

# **Leadership Experience of Nurse Academics in Gerontological Nursing Education in Australia**

By

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# ABSTRACT

## Background

Universities in Australia are facing enormous challenges to produce a high-quality nursing workforce to meet the care needs of older people in the context of a rapidly aging population. Problems reported in the literature include ageism and low work preferences towards older people and the lack of gerontological knowledge and skills in nursing students. The leadership of nurse academics is crucial to address those problems via curriculum development and clinical placement development in gerontological nursing.

## Aim and Objectives

The aim of the study was to understand the leadership experiences of nurse academics in gerontological nursing education in Australia. The specific objectives were: 1) To identify the motivators in leading gerontological nursing education in undergraduate nursing programs, and 2) To identify the challenges in leading gerontological nursing education in undergraduate nursing programs.

## Methods

The study was underpinned by a constructivist paradigm, using the methodology of interpretive description. In-depth interviews were performed to collect data. Ten nurse academics were interviewed, and thematic analysis was used to analyse the data.

## Results

Four themes were identified in the study. First, nurse academics demonstrated leadership in promoting gerontological nursing in curricula by implementing innovative teaching strategies to engage students to develop knowledge, skills, and attitudes, initiating a regular review of the nursing curriculum, and using tutorial guides to enhance the students' learning.

Second, nurse academics exhibited leadership in supporting nursing students in clinical placements by enhancing the learning environment, fostering opportunities for interprofessional collaboration, and serving as a coach and mentor for students. Third, nurse academics promoted positive role modelling for nursing students, by serving as an advocate, teaching, and encouraging students to show empathy, and by conveying a negative view towards student nurses' ageism. In addition, nurse academics has demonstrated leadership in translating research to gerontological education and practice through advancing gerontological nursing through research, publishing information, and resources related to the care of older people and demonstrating a strong research background.

## **Discussion**

The findings support that nurse academics showed characteristics of Transformational leadership in these domains: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration in both university learning settings and clinical placements. Idealised influence on nursing students enables nurse academics to influence them in learning healthy aging. Inspirational motivation inspires nursing students to learn theories, models, and practices that meet the care needs and high-quality care standards for older people. Intellectual stimulation enables nurse academics to engage nursing students in learning and seeking feedback from them in order to improve teaching performance. Finally, individual considerations enable nurse academics to provide coaching support for nursing students that enhance their learning in clinical placement.



## **Conclusion**

In this study, nurse academics demonstrated leadership that enhanced nursing students' educational experience in the care of older people in both theoretical and clinical learning. They also exhibited strategies that nurtured nurse students so that they could display adequate knowledge, skills, and attitude (KSA) in the care of older people.

## **Key words**

nursing leadership, nurse academics, Gerontological nursing, ageism, older people

## **DECLARATION**

I certify that this thesis does not include material previously submitted without acknowledgment in a university and that it does not, to my best knowledge and confidence, contain material previously published or written by another person, unless a reference has been made in the text accordingly.

Signed.....Maria Monica Doroteo-Espinosa....

Date.....February 17, 2021.....

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## **DEDICATION**

This thesis is dedicated to the nursing academics who shared their experiences willingly  
and made this study possible.

To my beloved parents, Atty. Arturo M. Doroteo (deceased) and

Mrs. Natividad Cajigal-Doroteo,

My sisters and brothers

Wilhelmina, Grace (deceased), Josefina, and Jerry, Dhane, James,

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Floreen Ruth and Reymar, Jan Dormyl and Jane,

David Reignlord and Hannah Adelpia, our children

and my grandson, Ludo Thaddeus.

# CHAPTER ONE: INTRODUCTION

The increasing ageing population worldwide warrants comprehensive gerontological nursing education for undergraduate nursing students. However, literature has revealed several challenges and difficulties in preparing nursing students to care for older people including, but not limited to ageism, stereotypes towards older people, a lack of gerontological knowledge and skills in nursing students and lack of interest in working with older people (Algozo, Peters, Ramjan, & East, 2016; Faronbi, Adebawale, Faronbi, Musa, & Ayamolowo, 2017; Neville & Dickie, 2014). The nurse academics are in an ideal position to develop, implement gerontological nursing topics and content, and to influence nursing students to work with older people. Therefore, their leadership in leading gerontological nursing education is crucial to educate future gerontological nurses who are not only capable of providing compassionate, dignified, person-centred care for older people but who will also raise the standards of quality care for the population. This thesis presents a qualitative study of the leadership experiences of nurse academics in gerontological nursing in Australia. Background information on aging populations around the world and the concept of nursing leadership in academia is presented in the first section of this chapter. The next section describes the aging population of Australia and factors that affect the health care for older people, including nursing students' knowledge, negative attitudes, stereotyping, and misconceptions.

## **1.1. Background**

Throughout the world today people are living longer. For the first time in history, most people can expect to live into their 60's and beyond. The global

population of more than 60 years of age is expected to reach two billion by 2050 compared with 900 million in 2015. Countries like China faces tremendous health challenges caused by ageing problem. By 2050 Chinese citizens aged 65 or older will be 400 million, of whom 150 million will be over 80 years old (Fang et al., 2015). In Netherlands the number of very older people aged 80 and over rose from 1% in 1950 to 4% in 2013, to 9% by 2040 and 11% in 2055 (Haas et al., 2015). Meanwhile in Canada, the aging population is experiencing demographic change, which has never been seen before (Wang et al., 2020). Similarly, figures have shown that 18.73% of hospitalised patients in Taiwan were older people in 2003, up to 23.52% in 2013. The 54.2% to 83.3% in long term care, were 65 years of age or older (Chi, Shyu, Wang, Chuang, & Chuang, 2016). By 2050, 80 percent of older people will be living in low-and middle-income countries (Officer et al., 2016).

These challenges according to the World Health and Ageing Report shows a wide diversity of health and health functions and strong health inequalities among older people. There are few evidences to suggest that today's people are older than previous generations in better health (Organization & WHO, 2015). According to AIHW web report (2018), the people of Australia are growing old and older Australians are increasing percentage of the population. 15 percent (3.8 million) of Australians aged 65 and above are expected to grow steadily in the coming decades. They become the key consumers of residential and community-based ageing programmes as they reach the age 85 and over. In addition, older people usually have one or more chronic health conditions and have become the largest proportion of users of health and social care services (Sandison, 2018).

Darling et al. (2018), reported that the university's undergraduate nursing students' attitudes toward the older people support educational preparation as a key factor in shaping attitudes. The nursing education programmes play a crucial part in preparing future health providers for the increased number of older people in need of healthcare. The nurse teacher has an important role in promoting the career growth of students (Del Prato, 2013; Nouri, Ebadi, Alhani, Rejeh, & Ahmadizadeh, 2013). In addition, an essential element in this preparation is ensuring that curricula optimise learning for students through the carefully designed experience of clinical learning (Keeping-Burke, McCloskey, Donovan, Yetman, & Goudreau, 2020). In particular, the impression created by nurse academics is that they serve as motivators for nurse students to influence their interests to work with older people (Ben-Harush et al., 2017). In some situations, the nurse teacher act as parents of students who take responsibility for the moral development of students as a role model (Nouri et al., 2013).

### **1.1.1 Factors that affect healthcare for older people**

Ageing is a challenge and an opportunity. As the worldwide populations are ageing rapidly, it will raise demand for primary and long-term health care. The need for more and better-educated nurses and reinforcing the necessity for more age-friendly environments will be in demand. Though nursing programmes make considerable efforts to ensure graduates have the necessary skills and knowledge in a variety of settings, questions have been asked as to whether graduate nurses are prepared for practise (Keeping-Burke et al., 2020). Despite such ageing population developments, a variety of factors affect older people's healthcare.

First factor is ageism. Ageism is characterised as discrimination and/or dissociation from the older people on the basis of age or the feeling that they are old (Buttigieg, Ilinca, de Sao Jose, & Larsson, 2018). Several studies that have been conducted in countries like Jordan, Australia, Greece, Belgium, Turkey and China over the past decade explored the experience and attitudes of nursing students towards older people and their willingness to work with them (Bleijenberg et al., 2012; Rathnayake, Athukorala, & Siop, 2016; Shen & Xiao, 2012; Usta, Demir, Yönder, & Yildiz, 2012). Some studies show that most of the nursing students have little interest in working with the older people (Bisholt, Ohlsson, Engström, Johansson, & Gustafsson, 2014; Bleijenberg et al., 2012; Xiao, Shen, & Paterson, 2013). In addition, one longitudinal study revealed that, after a 3-year nursing programme, the ability of undergraduate nursing students to work with older adults declined from 8% to 2% (Stevens, 2011). In another study, the preference of 80 American undergraduate nursing students for working in nursing homes for older adults remained the last of ten options even after a 2-year nursing programme (King, Roberts, & Bowers, 2013).

For both nursing students and nurses, nursing care of older people continues to be an unattractive option in a variety of settings (Bedin, Droz-Mendelzweig, & Chappuis, 2013; Xiao et al., 2013). In view of the alarming issue about the lack of registered nurses employed in a wide range of health centres for older people, it is essential to learn why nursing students from around the world have no desire or interest in working with the ageing population (Annear, Lea, & Robinson, 2014; Bedin et al., 2013; Swanlund & Kujath, 2012). It is an educational obligation to provide information, skills, and attitudes that



guarantee proper care for older people (Capezuti et al., 2012; Chasteen & Cary, 2014).

The second factor is myth and negativism towards dealing with older people. The negative attitudes towards older people do not just concern the public; providers of healthcare are also vulnerable to these attitudes. Health providers often have contact with and have problems with the older people (Arani, Aazami, Azami, & Borji, 2017). Negative attitudes and stereotypes about the fragile, off-touch, weighty or dependent older people are omnipresent. A recent analysis of 83,034 adults from 57 countries by the World Health Organization (WHO) has demonstrated low respect for older people (Officer et al., 2016). However, studies have demonstrated the significant improvement of awareness and effort in the quality of older people care to change negatory attitudes, beliefs, and stereotypes which is very evident among Asian countries. According to Xiao et al., (2013) Chinese nursing students held a very high percentage of older people care preferences than Australian nursing students. Likewise, Cheng & et al. study (2015) showed that 916 undergraduate high school students from seven universities in a Chinese province have reasonable ambitions and values for gerontological care. A study in Hong Kong shows that 269 out of 612 students have positive and impartial work experiences with older people (Lee, Garfin, Vaughn, & Lee, 2018).

The third factor is the lack of gerontological skills among student nurses. The readiness of nursing students to work in gerontology declined with progress in their academic studies (Carlson & Idvall, 2015; Stevens, 2011; Zisberg, Topaz, & Band-Wintershtein, 2015). According to Boswell (2012), low levels of knowledge about ageing, bad attitudes, and lack of concern to work with older

people are associated. Many researchers say that after gerontology, student attitudes and interests in working with older people can be improved (Boswell, 2012). However, the willingness of nursing students to choose a career in gerontological care is significant (Garbrah, Välimäki, Palovaara, & Kankkunen, 2017). It is presumed that the absence of interest in the long-term care of older people is because the students in nursing programmes focuses on acute and critical care (Duggan, Mitchell, & Moore, 2013; King et al., 2013). Also, the lack of interest among students in nursing for older people is due to the lack of respected role models which are enthusiastic, competent and knowledgeable about older people's problems in gerontology (Garbrah et al., 2017; Koskinen, Hupli, Katajisto, & Salminen, 2012).

The nurse teacher certainly plays an important role in fostering the professional growth of students (Del Prato, 2013; Klunklin et al., 2011; Nouri et al., 2013). The impression that gerontological teachers create in their students' minds is particularly likely to influence the interest of students in giving care to older people (Natan, Danino, Freundlich, Barda, & Yosef, 2015). Academic leadership is a key vehicle through which to influence the attitudes of nursing students in learning gerontological nursing topics and developing positive clinical placement experiences in the care of older people (Andrigue, Trindade, Amestoy, & Beck, 2016). The pedagogy of nurse academics needs to be aligned with contemporary gerontological nursing in all care facilities (Marcellus et al., 2018).

## **1.2. Significance of the study**

A nurse workforce requires adequate knowledge, skills, attitudes, and competencies to ensure high- quality care for older people and implement the

Australian Government's health and aged care policies, agenda, and programs for older people. However, barriers and challenges to prepare nursing students with knowledge, skills, and attitudes for the care of ageing population were reported in the literature, including prejudice, lack of motivation to work with older people, and the lack of gerontological skills of nursing students (Algozo et al., 2016; Faronbi et al., 2017; Neville, Dickie, & Goetz, 2013). In order to identify and address these challenges, academic leadership in the development of gerontology education is essential to encourage nursing students to learn about gerontologic care and to work with older people. This study describes nurse academics leadership as a driving force to enhance gerontological nursing education in undergraduate nursing programs and to develop nursing students' competences to care for older people. This study aims to provide information for educational practises in curriculum development, teaching and learning on gerontological topics, content and clinical placement, professional development support as well as nursing academics' leadership development. Findings will inform evidence-based about gerontological nursing education.

### **1.3 The aim and objectives of the study**

The aim of the study was to understand the leadership experience of nurse academics in gerontological nursing education in the undergraduate nursing programs in Australia. The study was underpinned by a constructivism paradigm, using interpretive description methodology (Thorne, 2016).

Under the aim of the study, the research addressed these two objectives:

- To identify the motivators in leading gerontological nursing education in undergraduate nursing programs.
- To identify the challenges in leading gerontological nursing education in undergraduate nursing programs.

#### **1.4 Terms and terminologies used in the study**

The following are the terms and terminologies used in the study in alphabetical format.

**Ageism** represents stereotypes, prejudice and discrimination based on age against the older people. Ageism is, in that context means incapacity, or lack of acceptance of rights, requirements, dignity, constant contribution and value for the older people. More generally, ageism is discrimination based on age without basic evidence and is especially harmful to the older people (Lytle, Macdonald, Apriceno, & Levy, 2020).

**Gerontological Nursing** refers to the study of the ageing, the ageing process, and the special needs of older people. This course offers advanced education experience which improves the intellectual and creative abilities of the student in order that critical judgment and problem-solving skills can be developed; provides an educational background which encourages him to improve his / her skills analysis and critically sensitive approaches both to gerontological nursing theory and practice in order to stimulate research and creative approach; improve the student's ability to respond analytically to the evolving needs in gerontological care and to build critical knowledge of related research

findings and to promote their incorporation into gerontological care (Organization & WHO, 2003).

**Nurse academics** has a teaching identity and are also known as tutor, lecturer, clinical mentor/facilitator, course or topic coordinator, and active participant in research, which is seen as a collection of self-representations that have been developed in educational, clinical, and functional contexts.

**Nursing Leadership** relates to the nursing work which provides instruction and efficient management to deliver quality educational practice in the development of curricula.

**Older people** apply to the word elderly by which every culture takes on a specific meaning as regards to old age. The statistical term 65 years of age in most developed countries is the beginning of age as a description of older people "approximately equal to retirement age" (Organization & WHO, 2002)

## **1.5 Justification of the study**

The nurse academic has a varied and complex role. They are expected to show leadership and cultural skills, possess pedagogical skills, and grasp modern technological tools for teaching and learning. Clinical expertise and academic activity are expected for the nurse academics (Bono-Neri, 2019; Zlatanovic, Havnes, & Mausethagen, 2017). Given the importance of a teacher in shaping their students' career preferences, it is crucial to realise how student nurses see their teachers' skills and how such perceptions affect students' interests in older people. Previous studies were instrumental in identifying factors that prevented the interests of nursing students in gerontological careers (Algozo et al., 2016; Garbrah et al., 2017; Natan et al., 2015; Neville & Dickie, 2014). Some suggested interventions in order to encourage the interest of students in older people (Baumbusch, Dahlke, & Phinney,

2012; Hwang, Wang, Tu, Chen, & Chang, 2014; Reitmaier et al., 2015). Hence, nursing schools are confronted with unique challenges and opportunities to prepare student nurses to provide high-quality care to older people in various care settings. It is crucial to provide nursing students with opportunities to learn and practice in a well-planned, supported, and useful clinical rotations where older people are cared for in order to encourage nursing students to see work in those care settings as a viable career option (Asadizaker, Abed Saeedi, & Abedi, 2020).

## **1.6 Methodology and methods**

This study is supported by interpretive description (ID) methodology as explained by Thorne (2016). Interpretive description recognises the constructed and contextual essence of the human experience, allowing common realities at the same time. ID is a qualitative research approach based on knowledge of the philosophical and theoretical foundations of nursing as a sound and legitimate way to access nursing knowledge (Thorne, 2016). This philosophy enables the understanding of human experience. Accordingly, in-depth interviews were done, and the collected data were transcribed and analysed to look for meanings.

## **1.7 Structure of the thesis**

This thesis consists of six chapters. The first chapter introduces the research explaining the background of the study, the leadership experience of nurse academics in gerontological nursing in Australia, the definition of nurse academic leadership in gerontological nursing, the aim and objectives of the study, the methodology, methods used, and the significance of the study.

The second chapter presents a comprehensive critical review of the literature on nurse academics leadership in gerontological nursing. Three major findings

in the literature were identified during the data analysis using Braun and Clarke's (2013) thematic process, including 1) Perceptions, attitudes towards working with older people, 2) Stereotypes and myths about ageing, and 3) The impact of curriculum activity on attitudes, perspectives, and perceptions of nurse students.

Chapter three explains the methodology and methods used in this study. The chapter begins by elaborating on the paradigm and theory that underpin the research. The chapter further explains the research design that includes the study settings, participants, sampling and sample size, data collection methods, data analysis, rigour, and ethical considerations.

Chapter four focuses on the findings of the study. Firstly, the chapter presents the demographics of the participants and the characteristics of the settings. Secondly, the chapter discusses the four themes generated through the data, including 1) Promoting gerontological nursing in the curriculum, (2) Supporting students in clinical placements, (3) Promoting positive role modelling for students, and (4) Translating research into educational practice.

Chapter Five compares the study findings to the most recent literature and raises issues relevant to the research topic which is the nurse academics leadership in gerontological nursing in the undergraduate program in Australia. The discussion focused on four areas using the four domains of transformational leadership that include (1) idealised Influence by demonstrating a healthy ageing approach; (2) motivating nursing students to have a passion to care for older people; (3) intellectual stimulation by creating new learning opportunities for nursing students; and (4) supporting students to achieve their full potential exemplified through leadership and student

experience ensuring that students meet their study goals and their engagement in practice.

Chapter Six summarises the study findings and focuses on how the research responds to the aim and objectives. It also identifies the limitations of the study and presents a number of implications to nursing practice. This final chapter also suggests areas for further research and concludes with the researcher's reflection on the study.

## **1.8 Summary**

This chapter provides an overview of the philosophy of nursing leadership in the academic field, the ageing population of Australia, and the behaviours, myths, and attitudes towards ageing. The next chapter offers a summary of the literature and discusses the gaps in the literature that this research aims to add.



## **2 CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

In the previous chapter, the background information on the leadership of nurse academics in leading gerontological nursing education was presented. This chapter presents a literature review that critically evaluated the current studies on the leadership of nurse academics in gerontological nursing education in a global context. This chapter is divided into two parts. Part I focuses on the processes and outcomes of the literature review that informed this study. Part II discusses the theoretical framework-, specifically the transformational leadership theory that was applied to the study. This chapter provides an overview of the theory underpinned in the study, describes the gap in gerontological nursing education, and concludes with a summary.

### **2.2 Literature review method**

An integrative literature review is an approach to synthesise research findings and to identify areas where more research is needed. A literature review is therefore a critical component in a research project, the development of theoretical frameworks, and conceptual model building (Snyder, 2019). An integrative literature review is defined as synthesising the published research studies and drawing conclusions about the subject under study. The development of an integrative review includes five steps, according to Toracco (2016). These steps and their applications to the present literature review are presented in the following sections. An integrative analysis attempts to analyse, critique, and synthesise the literature on a research topic in a way that allows the emergence of new theoretical frameworks and perspectives

(Torraco, 2016). There is therefore a capacity to develop nursing knowledge, and inform research, practice, and policy measures through integrative reviews.

Stage one includes the *Selection of questions*. This is the initial stage of every analysis approach. It is a straightforward description of the issue and the purpose of the study. The integration of these designs allows a more detailed evaluation and synthesis of subjects of concern to nurses, including concepts, theories, evidence, and methodological issues. However, the review is incomplete without a clear methodology to show how the evidence has been found, assessed, and analysed. Several authors are in favour of clarifying these elements in this review before the manuscript is submitted (Bougioukas et al., 2019). The interest and sample framework variables (including empirical research and the inclusion of theoretical literature) are then determined i.e. concepts, target populations, and health problems (Sethares, 2020).

The second stage is to *Formulate question purpose and/or review*. A clear definition of the problem is needed before a review begins. The problem generally involves the broad concept(s) or method of interest, and the loophole to be filled by the review. The review can, in some cases, be linked to a theory or method of research. A question(s) is necessary to guide the search to carry out a search. The question(s) on review in an IR informs the reader about the objective of the review and outlines the specific objectives of the review. In many cases, the question(s) of review guide the review process by identifying key interest variables that inform inclusion and exclusion criteria (Sethares, 2020).

Stage three consists of *Systematically search and choose literature*. The next step is to describe how appropriate literature must be searched to respond to conceptual, theoretical, empirical, or methodological questions (s). Any databases which were searched together with keywords and controls are clearly reported in this section of the review. Boundaries are data base components that limit search scope and include dates, item types, populations, and languages. A rationale may be required for selected limits. Some may have space limits and prefer a short table summarising this content instead of writing it into the manuscript (Sethares, 2020).

