students' learning, perceptions and experiences of their ARC placement and create multisector resources to complement educational preparation and support the ARC nursing workforce.

Background

In responding to these challenges, nursing education through curricula design, preparation and management of practicum experiences and educator role modelling appears to be highly influential (Foster, 2019), along with strong partnership relationships with ARC agencies. In NZ, nursing programmes must offer a minimum of 1100 hours of practicum (clinically based experience - Nursing Council of NZ, 2016) across the three-year BN degree and pass a national exam to enter the register as an RN. All practicum experiences are supervised learning experiences with student nurse educators (SNE) allocated contact hours with a group of students. Contracted access and service agreements in ARC settings enable quality outcomes to be negotiated and collaboratively managed. ARC practicum experiences begin in second semester, year one, to assist BN students gain foundational nursing skills, including hygiene care, therapeutic communication skills and competency in taking vital signs (Foster, 2019). SNEs are allocated five hours per week per first year student to facilitate and supervise their learning as they support residents with activities of daily living (ADL). In preparation for this practicum, students participate in classroom lectures, tutorials and laboratory skill development and simulation sessions to prepare them to move from theory to practicum experiences. Bi-cultural and Te Tiriti o Waitangi learning, developmental studies, fundamental nursing practice skills and care, ethics, research, consumer rights, science and professional development as a nurse are facilitated.

In our institution's initiative to promote aged care as a career option, which is the subject of this paper, students return to the ARC setting in the first semester of their final year for a 96-hour practicum experience. Two further practicum experiences; 'speciality nursing – acute' and 'primary care – community' are also scheduled in rotation during this semester. The three practicum placements offer high contact with older persons. The assessments undertaken in the placements enable students to demonstrate the four domains of RN competence in New Zealand: Professional responsibility; Management of nursing care; Interpersonal relationships; Interprofessional health care and quality improvement (Nursing Council of New Zealand, 2016). A comprehensive holistic assessment with a selected resident including care planning and evaluation is undertaken. Based on the assessment findings, students then implement a quality improvement project in collaboration with the resident, to improve the resident's quality of life and health outcomes. Students are expected to participate in a range of activities and practicum leadership and management with the RN staff in the ARC facility. This is a significant advance from their earlier year one ARC experience which was often with a health care assistant. Few NZ nursing programmes place students in ARC in year three (Foster, 2019) yet we view this placement as an attempt to reverse the dominant negative narrative of older persons' health care and ARC settings as an area that requires only rudimentary nursing skills.

However, just supplying the year three ARC placement may not be enough to turn the tide. As a team of senior BN teaching and leadership staff, we have become increasingly concerned about the variety of experiences and learning outcomes reported by SNEs and year three students through their placement evaluations, and in debriefing/moderation team meetings. We therefore developed a formal research inquiry to investigate student perceptions and experiences and the match, or mismatch, with classroom learning and practicum preparation.

Research

The aim of this research was to increase our understanding of third year students' perceptions and experiences of ARC settings, and impact on their career aspirations. Specifically, we asked;

1. Do ARC practicum experiences for year three BN students positively or negatively influence their career choice as an RN in ARC?
2. What features of this experience can be enhanced to improve perceptions and experiences of working in ARC?

Research Design

This study used a mixed method approach, collecting qualitative and quantitative data. Mixed method research is the planned collection and integration of quantitative data via a questionnaire and qualitative data using focus groups, within a single study or coordinated cluster of studies (Creswell, 2012). The advantages of mixed method are complementarity (using more than a single research approach), practicality (to use a variety of tools to address an important research question) and enhanced validity (multiple and complementary data leads to more confidence in inferences). Qualitative data from the questionnaire and focus groups enabled connected conversations that allowed us to capture complexities and subtleties about student experiences, alongside numerical data about frequency.

Participants and data collection

Year three BN students were contacted via the year three Moodle (learning management system) clinical page. Postings on the page informed them about the research and invited them to participate. Once they had read the participant information sheet and completed a consent form, they could proceed to the questionnaire (Appendix 1) and/or volunteer to attend focus groups. Focus groups were held on each main campus in May and July 2021 and facilitated by an educator from the nursing department who was not in the research team or engaged in ARC supervision or assessment. The audio-taped meetings with 8-10 students per group, lasted between 45-60 minutes and were scheduled over the student break, with lunch and refreshments provided. A Māori Kaiako (teaching staff member) from the research team and Department of Nursing provided support with students who identified as Māori to give full feedback.

Data Analysis

Qualitative data from the questionnaire and focus groups were analysed using an inductive approach which included:

1. Focus group audio data was transcribed by a member of the research team, while another team member typed the questionnaire narrative data onto an excel spread

sheet. According to Thomas (2006) this is an initial step in analysis of data that catches the fullest and richest data. The other benefits are the continuation of confidentiality as no other person is exposed to the raw data and is also a way for the researcher to be further immersed in the data and develop awareness of issues of importance. Files are printed for all members of the research team.

2. Detailed reading of text: the transcribed data are read between the five researchers and understanding of the themes and phenomena in the text are identified and discussed.
3. Creation of categories: themes and/or categories are identified.
4. Overlapping coding and un-coded text: to reduce overlapping, text may be coded into more than one category and text that is not relevant is not assigned to a category.
5. Continued revision/refinement: sub-topics, including contradictory viewpoints and additional insights were identified. Appropriate quotes are agreed to communicate the essence of a category (Thomas, 2006, p. 241-2).

Quantitative questionnaire data analysis

Descriptive statistics (mean and standard deviation, pie charts and bar diagram) are used below to report questionnaire data. Frequency, percentages, mean and range measurement tools (Polit & Beck, 2018) aided analysis. Statistical software *Stata* was used to perform quantitative analysis in this study.

Findings

Three quarters or 75% of our year three BN students responded to the questionnaire.

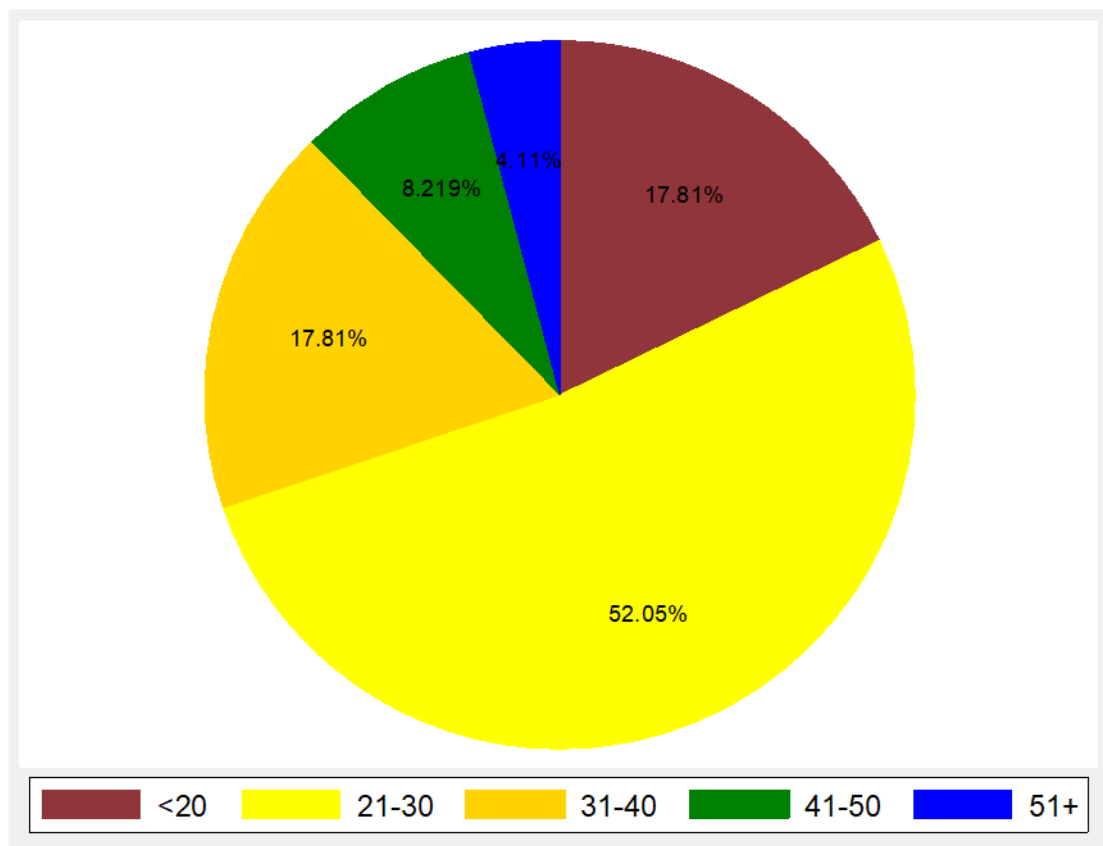


Figure 1: Pie chart of age distribution

Figure 1 shows the age distribution of the participants showing the age group 21-30 had the most (52%) participants followed by the age groups 31-40 years, and under 20 years.