The fourth stage is *Assessing the quality of the literature selected*. There are many critical assessment tools to assess the literature of an IR. The reading information on the rigour and quality of the publication included in the review is clearly described by how evidence was assessed (Bougioukas et al., 2019). Include a reference for the tool or rating tool used to evaluate the quality of the articles included in the review (s). If a tool is not used, the process used for assessing the reader's quality of evidence should be clearly defined. Identify the steps taken and who was included in the assessment process (Sethares, 2020).

Finally, the fifth stage is *Literature analysis and synthesis*. To analyse and synthesise the results of the review, review tables or matrices are used. In general, table headings are organised with supporting analysis and literature synthesis in accordance with the aim of the review. Analysis and synthesis have three main objectives: "revising, refreshing and reviewing the literature, reconceptualizing a subject and answering specific questions for review" (Torraco, 2016).

To capture the attention of the reader, it is important to make an attractive opening statement by specifically defining what is known in terms that are understandable by a large audience about a topic of interest (Freysteinson & Stankus, 2019). The background/introduction section of the review summarises the information known and the reason for the review (Oermann & Hays, 2015) . The aim or purpose of the review should be set out in a single declarative sentence at the end of this section. The objective should be derived from ideas in the background/introduction.

### **2.2.1 Problem identification**

This review aimed to answer the review question, “What are the motivators and challenges for nurse academics in leading curriculum development to address the healthcare needs of the older people?”

### **2.2.2 Literature search**

Several electronic databases were searched for the relevant articles written in English. Articles were included between 2013 and 2019 to ensure that journals published and reviewed are recent and up to date. Various international databases were searched including the Cumulative Index for Allied and Health Literature (CINAHL), PubMed, Scopus, and Google Scholar. The following keyword combinations were used for the direct search: nursing leadership\*, nurse academics\*, gerontology\*, care for the older people, attitudes of the student nurses towards the older people\*, negative attitudes\*, perspectives and misconceptions on ageing\* and perceptions of nurse students towards working with the older people\*.

The search process was limited to (1) peer-reviewed papers, 2) English language papers, (3) papers published in 2013-2019, and (4) specifically related to the attitude, perspectives, and misconceptions of nursing students regarding the older people. Incomplete articles and reports including editorials, opinion publications, and abstracts were excluded. The search resulted in 854 articles and 18 additional articles through other sources. The abstracts were read and 426 were excluded. There were 246 titles and abstracts screened for relevance and duplicates. Then, 193 were excluded based on titles, as they did not meet the criteria for inclusion. Fifty-three articles were assessed for eligibility after reading the full text and 37 were excluded. After the initial search of Preferred reporting items for Systematic Reviews and Meta-analysis (see figure 2. PRISMA Chart) a small number of articles have been retained. The few articles identified have broadened the inclusion criteria to provide access to additional literature. Finally, hand searching was done too.

Moreover, the researcher reduced data by summarising the main results of each research on one page, for extracting data from the final sixteen articles. All the summarised pages were then collected using an EXCEL sheet to display the data. Then the data were compared, coded, and grouped into three topics.

Lastly, after the 53 articles were collected and their titles and abstracts were initially assessed, only 16 were found to be recent eight years and relevant to the topic of interest. The 16 papers that fulfilled the inclusion criteria were chosen and were then printed and read in full. One qualitative and 15 quantitative research studies were identified. These 16 articles were therefore included in this review (see Table 2).

## PRISMA 2009 Flow Diagram (reference)

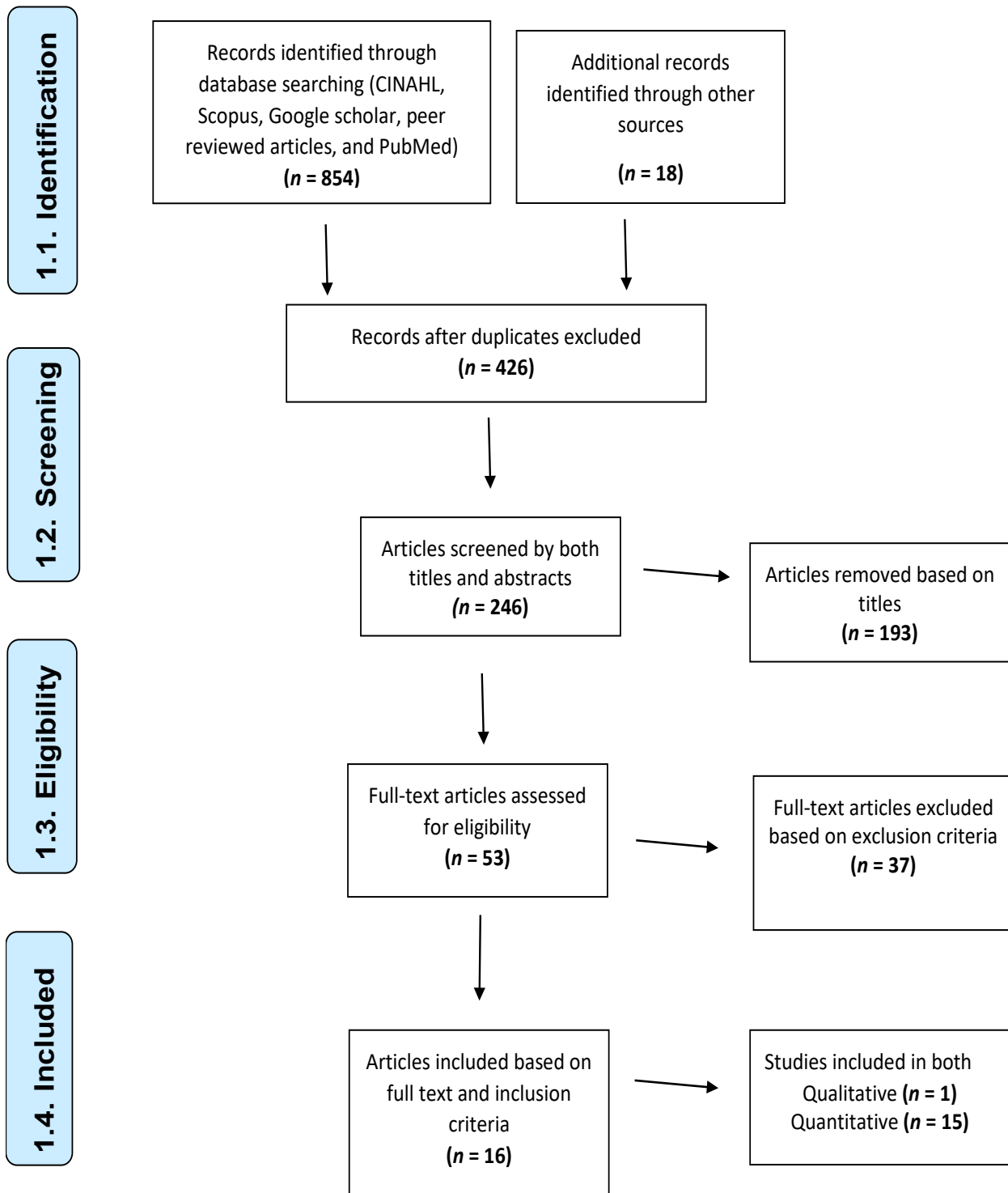


Figure 1. PRISMA Flow chart diagram

Most of the relevant articles did not examine the leadership of nurse academics in gerontological nursing education in Australia. Rather, most of the studies looked at student nurses' attitudes, knowledge, perspectives, and perceptions towards older people and working with them.

### **2.2.3 Inclusion and exclusion criteria**

Only original studies published in peer-reviewed English journals were included in this literature review. The focus of this research was on the leadership of nursing academics, nursing students, gerontology, student attitudes, beliefs and knowledge about older people and experiences in dealing with older people. Thus, articles exploring the experiences of doctors, staff nurses, and caregivers in institutions and hospitals were excluded because the study focuses on the experience of nurse academics in gerontology in undergraduate programmes. All articles have, however, to do with the views, attitudes, knowledge, caring, interests, intentions, views, preferences, and readiness to work with the older people.

**Table 1. Inclusion and exclusion criteria for research articles**

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>• Published in peer reviewed journal articles</li> <li>• Published in English language</li> <li>• Undergraduate nursing students' attitudes, opinions, perceptions toward the older people</li> <li>• Perceptions of working in an aged care unit with the older people</li> <li>• Both qualitative and quantitative research articles</li> <li>• Nurse academics' leadership experiences in gerontological curriculum development</li> </ul>	<ul style="list-style-type: none"> <li>• Non-journal articles</li> <li>• Review articles</li> <li>• Non-English articles</li> <li>• Articles exploring the experiences of doctors, staff nurses, and supportive care worker in the facility and hospital settings</li> <li>• Experiences of other occupations</li> </ul>

## **2.2.4 Critical appraisal**

### ***2.2.4.1 Critical review of the quantitative studies***

Critical appraisals are a fundamental competency for the assessment of the value and relevance of clinical research in modern practice. Critical appraisal is the course to be followed to monitor the reliability and pertinence of research carefully and systemically to direct professionals in the decision-making process (Burls, 2016). It is used to evaluate whether the results were credible, and all articles were critiqued for quality.



The 16 studies were published between 2013 and 2019. There were 15 quantitative studies and one qualitative study. The quantitative surveys selected provided a clear overview of the methods used. Several weaknesses were evident, however. The limited sample range of just 80 participants (King et al., 2013) is a concern. Reduced samples lower the accuracy of projections of population, reducing the generalisability of results (Maxwell, 2020).

Each study was critiqued and evaluated in order to investigate the "worth" of individual studies and the overall quality of evidence. The tool examines how quality is defined with regards to research methodology and reporting. Having found out why quality assessment is important, the researcher presents and criticise the tools for standardising quality assessment (Harrison, Reid, Quinn, & Shenkin, 2017). The studies design included in this are: RCTs, non-randomisation studies, and observational studies. Every article selected had been evaluated using the qualitative and quantitative Critical Appraisal Skill Program (CASP) (Buccheri & Sharifi, 2017), 10 questions were asked and 12 were included in the latter. Each question has the following equivalents: 'Yes' = 2, 'not able to tell' = 1 and 'no' = 0, according to the replies. A higher rating was considered to be a lower methodological bias risk. Studies with a score of less than 50% were excluded. The quality assessment tool is documented in Appendix A.

Six quantitative studies used different types of tools to assess the attitudes and perceptions toward aging, the relationship between student nurses' attitudes towards older people and variables deemed to be potentially predictive of their negative and positive attitudes. Studies in the attitudes and treatment of nursing students, health workers and others described adverse attitudes

towards older people and their care (Abreu & Caldevilla, 2015; Bartkowiak, Krugielka, Dachowski, Gałek, & Kostrzewa-Demczuk; Faronbi et al., 2017; King et al., 2013). A study compared attitudes held towards older people by student nurses from Australia and China with a view of determining their attitude, perspectives, and perception using a cross-sectional, comparative method (Xiao et al., 2013). Another study attempted to link more directly the stereotypes and myths regarding aging and the student nurse's negative attitudes towards older people (Sarabia-Cobo & Pfeiffer, 2015).

On the other hand, three articles explored the nursing student's perceptions and views on gerontological nursing as a career option and willingness to work with older people (Carlson & Idvall, 2015; Cheng, Cheng, Tian, & Fan, 2015; Haron, Levy, Albagli, Rotstein, & Riba, 2013). Six articles examined the effect of nursing education on students' knowledge, attitudes, preferences, and intention to work with older people (Chi et al., 2016; Duggan et al., 2013; Hsu, Ling, & Lui, 2019; Kydd, Wild, & Nelson, 2013; Rathnayake et al., 2016; Zisberg et al., 2015). In various studies, a variety of methodologies were used. Abreu and Caldevilla (2015) conducted a descriptive study using a questionnaire in order to gather data, including students' demographic variables, opinions assessed by an old age attitude inventory, and contacts with older people. One university in Australia and one in China conducted a cross sectional comparative study using two survey questionnaires. The analysis of factor and logistic regression was conducted to identify the predictors of intention to care for older people (Xiao et al., 2013). A study in Thailand and Turkey compared a cross-sectional procedure using a convenience sample (Runkawatt, Gustafsson, & Engström, 2013).

Moreover, a questionnaire on negative stereotypes about aging (CENVE) was used by Sarabia-Cobo and Castanedo Pfeiffer (2015) to explore the modification of stereotypes and myths regarding aging among third-year nursing students before and after undergoing a Nursing of the aging course. On the other hand, Faronbi et al. (2017) collected data on perception, knowledge, and attitude with the aid of a validated self-administered questionnaire and applied descriptive analysis and inferential statistics using Statistical Package for Social Sciences (SPSS).

Haron et al. (2013) employed a cross-sectional mixed-method (quantitative and qualitative analyses) and a focused group discussion. While, King et al. (2013), studied the role of nursing education to change attitudes and preferences of nursing school students was described and explained using a longitudinally mixed-method design. In addition, students with nursing degrees obtained a Turkish version of Kogan's approach to older people using a non-experimental method. Important findings suggest that the older a student, the poorer the mindset becomes. Further, if students are equipped to interact with the older person, the overall KAOP shows greater positives than people who are unable to work with the older people (Darling, Sendir, Atav, & Buyukyilmaz, 2018).

#### ***2.2.4.2 Critical review of the qualitative study***

The qualitative article explored the nursing students' perceptions of working with older people and the extent to which their preregistration curriculum is preparing them for this role (Duggan et al., 2013). The study used the research method of phenomenology with focus group interviews. The qualitative study

shows moderate to high standards of rigour overall, according to the CASP critical assessment tool (2006).

### **2.2.5 Data analysis**

The process of analysis was conducted according to the 6-stage guidelines of Braun and Clarke (Braun & Clarke, 2013), as described below.

#### **Phase 1: Get to know the details.**

In an effort to go beyond the surface meanings of the data, the researcher conducted the thematic analysis and gave meaning to data and a rich and convincing story of what the data means. To become familiar with the context of the data, the researcher read and reread data, paying attention to trends (Braun & Clarke, 2013). The data were collected from articles analysed and reviewed to achieve rich data (see Table 2).

#### **Phase 2: Generating descriptive codes**

In the next phase, the researcher read and re-read the article in detail and the relevant information was extracted from the studies. The researcher used description codes to organise information and to compare the analytical data as necessary for analysis purposes.

The researcher used the coding process as part of the research when data are organised into usable categories (Elliott, 2018). The initial codes identified were organised into related fields or themes (Braun & Clarke, 2013).

#### **Phase 3: Searching for themes**

Phase 3 begins when all data was first coded, collated and a long list of the different codes has been found in the data set. The researcher used the

process, which re-focuses the research on a broader level of themes rather than codes, involves sorting the different codes into possible themes and collecting all the related coded data extracts within the themes found. Essentially, the researcher analyse the codes and consider how to combine different codes to form an overarching theme has been started in this stage. Some initial codes formed main themes, while others formed sub-themes, while others were discarded. At this point, a number of codes appear to be not anywhere and, created a "style," known as miscellaneous, it is perfectly acceptable to include the codes which was temporary to not fit into the main themes (Braun & Clarke, 2013).

#### **Phase 4: Reviewing and defining themes**

Phase 4 started when a collection of candidate themes was formulated and includes the refining of those themes. It became clear during this process that some candidate themes are not really themes (e.g., if there is not enough data to support them, or the data is too diverse), while others collapsed into each other (e.g., two seemingly different themes may form one theme). The researcher realise that it was necessary to break down other themes into different themes.

This process includes the study and development of two layers of the themes. Level one involves reviewing data extracts at the level of the coded data. It means that for each theme the researcher needs to read all the collated excerpts and decide whether they seem to be a cohesive sequence. If the candidate themes begin to form a coherent pattern, then move to the second level.

If the candidate themes don't match, the researcher decided whether the theme itself is problematic or whether some of the data extracts inside it just don't fit there—in which case, rework the theme, create a new theme, find a home for those extracts that don't currently work on an existing theme or remove it from the study. Once the contours of the coded data are sufficiently represented by the candidate themes— the researcher move on to level two of this process. In this process, preliminary themes found in Phase 3 have been explored, updated, and developed (Braun & Clarke, 2013) .

### **Phase 5: Define themes**

That is the ultimate refining of the theme and aims at "identifying each theme's essence." What is the subject having to say? How do you interact and relate to the main theme when there are sub-themes? How are the subjects linked?

### **Phase 6: Write-up**

In order to maximise the accuracy, the researcher provided informants with an overview of the main issues and the final report, following an abstraction of the key issues (Creswell & Creswell, 2017). The endpoint of the study is usually a report, often a paper or a thesis. It contains several examples of a thematic analysis of articles in the fields of learning and education. This is the only way in which the main researcher presents the results in a thesis, publish journals. and conclusions from the conference.

**Table 2. Summary of included articles.**

*Quantitative Research*

Author(s) Country and year	Main Findings	Author's interpretation of findings
Abreu & Caldevilla (2015) Portugal	The results showed that in general the Portuguese nursing students' behaviour towards the elderly indicate that the attitudes towards ageing are negative with an average score of 2.05, utilising the Attitudes Toward Aging Inventory, a tool developed by Sheppard (1981).	Based on the study, findings indicate that the attitudes of nursing students towards ageing are negative. The author wants to highlight the following reflections: (1) Students need to understand the process of ageing and body transformation and the mind to integrate information about care for the elderly, (2) Mentors need to be prepared to support students in clinical education to promote self-care and develop a relationship with the health profession, Elderly people and case studies discussed.(3) As research shows, nurses should be able to support elderly people at the fundamental level. Life tasks, but also memory and emotion, more awareness of depression, dementia, and low levels. Curricula require pedagogy on cognitive impairment. (4) Health professionals are increasingly faced in Europe with diverse populations, and students must be prepared to provide culturally responsive treatment.
Xiao et al. (2013) and China	Chinese students had a much higher chance of looking after older people than Australian students. The optimistic forecaster for the job experience of older people and those under the age of 20 is a negative correlation between the ability to care for elderly people and preference for elderly people and the expectation that the elderly should be housed	In comparison with individualism, the collectivist culture has a more positive effect on the attitude of nursing students to the older people.

Author(s) Country and year	Main Findings	Author's interpretation of findings
	separately.	
Kydd et al. (2014), Scotland Sweden and USA	The most (positive) Scottish participants and the lowest groups in Sweden (negative) attitudes to gerontological nursing. Differences between countries remained when age and time were tested working with elderly people.	Recruitment and retention of staff in aged care resources for citizens are an urgent need in both developed nations. From this study, the staff who work with the elderly find working with older people as challenging and stimulating, Today, the belief remains among nursing professionals that jobs with the elderly as an unattractive profession. Nursing training and practice situations need to motivate undergraduates to work in the field; furthermore, close coordinated effort is required between training and practice.
Zisberg et al. (2015)	While age awareness among students increased, expectations for potential careers in gerontology nursing declined. The ability of students to collaborate with older people declined with the success of their studies.	It has been found that race is closely associated with the behaviours of the students and potential expectations of interacting with older adults. Although the Arab students showed a greater willingness to collaborate with older adults, their attitudes were less optimistic than their Jewish peers. However, the knowledge gap between the Arab and the Jewish students vanished with the rise in years of study, and the two groups shifted closer together in terms of their priorities for potential research with older adults. The findings illustrate ethnic disparities, calling for culturally responsive and tailormade educational programmes that concentrate on shifting attitudes towards ageing among nursing



Author(s) and year	Country	Main Findings	Author's interpretation of findings
Rathnayake et al. (2016)	Sri Lanka	Nursing students have moderately positive attitudes towards older people but show little interest in working with them. The positive attitude of young people towards older persons develops when they live with them. The primary area of care curricula must include gerontological care.	students. Positive attitudes of nurse students toward older people have been relatively successful, but they have no experience in engaging with older people. Working with older people strengthens nurse students' optimistic views towards older people. Attitudes contribute to the preference in the field of nursing speciality. Curriculum is planned to cover the areas of gerontology.
King et al. (2013)	USA	The attitudes and preferences of the nursing students to work with older adults have improved over time. Yet their preference for work in nursing homes has been consistently ranked among the 10 preferences for work. There are reasons not to choose work in nursing homes; poor quality of care, lack of resources to provide quality care and a slow range of environments.	The findings of this research suggest that gerontology courses are especially relevant in order to eliminate misconceptions about care for elderly adults. Semi-clinical classes can be an effective way to allow students to serve in settings where older adults are predominantly staying. It is crucial to provide multiple incentives for well-organised, funded and productive clinical rotations in nursing homes to enable students to see research in this setting as a viable alternative. In fact, an interest in the treatment of older people in nursing homes may demand not only training of students for professional roles and

			activities, but also to include supervision and oversight.
Faronbi et al. (2017)	Africa	The participants have a positive feeling and disposition and a clear awareness of the treatment of the elderly. It also showed that respondents felt that nurses should be compassionate, optimistic and sensitive (97.2%) and empathetic (91.4%) to care for older patients.	The positive attributes shown in this study could be improved by following the author's recommendation: 1) Gerontological curriculum with practical service-learning elements at learning institutions should be incorporated into nursing curricula. 2) It is also advisable, as its attitude will affect that of its students, to research the attitudes of the nursing professor towards older patients. 3) In order to further explore factors which, influence the perception and attitude to care of the elders, further study should be carried out, particularly in qualitative studies.
Hsu, M. H. K., Ling, M. H., & Lui, T. L. (2019)	Macao	Data were analysed from 377 (83.04 percent) nursing students returning the survey. Positive behaviour towards older people with a mean KAOP score of $168.44 \pm 18.38$ (mean default $\pm$ Standard). In particular "older adults have excessive demands for love" ( $2.5 \pm 1.2$ ) while "old adults don't need more love than others" ( $6.0 \pm 1.0$ , respectively) were the item with a lower average score. The results also demonstrated that the positive attitudes of Macau nursing students with regard to older	The attitude of Macao nursing students towards older people is linked to religion and gerontological nursing education. To evaluate the progressive changes in the position of nursing students, a longitudinal study is needed. A future research study should examine the future career choices of nursing students and their perceptions of gerontological nursing training.

		people are linked to "religion," "good experience in teaching Gerontology and good experience with older people in clinical practise"	
Carlson & Idvall (2015)	Sweden	There was no substantial difference in the ability to work in gerontological nursing between younger and older students. There was no major gender-based or previous work experience discrepancy between students. To some extent, practical training supervisors shaped the career of nursing students not only through their supportive learning experience but also as role models.	The age, gender and past work experience as healthcare workers did not affect the willingness of students to work in the field of in-patient care. Future studies must recognise the complexity of why nurses chose a certain pathway in longitudinal care following cohorts of students during the course of their education programme.
Cheng et al., (2015)	China	Earlier interaction with older people was correlated with the self-efficacy and involvement of the nursing students in working with older people. Anxiety surrounding ageing has had a negative impact on the willingness of nursing students to pursue gerontological professions. The positive conduct of student nurses in the area of gerontological nursing has increased their interest in interacting with older people.	It seems possible for nursing education providers to assess effective strategies and the incentive of enhanced nurses to pursue gerontological professions as a profession. The atmosphere of clinical practice, the cultivation of positives regarding geriatrics and alleviating anxiety about ageing can improve both expectation and value. In addition, the desire to choose gerontological care as a profession will be enhanced by motivating students to stay with older family members and to look out for older people.