Length of time in BN

The largest group 86% identified three years in length of time they have spent in the BN, 8 % had spent two years (likely to be IQN who were granted recognition of prior learning to enter into year two of the BN), 5.5% identified four year and one student had been enrolled for five years in BN.

Work

The majority of the students (82%) did not work in ARC at this stage in the BN programme. Of the 13 or 18 % of the students who identified they currently worked in ARC, three or 23% worked fewer than 10 hours per week, seven or 54% worked 10-20 hours per week and three or 23% worked over 20 hours per week in ARC as well as full time study in the BN.

Experience and change in perceptions

The participants were asked if their recent ARC experience increased their likelihood to choose ARC as a place to work as a RN. The following two pie graphs indicate their responses.

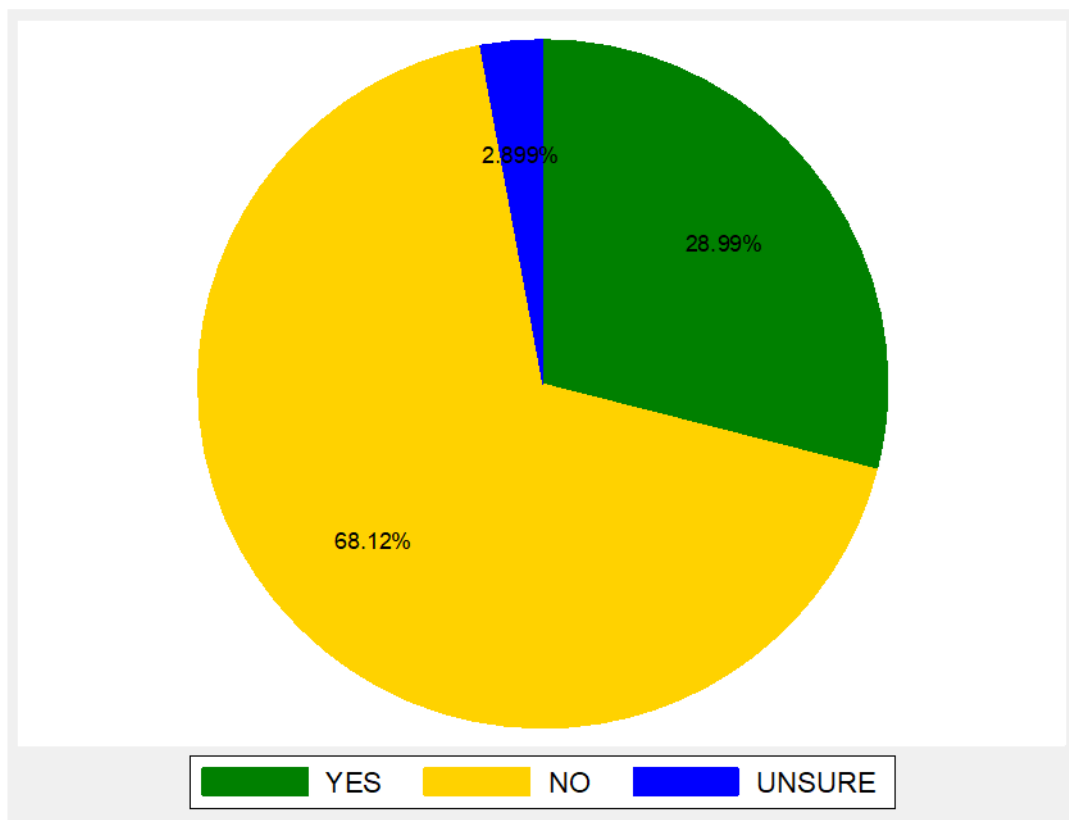


Figure 2: Pie chart -more likely to choose ARC

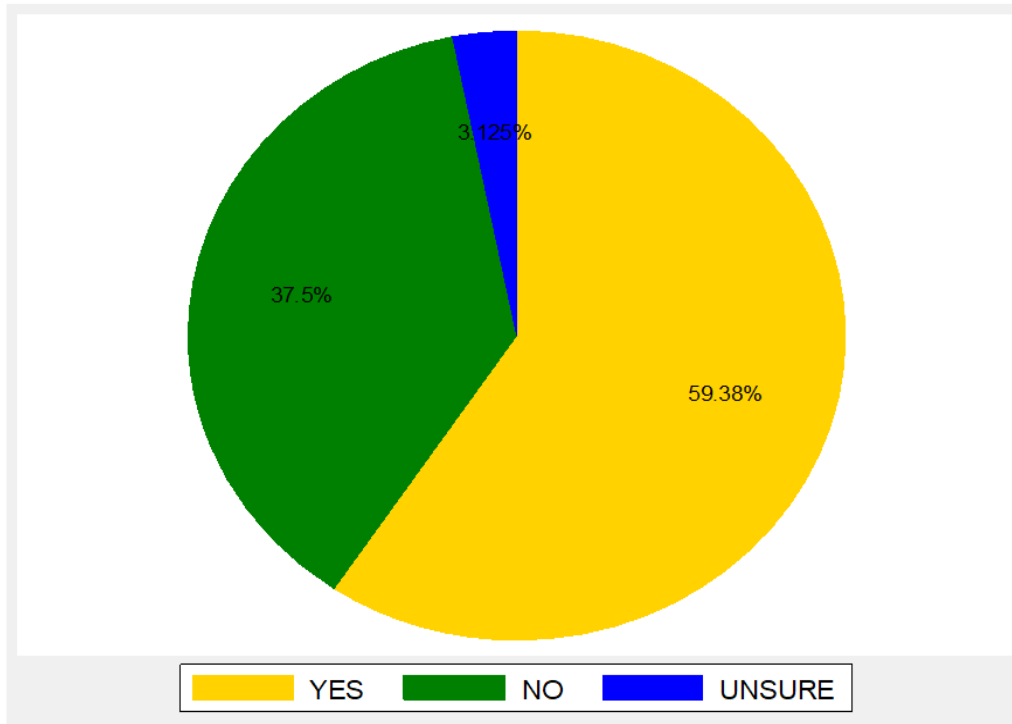


Figure 3: Pie chart-less likely to choose ARC

Figure 2 shows that 68.12% of the participants said no when they were asked if they are *more likely to choose ARC*. Yet when this question was posed as now *less likely to choose ARC* the negative response was reduced to 59.38 % a difference of 8.74%. Similarly, the “more likely to choose ARC” 28.99% in the first question increased to 37.5% (less likely – answer no) in the second question – difference of 8.51%. These findings contrast to what we expected to find from their overall satisfaction and learning in this practicum experience. The overall satisfaction level of the participants was moderate to high. However, the response to this question presented in the pie charts (Figures 2 and 3) suggests that two-third of the participants were unlikely to choose ARC. One important finding was that over 30% of participants perspectives shifted to a positive perception of working/choosing ARC as a career option in the future, with a further 8% as a possible shift.