Author(s) and year	Country	Main Findings	Author's interpretation of findings
Duggan et al. (2013)	UK	Students felt that acute and critical care was given more emphasis in the curriculum. Some nursing students felt unprepared to work with older people due to the perceived content shortfalls in the care of the older people. Postgraduate experience and support for mentors seemed to influence the decision for nursing students to consider future work with older people.	It is critical that educators ensure that students are assisted if they implement bad practices and that the frameworks and procedures to resolve inadequate care standards are operationalised. In order to ensure the requisite knowhow, skills and attitudes needed for working with older people are given sufficient importance and consideration, nurse educators should consider reviewing the contents and delivery of their preliminary enrolment courses.
Chi et al. (2016)	Taiwan	Taiwanese undergraduate nurses had a balanced disposition towards dealing with older adults to a fairly favourable degree. The optimistic attitudes of nursing students towards the elderly, their commitment to issues relating to the elderly and their volunteer service were the predictors of their ability to care for the elderly. Suitable and realistic approaches for students should be built to improve their support for older people.	The best predictors of the readiness of nursing students to take care of the older people were: their attitudes towards the elderly, their commitment to problems associated with the elderly, their volunteerism with older people. Longer time spent with elderly people and grandparents who acted as guardians in their childhood was also strongly linked to their ability to care for the elderly. The findings of this study will provide professors and clinical preceptors with knowledge about curricula and related activities or practical growth. Suitable and realistic approaches should be built to inspire students to work in the future with elderly adults.

Özer & Terkeş (2014)	Turkey	Students have a score of 68.27± 6.28 for Ageism attitude. There was a substantial gap between age attitudes among students and between sex, gender and nursing selection status. It was proposed that from the beginning of nursing education the students would formulate training and counselling programmes relating to elderly people and ageism.	The author suggests that in nursing programmes the phrases about senility and the ageing process must be included in their content more frequently, the reach must be expanded so that every student can definitely observe the elderly and back up the students so that they can take part in symposia, discussions and conferences on elderly health, which will help increase awareness.
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Author(s) and year	Country	Main Findings	Author's interpretation of findings
Sarabia-Cobo & Castanedo Pfeiffer (2015)	Spain	While nursing students have been clinically studying and are in their third year, negative expectations for ageing were high among the students. The course has been shown to change these assumptions effectively.	The author argues that special training in Gerontology and elderly care is an effective way to improve potential nursing professionals' awareness, ability, and positive attitudes. You believe that your study has consequences for future research. They recommend first of all, undertaking experiments with a wider study group and analysing them over a longer time period. Second, these studies should determine if components of behaviour development are included, better than our current course, changes nursing students ' attitudes to geriatric patients. Third, future research should directly discuss negative attitudes of students and assess which factors will boost their attitudes.

Darling et al. (2018)	Turkey	Using a non-experimental design, students at undergraduates in nursing received a Turkish version of Kogan 's attitude towards the elderly. Significant results show that the older the student, the worse the attitude is and how students are prepared to work with the elderly have significantly better KAOP total and better positive scores than those that are not ready to work with the elderly.	Overall, the findings show that the students ' attitudes towards the older people have a place to improve. Health training is an important element in influencing attitudes; geriatric care also should be an integral part of nursing instruction. Courses on specific gerontology are not yet included in Turkey's nursing programme. In some community health courses and medical-surgical courses, age-related psychological and physiological changes and drug therapy are scarce. There is, however, no central course that discusses ageing problems. Curriculum change is very important in all medical sciences in preparation for the planned exponential increase in the number of elders. It would be a good starting point to offer courses to provide more exposure to gerontological issues.
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*Qualitative Research*

<b>Author(s) and year</b>	<b>Country</b>	<b>Main Findings</b>	<b>Author's interpretation of findings</b>
Haron et al. (2013)	Israel	A relatively high proportion of those nursing students engaged in gerontological care were men. For gerontological nursing to be a career choice, the most significant considerations are: a favourable attitude towards the older people, the chance for more training and positions as a qualified nurse practitioner for the treatment of the elderly and previous experience in the care of the older people.	The main finding of the study is the inability to control content / design of training programmes. The chief recruiting effort should be made to attract nurses to the fields of geriatrics by improving the structure of the payroll and extending the capacities of geriatric nurses to Clinical Nursing Specialists, which would give a very appealing promotion course.

## **2.3 Findings**

Three major themes were identified in the review.

- 1) Perceptions, attitudes towards working with older people.
- 2) Stereotypes and myths about ageing; and
- 3) The impact of curriculum activity on attitudes, perspectives, and perceptions and perceptions of nurse students.

The results were mainly based on nurse students' attitudes towards ageing. The term "older people" means the ageing population and the elderly.

### **2.3.1 Perceptions, and attitudes towards working with older people**

The insight and experience of undergraduate nurses should be viewed as regards the understanding of older people (Cheng et al., 2015; King et al., 2013; Sarabia-Cobo & Pfeiffer, 2015). Studies have shown that nurse students do not wish to work with the older (Rathnayake et al., 2016; Zisberg et al., 2015). Some surveys show that nursing students are not prepared to work with older people and have insufficient knowledge of them after graduation. (Abreu & Caldevilla, 2015; Haron et al., 2013). They feel incompetent and lack satisfactory knowledge of older people (Abreu & Caldevilla, 2015; Haron et al., 2013; Rathnayake et al., 2016). Given that negative views can prompt professional prejudice. It is the duty of the teacher to provide knowledge, skills and attitudes to enable students to support the older people appropriately (Cheng et al., 2015; Duggan et al., 2013; King et al., 2013; Sarabia-Cobo & Pfeiffer, 2015). The fact that misconceptions about older people exist, it can lead to discriminatory practises among healthcare practitioners.

### **2.3.2 Stereotypes and myths about ageing**

The nursing institution was criticised for not controlling bad attitudes in undergraduate nursing education (Abreu & Caldevilla, 2015; Duggan et al., 2013). Several studies have

indicated that knowledge, comprehension, skills, and removal of myth are essential in order to understand the older people (King et al., 2013; Rathnayake et al., 2016; Zisberg et al., 2015). New graduates also need guidance for developing leading competences, in order to continue to practise in a changing technological development, change of medical preferences, and new models of service. Furthermore, geriatric work should combine the knowledge and pedagogy of university environments with the experience, skills, and abilities required to lead both within and beyond the fields of health (Faronbi et al., 2017; Haron et al., 2013; Hsu et al., 2019).

Critiques were made against undergraduate nursing education for not mitigating misbehaviour (Darling et al., 2018; Duggan et al., 2013; Sarabia-Cobo & Pfeiffer, 2015). In order to eliminate negative thought about older people, important interactions between nurses and the older people should be taken into account (Darling et al., 2018; Sarabia-Cobo & Pfeiffer, 2015; Xiao et al., 2013). The activities that bring together nursing students and older people in nursing curricula include health assessments and opportunities for a shared experience with older people living in communities. It is also highly recommendable to incorporate older people's health care programmes into clinical placement, as clinical experience affects the choice of career for students (Darling et al., 2018; Sarabia-Cobo & Pfeiffer, 2015; Xiao et al., 2013).

The adequate training of student nurses leads to proper care and eradication of age discrimination that is already prevalent in the health sector (Darling et al., 2018; Sarabia-Cobo & Pfeiffer, 2015).

### **2.3.3 The impact of curriculum on attitudes, perspectives, and perceptions of nurse students.**

In the area of gerontological care, there is a lack of qualified care providers (Abreu & Caldevilla, 2015; Darling et al., 2018; Zisberg et al., 2015). Nurse academics and other



practitioners must continue to strategise ways of deliberate meetings between students and older people (Carlson & Idvall, 2015; Chi et al., 2016; Hsu et al., 2019).

Academic leadership in promoting gerontological care is essential to understand and react to problems and inspire nursing students to practise gerontological care and work with older people. A key subject for validated nursing practice is pure intellectual leadership in gerontological nursing education in the undergraduate programmes (Cheng et al., 2015; Faronbi et al., 2017; King et al., 2013; Rathnayake et al., 2016).

Undergraduate nursing programmes provides more regular subject material related to senility and ageing systems. They extend the variety of requirements so that each student can take care of the ageing population, and help students engage in older people care symposiums, workshops and conferences to improve awareness (Faronbi et al., 2017; King et al., 2013; Kydd et al., 2013; Zisberg et al., 2015). Thus, the nurse academics needs to develop and build Gerontology materials and clinical experiences, to increase knowledge on the complexity of treating the ageing population, and to appeal to gerontological nurses to promote favourable behaviour towards older people (King et al., 2013; Kydd et al., 2013).

## **2.4 Discussion**

The analysed literature appeared in Australia and foreign journals. The findings of the analysis give insight into students' beliefs, awareness, expectations, and viewpoints about working with older people. Although the collected literature did not specifically deal with the research problem, it provided the requisite details for recognising certain challenges that the nurse academics face in the implementation of services to meet the health needs of the older people. Several researchers found that there were little awareness of the roles and experiences of nursing students and their assumptions about dealing with older people. Stereotypical thoughts of the ageing held by students were also found. The positive effect

of the literature gathered is limited but it provided the framework required for new understanding and insight.

While the curriculum is planned to cover the areas of gerontology, the assumption of nursing practitioners remains that geriatric nursing is an unattractive occupation. Some nursing students feel unprepared to work with older people because of perceived content deficiencies in older people's care (Rathnayake et al., 2016).

Attitudes contribute as motivators to the preference of a student nurse's choice of a field of nursing speciality. Chi et al. (2016) identified the strongest predictors of student readiness to look after the older people are their attitude towards the aged, their devotion to the ageing population, and their volunteerism. Student attitudes are strongly linked to the extensive practice of gerontological treatment in relation to older people (Zisberg et al., 2015). The clinical environment can alleviate the negative ideas of the effects of aging as attitude can boost perceptions and values. It can also increase the interest in gerontology as a discipline by encouraging students to live with older families and to look after the older people (Cheng et al., 2015; Chi et al., 2016). The more interest in and skills related to gerontology students have, the more likely they are to interact with older people (Ben-Harush et al., 2017). However, study shows that although student nurses were in their third year of clinical practice, they had a very high prevalence of negative stereotypical attitudes towards ageing according to Sarabia-Cobo & Pfeiffer, (2015).

Cheng et al. (2015) suggested that healthcare services should assess successes and promote enhanced healthcare practises as a discipline in order to promote good healthcare for older people. Abreu and Caldevilla (2016) highlighted the following points: (1) Students need to understand the process of ageing and body transformation to have the mind to integrate information about care for the older people; (2) Mentors need to be prepared to support students in clinical education by promoting self-care and development of a

relationship with the health profession for older people through case studies; (3) nurses should be able to support older people at the fundamental level i.e. life tasks, also memory and emotion, with more awareness of depression, dementia and low levels of mental health; and (4) health professionals in Europe are increasingly faced with diverse populations so, students must be prepared to provide culturally responsive treatment for the older people.

In summary, describing the nursing students' attitudes, perceptions, and knowledge of older people were numerous however, no literature had been published in Australia regarding the leadership of nursing academics in gerontological nursing. The lack of adequate literature and the complexities of defining the perspectives on the leadership of nurse academics in gerontological nursing demonstrated the need to address the gap in this area of practice.

## **2.5 Theoretical framework**

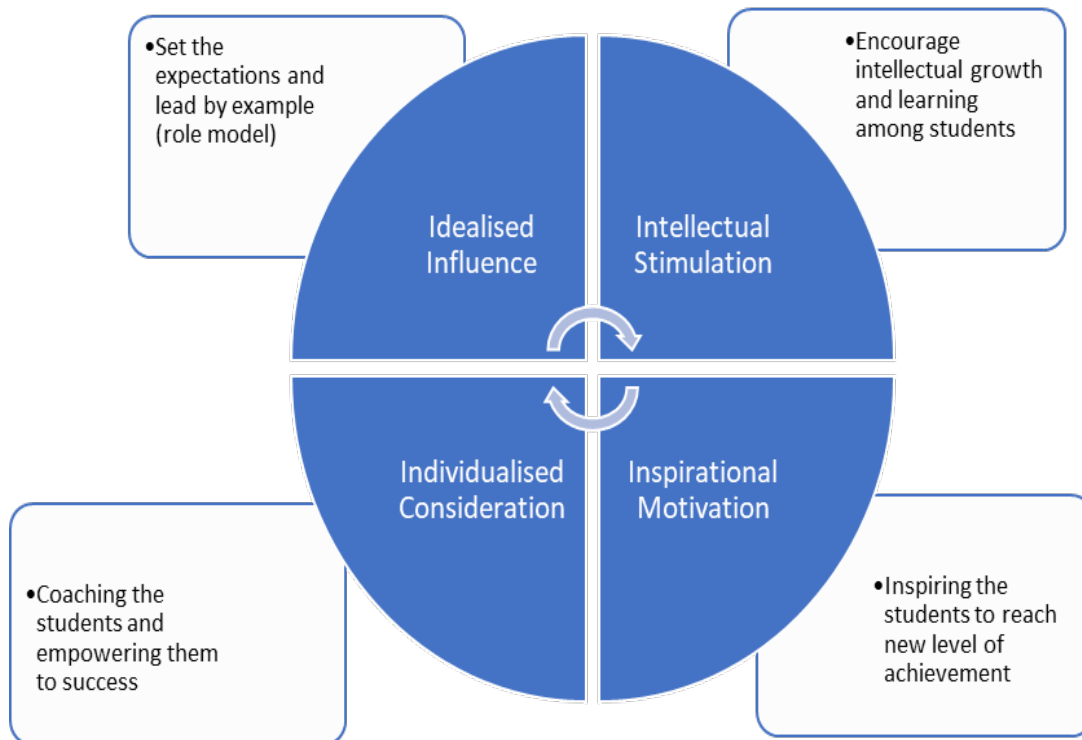
The chosen theoretical framework of this research study is Transformational leadership (Kouzes & Posner, 2007). The study showed an understanding of concepts which are relevant to the leadership experience of nursing academics in Australia and cover broader areas of knowledge in gerontological education. The current concept and theory used by the researcher and their definitions as well as their references to academic literature form a theoretical framework. The choice of theory is appropriate, and powerful. It presented the backbone of the research study (Lederman & Lederman, 2015).

### **2.5.1 Transformational leadership model**

The theoretical basis for this study is transformational leadership (Kouzes & Posner, 2007). Transformative leadership allows followers to advocate for higher ideals and moral values when the individual has a deep collection of internal beliefs. This allows followers to work better when their own interests and support environments share responsibility. Transformational leadership involves four behaviours that are applicable to health care.

These are idealised influence, inspirational motivation, stimulating the mind, and considering the individual (Doody & Doody, 2012).

The four elements of transformational leadership: Idealised influence, Intellectual stimulation, Inspirational motivation, and Individualised consideration, are relevant concepts in this current study (see Figure 3).



**Figure 2. Adapted from the transformational leadership theory by Burns (1978)**

*Idealised influence* is the extent to which the leader attends to the needs of every follower, acts as a follower's mentor or coach, and hears the follower's concerns and needs. The leader provides empathy and support, retains contact, and presents the followers (students) with challenges. This also involves the need to recognise and honour each follower's individual contribution to the team. Successful leaders have a will and aspiration to develop themselves and are motivated inherently by their tasks. The aim and purpose of idealised influence is a driven style of leadership, such as role modelling, and leading by example or "walk the talk". In encouraging healthy ageing in the school setting as a part of an

undergraduate course, nurse academics play an important role in fostering a gerontological interest of nursing students, through gerontology-specific courses and activities for those students (Abudu-Birresborn, McCleary, Puts, Yakong, & Cranley, 2019). It is therefore, important that nurses have their own clinical experiences to promote healthy ageing (Wu, Drevenhorn, & Carlsson, 2020)

*Inspirational motivation* refers to the degree to which the leader formulates a vision that attracts followers (students) and inspires them. Leaders with high standards inspire motivation, communicate optimism about future goals and make sense of the task at hand. If followers are to be motivated to act, they need a strong sense of purpose. Purpose and significance provide the energy for a group to move forward. Inspirational motivation needs a clearly focused fixed goal and promotes students to work for the aim, to increase their inspiration. As students become better aware and knowledgeable in gerontology, they are more likely to communicate with older people and have less risk of an ageing approach (Natan et al., 2015).

On the other hand, *intellectual stimulation* considers the degree to which the leader questions assumptions, takes risks and calls for feedback from followers (students). Leaders in this style inspire their followers (students) to be innovative. They nurture and build self-confident people. Learning is a value for such a leader and unexpected situations are seen as a chance for learning. Followers (students) ask questions, think carefully, and learn how to perform their activities more efficiently. Intellectual stimulation encourages a significant interaction between nursing students and older people. The nurse academics can provide nursing students with opportunities to acquire and integrate their knowledge and skills and allow them to examine new possibilities for engagement in caring for older people (Kuken & Giske, 2019). Furthermore, it is recommended that work experience be a key factor as it influences the desire of nursing students to care for the aged. Clinical placements in

Bachelor programmes must reflect the wider range of elderly care, including acute care, community care and home care (Xiao et al., 2013)

*Individualised consideration* is people-driven and has a genuine concern for the need of the followers (students). Identifies the individual requirements of employees and empowers supporters to create a teaching environment (Lowe, Kroeck, & Sivasubramaniam, 1996) and mobilises assistance for organisational goals. Individualised consideration requires self-awareness and understanding of individual differences in values, strengths as well as weakness. The leaders have to listen and communicate effectively to teach, counsel or mentor the students to achieve their full potential (Boamah & Tremblay, 2019). The academic educators must encourage transforming ideas such as healthy ageing, which involve the use of services, bridges and centres, future-oriented students and advocates in general, with a view to encourage the creation of interprofessional education and supporting nursing institutions (Vanhook et al., 2018). Exemplary leaders reflecting the model's transformative foundations inspire a shared vision and motivates people to make their best efforts, according to Boamah & Tremblay (2019). For the organisation of this thesis, the four dimensions of transformation leadership lie at the forefront of the knowledge base.

## **2.6 Statement of the problem arising from the gap in literature**

The objective of the study is to understand the problem of research: What is the leadership experience of nurse academics in gerontological nursing education in undergraduate nursing programs in Australia? Strong nursing leadership in today's dynamic environment is necessary because of economic, technological, and academic difficulty (Scully, 2015). To date, there is no research in Australia on the experiences of nursing academic leaders in gerontological nursing in the undergraduate nursing programs. As far as the literature review undertaken for this study is concerned, a gap in resource materials about the leadership of nurse academics in gerontological nursing in Australia has been recognised.

The health system in Australia is confronted with increasing healthcare costs, changes in disease burden and a growing and ageing population (Booth, 2020). In order to guarantee high-quality care to the older people and to implement health and ageing policy, agendas and programmes of the Australian government, a nursing workforce requires adequate knowledge, skills, attitudes and competencies. However, numerous barriers and challenges have been reported in the literature regarding the preparation of a competent nursing workforce in the care of older people, for example, the lack of motivation to work with older people, prejudice towards older people and the lack of gerontological competencies in nursing students.

While it is a challenge to research the leadership experience of nurse academics in gerontological education in Australia. The findings of the research project show evidence for educational practise information on curriculum development, education and learning for gerontology, content and clinical training, professional development support and the development of nursing academic leadership.