The next section of the quantitative data asked students to rate experiences, learning, and the ability to apply key curriculum concepts to their professional practice in their ARC practicum. A Likert scale (1: Least opportunity to apply/practice, 2. Somewhat able to apply 3: Mostly able to apply, 4: Excellent opportunity to apply/practice) was used to obtain student responses. The data is presented in Table 1.

Table 1: Summary statistics

Variables	N (Obs.)	Mean	Std. Dev.
Te Tiriti o Waitangi	72	1.94	1.11
Managing older adults with complex conditions	73	2.67	1.05
Cultural safety	73	2.55	0.99
Assessment skills with the deteriorating patient	73	2.51	1.04
Leadership and management of care	73	2.29	1.09
Delegation and supervision	73	2.23	1.11
Advancing nursing practice – ethics, QI,	73	2.51	1.06
Advanced Care Planning	73	2.22	1.06
Advocating for your resident	73	2.52	0.93
Communication with the RN/CNL	73	2.85	1.00
Increase knowledge of disease management	73	2.34	1.04
Increased knowledge of medications	73	2.30	1.11
Overall Experience (mean ranking of experience on above 12 items)	73	2.41	0.74

Table 1 above shows the summary statistics of the responses of the participants. A total of 12 closed questions were used to rate their satisfaction level with their ability to apply expected skills and knowledge/learning (see appendix for survey questionnaire). An index was created as an overall satisfaction level by taking simple averages of the 12 Likert scale questions. The mean level of satisfaction of the different aspects of ARC practicum is satisfied to moderate satisfaction except the *‘Te Tiriti o Waitangi’* aspect which shows satisfaction level was relatively low. Overall, satisfaction level was moderate (2.41). The results also suggest that the highest level of satisfaction (2.85) was with *‘Communication with the RN/CNL.’*

The mean satisfaction level helps us to find a potential answer to the RQ1 of this project and suggests that the ARC practicum had an overall positive experience for the participants. Also, this finding suggests that more work needs to be done to support learning and application of *‘Te Tiriti o Waitangi’* to enhance the experience where satisfaction level was lowest and a potential area to further improve (a possible potential answer to the RQ2) expected skills and knowledge/learning.