## **2.7 Summary**

Overall, a common limitation of this qualitative study was the choice of two schools, and hospital institution for participants or respondents. The findings of the study is applicable under academic settings only. Although some weaknesses were revealed in the selected studies, they all had some relevance to the issue under scrutiny in the present study. The 16 articles were used to explore the leadership experience of nursing academics in curriculum development to address the health care needs of older people. However, no literature directly on the research problem was found. In terms of the literature review undertaken for this study, a gap has been identified.

Finally, the focus of this literature was on the attitudes, preferences, and perspectives of student nurses. The motivators and challenges facing nursing academics in the course of

curriculum development were mentioned, which respond to the health needs of older people. Literature is lacking, and in the midst of the evidenced ageing, negative and mixed attitudes of nursing students towards the older people, leadership skills for nurse academics are difficult to define.



## **3 CHAPTER THREE: RESEARCH DESIGN**

### **3.1 Introduction**

This chapter outlines the research methodology and methods. This research applied an interpretive description described by Thorne's theory (2016). The aim of the study is to answer the research question "What is the leadership experience of nurse academics in gerontological nursing education in undergraduate nursing programs in Australia?" Based on this aim, two objectives were formulated.

1. To identify the motivators in leading gerontological nursing education in undergraduate nursing programs.
2. To identify the challenges in leading gerontological nursing education in undergraduate nursing programs.

The chapter begins with a discussion of Interpretive Description

### **3.2 Interpretive Description**

The methodology for this study was selected as the Interpretive Description. Interpretive description represents a qualitative, non-categorical approach to the study of the philosophical and theoretical foundation of nursing, as a sound and legitimate way of accessing nursing knowledge (Thorne, 2016). As a methodology, Hunt (2009) proposed to guide the establishment of a coherent study logic and framework and provide an approach for the generation of practical results more focused. The interpretive description is therefore appropriate for identifying motivators and challenges to leading gerontological education in undergraduate nursing programmes.

Thorne has been working to develop an ID method to address the need for an ongoing, clinical nursing understanding (Thorne, 2016). This methodology is the basis for this approach. Sandelowski (2000) argued that scientists have a common understanding that non-traditional methods such as interpretation are easier, less useful, less desirable, or less scientific than phenomenological, theoretical, ethnographical, and narrative approaches. But no true hierarchy exists. "No method is wholly or powerfully smooth but is more or less useful or adequate for certain purposes and interpretation is an excellent and valuable method itself" (Sandelowski, 2000). Hunt (2009) suggested that Interpretive Description should guide and strengthen the attitude towards practical results in creating a methodology that includes a consistent study approach, structure, and logic. It gives close attention to disciplinary priorities and undertakings. In addition, Interpretive Description recognises and enables people to share the social worlds of the health-health experience in a constructed and contextual way (Hunt, 2009). The methodology, therefore, fits into the complex experiential problems of nurses and other health researchers. The "inquiry," the 'object' of an investigation, is therefore interacting to influence each other, the knower and the known are actually inseparable" (Thorne, 2016).

The researcher believes that describing the leadership of nursing academics in gerontology could contribute to new understanding of gerontology education in Australian and global contexts. The following sections address the ethical considerations and methods, including confidentiality and anonymity, informed agreement, method for research, data collection, data management, data analysis, and rigour. The following sections discuss the ethical consideration and methods:

### **3.3 Ethical approval**

The study was approved according to the principles and values of the National Statement on Ethical Conduct in Human Research (Anderson, 2011) and was obtained from the Social

and Behavioural Research Ethics Committee (SBREC) of Flinders University before the study was started (see Appendix D). Pursuant to the Helsinki Declaration guidelines (Association, 2014), the letter of approval was prepared in conjunction with the information sheet and given to the officer-in-charge of the School of Nursing and Midwifery (Flinders University, University of South Australia, and Adelaide University). The informants obtained informed consent voluntarily prior to individual person-to-person data collection surveys. The participants were informed during the course of the study that they had the right to refuse participation or withdraw at any time.

### **3.4 Method**

Informal semi-structured interviews were conducted with a sample of 10 nurse academics recognised for their effectiveness in leading gerontological care. Interviewees were invited to participate through a letter of invitation and the interview was then arranged on a mutually convenient date. Two interviews were carried out over a telephone when it was difficult to coordinate a meeting. An interview schedule was held at various locations. The interviews usually were 45–60 minutes long. Confidentiality and anonymity assurances and explanations for research were made at the beginning of the interview. Interviews were recorded where they were held in person. Notes were made during the interviews. Although the schedule was followed, the topics were developed in individual interviews with the participants. As the interviews progressed, ideas from previous interviews were explored that helped develop emerging themes.

The interviews began with an open-ended general question based on a qualitative methodology; further questions examined how the participants responded to their experience in the leadership of gerontology. The main question is: "What leadership have you experienced or observed regarding gerontological nursing education in undergraduate nursing programs?" Follow-up questions were derived from the main question that was asked

to the participants. Data collection and review were conducted simultaneously, and interviews were conducted until the results were clear. It meant that there were no new details in the last three interviews. Exhaustion of information was also assumed as saturation point was reached after interviewing the 10 participants (Elo & Kyngäs, 2008).

After the interviews, the data were transcribed and analysed. In order to give an abstract sense of reality, the analysis took the form of interpretation of the relevance of the data.

Transcripts have been read in full and notes have been written for every transcript. Comparisons were made among notes of different transcripts to search for similar topics. When common themes emerged, the transcriptions and the notes were read so that a sense of coherence was achieved in the subjects and an abstract picture of the realities of the nurse leaders in the field of gerontology was provided during the research process.

### **3.4.1 Study setting**

The study was conducted in two nursing and midwifery schools and hospital located in South Australia. In order to recruit the ten nursing academics who are coordinating, teaching in topics, or supervising students in the clinical placement that have learning and/or clinical components regarding the care of older people in the undergraduate programs, and leading Gerontology subject for two years and more, and gave their consent in the study. Purposeful sampling was used. Regarding sample size, the quality design has been suggested to feature approximately six to 20 participants (Polit & Beck, 2017). Informants who satisfied the inclusion and exclusion criteria, as outlined in Table 3, were recruited.

**Table 3. Inclusion and exclusion criteria for the study.**

Inclusion	Exclusion
<ul style="list-style-type: none"> <li>○ Ten nurse academics at schools of nursing in Flinders University, and University of South Australia</li> <li>○ Coordinating, teaching in topics, or supervising students in the clinical placement that have learning and/or clinical components regarding the care of older people in the undergraduate programs,</li> <li>○ Leading Gerontology subject for two years and more, and</li> <li>○ Willing to take part and gave informed consent to participate in the study.</li> </ul>	<ul style="list-style-type: none"> <li>○ Nurse academics not involved in curriculum development and not teaching gerontology in the undergraduate program.</li> <li>○ Participants who refuse to participate in the study.</li> </ul>

### 3.4.2 Data collection

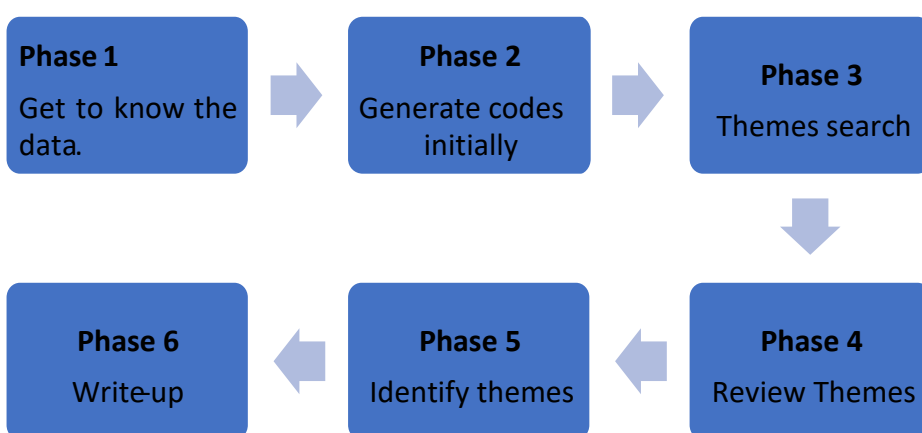
Qualitative researchers usually rely on thorough interviews to gather data (Polit & Beck, 2017). For this study, information was collected from semi-structured interviews through face to face interviews. The best way to gain qualitative data is face-to-face interviews while focus groups and telephone interviewing's can be conducted (Peters & Halcomb, 2015). This study use a one-on-one interview rather than focus groups since the participants were likely to spontaneously develop the ideas and in turn contribute to revealing their true storey (Holloway & Wheeler, 2010). An extensive interview is chosen to explore more intimate and personal aspects of people's experiences (Peters & Halcomb, 2015). The researcher was given a written topic guide to obtain information in a semi-structured format (Polit & Beck, 2017). The semi-structured questions (see Appendix B) enable the researcher to conduct an interactive conversation with the participants, thus encouraging the participant to talk about his own experiences through open-ended questions and to determine the organisational order of any additional problems (Kallio, Pietilä, Johnson, & Kangasniemi,

2016). A semi-structured interview was conducted using an open-ended question. All questions were covered by a well-planned interview guide (see Appendix B). During the interview, the researcher was careful about the likelihood of emotional catharsis of participants and was aware of how thoroughly to test their reactions (Peters & Halcomb, 2015). The researcher endeavoured to protect the confidentiality of the informants and made every effort to listen without judgement to their stories (Rubin & Rubin, 2011).

### 3.4.3 Data analysis

The aim of data analysis is to organise, structure and make meaningful the information irrespective of the type of information or tradition of the study. Qualitative analysts must organise interview data and understand them (Polit & Beck, 2017). This six-step theme analysis was the focus of Braun and Clarke's research and their thinking approach to thematic analysis (Braun & Clarke, 2013). This cyclical 6-phase method involves the revision of data from data analysis to data analytics until the researcher is satisfied with the final themes. As shown in Figure 4, the data testing method was performed.

**Figure 3. Braun and Clarke's (2013) 6-Phase design**



\*Adapted from Braun and Clarke (2013) 6-phase regulations.

### **Phase 1: Get to know the data.**

In this case, the researcher gets acquainted with the data material, both the specifics of each interview material. In other words, prior to reading the data a list of possible codes is created (Edwards & Lampert, 2014). The researcher read the collected data and created codes. The author reads and re-reads the content of the data collected initially for possible codes. The process was carried out as an integral part of this phase (Braun & Clarke, 2013)

The researcher transcribed the data in writing (e.g. audio-recorded data, such as interviews) after the data collection had been completed. At this point, the researcher knew the data content and began to recognise open trends or repeat problems with the data. These patterns were documented in a journal of reflection, where the data was coded.

### **Phase 2: Generate codes initially**

In the second step in a reflexive topical analysis, the researcher tag objects with a label (a few words or a short sentence) of interest in the data. This systematic approach is called coding, in which concrete data is ordered and defined in connexion with the research issue. The method of code creation takes place through the absorption of the researcher into the knowledge and is not seen as a linear process, but as a cyclical process, in which codes are created and enhanced (Braun & Clarke, 2013).

Coding reduction was done by the researcher by assigning tags or labels to the analysis data collection (see Table 4). The condensation into smaller units of large data sets enables more examination of the data by developing useful categories. The use of examples and terminology from participants in their interviews was also used to generate In-vivo codes. Coding supports for data creation, analysis, and re-conceptualisation and leads to seeking

further analytical opportunities. The researcher poses data-related questions and produces data theories that extend past reports in previous research (Edwards & Lampert, 2014).

### **Phase 3: Themes search**

The researcher was able to start evaluating the possible codes by studying and contemplating what works and what does not fit inside the themes. It is important to first analyse how codes can be combined to form overall themes in the data in this process. At this point, the researcher created the list of subjects and started concentrating on broader data trends, mixing coded data with the themes suggested. The researcher began to explore how connexions between codes and themes and between various levels of established topics are created. Visual models were useful for sorting codes into different themes (Braun & Clarke, 2013).

### **Phase 4: Review themes**

This phase required the researcher to test the first themes against the coded data and against the entire data collection in order to ensure that the study did not wander too far away from the data and that the data relevant to the research problem is compellingly accounted for (Braun & Clarke, 2013). This analysis process also allows the themes to be broadened and updated further. At this stage, the researcher has identified a variety of possible subjects, as this step includes the reworking of initial themes. Some of the existing topics collapsed and some had to be divided into smaller groups.

### **Tier 1 (Analysis of coded data themes)**

Testing coded data extracts enable the researcher to decide if themes form coherent patterns. The researcher will switch to Tier 2 if that is the case. Where themes don't establish consistent patterns, the potentially problematic subjects need to be taken into consideration



(Braun & Clarke, 2013). In situations where the themes are a problem, reworking the themes is crucial and new subjects evolved throughout the process.

## **Tier 2 (Analysis of the topics for the entire data set)**

The next step for analysis would be to consider the relevance of each subject and how they apply to the data set as a whole. It is crucial to determine whether the potential significance of the thematic map includes significant details in research-related data. Again, the researcher read and re-read the data in this step to decide if the current subjects are connected to the data collection. In order to aid in this process, any other things which may be missed in the earlier coding stage should be coded. The researcher moved to the next stage of the study if the map "works" to capture and tell a clear storey about the data significantly. At the end of this process, the researcher had an idea of what themes are and how they came together to express a data set story (Braun & Clarke, 2013)

## **Phase 5: Identify themes**

In the analysis of each issue, the researcher was assisted by the supervisors in identifying and refining existing topics identified in the final study. At this point, the identification of the essences of the topics refers to how each particular topic form part of the data image. The analysis is generally defined by the identification of which data aspects are captured and which are of interest in themes, and how the topics work together to tell a clear and convincing storey about the data (Braun & Clarke, 2013)

## **Phase 6: Write-up**

Following the review of the final topics, the researcher started the final reporting process. During the final process, the researcher selected the themes that provided concrete contributions to answers to research questions and was eventually optimised as the final

topics. This step consists of writing a thematic analysis in order to transmit the complicated data history in a way that convinces readers of the validity and merit of the analysis (Braun & Clarke, 2013).

**Table 4: Coding examples**

Transcripts	Coding	Grouping and summarising codes	Sub-themes	Themes
<p><i>“So, the types of activities would range from understanding the pathophysiology of ... what changes happen as we age and what changes do not happen as we age but might be present, then we attribute them to getting old. Things like a very clear understanding of the three D’s, Dementia, Delirium, Depression and the differences in those, especially when it comes to the care of older people. Looking at the standards and mapping out the skills and attitude and knowledge needed by the students and being able to meet those standards and the current new standards...” (Betty, Line 55)</i></p>	<ul style="list-style-type: none"> <li>- Discrepancy in learning activities between the academic and clinical area.</li> </ul>	<ul style="list-style-type: none"> <li>-Inexperienced nurse academics leading/teaching the students in aged care.</li> <li>-No specific assessment for older people in the lesson - Task orientated.</li> </ul>	<p>Implementing innovative teaching strategies to engage students to develop knowledge, skills and attitudes.</p>	<p><b>Promoting Gerontological nursing in the curriculum</b></p>
<p><i>“There’s a need to be more specific in gerontological aspects to all phases of the curriculum. It used to be that we would get them to do a functional assessment on an older person, but I don’t believe that’s in the current curriculum. So that’s not there anymore. So, I think if we get students to do an assessment on an older person as part of their learning, that would have started. Our Medicalsurgical text, Fundamentals of nursing, they’ve got an older person’s</i></p>	<ul style="list-style-type: none"> <li>- Competition for getting gerontological nursing into the curriculum.</li> <li>- No specific assessment for older people in the topics.</li> </ul>	<ul style="list-style-type: none"> <li>- Not enough time in clinical learning. exposure (because of busy environment</li> <li>- Limited local aged care placement.</li> <li>- Insufficient number of hours in learning experience.</li> </ul>	<p>Initiating regular review of the nursing curriculum.</p>	

<p><i>perspective. So, there's that. No, I think it's enough. It's sort of added on. It's not the core. It should be the core."</i> (Fran, Line 54)</p>				
<p><i>"Well, In the clinical laboratory settings, students experience case studies and skills acquisition. So, a lot of laboratory sessions and tutorial guides would involve case studies about older people. And in this university, we've got a case world where there are case studies about older people..."</i> (Fran, Line 41)</p>	<p>- Lack of mentoring from experienced tutor.</p>	<p>- Unpleasant experiences during placement education result from poor standards of care. - No opportunity to learn by doing the skills in medication.</p>	<p>Using tutorial guides.</p>	

### **3.5 Rigour**

This present qualitative research was focused on quality standards, which include integrity, trustworthiness, confirmability, and authenticity (Lincoln, Lynham, & Guba, 2011). The credibility of the study refers to truth and therefore trust (Polit & Beck, 2017). The researcher adopted the trustworthiness principle by introducing Lincoln and Guba's (1985) requirements on credibility, transferability, faith, and confirmability. Data were analysed in the original language to ensure a genuine presentation of participant perceptions. In order to ensure consistency between the methodology and method, the whole study was reported to the supervisors.

The researcher ensured that the research process is logical, traceable, and clear (Tobin & Begley, 2004) in order to achieve trustworthiness. A trail of the audit will provide readers with evidence of the researcher's theoretical and methodological decisions, which require clearly defined justification (Koch, 1994). The researcher recorded the raw data, field notes, and transcripts and kept a reflexive journal and which enabled the researcher to systematise, relate and cross-reference data and also promoted a consistent audit trail reporting on the study process (Leech & Onwuegbuzie, 2007). During the entire study, the researcher kept complete field notes to verify the dependability and confirmability of the study. The data were analysed and checked by the supervisors. Data were collected from participants to validate their experience from various perspectives and angles. Confirmation involves determining that, obviously, the interpretations and findings of the researchers are drawn from the data, and that the researchers are required to demonstrate the results and interpretations achieved (Tobin & Begley, 2004). The researcher used a reflective journal to document and record the daily logistics, methodological decisions, and rationale for the

research, and to record the individual reflections of the researcher's values, self-information and interests (the human instrument) (Guba & Lincoln, 1989).

Transferability means how far findings can be applied to different settings or groups of people, and authenticity refers to the report that truly reflects the lived experience of participants (Polit & Beck, 2017). The researcher's checking and providing detailed descriptions of participants' perspectives in this report supported the transferability and authenticity of the study.

### **3.6 Summary**

This chapter outlined the research question methodology framework: what is the leadership experience of nursing academics in gerontological nursing education undergraduate programme? It described the study's paradigm, technique, approach, and rigour. It also outlined the research methodologies and strategies, enhance the confidence of the results, and make the move towards similar settings easier.

## **4 CHAPTER FOUR: RESULTS**

### **4.1 Introduction**

This chapter presents the findings of the analysis of the data collected in the interviews concerning the leadership experiences of nurse academics in gerontological nursing in Australia. Guided by Interpretive Description (Thorne, 2016), findings were identified from interview data and presented in the form of themes and sub-themes. The findings are discussed in this chapter and excerpts from the interviews are used to support themes.

This chapter is organised under six major headings: (1) Participant demographic information; (2) Outline of the themes and sub-themes; (3) Theme 1: Promoting gerontological nursing in the curriculum; (4) Theme 2: Supporting students in clinical placements; (5) Theme 3: Promoting positive role modelling for students; and (6) Theme 4: Translating research into educational practice.

### **4.2 Participant demographic information**

All participants (n=10) in the study were female. One had a graduate certificate, two had a graduate diploma, six had a Masters' degree and one had a PhD. One of the participants with a Masters' degree was studying for a PhD. Six participants were appointed as Associate Lecturers (academic level A); three were appointed as Lecturers (academic level B) and one was appointed as Senior Lecturer (academic level C). The average time the participants had been involved in gerontological nursing education in Australia was 18 years, and the range of their nursing experiences was from between six to 40 years. With regards to the nature of the work, six of the participants were involved in academic undergraduate teaching, two were in the clinical setting and two were in both the academic and the clinical settings. The demographic characteristics of the participants are summarised in Table 4.

**Table 5: The characteristics of the participants**

Participants	Gender	Age	Highest educational level	Academic level	Current role	Length of years of leading gerontological nursing	Experience in the care of older people (years)	Experience in the care of older people (setting)	Nature of work as a nurse academic
Anne	F	57	Graduate Diploma	A	Tutor/Lecturer	12	27	Community/hospital setting	Teaching
Betty	F	44	Master's degree	A	Topic coordinator/ Lecturer	8	17	Hospital setting/aged care facility	Teaching
Candy	F	61	Master's degree/ Current PhD student	A	Lecturer	7	27	Aged care facility/hospital setting	Teaching
Daisy	F	58	Master's degree	B	Clinical facilitator/Lecturer	13	11	Aged care facility/academic setting	Both (Teaching & Clinical)
Elise	F	44	Graduate Certificate	A	Topic coordinator/ Lecturer/Tutor	10	15	Hospital setting	Teaching
Fran	F	65	PhD	C	Topic coordinator/ Lecturer	40	40	Hospital/aged care facility/community setting	Teaching
Gee	F	48	Master's degree	B	Nurse unit manager/Clinical facilitator	13	20	Hospital setting	Clinical
Hannah	F	39	Master's degree	B	Course coordinator	6	28	Aged care/community setting	Both (Teaching & Clinical)
Ivy	F	51	Master's degree	A	Topic coordinator/ Lecturer	16	12	Hospital setting/academic facility	Teaching
Joy	F	64	Graduate Diploma	A	Associate unit manager/Clinical facilitator	15	22	Hospital setting/aged care	Clinical

Note: The participants name are pseudonyms.



### 4.3 Outline of the themes and sub-themes

Four major themes, each with three sub-themes, were identified from the data analysis and interpretation. These themes and sub-themes addressed the study objectives as outlined in Chapter 3. The motivators and challenges in leading gerontological nursing education in undergraduate nursing programs can be seen in the themes of “promoting gerontological nursing in the curriculum,” “supporting students in the clinical placements,” “promoting positive role modelling for students,” and “translating research into education and practice.”

**Table 6: Themes and sub-themes**

<b>Themes</b>	<b>Sub-Themes</b>
<b>1) Promoting gerontological nursing in the curriculum</b>	Implementing innovative teaching strategies to engage students to develop knowledge, skills and attitudes
	Stimulating student learning in tutorial sessions
	Initiating regular review of the nursing curriculum
<b>2) Supporting students in the clinical placements</b>	Enhancing learning environment for students in the clinical placements
	Fostering opportunities for inter-professional collaboration
	Coaching and mentoring
<b>3) Promoting positive role modelling for students</b>	Serving as an advocate and role model
	Demonstrating empathy to students
	Conveying a negative view on student nurses’ ageism
<b>3) Translating research into education and practice</b>	Advancing gerontological nursing through research
	Publishing information and resource related to the care of older people
	Demonstrating a strong research background

### **4.3.1. Promoting gerontological nursing in the curriculum**

Nurse academics who possess transformational leadership attributes were capable of promoting knowledge, skills, and attitudes in the curriculum to train future nurses who were not only capable of providing healthy, compassionate, dignified, person-centred care for older adults, but who would also raise the standards of the quality of gerontological nursing education. The leadership experience of nurse academics in promoting gerontological nursing in curricula was demonstrated by implementing Innovative teaching strategies to engage students to develop knowledge, skills, and attitudes, initiating a regular review of the nursing curriculum, and using tutorial guides to enhance the students learning.

#### *4.3.1.1 Implementing innovative teaching strategies to engage students to develop knowledge, skills, and attitudes*

Implementing innovative instructional approaches to improve the knowledge, skills, and attitudes allow students to actively participate in learning and to work collaboratively with their peers to demonstrate their learning. The participants shared innovative teaching approaches that they applied to the topics they coordinated or taught in order to engage students in deep learning in the care of older people. For example, Betty, a topic coordinator, described her experience of facilitating students' understanding of functional decline or impairments that were attributed to normal ageing or risk factors:

*So, the types of activities would range from understanding the pathophysiology of ... what changes happen as we age and what changes do not happen as we age but might be present, then we attribute them to getting old. Things like a very clear understanding of the three D's, Dementia, Delirium, Depression and the differences in those, especially when it comes to the care of older people. Looking at the standards and mapping out the skills and attitude and knowledge*

*needed by the students and being able to meet those standards and the current new standards. (Betty, Line 55)*

Relating cognitive impairment manifested as dementia, delirium, and depression to normal ageing was prevalent in the general population and even amongst health professionals. This phenomenon was viewed as one of the challenges to early detection of these conditions and reduces opportunities to promote health and wellbeing for older people.

Betty's effort in the topic design to address the challenges in the care of older people demonstrated her leadership in gerontological nursing education.

Moreover, she also developed case scenarios to engage student to learn:

*I would encourage them to apply their knowledge in different case scenarios. So, we actually work through a number of scenarios and we attributed them to the care of older people that will be coming through in their career as well. So, I'm looking at different aspects of old people's needs and how to work within a culturally sensitive and safe environment. (Betty, Line 57)*

Joy, a clinical facilitator, described her experience in leading nurses in another interview.

She informed us that the Bachelors' degree students had a range of cultural backgrounds. This means that students' attitudes differ in terms of faith, practice, culture, and willingness to learn. Some students can identify very well with older people when discussing case scenarios while others are embarrassed. Joy also stated that the work environment affects the attitude of a person and it also defines the student's readiness to learn:

*In addition, most of our students nowadays come from multicultural backgrounds. They have different beliefs, practices, and cultures. Some students are not afraid of taking care of older people because it is already part of their culture, but some have hesitations. The attitude of the students differs depending on their culture and beliefs. Case discussion related to older people is very effective... they need to learn*

*about scenarios that will help them understand and incorporate the knowledge, skills and attitudes they need to bring as they go on. The work environment affects the attitude of a person. It also determines the readiness of the student to learn. (Joy, Line 66)*

On the other hand, Daisy, a clinical facilitator/lecturer, stated, in certain instances, students needed to respond to an open question or select the best solution among several possible solutions, especially if the case studies were coupled with reading tasks that introduced or explained a principle or analytical method relevant to the case. She remarked:

*I encourage students to ask questions... We have discussions that allow other students to react based on the case being studied. I give them resources where they can further read if they feel that they need to know more about the questions they've asked. To evaluate whether they understood the discussion, I also ask them some questions to challenge their understanding pertaining to the topic being discussed. During placement, I also ask them to give feedback. I tend to ask them as we're going along with the placement. I say, okay, what do you want to know? I think of what can enhance their learning and encourage the students to participate in the discussion. (Daisy, Lines 126 and 127)*

In order to keep the class on track and progress in a positive way, Daisy posted questions and encouraged active participation from the students. As a tutor, Daisy made a great effort to encourage the students to participate in the discussions. This encouragement promoted student-centredness to help develop their knowledge, skills, and attitudes. As a clinical facilitator, she took opportunities to gain students' feedback regarding whether the tutorials prepared them to work in the clinical placement so that she could improve her teaching. In Daisy's case, holding a dual role as a lecturer and a clinical facilitator enabled her to evaluate her teaching in these two settings.

On the other hand, Ivy, a topic coordinator, shared a different teaching strategy related to the use of virtual reality and augmented reality resources that

enhanced students' understanding of caring for older people. She mentioned the use of excellent simulation tools that a student can wear to give a feeling of having a stroke. She also discussed the use of the human library to enhance student learning as she stated:

*There are virtual reality and augmented reality resources out there that are good to give to students to enhance their aged care perspective, especially among patients with dementia and schizophrenia and other mental health conditions. There are some fabulous simulation kind of tools out there such as bodysuits that you can wear that can give you the feeling of having a stroke and being partially paralysed. So, all those experiences build on the empathy of what it's like to be in somebody else's shoes. And once again, bringing it back to that interpersonal kind of communication, one of the best things that are around is the human library where you borrow a person and you sit and talk to them. So, we've done it with a whole range of different kinds of groups. (Ivy, Line 137)*

#### *4.3.1.2 Initiating regular review of the nursing curriculum*

The nurse academics pointed out that it was vital to initiate a regular review of the nursing curriculum. This aspect of nursing leadership paved the way to reflect the latest evidence-based practice. The leadership in incorporating the latest research evidence into the gerontological nursing curriculum ensured nursing students were equipped with updated knowledge, skills, and capabilities in the care of older people. Around the same time, in order to work effectively and collaboratively with other health practitioners, the curriculum needs to be updated to prepare nursing students to work in an ever-changing health care system.

Fran, a topic coordinator/lecturer, shared her strong leadership in gerontological nursing to strengthen the curriculum. She mentioned the need for focused gerontological nursing topics in the curriculum. She asserted:

*There's a need to be more specific in gerontological aspects of all phases of the curriculum. It used to be that we would get them to do a functional assessment on an older person, but I don't believe that's in the current curriculum. So that's not there anymore. So, I think if we get students to do an assessment on an older person as part of their learning, that would have started. Our medical-surgical text, Fundamentals of Nursing, they've got an older person's perspective. So, there's that. No, I think it's enough. It's sort of added on. It's not the core. It should be the core. (Fran, Line 54)*

Similarly, Candy, a lecturer, also shared the same belief with Fran. She shared her leadership in developing the curriculum by suggesting that the topics should be focused on how to improve the quality of life for older people.

*The curriculum has a topic about aged care, but it is not focused on how to care for older people. And the other issue around that also is that when students are on placement in aged care, the facilitators may not have any knowledge about their policy. So, they're talking to the students from an acute care perspective whereas when a person's in aged care, it really isn't about following the ideal diet for their cardiac problems or their diabetes. It's about quality of life. It's about what they enjoy. It's about optimising their medications for them to be able to function at their best. (Candy, Line 74)*

In addition, Candy also emphasised the quality of life aspect in the care of older people, especially during the end of life care period, as Candy reiterated:

*We're about caring. We're about supporting them to live well in their final months or years. (Candy, Line 77)*

Candy continued to share about improving the current curriculum and the need to include dementia and other neurological illnesses related to ageing. The knowledge about dementia and other debilitating illnesses such as Multiple Sclerosis, Parkinson's disease and Huntington's and Motor Neuron diseases are causing disability in older people. As she interjected:

*The curriculum must have better information about dementia and other neurological illnesses related to ageing. There is a huge problem. The knowledge of these illnesses is just advancing so rapidly because of changes in health science. But there are ways of improving the lives of people with dementia at all stages of the disease. And there are some medications that are helping and there's likely to be many more in the next few years. This is an area that's changing rapidly and we're not preparing nursing students working in that area at all. It applies not just to dementia. It should include Multiple sclerosis, Parkinson's disease and Huntington's and motor neuron diseases. (Candy, Lines 109)*

It appeared that Candy was thinking in the future about the impact of new medical care and new technology on life-threatening diseases in older persons as a basis for her approach to curriculum development.

On the other hand, Hannah, a clinical facilitator suggested that rehabilitation concepts should be included in all courses because there is a growing demand for rehabilitation services for older people to help them attain a high level of functional capacity and social integration after acute disease. The curriculum must meet the needs of the older people. She said:

*My suggestion to the university curriculum is I think they should incorporate rehabilitation concept in all their courses in the clinical area because we also take care of older people in rehabilitation. I know that they have medical, surgical nursing and all the different types of nursing fields. I think rehabilitation should be incorporated in their teaching. The nurses should focus on rehabilitative approach. (Hannah, Line 72)*

#### *4.3.1.3 Using tutorial guides*

The value of preparing, guiding, and training the nurse students in their clinical placement will provide opportunities for them to practice new skills. The clinical activities will help engage the nurse students in observational and hands-on training with the guidance of the clinical facilitators. Fran, a topic

coordinator/lecturer, described the nurse academics leadership as tutors in preparing nursing students to enter to clinical placements as she stated:

*Well, in the clinical laboratory settings, students experience case studies and skills acquisition. So, in a lot of laboratory sessions we use tutorial guides for case studies about older people. And in this university, we've got a case world where there are case studies about older people. (Fran, Line 41)*

Fran stated that in most laboratory sessions the instructor uses the case world in her university. This method of teaching and learning clearly illustrates the holistic essence of nursing and offers an opportunity to improve treatment for patients.

Likewise, Anne, a tutor/lecturer, shared her leadership both as a facilitator and tutor to the nursing students. With the tutorial guides coming from the topic coordinator, she was able to guide the students to achieve their learning objectives:

*I do facilitate tutoring to the student nurses. And I think that what I've enjoyed so much about coming into teaching the Health of the Older Adult course is the positive leadership that we've had from the education course coordinator. She's very passionate about aged care and looking after patients in the older age groups. So, I think that rubs off onto our teaching staff and the courses very well organised, you know, exactly what is required of you and the assessment so well documented just kind of credit monitoring. There are tutorial guides for us to use... So, I think within the teaching team we also share some of that resources and I've come up with an idea that we think might be a good idea to help students learn about hearing stories about the older person as we share our experiences. And so that sort of value adds to something. (Anne, Line 32)*

Anne believed that the course coordinator's passion for gerontological nursing has led them to have a well-organised topic. By sharing her own



experiences, she led the students. In addition, while leading and preparing her students, Anne shared her leadership style. She narrated:

*Yeah, so my leadership style is very much inquiry-based learning. We, at our university, we have a ritual hospital which is online. Like, you know, you'd go in and you find the patient for years. You have to find your patients that you're having to look after. I guide the students to find their patient scenarios there. The very first thing I'll do at the beginning of every class, depending on the topic, like when we are studying cardiovascular or spiritual care or whatever it is, I'd say, "Tell me about the person, tell me about them, look at the background story and tell me what are your assessment about the person, what type of a person you are handling, and what are the persons' needs" In the beginning of the class I asked the questions and get the students working in groups and I ask them to do write ups about what they think their life will look like at 65. (Anne, Line 42)*

Anne believed that stimulating the interest of students will build their critical thinking and problem-solving skills which are very important for future nurses when initiating changes in practice for high-quality care for older people.

Daisy, a clinical facilitator/lecturer, shared her student-centred leadership. She stated:

*During placement, I also ask students to give feedback. I tend to ask them as we're going along with the placement. I say, okay, what do you want to know? I think of what can enhance their learning and encourage the students to participate in the discussion. That was one thing, I try to find what they want, so basically on the first day when we're doing our orientation, I normally say, you know these are the assessments. I guide the students and lead them to understand the learning objectives of the day. (Daisy, Line 127)*

Daisy's interaction with students allowed her to assess students' learning needs in the clinical setting. Her approach to clinical facilitation also demonstrated a goal-oriented teaching and learning. This example revealed that leadership among clinical facilitators is built on their

understanding of their students and their efforts to meet students' learning needs in the real care setting.

#### **4.3.2 Supporting students on clinical placement**

The nurse academics' leadership was emphatically evident in their support of students on clinical placements. The participants shared their views that the vital role in improving the patient experience during clinical placements includes diverse actions such as helping, directing, advocating, and monitoring. Under this theme, three sub-themes were identified: "enhancing the learning environment for students in the clinical placements", "fostering opportunities for inter-professional collaboration," and "coaching and mentoring"

##### *4.3.2.1 Enhancing learning environment for students in the clinical placements*

Joy, an associate unit manager/clinical facilitator, pointed out that clinical placement facilities and educational establishments build upon existing potential and reduce the challenges to create interesting and effective educational environments for the students. Joy mentioned that part of the training and clinical placement of the student is to familiarise themselves with the system. She stated:

*Students learn skills in the clinical setting like familiarising oneself in using electronic patient records. It was called electronic patient record but it's sunrise now. Students gets training and they basically learn how to actually use the system. It does take them a few days to get used to this. It took us a long time when it was introduced in 2014, and we love the system now. It works well. You know, it has a lot of advantages, but that's just something else. So, once they've mastered it, the work will be easier for them and because the younger ones have grown up on computers, so, you know, it's not too hard for them. (Joy, Line 60)* Joy's commitment to assisting the student nurses in the

clinical placement is apparent by her advocacy of “experiential learning” to enhance students’ clinical skills to increase their confidence and competence in practice.

Moreover, patient assessment, nurturing teamwork, enhancing communication, and promoting critical thinking through the guidance of a registered nurse is encouraged by Elise, a topic coordinator/lecturer/tutor. She stated:

*Nurse students need to learn from registered nurses. They need to learn the system. They need to learn how they process, how they do patient assessment, how to make decisions in those situations, how to talk to the families. But not everyone can see that. So that's the difficulty. (Elise, Line 109)*

Elise added the following statement about clinical placement:

*A suitable clinical placement for students to learn gerontological nursing is needed. The factors affecting is all about the feedback from the clinical student that goes out and normally we get feedback on how they are learning based on their experiences. (Elise, Line 129)*

Moreover, Elise reiterated that student feedback is vital for tutors to evaluate how they learned based on their experience after every exposure to clinical placement.

However, Fran recognised that clinical placements may or may not be conducive to learning for students, dependent on who is teaching, guiding, buddying, and teaching them in the field of placements. She narrated:

*So, the clinical placements can work for or against the students depending on who's facilitating and who they are buddied up with and who is educating them and out there. So, I think clinical placements are a good thing, but it needs good facilitation for the students to get the benefit of that placement. Whereas, you know, out there in aged care facilities or in the community, it has care workers delivering personal care. So, it's difficult for our nursing students to engage at a higher level, I suppose and move on from the personal care to the*

*nursing care, the assessment and that sort of thing. And look at the complexity of the conditions and co-morbidities, etc. (Fran, Line 78)*

Fran's concern about good clinical facilitation in aged care facilities emphasised the leadership imperative for clinical facilitators in order to engage students in a higher level of learning as they provide personal care for older people. This example highlighted the proper leadership training for clinical facilitations in aged care facilities.

#### *4.3.2.2 Fostering opportunities for interprofessional collaboration*

Gee, a clinical facilitator/nurse unit manager, shared her leadership by ensuring a strong bond of interprofessional collaboration between the university and the hospital. She showed her support by ensuring that the strategy for improving the interaction and processes of work in the healthcare community is enhanced making sure that students achieve their learning goals and experience. She stated:

*I think in the clinical setting, we have nursing students who come from the university to have their placement. So, as a nurse unit manager, my role to their learning in the ward is to be aware of their learning objectives and their level of nursing as well and provide them with a learning environment suitable to their learning needs. (Gee, Line 24)*

Gee's robust leadership (clinical facilitator) in the clinical area was demonstrated by her creating a healthy and suitable learning environment for the nurse students' during their clinical placement.

On the other hand, Ivy, a topic coordinator/lecturer, emphasised that interprofessional collaboration is important for nursing students to enhance their clinical experience. She stated:

*And we need more education about the inter-professional collaboration. So, getting nursing students together with other medical students and looking at social work... Community support of the elderly when they're not needing aged care and there's not enough aged care, they've got no one to look after them. So how can we as a community support with nursing, how can we kind of help them? In setting up free clinics where people can come in, the homeless can come in or people who have low salaries can come and get check-ups... And so that whole kind of society system is something that we can't address in the undergraduate nursing students' education. But we can look at ways of being a part of the solution. And that's an interprofessional that's bigger than just one profession. (Ivy, Line 105)*

In addition, Ivy conveyed her point of view on how nurses can play a major role in supporting the older people. She said people with low income should come and use the services in conjunction with other workers, the homeless, with the establishment of clinics. Nevertheless, the problem of inter-professional cooperation is broader than a single occupation. Solutions can be brought about in collaboration with other health associations and health care providers.

#### *4.3.2.3 Coaching and mentoring*

Coaching and mentoring are learning relationships to support people in their development, releases their potential, and achieves a value-added outcome, according to Betty, a topic coordinator/lecturer. She shared that their leadership as a team was geared toward engaging the students in the learning process through coaching and mentoring. She stated:

*One of the leadership styles that we utilise is coaching and mentoring. So, between the coordinator and I, we try to recognise both of our strengths for what we can bring to the table as a team. We try to recognise our weaknesses when we have heavy workloads and we would adapt the delivery for that so that we could set the students up for success. Also, with the students, we coach them through in setting of goals. So, we link every activity or every interaction we have with them, with the assessments. (Betty, Line 43)*

Candy, a lecturer, also shared that she is using coaching and mentoring as a style of leadership. She uses feedback to extract information from the students about their placement experiences and to try to help them understand what they have experienced. She narrated:

*I guess what I do is to coach and mentor the students. When I'm talking to the students about whether they are going or they've gone on placement or what they have experienced on placement is to try and help them understand what they've seen, experienced and understand perhaps the bigger picture so that they have a way of getting the best out of it. (Candy, Line 53)*

Candy conveyed that coaching and guiding people in their own development, through their participation in the learning process, unleashes their potential.

### **4.3.3 Promoting positive role modelling for students**

Positive role modelling is an integral feature of nursing academics in the clinical field and part of the nurse academic's role is to supervise clinical practice from which students can obtain constructive feedback. This theme has the following three sub-themes: "serving as an advocate", "teaching and encouraging students to show empathy", and "conveying a negative view on student nurses' ageism."

#### *4.3.3.1 Serving as an advocate and role model*

Fran mentioned the nurse views the profession favourably through day-to-day support for nurses and the nursing profession. She worked to raise awareness/concern and promote solutions to the issue related to gerontological nursing. She demonstrated the importance of being an advocate by sharing her experiences. She stated:

*I've worked for forty years leading Gerontological Nursing in the hospital setting, aged care facility, and community care setting. There's been quite a few leaderships that I've used in leading the topic Gerontological Nursing in the college. I suppose that takes the person to have an interest in aged care and gerontological nursing and that naturally flows into the curriculum and research. I have had experience of leadership in health care, caring for older person group, and that we all meet and discuss about gerontological nursing, aged care issues, and include it in our teaching. (Fran, Line 22)*

In addition, Fran guided her students to a greater understanding of nursing by performing the task as an advocate. She has a task to lead her students to be strong, competent nurses. Leaders influence others greatly. Fran not only taught them the skills of nursing during her work with nursing students, it also influenced their behaviour as professionals, their attitudes towards themselves and the dedication to the profession. Giving her students a stronger view of nursing is one of the most important elements that Fran can offer as an educator.

Similarly, Daisy, a clinical facilitator/lecturer, said that she showed her leadership through role modelling. She prepares the students before their clinical exposure as a clinical facilitator and gives them the chance to reflect on their practice. She said:

*In terms of leadership styles, I use role modelling. So, normally you do demonstrations, watch and then they practice it while they're being observed. And then you give them the opportunity to reflect on their practice. What they did well, what could have been improved and also sort of questioning, sort of rationales for why they're doing it. (Daisy, Line 45)*

Daisy supervised sessions where students receive positive feedback after the learning process. In the same manner, Elise practises the same strong leadership while leading the students in the clinical area. She teaches by

serving as an example. She remarked:

*Role modelling is quite important. Showing to the students how to take care of the residents. How you talk to older people. Teaching by showing an example. The students learn and they learn from you as well. So, yeah, that's what I can think of. (Elise, line 40)*

Elise as a tutor explained further that role modelling is built on being resilient. She encourages student nurses not to give up when they are experiencing a difficult situation. She stated:

*I think role modelling is built on resilience for the students because I guess you have to understand all the people like with the different comorbidities and you should know how to build a professional boundary and show it to students. And learn how to deal with the difficult situation. Being resilient is something we tried to develop among our students'. They should not easily give up. These two I think we should continually do. So, we try to support and guide students through it. (Elise, Lines 48 and 49)*

In addition, Elise emphasised that being resilient is something worth enriching in the hearts of the nurse students. She guided and encouraged the students to overcome challenging situations and derive strength from their experiences to achieve their potential goals.