Difference between year one and year three

After the analysis of their learning, students were asked to identify what they achieved in their ARC practicum experience that differed from their year one experience. Following analysis, student comments reflected three areas: *'Nursing and management of care skills'*, *'Knowledge and thinking development'* and *'the Role of the RN.'*

A. Nursing and management of care skills

Students reported their ability to be more independent and confident (a boost from year one) with their nursing skills. They described better insights regarding professional skills, treatments and medication calculation and administration. Greater exposure to complex patients, focused assessments, wound dressings and care planning were also identified.

One student summarised... *"Better insight regarding clinical skills, and a different range of knowledge - just being a 3rd year student and having slightly more knowledge."*

B. Knowledge and thinking development

Students identified that learning by observation and interactions with patients, developing critical thinking and learning about long term conditions provided better insights for care. Developing de-escalation techniques and looking after residents with dementia led to more confidence with their knowledge base.

A common theme reported by students related to... *"taking more responsibility and looking after complex patients."*

C. Role of the RN

Many comments reflected students developing their independence and working alongside an RN. Learning leadership/delegation skills and a better understanding of the role of the RN was identified along with involvement with doctor's visits/clinics and managerial function within the role of RN and the paperwork required in ARC. The most frequent response was captured by one student who said, *"I have a better understanding of the role of the RN after ARC."*

Identified education and practice preparation

When considering their educational and practice preparation that supported their ARC placements, students' comments continued to reflect the same categories as identified above, *'Nursing and clinical skills,' 'knowledge and thinking development';* and *'the Role of the RN.'*

A. Nursing and clinical skills

Students reported learning/identifying usual ARC residents' medical conditions, communicating with patients/ and common co-morbidities, alongside a mini-CAF [competence assessment framework – an assessment component], online resources/lectures, and working and learning from labs "helped a lot."

De-escalation techniques e.g., 're-direct don't correct' and information for QI project [another assessment point] were identified. Being able to do manual/moving and handling and medication/calculations/administration/rights was also mentioned.

One student summarised their learning, "...*how to manage care with complex patients was really important.*"

B. Knowledge and thinking development

The assessment essay for learning about complexities of care in one core course was cited alongside poly pharmacy, and general knowledge regarding common health issues experienced by the older adult. One student reported that ... "*Prep was good, however, did not really get a chance to solidify this learning at ARC.*"

C. Role of the RN

Students gave some examples when considering their preparation in managing care, with one student stating improved understanding of "*how to assess if patient is about to give consent due to cognitive decline*" and "*having previous acute care experience assisted my practice.*"

Suggestions for improvement

The final question asked students to comment about ways educators and the organisation could improve their ARC placement experiences.

Positive perceptions of student learning outcomes included the following student comments; "*I was very privileged and staff encouraged me to do as much as possible -an awesome placement as a year 3 student.*" Another student signalled the importance of the RN: "*so much of the experience relates to the relationships you build with your RN. If you work alongside a great RN, it is great placement.*" Further student comments included, "*Lovely staff and patients in my ARC facility which made it enjoyable... Thank you for the opportunity. It really helped with my confidence since it was a place where we can direct our own practice under RN supervision.*"

Yet a number of students reported negative experiences relating to them not feeling valued, such as "*I felt unwelcome... and I was left alone for long periods of time*" and "*I felt redundant to requirements.*" There were issues within the agency as well: "*I enjoyed aged care but not the facility*" and "*I had good support, however the ARC facility I was at was consistently under staffed.*" Students identified facilities where, "*They [RN] seemed to lack understanding what students are allowed to do despite being advised*" and "*the nurses in ARC are too busy to teach.*"

Four students stated they didn't think that an ARC placement is beneficial in year 3, with six students suggesting removing this placement, for example the comment "*Would be better to have another hospital experience.*" However, these more negative comments represent only around 7% of respondents.

Focus group findings

The focus group data from 38 participants concurred closely with the comments students made in their questionnaire responses, both positive and negative, about their ARC experiences. Many responses focused on their ability to provide care, and relationships with RNs and clinical nurse leaders (CNL) and being used as care assistance to support illness and reduced staffing. The impact of senior nursing leadership and management was again referred to, with students describing nurse managers across a continuum of support - from welcoming and working to ensure learning opportunities were provided, to being office-based with little engagement with students. Across the four focus groups students reported their own and others' suboptimal experiences captured in the questionnaire feedback addressed earlier.