#### *4.3.3.2 Teaching and encouraging students to show empathy*

Gee, as a clinical facilitator, narrated that she observed that empathy is lacking among nursing students these days, especially those that are very young. She remarked:

*So, the core attitude would be having that empathy. I think empathy towards ageing people is really important whether you can teach that, I'm not sure, but that's why I like to see this attitude among the students. Physical dimensions of being human because we get them*



*to put themselves in that situation and consider what factors that we're thinking about. So, I think that when they go to look after someone that's old, then they have a bit of an insight on where they are in their life and what things are important. I think that's part of that empathy teaching. I guess you want the students to show concern and care to the older people. (Gee, Line 49)*

Gee explained that empathising means to understand, share, and create an internal space that accepts a person and therefore makes him feel understood and not alone. She encourages the students to show concern and care to the elderly and put themselves in their situation. She remarked:

*Emphasising empathy especially when you're taking care of older people is important because you've got such a generation gap as well. Yeah. 50, 60 and so on. It's a big club that some of the young people nowadays do not look further beyond their age right now. They don't realise that when they grow older, they will be treated the same way. So now I'm experiencing it, it's like I'm having a karma. (Gee, Line 67)*

Furthermore, Gee elaborated that empathy is a vital component of a supportive relationship. Showing concern and care to older people is part of showing empathy, which she would like to see among the young generation.

Correspondingly, Candy, a lecturer, held the same belief as Gee. She would also like the student nurses to show more empathy to the older people. She said:

*And I would like to see more empathy shown to the older people so that students would understand that, at one time, only about 10% of the older population are actually aged care. Mostly are actually alive and well. That's why better preparation for caring for people with dementia and other neurological illnesses is needed. (Candy, Line 58)*

The emotional and motivational aspects come together as if they were both feelings. Candy shared that caring means attention, concern, and responsibility for the patients, or ensuring that their needs are met.

Hannah, a course coordinator, on the other hand spoke about having compassion and empathy at the same time. She said that compassion should be shown through empathy. She stated:

*I think that compassion is the first thing. They need to have compassion and empathy. And I think compassion should be shown through empathy. They also need their approach as problem solvers. Well, rather than saying, yes, I sympathise with you... or I empathise with you... I know your difficulty, and yet I do nothing. We need to actively and pro-actively assess by showing compassion and empathy. That's what I would like to see after their studies. Of course, they have their own personal objectives that they want to achieve. (Hannah, Line 56)*

Hannah further expressed her desire to see the future nurses being active and proactive in showing compassion and empathy to the older people considering their own objectives in life.

#### *4.3.3.3 Conveying a negative view on ageism among nursing students*

However, Fran conveyed apprehension about ageism among the students. She stated that there was a battle between the specialty areas where the students desire to work after graduating. They have a negative perception of working with older people. She's very alarmed because even during the orientation program for first-year students when asked if they want to work with older people, only a handful raise their hands. She remarked:

*As for the attitudes, well, you're always battling against ageism. The fact is that nurses come into a nursing degree and don't want to nurse older people is so sad... They don't see themselves nursing older people. I suppose making the students realise that a piece of knowledge around older people and schools and communication skills are really important with older people. Most people don't want to get old because they see old people as maybe unproductive. For example, in a full lecture theatre when I give an orientation, I asked the new first*

*year nursing students, "Who wants to work with older people and nurse old people?" and one or two persons out of about 300 put up their hands. Wow, so I thought that they don't realise that nursing will take them into looking after older people... And they'll be their main clientele. (Fran, Line 43)*

Fran's worry became more evident when she met more than 300 students in a lecture theatre and when they were asked, "Who wants to work with older people?" only one or two persons raised their hands. Fran also went on to say:

*Even though we value older people and we respect older people, we're still a youth-focused society and older people are not seen as productive or it varies. But generally, they're not given the due respect, they need from society. Well, most of your patients would be older. So even though you might specialise in intensive care, you might also be nursing older people. Gerontology is very relevant. I only know even in medical-surgical wards. Most of the patients there are older people. (Fran, Line 67)*

Moreover, Fran reiterated her concern about Australia being a youth-focused society and older people are not seen as productive. She continued to say that gerontological nursing is relevant because most patients in the clinical area are older people.

However, Elise had a different assessment among the students she handled. Some students are happy when they are having their placements in the hospital but are not happy because they don't believe that they can learn working in aged care facilities. She said:

*Students are happy when they are engaging with older people in the hospital. But some of the students don't believe they can learn when they go on placement to aged care facilities. (Elise, Line 116)*

Elise noted that the students are worried that they will not have the learning experience that they need in the aged care facilities compared to their hospital experience.

On the other hand, Ivy, a topic coordinator/lecturer, conveyed her frustration about students' belief that aged care is the worst place they can go to as placement. She remarked:

*So, it frustrates me that students think aged care is the worst place they can go to for placement. And so, there is this perception that aged care is easy. It's not very much fun when I think it's a specialty, the same as intensive care and I've put it at the same level as care and I'm an intensive care unit nurse. I grew up with my mother and being an aged care nurse. So, to me, it was a specialty. (Ivy, Line 25)*

Ivy also displayed a strong view that we should remove the "stigma" associated with aged care that it is not a specialty and get the students to understand that it takes a special person to work in that area. She stated:

*So, if we can get people to understand aged care is a special area at the same level as intensive care and emergency care and coronary care. What we need to do is we need to bring up and remove the stigma on aged care and get them to understand that it takes a special person to work in there, but we've got care workers who've done a six-week certificate course and then are put in there and a paid nothing and are told you have to go shower six people in an hour. (Ivy, Line 130)*

Likewise, Anne, a tutor/lecturer, expressed her strong belief that in order to battle against ageism among nurse students, there needs to be a change of heart towards working with older people. She said:

*Yeah, the answer is in the attitude. It's because they lose that passion and insight to care for the person, then they're just caring for a group of older people. We have to encourage undergraduates to go out there*

*and work. (Anne, Line 87) Anne went on to say that she encourages nurse students to take time to talk to older people. She said that the quality of time doesn't have to be the amount of time you spent with the client.*

*And I always say to the students, you might not have time, but if you got two minutes, use those two minutes to go in an acute ward area because aged care is everywhere. It doesn't matter what specialty area you're working in the country take note and stop. Ask the older people how they are and use it as a time to talk to them. If you've got someone on the shower chair in the shower, don't go anywhere. They're at their most vulnerable and are exposed to you, connect with them. Doing the task that he's thinking. So yes, totally get at time constraints out there. But I think that can be used as an excuse sometimes to quality. Quality time doesn't have to be the quantity of time that you spent with the client. (Anne, Line 89)*

She displayed a strong conviction about encouraging the student not to think negatively about gerontological nursing as a specialty field, as anywhere they are placed there would be elderly people who are admitted and who need care. She reiterated:

*I think that the onsite students might not be interested in this area of nursing, but I also encourage them that with an aging population it doesn't matter whether you're working in emergency, whether you're in intensive care, whether you're in the medical ward, surgical wards, renal dialysis, community nursing, you're going to have the older people, so get over it right now. (Anne, Line 97)*

Furthermore, according to Candy, the big barrier why ageism has been a problem in the nursing profession is because of how the rest of the profession perceived it. She remarked:

*So, the other big barrier is the way that gerontological nursing is perceived by the rest of the profession. And if we don't do something to overcome that, the image of gerontological nursing, we're not going to be able to educate and encourage students to think about a career in gerontological nursing. Yes. I think that's, a big barrier. Do I have trouble engaging students in studying gerontological nursing? I have trouble engaging students to study anything... But it's particularly difficult with gerontological nursing because students may say, "I just don't want anything to do with aged care." And they don't seem to understand that if you're working in acute care, you're still going to be*

*looking after older people and it's like interconnected and connected to those skills and to do it well is really important. (Candy, Line 141)*

In the same way, Candy conveyed her concern about the student nurses who do not want to serve older people directly or work with them. And they do not seem to understand, if you work in the field of acute care, you're still caring for older people, and that's as if you're linked and connected to them.

#### **4.3.4 Translating research into education practice**

The commitment and effectiveness of nurse academics as agents and advocates are important in integrating innovations into healthcare delivery. The relationship between the agents of change is relevant by using a structured approach to bridge this gap through research. The leadership of nurse academics in translating research into education practice has the following sub-themes, “advancing gerontological nursing through research”, “publishing information and resource topics related to the care of older people” and “demonstrating a strong research background.”

##### *4.3.4.1 Advancing gerontological nursing through research*

Only a few educators and practitioners take the opportunity to undertake research on gerontological nursing to demonstrate the importance of their contributions to older people-care and curriculum development. Candy shared her dismay related to gerontological nursing' research being published, and she doesn't seem to see the link to the curriculum. She would like to see a focused aged care topic that would address the health care needs of older people. She remarked:

*So, I know that some people are researching in aged care, but they're not necessarily the ones who are teaching who were coordinating the topic. So, I would like to see in the curriculum more of a focused aged care topic because we are an aging population and I'm included in that. And we need to be giving students a balanced view that yes, most older people are fit and well and like I get students writing their assignments that a 68-year-old person can't live alone and should be looked after because they've had a minor procedure alone. And there's some gaps there and perceptions and misunderstandings about older people and what they can and can't do that needs be addressed. And I think this has been researched by many but are not translated properly. (Candy, Lines 56 and 57)*

Fran highlighted that she is actively involved in curriculum development and research related to aged care as part of team or leading a team. Her expertise in elderly care and gerontological nursing inevitably contributes to the curriculum development and research translation. She stated:

*So, I suppose part of the leadership I have is to get it into the curriculum as best as possible. I undertake research into aged care either as part of a team or leading a team and then give a feedback into the curriculum. I suppose that takes the person to have an interest in aged care and gerontological nursing and that naturally flows into the curriculum and research. I have had experience of leadership in health care, caring for older person group, and that we all meet and discuss about gerontological nursing, aged care issues, and include it in our teaching. (Fran, Line 22)*

In the same way, Betty shared the same experience with Fran. She stated that she is involved in curriculum development and research. She actively takes part in research about aged care as part of a team.

*Part of the leadership that I have is getting the aged care topic into the curriculum as best as possible. I do research about aged care as part of a team. (Betty, Line 68)*

#### *4.3.4.2 Publishing information and resource topics related to the care of older people*

Candy shared a lot of information related to the lack of resource materials related to gerontological nursing. She expressed her desire to share this information so that more attention should be given to this issue. She observed that although there is research undertaken in the area of gerontological nursing, it appears to have no connection to the present curriculum in aged care. She stated:

*I know that there is some research done, but I don't really see a link between that and the current curriculum to a degree. So, I know that some people are researching in aged care, but they're not necessarily the ones who are teaching and coordinating the undergraduate program. I would like to see in the next curriculum, lessons/activities more focused on ageing population. (Candy, line 37)*

Candy stressed that there is research being conducted into gerontological nursing, however, the one conducting the research is not coordinating the topic or is a part of the teaching faculty. She also stated that a curriculum that includes lessons/activities more focused on older people is needed to address their healthcare needs.

Fran also made a similar observation. She said there should be academics who feed information into the curriculum and write the curriculum. This information needs to be supported by research. She expressed disappointment that the basics of anatomy and physiology and the developmental process of ageing that the nurse should be aware of are not evident in the curriculum. It's always a problem with clinical placements. She said:



*Well, you have to have the academics feeding information into the curriculum and writing curriculum. You need good textbooks. You need good ratings. It needs to be backed up by research. I think we've lost the fundamentals of what nurses need to know, the fundamental anatomy and physiology, the fundamental developmental aging process. So, I think those things could probably help clinical placements. It's always a problem. (Fran, Line 81)*

Candy highlighted that there is a gap in publishing information and resource topics related to the care of the older people. The role of the RN in aged care is missing. She emphasised:

*I think there's a gap. We have some good textbooks for acute care for other forms of care. But the gerontology is either about wellness or living well, but there's not a lot that helps students to get a good idea of what the RN role is in caring for people. Yes. and I did discuss this with the topic coordinator last year and said, I thought we needed to develop a resource around this. And she suggested who I should talk to about it, but I didn't have the time to pursue it. But I do think students need some sort of resource that gives them, some information about the role of an RN in aged care, what they should be witnessing in aged care, also includes a whole lot of information resources that they can go to. (Candy, Line 41)*

In addition, Candy continued to share about her desire for the gap to be resolved because the information and knowledge about dementia are not being gathered into a useful textbook. She is looking for some sort of marriage between academic knowledge about gerontology and clinical knowledge because she believes in evidenced-based care. Her biggest issue is the lack of resources. She stated:

*Like where they find information about aged care or dementia, and knowledge about dementia is growing, but it's not being gathered into a useful textbook... So, my biggest issue is this lack of resources. I think about the care for older people that includes unlocking of the gap. Yes. That needs to be addressed. I've been fortunate enough to work with people who were making changes and who were providing care that was of high quality and to see what can be achieved. My background is very much not in academic, but I believe in evidence-based care. And so, what I'm looking for really is some sort of marriage*

*between academic knowledge about gerontology and clinical knowledge. (Candy, Line 44 to 45)*

Moreover, Candy also makes a point about where the funds are coming from and how it affects the production of resource materials i.e. handbook for students. Information about NDIS is important that needs to be shared and disseminated because it's like a spider web. She said:

*Aged care is funded through the Department of Health, Canberra, the federal government, that funds both residential and community aged care for those over 65, as assessed by regional assessment service. And that has its own set of standards and things and in some ways, they've been doing what the universities haven't because they now fund a great deal of research and that into aged care. The difficulty has been I think in disseminating the information from that and getting the roll out more broadly happening. And they are the kind of things I would like to be seen in some sort of handbook for students who are going to work looking after older people. Like those kinds of resources in there, like links to the NDIS office or links to Department of Health information about aged care and some understanding of how the system actually works. And how would you as a nurse refer someone through this and how do you do that? So, it's a spider web. (Candy, Line 103)*

Further, Candy went on to say that there is a need for nurse leaders who are experts in gerontological nursing to talk to the students to inspire them. She said there is not a lot of information about best practices and information about demonstrating best practices that are written. There should be something about it so that the new generation of nurses will be guided. She remarked:

*The expertise of some of the nurse leaders who were working in the field can perhaps talk to the students or inspire the students or provide lectures to the students. But that's been very limited, and the main teaching resource has been case world and that's no longer supported or developed. But most are talking about clinical governance in aged care. There's not a lot in there about best practices and demonstrating best practices. It should be written so that the new generation of nurse graduates will be guided. (Candy, Line 104)*

Candy boldly suggested that there should be good and up to date resources. She believes that the barrier to good gerontological education is not providing the students what they need to know. She narrated:

*The systems dictate what nurses can do and that we're not preparing nursing students particularly well for that aspect and so I think that's a big barrier. It's not that lack of understanding of what it means to work in education as an RN. I think the barrier is providing a good gerontological education. But I think we need all these concepts for students who have limited knowledge. They really want to know, what I need to do, what do I do next? How do I do it? And I think that's that lack of a really good resource, really good up to date resources so that they can see what needs to be done beyond the medication route and beyond the dressings is a big barrier to a good education. (Candy, Line 138)*

It is less clear how the needs of nursing students affect the development of core skills and curricula. In order to provide competent care, as nursing students learn best from what they need to know, it may be important to understand the perceived lack of knowledge and skill of the nurse students and the obstacles in providing care to older people.

#### *4.3.4.3 Demonstrating a strong research background*

Fran share that she is actively involved as a member of a professional organisation focusing on aged care. She is highly qualified to lead and teach the topic. She stated:

*I've worked for forty years leading gerontological nursing in the hospital setting, aged care facility, and community care setting. There's been quite a few leaderships that I've used in leading the topic Gerontological Nursing in the college. I suppose part of the leadership I have is to get it into the curriculum as best as possible... I have had experience of leadership in health care, caring for older person group, and that we all meet and discuss about gerontological nursing, aged care issues, and include it in our teaching. (Fran, Line 22)*

In addition, Fran stated that her specialty is gerontological nursing. She has access in aged care research, and she has post graduate certificate in gerontological studies. She said.

*Having a research background in aged care probably helps or being able to access in aged care research, being member of a professional organisation focusing on aged care would be an attribute and having some sort of postgraduate certificate in gerontological studies. Having a clinical experience of nursing older people would be an attribute.*  
(Fran, Line 35)

The emerging role of nurse academics in meeting the diverse demands of elderly adults is the dissemination of evidence-based best practices. Being a nurse academic and having had vast clinical experience, Fran has a robust experience and that is so amiable. In addition, she shared her ability to provide strong leadership in conducting research into aged care.

#### **4.4 Summary**

In this chapter, the leadership experiences of nurse academics in gerontological nursing and the enablers and the barriers in leading gerontological nursing in Australia have been presented. The revealed experiences of these nurse academics provide an overview of the leadership in the local context. The enablers used by the nurse academics have been demonstrated in the theme “promoting gerontological nursing in the curriculum” and “supporting students in clinical placements”. The barriers encountered by nurse academics and the approaches used to overcome these obstacles were achieved through “promoting positive role modelling for students” and “translating research into educational practice”.

## **5 CHAPTER FIVE: DISCUSSION**

### **5.1 Introduction**

The aim of the study was to explore the leadership experience of nurse academics in gerontological nursing education in Australia. In the previous chapter, the findings were presented. Four themes were identified including, the promotion of gerontological nursing in the curriculum, supporting students in clinical placements, promoting positive role models for students, and translating research into education and practice. In this chapter, the findings are compared to the broader research literature to gain an in-depth understanding of nurse academics leadership in undergraduate programs in Australia and in a global context. The discussion focuses on the main research question; 'what is the leadership experience of nurse academics in gerontological nursing education in Australia?'

### **5.2 Leadership and student experiences in gerontological education**

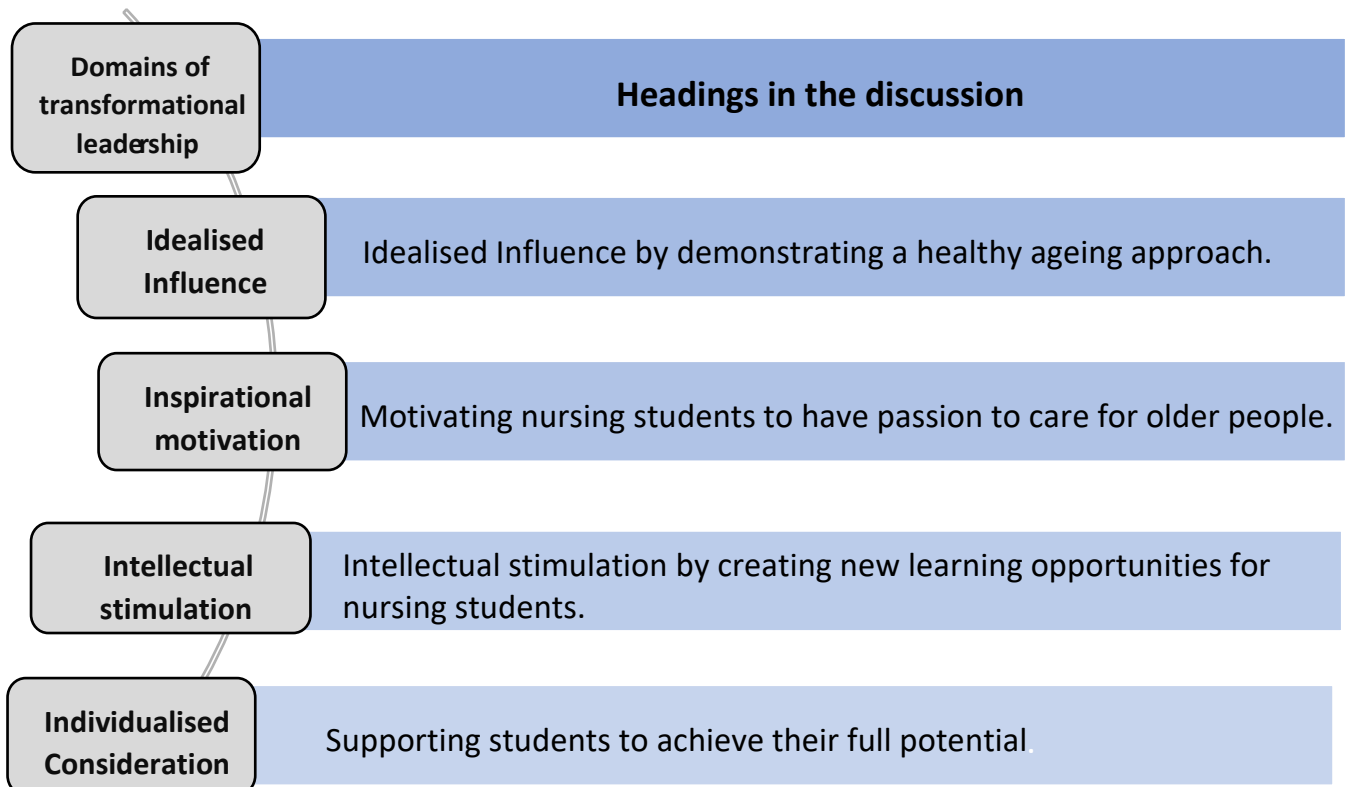
The leadership of nurse academics is crucial to achieving the curriculum development goal in a university to address challenges in the care of older people in the health and social care system. The lack of gerontological topics and content has been reported, and there is an insufficient number of properly qualified clinical placements for nursing students to acquire positive experience in working with older people (Andrigue et al., 2016). The findings of this study show that nurse academics demonstrated characteristics of transformational leadership as introduced in Chapter 2.