The detailed analysis of the focus group findings is the subject of an additional paper (Foster et al, in review – 2023).

Conclusion

In undertaking this mixed method research, we wanted to extend our understanding about year three BN students' perceptions, experiences and learning in an ARC setting. Our challenge was to make sense of the difference between the students' recording of high overall satisfaction in identifying knowledge and skills generation, yet the persistent reporting, as in the literature, that two-thirds of graduating nurses were unlikely to choose ARC as a practice setting. However, more than 30% of participants did report a shift to a positive perception of working/choosing ARC as a career option in the future, with a further 8% still considering this. It appears that most of this difference was due to students' professional interactions with RNs and student nurse educators, as well as nursing leadership experiences. This study suggests that educational and practicum preparation requires significant improvements to ensure that these positive experiences are consistent across all ARC practicum experiences. Based on our finding the research team recommend the following;

- 1. Improve understanding of contributions of year three students** "*RNs need a clear picture of what we are there to do*" and that "*more education of facility staff is needed*"
- 2. Facility support** – Students called for "*More access to resources and qualified nurses*"; our response is to suggest an increase of SNE hours for more onsite guidance and facilitation of both student and RN learning and development
- 3. Preceptor training for RN** - Students told us, "*There is limited independence and learning, ... there was little we could do to advance our nursing practice*"
- 4. Salary and professional development initiatives to attract more graduates to the sector**
- 5. Campaigns to share the skill mix and importance of ARC work**

The data gathered in this research contributes to developing a better understanding of how and when ARC placements support student learning, their importance in the BN curricula and the contribution of ARC to the national and international health sector. This knowledge of BN students' perceptions of the ARC sector, as well as identifying factors that may dissuade them seeking employment, impacts the way nurse educators and the ARC sector prepare and plan for practicum experience, recognising that new graduates are a key future workforce.

Such recognition of the advanced skillset required by RNs may contribute to a cultural shift to increase desirability to work in ARC. Our future as aging people depends on this!

Acknowledgements

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Appendix 1 – Questionnaire - Nursing students experience in aged residential care (ARC) placements as third year undergraduate students

This questionnaire is designed for year three BN students at Toi Ohomai who have completed NURS. 7116b practicum. We expect the questionnaire will take approximately 15 minutes to complete. All data will be confidential and no personal details are required thus no identifying features are sought.

By completing this questionnaire, you are confirming that you have read the participant information sheet and giving your consent for the data you provided to be collated analysed and reported.

After analysis, this completed questionnaire will be scanned and kept in a password protected electronic file for three years then destroyed.

We appreciate your assistance with this research project. Thank you.

A. Background - biographical

- 1. Age – year band in decades**
- 2. Ethnicity**
- 3. How long have you been a BN student?**
 - Two years
 - Three years
 - Four years
 - More
- 4. Do you currently work in ARC outside of your BN programme?**
Yes no
If no, please disregard the next question
- 5. How many hours per week do you work?**
Less than 10hrs
10-15hrs
More than 20hrs

B. Experience as year three ARC placement

- 6. What did you achieve as a year three student in your ARC practicum experience which was different to your year one experience? (Comment box)**
- 7. What aspects of your preparation for this practicum was the most helpful? (Comment box)**
- 8. What aspects of your preparation was least helpful? (Comment box)**

9. Please rate your experiences in your third year ARC placement relating to applying the following components of year three professional practice requirements.

Likert scale (1-4)

- a. Te Tiriti o Waitangi*
- b. Managing older adults with complex conditions*
- c. Cultural safety*
- d. Development of advancing assessment skills with the deteriorating resident?*
- e. Leadership and management of care*
- f. Delegation and supervision*
- g. Advancing nursing practice – ethics, QI,*
- h. Advanced Care Planning*
- i. Advocating for your resident*
- j. Communication with the RN/CNL*
- k. Increased knowledge of disease management and medications*

10. In what way, if any, do you think your ARC practicum experience in year three could be improved? (Comment box)

11. Has your ARC experience increased your likelihood of choose ARC as a place to work as an RN? (Comment box)

12. Has your ARC experience decreased your likelihood of choose ARC as a place to work as an RN? (Please explain -Comment box)

13. Has your perception of working in ARC changed? Comment box

14. Is there anything you would like to add as feedback from your ARC practicum? (Comment box)

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