Transformational leadership takes place when leaders engage with their followers (students) to achieve common goals. Their aims, which might be

separate, but related. This leadership is sometimes described as "evident" or "inspiring." Transformational leadership is essentially a stimulation and enhancement relationship which raises both the level of human behaviour and the leaders' and followers' aspirations (Sun & Henderson, 2017).

The discussion in this chapter is organised in the four domains of transformational leadership: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration, in both classroom settings and in clinical placements. The headings that guide the discussion are outlined in Table 7. and discussed in the following sections.

**Table 7. The outline of headings in the discussion**



### **5.2.1 Idealised Influence by demonstrating a healthy ageing approach.**

WHO defines healthy ageing as the process of maintaining functional capacity that enables wellbeing in older years, where it also includes the attitude of caring to enable older people to be valued (Organization & WHO, 2015). The goal of healthy ageing is to maintain health and promote functionality for older people. Understanding the factors affecting healthy ageing and eliminating these factors in the care of older people should be the highest priority in the undergraduate nursing curriculum. Thus, the nurses' own clinical experiences of supporting healthy ageing are therefore relevant in this context (Wu et al., 2020). If people have good physical and mental capabilities during these additional years of their lives but they live in environments that don't allow them to do selfcare, their ability to do the things that they value may be limited. In addition, when the capacity of these additional years is declining in terms of their functional ability, the consequences are far more negative for older people and society than they are for younger people (Beard, Officer, & Cassels, 2016)The future should be a place where functional capacity is encouraged throughout a person's life, and for older people to have equal rights and resources and be able to live without prejudice (Organization & WHO, 2015).

In the present study, the participants demonstrated idealised influence on students via a healthy ageing approach in topics and tutorials. They used innovative instructional strategies to develop nursing students' awareness, skills, and attitudes, engage them in active learning, and foster positive experience in working with older people. The nurse academics collaborated with their peers to demonstrate their knowledge. First, they shared creative

teaching methods that they used to discuss the topics they organised or taught. These strategies include the use of simulation tools, class discussion and case world. For example, a student can wear three-dimensional glasses to give a feeling of what it is like to have a stroke. Second, the nurse academics ask questions and encourage students' active participation in discussions to promote student centredness and to contribute to developing their knowledge, skills, and attitudes.

According to Matthos et al. (2015), a well-designed patient encounters as part of a gerontological nursing undergraduate course have the potential to shift the perceptions of the student nurse towards working with older adults and to question the commonly held assumptions about older people that students carry. By fostering healthy ageing in a classroom environment as a part of an undergraduate course; nurse academics play a significant role in encouraging gerontological interest in nursing students through both gerontology-specific courses and activities for those students who are not yet sure if they would like to work with the older people and building on positive attitudes towards older adults (Abudu-Birresborn et al., 2019). Furthermore, nursing academics have a unique opportunity to question negative attitudes and prejudices held against older adults.

Failure of curricula or faculty members to address misconceptions and/or assumptions about aging can impede the ability of students to effectively handle realistic health situations with older people. It may further increase biases against working with this increasing population (Ghimire et al., 2019). Therefore, positive attitudes towards older people need to be inculcated in



gerontological nursing education for students who are potential practitioners with the intention of meeting the needs of the older adults (Faronbi et al., 2017).

As seen in previous studies, nursing students ranked their preference in working with older people as the least desirable area (Pierre & Conley, 2017).

While classroom preparation of the nurses in healthy ageing can address this issue, clinical placements are also an important learning space for nurse academics to lead in order to shape the nursing students' attitudes towards, and preferences, in working with older people (Algozo et al., 2016; Duggan et al., 2013; King et al., 2013; Lamont, Brunero, & Woods, 2015). Previous studies revealed that many nursing students do not feel equipped to work with older people due to perceived inadequate education in academic and clinical settings (Abreu & Caldevilla, 2015).

It is important that the students have numerous opportunities to work with older people, for example having clinical placements in aged care institutions as a viable option, for well-organised, supported, and successful clinical placements where they can engage healthy ageing activities. The clinical practice must include measures in order to identify opportunities to promote healthy ageing in nursing students: consistency and frequency of interaction with older adults; aging scale anxiety; index of interpersonal reactivity; attitude towards older adults; and ability to care for older adults, as a part of the nurse's training and preparation in its entirety (Jang, Oh, & Kim, 2019). In addition, findings from a review study highlighted that the major components of nursing involvement for healthy ageing range from patient care, decision-making engagement, information sharing, support and education for caregivers, input from caregivers, and transitional care which must be integrated into clinical preparation of the nurse students (Morrow & Nicholson, 2016).

In the present study, the nurse academics endorse student centredness by promoting the value of preparing, guiding, and training the nurse students in their clinical placement (Faronbi et al., 2017). Participants perceived the opportunity for instructors/facilitators to lead and influence the nursing students to practice new skills and engage them in observational and hands-on training whilst on clinical placements. The roles that were assumed by the nurse academics were: 1) They served as a coach; the nurse academics guided students to set appropriate goals. 2) They served as guides; the nurse academics guided the students by linking the learning activity with the assessment. 3) They served as role models/mentors; the nurse academics helped the students by serving as role models and prepared the students even before their clinical exposure to give them a chance to reflect on their practice. Lastly, 4) they served as encouragers; they encouraged the students to give feedback to help extract information about their clinical placement experiences. Feedback is aimed at improving learner's knowledge, abilities, or conduct. Receiving correct feedback can contribute to reducing the difference between the actual and desired performance. Efficient and regular feedback can strengthen good practise and motivate students to achieve the desired result (Burgess & Mellis, 2015).

### **5.2.2 Motivating nursing students to have passion to care for older people.**

One barrier to quality care for older people is negative perceptions and prejudices of ageing, which in turn affect the outcomes of the healthcare system and minimise service performance (Rush, Hickey, Epp, & Janke, 2017). Ageism occurs frequently and is identified in the care of older people

who are viewed as being ailing and frail in studies in the USA and Canada (Lee et al., 2018). Such studies revealed that negative attitudes towards, and poor knowledge about, ageing in nursing students can affect their therapeutic interactions with older patients. However, Natan et al., (2015) stated, the more knowledge and expertise that students have in gerontology, the more likely they would be able to communicate with older people and less likely to have ageism attitudes.

In a recent study, nurses were found to have less detailed information about the ageing process relative to other healthcare providers, this limited information affects the quality of care provided to the ageing population (Hsu et al., 2019). The participants also displayed higher levels of concern about ageing and showed a propensity to give gerontological nursing a lower rank when compared to other care courses (Ben-Harush et al., 2017). In the study of Carlson and Idvall (2015), they concluded that the age, gender, or previous health care experience did not influence students' desire to work with older people. According to Chi, Shyu, Wang, Chuang, and Chuang (2016), the best predictors of the ability to look after older people were attitudes that involved them in issues of old age and had prior experience of working with older people. In another study, the amount of time spent with older people and grandparents who were guardians during their childhood was closely related to their ability to take care of the older people (Chi et al., 2016). Many social norms, including personal knowledge and interaction with older people, can influence attitudes towards ageing population. That's why an enhanced understanding of working with older people is important to serve as an inspirational motivation for student nurses. The severity of ageism attitudes of the nurses was, the shorter, the shallower and the more task-oriented their

interactions were with older patients. The nurses also tended to speak in a patronising tone to elderly patients and were not interested in shared decision making (Gallo, 2019).

In the present study, the nurse academics demonstrated how important it was to be an advocate by sharing their experience with the nursing students while teaching in both classroom and clinical areas to combat misunderstandings about the ageing population. The nurse academics also expressed that nursing students should show empathy and compassion for older people. To address this ageism gap, older people's care needs need to be integrated into the curriculum in a thoughtful and strategic way. Nursing students should be encouraged to learn how to increase empathy and communication quality with older people and reduce anxiety about the ageing population throughout the programme at the university and during clinical rotations, particularly in basic, community, adult and medical-surgical and community-based nursing courses (Jang et al., 2019). There were battles between the specialty areas where the students desire to work after graduating and some nursing students have negative perception about working with older people (Duggan et al., 2013; Rush et al., 2017; Sarabia-Cobo & Pfeiffer, 2015).

Consequently, it is important that well-educated and well-prepared nurses are in place with an increasingly older population who can respond to health-related needs for older people. The nurse academics works to foster awareness and approach the issue of gerontological nursing care and to motivate the nursing students to develop a positive view of ageing on-a-daily basis. They can support their students by introducing material from the classroom to the real-life clinical examples that they and their students have

participated in. The care of older people with passion impacts their well-being, quality of life, and mortality significantly. Thus, role modelling and setting an example of a professional environment is critical (Milesky, Baptiste, Foronda, Dupler, & Belcher, 2015).

### **5.2.3 Intellectual stimulation by creating new learning opportunities for nursing students**

The nurse teacher should use pedagogical skills that can develop critical thinking and thinking for students (de Swardt, van Rensburg, & Oosthuizen, 2017). The way the nursing academic assumes his responsibilities as expert and authority generally influences the learning process. In order to improve the way student's learn, nurse teachers need to develop their pedagogy skills. The nursing teacher should therefore explore innovative strategies to ensure that constantly changing students with different backgrounds and styles maximise their potential (Chilemba & Bruce, 2015; de Swardt et al., 2017).

The nurse academics can create opportunities for nursing students to learn and integrate their knowledge and skills and let them explore new engagement possibilities in caring for older people (Koven & Giske, 2019). Implementing creative teaching methods to develop awareness, skills and attitudes allow students to engage effectively in the learning process and collaborate with their colleagues to demonstrate their learning has been stated. Similarly, according to Chasteen & Cary (2014), it is an educational obligation to prepare students with information, skills, and attitudes to ensure adequate competencies for nursing students to work with older people. Emami (2019) also argued that while clinical facilitators are responsible for the everyday work

of nursing schools, they are responsible for society and the profession to see what the future will demand of trained nursing students. She also added that they need to predict the future of health care to training students for the nursing world of tomorrow, as the future must be envisioned to incorporate the requisite curricular elements.

In the present study, according to the participants, intellectual stimulation for nursing students via various learning opportunities builds their critical thinking and problem-solving competencies that are important for future health care professionals in initiating changes for high-quality care for older people. In order to lead in and beyond the current healthcare framework (Marcellus et al., 2018), universities must therefore align educational and pedagogical content with the knowledge, skills and attitudes required in the practise settings. Faronbi et al., (2017) emphasised the importance of practical training to improve students' competencies in the care of older people. Indeed, a variety of common concepts related to education programs aimed at influencing and encouraging the positive attitudes of nursing students towards older adults are significantly needed. These topics involve intergenerational communication through a range of teaching methods to promote positive consideration of older adults and the introduction of gerontological nursing courses that refute ageism and stereotypic views towards older people (Schroeder, 2015).

The researcher also acknowledged that the nurse academics ensure a clear connexion between the university and hospital for interprofessional collaboration. The results of recent studies point to several significant aspects when designing the nursing curriculum (Chasteen & Cary, 2014). The methods for gerontological nursing needs further improvements, are mainly associated with an enhanced communication skill with older people. For example,

communication classes could be introduced and emphasised in basic or foundational nursing courses before students begin their clinical rotations (Lee et al., 2018)

Moreover, nurses have a variety of important roles. The role of the nurse covers the autonomous and collaborative care of every person, health promotion, disease prevention, care, safety promotion, advocacy, research, participation in health policy development, patient and health care, and education (Education, 2014). ACN considers all nurses (registered and enrolled) crucial in promoting and supporting all older Australians in their healthy ageing. Critical thinking, clinical evaluation, clinical decision making, healthcare coordination, and clinical / management leadership expertise are key to assisting older Australians well into age (Bahrami, Purfarzad, Keshvari, & Rafiei, 2019). Consequently, academic leadership is a major vehicle by which nurse academics can influence curriculum content and students' positive experience in the care of older people (Andrigue et al., 2016).

The present study revealed that curricula are a vehicle for universities to promote values, positive attitudes, knowledge, and skills in nursing students in order to prepare them to care for older people in various care settings. Similarly, the nurse academics in the present study mentioned the need for focused gerontological nursing topics through curriculum development and acquire new technology in caring for older people. In addition, the concept of rehabilitation illustrated in the findings indicated that because there is a growing demand for rehabilitation services for older people to help them attain healthy ageing.

Nursing students could also be given the opportunity to work with older people in a community setting or in an acute rehabilitation environment where older

people return to the wider community (Lee et al., 2018). Such opportunities may include stimuli to reinforce positive schemes for older people that could minimise negative attitudes and inspire, engage, and perpetuate care for older people.

#### **5.2.4 Supporting students to achieve their full potential**

Nurse academics play a vital part in the teaching and learning process to enable nursing students to achieve their full potential (Schroeder, 2015). In order to promote the establishment of interprofessional education and to assist nursing schools to teach the student the expertise, skills, and perspectives, that primary care team members and nursing academic facilitator must encourage transformed ideas such as healthy ageing, which involves serving as incubators and services, bridge and centre, education futurists, and advocates in general (Vanhook et al., 2018). Leadership and cultural competence are included in the role of a nurse academic (de Swardt et al., 2017; Ibrahim & Qalawa, 2016; Klunklin et al., 2011). This role of leadership may include the development of standards of best practise, the identification of needs for learning, and the identification of nursing education (Adams, 2013). They must also be ethical and moral features suitable for students (de Swardt et al., 2017; Del Prato, 2013; Klunklin et al., 2011; Nouri et al., 2013). Recognising these interactive dynamics by integrating different theoretics to explain the involvement of students in clinical learning. Clinical learning, therefore, takes place when students take on a variety of clinical learning tasks (D'Souza, Venkatesaperumal, Radhakrishnan, & Balachandran, 2013).

In the present study, nurse academics pushed an “experiential learning” approach to enhance students’ clinical skills to increase their confidence and



competence in practice. Various authors have suggested that experiential training and appropriate preparation can support students to achieve their full potential in the care for older people, as argued to the findings of this research; the importance of training and experiential practice to nursing students in their clinical placement would provide them with opportunities to learn new skills (Yardley, Teunissen, & Dornan, 2012). The clinical exercises will help involve nurse students with the support of clinical facilitators in analytical and hands-on practice. For example, various ways can be used to increase the interest of nursing students in careers in gerontological nursing (Lee et al., 2018). First, nurse academics should encourage nursing students to take more courses on the concept of gerontology. Second, universities may require nursing students to have undergone either volunteer work or previous work experience with older adults prior to the start of nursing education. Third, the Nursing programs may require the integration of gerontological programmes across nursing topics in the curricula and student coursework content.

In the last few years, students have been moved to a school-based simulation laboratory with a focus on patient safety and other environmental design factors (for example, suction/oxygen devices and EKG monitoring). The latter is based on patient safety. While some studies have concluded that simulation programmes are capable of improving the development of clinical judgments for students (Shin, Park, & Kim, 2015) other studies found that in a simulation environment nursing students encounter anxiety that can affect their self-reflection and learning efficiency (Hutchinson & Janiszewski Goodin, 2013). This problem can be averted through comprehensive preparedness training of the nursing students before subjecting them in an actual clinical practice (Jang et al., 2019). This study expounded that the interaction between the student

and faculty integrates students further in their clinical courses using case scenarios, concept mapping, and learning feedback.

Gerontological nursing supports students in integrating comprehensive care for older people. As learning facilitators, nurse academics are vital in increasing students' confidence in patient assessment, teamwork, communication, critical thinking, and competence in practice. It is known that every day, problems emerge that don't have straightforward or discrete solutions, especially for healthcare workers. With regard to student involvement, the interaction of nurse academics predicted better problems solving (i.e. seeking the best clinical answer, even when it takes a long time to obtain knowledge for themselves) and facilitated progress towards intellectual purposes ( i.e. acquiring self-directed learning skills; gaining the capacity to raise clinical issues), and improving intellectual goals. Support for primary care should consider adequate patient care for older people; interprofessional teams; mentoring of student nurses; and clarification for primary positions in clinical placements (Valaitis et al., 2020).

Student involvement in a clinical learning environment is an essential component of preregistration nursing students' curricula which provides an opportunity for combining cognitive, emotional, and affective abilities (D'Souza et al., 2013). Pedagogical practises are promoted in order to encourage experiential learning, to develop links with the curriculum, and to encourage student research within the clinical environment. Student engagement can be defined as the willingness of students to be active in the clinical learning process and to persist in the clinical environment despite barriers and challenges (D'Souza et al., 2013).

In the present study, one strategy to support students to reach their potential and engage them in gerontological nursing includes older people immersion experience different from a placement environment. For example, the participants shared that nursing students are led to clinical placement facilities and educational institutions to build their confidence and reduce barriers to creating interesting and effective educational environments for the students. One of the most significant factors influencing the teaching-learning process in clinical settings is the exposure of students to a professional and clinical learning environment. The nursing students are exposed to clinical placements to introduce them to new dimensions of learning that is more effective aside from having simulation and class discussion in the university environment. Clinical education plays an important role in the cultivation of clinically qualified nursing skills in clinics. Students must have access to clinical sites in order to achieve such competence.

By participating in creative primary care programmes, clinical experiences for nursing students can be improved. Identifying nursing student problems in the clinical learning environment may enhance preparation and increase the quality of educational planning (Jamshidi, Molazem, Sharif, Torabizadeh, & Najafi Kalyani, 2016). The gold standard is often considered to be a traditional nursing clinical education with patients conducted in the hospital (Kimhi et al., 2016). However, it has been revealed in the present study that clinical placements can work for or against the students depending on who's facilitating and who they are buddied up with, and who is educating them. In the clinical environment, nursing students are sensitive, and therefore it is no surprise that student learning in the clinical setting poses a greater threat to students than classroom learning. In the clinical area, student activities are not

planned and not all practice areas can create a positive learning environment for student nurses (D'Souza et al., 2013). There is little evidence of whether or not the performance of students in the clinical simulation laboratory affects their performance in a real clinical site positively or negatively (Pai, 2016). Similarly, the discussion supported the need for various activities to promote involvement and collaboration among nursing students, in particular the importance of clinical and experiential practise. Kolb describes experiences that include apprehension or understanding, "in which understanding is seen as participating in the actual experience, while understanding takes place through abstract conceptualisation beyond actual experience" (Lisko & O'dell, 2010).

### **5.3 Summary**

This chapter contrasted the findings of the present study with those from other studies in the broader research literature. Leadership and student experiences in gerontological education illustrated the strong leadership of nurse academics by providing a healthy and effective educational atmosphere for nursing students in both the university environment and clinical setting. The discussion focused on four areas using the four domains of transformational leadership that include: (1) idealised Influence by demonstrating a healthy ageing approach ; (2) motivating nursing students to have a passion to care for older people; (3) intellectual stimulation by creating new learning opportunities for nursing students; and (4) supporting students to achieve their full potential exemplified through leadership and student experience ensuring that students meet their study goals and their engagement in practice. Thus, the leadership of nurse academics plays a key role in the development of

curricula, in the preparation of the learning environment in clinical care, and in the preparation of clinicians to support student learning.

## **6 CHAPTER SIX: CONCLUSION**

### **6.1 Introduction**

This qualitative study provided a description of the leadership experience of nurse academics in gerontological nursing education in Australia. This chapter summarises the study, discusses the study limitations and outlines the practical implications as well as the conclusion. The researcher also shared her reflection on her experiences of conducting the research study.

### **6.2 Summary of the study**

Australia's universities are facing enormous challenges in producing high quality registered nurses that can meet the care needs of older people in an increasingly ageing population. The issues involve ageism, a lack of interest in working with older people, and a lack of gerontological knowledge and skills in nursing students. The development of the curriculum and the development of gerontological placements are crucial. Nurse academics play a vital role in leading these developments.

The aim of this research was to understand the nurse academics leadership in gerontological nursing education in Australia. Within this aim, there are two objectives: 1) To identify the motivators in leading gerontological nursing education in undergraduate nursing programs, and 2) To identify the challenges in leading gerontological nursing education in undergraduate nursing programs. A literature search for existing gerontological nursing education was carried out. The research was performed using an interpretive description approach (Thorne, 2016). The data were gathered by interviewing 10 nurse academics using a semi-structured interview. For this research, the

six-step thematic analysis (Braun & Clarke, 2013) was applied. Data analysis was carried out and four themes were identified: 1) Promoting gerontological nursing in the curriculum; 2) Supporting students in clinical placements; 3) Promoting positive role models for students, and 4) Translating research into educational practice.

The findings support the fact that nursing academics show transformational leadership characteristics in four domains: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration, in both university and clinical learning settings. The thesis discussed the following four areas: 1) Idealised Influence by demonstrating a healthy ageing approach; 2) Motivating nursing students to have a passion to care for older people; 3) Intellectual stimulation by creating new learning opportunities for nursing students, and 4) Supporting students to achieve their full potential.

### **6.3 Limitation and strengths**

The study has several limitations. The first limitation was the use of Interpretive description by which findings cannot be generalised in other social contexts of nursing education. Second, the study was conducted over a short time frame; therefore, the number of nurse academics involved was limited. Only 10 nurse academics participants were recruited in this study, potentially limiting its transferability. Third, participants were recruited in two universities in a state in South Australia. Therefore, findings of this study may not represent the experiences of all Australian nurse academics, however, the increased knowledge of how to develop a gerontological nursing curriculum and improving the clinical placement for the nursing students is a strength. Lastly, the researcher is a novice in using interpretive description as a methodology.

This lack of knowledge could have impacted on data collection, analysis, and the write-up.

## **6.4 Implications**

The need for nurses with gerontological nursing specialist knowledge is increasing dramatically, and nursing academics are responsible for recognising that it is necessary to cultivate awareness and to promote the choice of this nursing care specialty for nursing students. The present study identified four areas for improvement which include curriculum development, the preparation of clinical education, professional development support, and future research.

### **6.4.1 Curriculum development**

Gerontological nursing education is vital if older people's myths of care and negative experience in health and social care are to be dispelled. This kind of education is an important way of encouraging students to work with older people. There is an urgent need for gerontology contents and topics to be increased in the nursing curricula to reflect the increasing demand for the care of older people due to the rapidly ageing population. And, since most nursing students are not interested in working with older people, mandating a minimum hour in gerontological nursing education and in gerontological care settings in clinical placement should be considered in the undergraduate nursing programs. Moreover, there is an immediate need for more nurse academics. There is also an immediate need for more qualified clinical facilitators to work with nursing students in clinical placements considering the shortage of role models with gerontological specialist knowledge.



### **6.4.2 Preparation of clinical education**

Programs for clinical education must consider the learning needs of nursing students to maximise the integration of theory and development of skills into the hospital and elderly healthcare environments. The clinical environment and support should influence student nurses' quality of learning and satisfaction. In addition, scaling-up the simulations and clinical experience with older people in undergraduate nursing education is much needed to promote critical thought on the complex problems of gerontological nursing care. In order to encourage students to work with older people, it is important to offer opportunities for well-planned, supportive, and positive clinical rotations in various care settings including nursing homes. Students look up to nurse academics and clinical facilitators not only to teach theory and clinical skills but also to act as role models in gerontological nursing care.

### **6.4.3 Professional development support**

Strengthening gerontological nursing expertise continues to be an important priority for nurse academics and clinical facilitators in undergraduate nursing programs. There is an important need to ensure that every Bachelor of the nursing programme has more than one professor in gerontology. Moreover, the establishment and implementation of academic standards, entry-to-practice competencies, and the advancement of nurse academics are essential for improving education quality, standards of practice, and accreditation capacities of gerontological curricula. There is also a need to embed gerontological nursing content across all topics considering the predominant population of patients/clients is 65 years old or older. To achieve this curriculum development goal, education, and training programs for nurse academics to develop their leadership, and capabilities to lead and implement

gerontological nursing education is needed. Moreover, enough nurse academics working in the undergraduate nursing program need to be assured to achieve the desired goal.

#### **6.4.4 Future research**

Considering the limitations of this study, further research involving more nurse academics or more universities might provide a broader view of the experiences of nursing academics in leading gerontological education in Australia. The use of various research methods is needed, such as using a survey design to examine the leadership of nurse academics in leading gerontological nursing in Australia, to provide evidence to enhance curriculum through academic and clinical practise programmes. Further studies with different measures can add to the understanding of this important field.

#### **6.5 Reflection on my journey in the study**

Like many Asian people, Filipinos respect the concept of filial piety and have compassion for older people. Care is such a common practise in the Philippines that the lack of care or resources for families in need is seen in the language of Tagalog as being disgraceful or "hiya" (Badana & Andel, 2018). The demographic information indicates the increase in the number of older people and this trend is expected to continue well into the future. Therefore, highly qualified gerontological nurse academics need to be educated to satisfy this growing demand (de Guzman et al., 2013).

Being a nurse academic for more than 15 years, I became interested in pursuing a specialisation in gerontological nursing. Upon reflection, after coming to Australia and working in an aged care facility, I became interested to know how student nurses were educationally prepared to care for older

people. According to de Guzman, et al., (2013) appropriate curriculum strategies and training arrangements that align theory and practise in gerontological care should focus on adequate older people healthcare. Curriculums are a vehicle for universities to implement change to prepare the future nursing workforce to meet the care needs of the population nurses serve.

Looking back, I was not sure what specific topic to pursue. I suggested to my supervisors the topic of exploring the nurse academics leadership experiences in Gerontological nursing. They provided me with some insights that led to the development of the research title. The anticipation poured through my heart and I started with great enthusiasm and deep expectation. It dawned on me that I have a challenge and a mission to understand another culture, beliefs, practices, and perform work related to the study of older people.

The original study intended to recruit participants from four universities, but unforeseen obstacles were encountered, which is why only two universities and two hospitals were included and only ten nurse academics were interviewed; the original intention had been to interview twelve. The interviews were recorded and transcribed. Data analysis was undertaken after every interview. I listened several times before and after transcribing the interview and identified codes. The entire experience was so rich, lengthily described, and it took me some time to finish transcripts and data analysis. I encountered some difficulties in research activities such as finding appropriate recent journal articles that are appropriate to my research study and have questioned my performance because I'm lagging in terms of following the Gantt chart I've made. I also experienced struggles (family problems), and a sense of

loneliness living and studying in a foreign country, however, my supervisors gently guided me back on track every time and supported me all the way. They are the “*wind beneath my wings.*”

The research process gave me an opportunity to compare the preparation of gerontological nursing programmes in the Philippines and Australia and I saw a great difference between the two countries. My own experience as a nurse academic leading the nursing students in the classroom and clinical practice allowed me to understand participants’ experiences more fully, and this understanding developed over the time of the research. The conversation I had with the participants facilitated my insight into the research process as described using the Constructivist paradigm and Interpretive description as a methodology. The understanding was further developed during the reading and re-reading of the transcripts. The thematic analysis allowed the topics and the real meaning of the experience to be captured.

Looking back at what I have accomplished, I am truly grateful and thankful to my supervisors who gave me the push that I needed to finish this study. I thank God for the strength, wisdom, and knowledge he bestowed upon me while writing this thesis. Moving forward, I aim to look for more opportunities to grow as a nurse researcher and be able to contribute to the growing evidence-based practice in nursing.

## **6.6 Conclusion**

Findings from this present study add a new understanding of nurse academics in leading gerontological nursing education in Australia. The nurse academics have demonstrated leadership that improves the educational experience of nursing students in the field of theoretical and clinical learning for older people.

The results have consequences for professional development in nursing academia and in gerontological nursing clinical facilitators. Findings also demonstrate that the development of nursing curricula in gerontology is enhanced in the undergraduate nursing programme.

## REFERENCES

- Abreu, M., & Caldevilla, N. (2015). Attitudes toward aging in Portuguese nursing students. *Procedia-Social and Behavioral Sciences*, 171(0), 961-967.
- Abudu-Birresborn, D., McCleary, L., Puts, M., Yakong, V., & Cranley, L. (2019). Preparing nurses and nursing students to care for older adults in lower and middle-income countries: a scoping review. *International journal of nursing studies*, 92, 121-134.
- Adams, K. (2013). Practice teaching: professional identity and role recognition. *Community Practitioner*, 86(10), 20-23.
- Algozo, M., Peters, K., Ramjan, L., & East, L. (2016). Exploring undergraduate nursing students' perceptions of working in aged care settings: A review of the literature. *Nurse education today*, 36, 275-280.
- Anderson, W. (2011). National Statement on Ethical Conduct in Human Research.
- Andrigue, K. C. K., Trindade, L., Amestoy, S. C., & Beck, C. L. C. (2016). Situational leadership style adopted by nurses in the hospital field. *Rev Eletr Enferm.*, 18, e1191.
- Annear, M., Lea, E., & Robinson, A. (2014). Are care workers appropriate mentors for nursing students in residential aged care? *BMC nursing*, 13(1), 44.
- Arani, M. M., Aazami, S., Azami, M., & Borji, M. (2017). Assessing attitudes toward elderly among nurses working in the city of Ilam. *International journal of nursing sciences*, 4(3), 311-313.
- Asadizaker, M., Abed Saeedi, Z., & Abedi, H. (2020). Development of clinical teaching process of the fundamentals of nursing with participatory approach: an action research. *Journal of Qualitative Research in Health Sciences*, 3(2), 175-189.
- Association, G. A. o. t. W. M. (2014). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *The Journal of the American College of Dentists*, 81(3), 14-18.
- Badana, A. N., & Andel, R. (2018). Aging in the Philippines. *The Gerontologist*, 58(2), 212-218.
- Bahrami, M., Purfarzad, Z., Keshvari, M., & Rafiei, M. (2019). The components of nursing competence in caring for older people in Iranian hospitals: A qualitative study. *Iranian journal of nursing and midwifery research*, 24(2), 124.
- Bartkowiak, G., Krugielka, A., Dachowski, R., Gałek, K., & Kostrzewa-Demczuk, P. Attitudes of Polish entrepreneurs towards knowledge workers aged 65 plus in the context of their good employment practices. *Journal of Cleaner Production*, 280, 124366.
- Bass, B. M. (1997). Does the transactional–transformational leadership paradigm transcend organizational and national boundaries? *American psychologist*, 52(2), 130.
- Baumbusch, J., Dahlke, S., & Phinney, A. (2012). Nursing students' knowledge and beliefs about care of older adults in a shifting context of nursing education. *Journal of Advanced Nursing*, 68(11), 2550-2558.
- Beard, J. R., Officer, A. M., & Cassels, A. K. (2016). The World Report on Ageing and Health. *The Gerontologist*, 56(Suppl\_2), S163-S166. doi:10.1093/geront/gnw037
- Bedin, M. G., Droz-Mendelzweig, M., & Chappuis, M. (2013). Caring for elders: the role of registered nurses in nursing homes. *Nursing Inquiry*, 20(2), 111-120.
- Ben-Harush, A., Shiovitz-Ezra, S., Doron, I., Alon, S., Leibovitz, A., Golander, H., . . . Ayalon, L. (2017). Ageism among physicians, nurses, and social workers: findings from a qualitative study. *European journal of ageing*, 14(1), 39-48.

- Bisholt, B., Ohlsson, U., Engström, A. K., Johansson, A. S., & Gustafsson, M. (2014). Nursing students' assessment of the learning environment in different clinical settings. *Nurse education in practice*, *14*(3), 304-310.
- Bleijenberg, N., Jansen, M. J., Schuurmans, M. J., Rathnayake, Athukorala, Siop, . . . Yildiz. (2012). Dutch nursing students' knowledge and attitudes towards older people-A longitudinal cohort study. *Journal of Nursing Education and Practice*, *2*(2), 1.
- Boamah, S. A., & Tremblay, P. (2019). Examining the factor structure of the MLQ transactional and transformational leadership dimensions in nursing context. *Western journal of nursing research*, *41*(5), 743-761.
- Bono-Neri, F. (2019). Pedagogical Nursing Practice: Redefining nursing practice for the academic nurse educator. *Nurse education in practice*, *37*, 105-108.
- Booth, K. (2020). Primary healthcare nursing: Where great nurses go to do more. *Australian Nursing and Midwifery Journal*, *26*(10), 46-46.
- Boswell, S. S. (2012). "Old people are cranky": helping professional trainees' knowledge, attitudes, aging anxiety, and interest in working with older adults. *Educational Gerontology*, *38*(7), 465-472.
- Bougioukas, K. I., Bouras, E., Apostolidou-Kiouti, F., Kokkali, S., Arvanitidou, M., & Haidich, A.-B. (2019). Reporting guidelines on how to write a complete and transparent abstract for overviews of systematic reviews of health care interventions. *Journal of Clinical Epidemiology*, *106*, 70-79.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*: sage.
- Buccheri, R. K., & Sharifi, C. (2017). Critical appraisal tools and reporting guidelines for evidence-based practice. *Worldviews on Evidence-Based Nursing*, *14*(6), 463-472.
- Burgess, A., & Mellis, C. (2015). Feedback and assessment for clinical placements: achieving the right balance. *Advances in medical education and practice*, *6*, 373.
- Burls, A. (2016). What is critical appraisal? 2009. *Back to cited text*(3).
- Buttigieg, S. C., Ilinca, S., de Sao Jose, J. M., & Larsson, A. T. (2018). Researching ageism in health-care and long term care. In *Contemporary perspectives on ageism* (pp. 493-515): Springer, Cham.
- Capezuti, E., Boltz, M., Cline, D., Dickson, V. V., Rosenberg, M. C., Wagner, L., . . . Nigolian, C. (2012). Nurses Improving Care for Healthsystem Elders—a model for optimising the geriatric nursing practice environment. *Journal of Clinical Nursing*, *21*(21-22), 3117-3125.
- Carlson, E., & Idvall, E. (2015). Who wants to work with older people? Swedish student nurses' willingness to work in elderly care—A questionnaire study. *Nurse education today*, *35*(7), 849-853.
- Chasteen, A. L., & Cary, L. A. (2014). Age stereotypes and age stigma. *Annual Review of Gerontology and Geriatrics, Volume 35, 2015: Subjective Aging: New Developments and Future Directions*, *35*, 99.
- Cheng, M., Cheng, C., Tian, Y., & Fan, X. (2015). Student nurses' motivation to choose gerontological nursing as a career in China: A survey study. *Nurse education today*, *35*(7), 843-848.
- Chi, M. J., Shyu, M. L., Wang, S. Y., Chuang, H. C., & Chuang, Y. H. (2016). Nursing students' willingness to care for older adults in Taiwan. *Journal of Nursing Scholarship*, *48*(2), 172-178.
- Chilemba, E. B., & Bruce, J. C. (2015). Teaching styles used in Malawian BSN programmes: a survey of nurse educator preferences. *Nurse education today*, *35*(2), e55-e60.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*: Sage publications.

- D'Souza, M. S., Venkatesaperumal, R., Radhakrishnan, J., & Balachandran, S. (2013). Engagement in clinical learning environment among nursing students: Role of nurse educators.
- Darling, R., Sendir, M., Atav, S., & Buyukyilmaz, F. (2018). Undergraduate nursing students and the elderly: An assessment of attitudes in a Turkish university. *Gerontology & Geriatrics Education, 39*(3), 283-294.
- de Guzman, A. B., Jimenez, B. C. B., Jocson, K. P., Junio, A. R., Junio, D. E., Jurado, J. B. N., & Justiniano, A. B. F. (2013). Filipino nursing Students' behavioral intentions toward geriatric care: a structural equation model (SEM). *Educational Gerontology, 39*(3), 138-154.
- de Swardt, H. C. R., van Rensburg, G. H., & Oosthuizen, M. (2017). Supporting students in professional socialisation: Guidelines for professional nurses and educators. *International Journal of Africa Nursing Sciences, 6*, 1-7.
- Del Prato, D. (2013). Students' voices: the lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse education today, 33*(3), 286-290.
- Doody, O., & Doody, C. M. (2012). Transformational leadership in nursing practice. *British Journal of Nursing, 21*(20), 1212-1218.
- Duggan, S., Mitchell, E. A., & Moore, K. D. (2013). 'With a bit of tweaking... we could be great'. An exploratory study of the perceptions of students on working with older people in a preregistration BSc (Hons) Nursing course. *International journal of older people nursing, 8*(3), 207-215.
- Education, A. f. G. i. H. (2014). Gerontology competencies for undergraduate and graduate education. In: Association of Gerontology in Higher Education Washington DC.
- Edwards, J. A., & Lampert, M. D. (2014). *Talking data: Transcription and coding in discourse research*: Psychology Press.
- Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative Report, 23*(11), 2850-2861.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115.
- Fang, E. F., Scheibye-Knudsen, M., Jahn, H. J., Li, J., Ling, L., Guo, H., . . . Bohr, V. A. (2015). A research agenda for aging in China in the 21st century. *Ageing research reviews, 24*, 197-205.
- Faronbi, J. O., Adebowale, O., Faronbi, G. O., Musa, O. O., & Ayamolowo, S. J. (2017). Perception knowledge and attitude of nursing students towards the care of older patients. *International Journal of Africa Nursing Sciences, 7*, 37-42.
- Freysteinson, W. M., & Stankus, J. A. (2019). The language of scholarship: how to write an abstract that tells a compelling story. *The Journal of Continuing Education in Nursing, 50*(3), 107-108.
- Gallo, V. (2019). Ageism in nursing education: A review of the literature. *Teaching and Learning in Nursing, 14*(3), 208-215.
- Garbrah, W., Välimäki, T., Palovaara, M., & Kankkunen, P. (2017). Nursing curriculums may hinder a career in gerontological nursing: an integrative review. *International journal of older people nursing, 12*(3), e12152.
- Ghimire, S., Shrestha, N., Callahan, K. E., Nath, D., Baral, B. K., Lekhak, N., & Singh, D. R. (2019). Undergraduate nursing students' knowledge of aging, attitudes toward and perceptions of working with older adults in Kathmandu Nepal. *International journal of nursing sciences, 6*(2), 204-210.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*: Sage.



- Haas, L. E., Karakus, A., Holman, R., Cihangir, S., Reidinga, A. C., & de Keizer, N. F. (2015). Trends in hospital and intensive care admissions in the Netherlands attributable to the very elderly in an ageing population. *Critical Care*, *19*(1), 353.
- Haron, Y., Levy, S., Albagli, M., Rotstein, R., & Riba, S. (2013). Why do nursing students not want to work in geriatric care? A national questionnaire survey. *International journal of nursing studies*, *50*(11), 1558-1565.
- Harrison, J. K., Reid, J., Quinn, T. J., & Shenkin, S. D. (2017). Using quality assessment tools to critically appraise ageing research: a guide for clinicians. *Age and ageing*, *46*(3), 359-365.
- Holloway, I., & Wheeler, S. (2010). Establishing quality: Trustworthiness or validity. *Qualitative research in nursing and healthcare*, 297-314.
- Hsu, M. H. K., Ling, M. H., & Lui, T. L. (2019). Relationship between gerontological nursing education and attitude toward older people. *Nurse education today*, *74*, 85-90.
- Hunt, M. R. (2009). Strengths and challenges in the use of interpretive description: reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative health research*, *19*(9), 1284-1292.
- Hutchinson, T. L., & Janiszewski Goodin, H. (2013). Nursing student anxiety as a context for teaching/learning. *Journal of Holistic Nursing*, *31*(1), 19-24.
- Hwang, H.-L., Wang, H.-H., Tu, C.-T., Chen, S., & Chang, S.-H. (2014). Reciprocity of service learning among students and paired residents in long-term care facilities. *Nurse education today*, *34*(5), 854-859.
- Ibrahim, S. A. E.-A., & Qalawa, S. A. (2016). Factors affecting nursing students' incivility: As perceived by students and faculty staff. *Nurse education today*, *36*, 118-123.
- Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Najafi Kalyani, M. (2016). The challenges of nursing students in the clinical learning environment: A qualitative study. *The Scientific World Journal*, 2016.
- Jang, I., Oh, D., & Kim, Y. S. (2019). Factors associated with nursing students' willingness to care for older adults in Korea and the United States. *International journal of nursing sciences*, *6*(4), 426-431.
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, *72*(12), 2954-2965.
- Keeping-Burke, L., McCloskey, R., Donovan, C., Yetman, L., & Goudreau, A. (2020). Nursing students' experiences with clinical placement in residential aged care facilities: a systematic review of qualitative evidence. *JBI Evidence Synthesis*, *18*(5), 986-1018.
- Kimhi, E., Reishtein, J. L., Cohen, M., Friger, M., Hurvitz, N., & Avraham, R. (2016). Impact of simulation and clinical experience on self-efficacy in nursing students: intervention study. *Nurse Educator*, *41*(1), E1-E4.
- King, B. J., Roberts, T. J., & Bowers, B. J. (2013). Nursing student attitudes toward and preferences for working with older adults. *Gerontology & Geriatrics Education*, *34*(3), 272-291.
- Klunklin, A., Sawasdisingha, P., Viseskul, N., Funashima, N., Kameoka, T., Nomoto, Y., & Nakayama, T. (2011). Role model behaviors of nursing faculty members in Thailand. *Nursing & health sciences*, *13*(1), 84-87.
- Koch, T. (1994). Establishing rigour in qualitative research: the decision trail. *Journal of Advanced Nursing*, *19*(5), 976-986.
- Koskinen, S., Hupli, M., Katajisto, J., & Salminen, L. (2012). Graduating Finnish nurse students' interest in gerontological nursing—a survey study. *Nurse education today*, *32*(4), 356-360.
- Kouzes, J. M., & Posner, B. Z. (2007). The five practices of exemplary leadership. *The Jossey-Bass reader on educational leadership*, 63-74.

- Kuven, B. M., & Giske, T. (2019). Talking about spiritual matters: First year nursing students' experiences of an assignment on spiritual conversations. *Nurse education today*, 75, 53-57.
- Kydd, A., Wild, D., & Nelson, S. (2013). Attitudes towards caring for older people: findings and recommendations for practice. *Nursing older people*, 25(4).
- Lamont, S., Brunero, S., & Woods, K. P. (2015). Satisfaction with clinical placement—The perspective of nursing students from multiple universities. *Collegian*, 22(1), 125-133.
- Lederman, N. G., & Lederman, J. S. (2015). What is a theoretical framework? A practical answer. In: Springer.
- Lee, J., Garfin, D. R., Vaughn, S., & Lee, Y.-S. (2018). Factors associated with gerontological career choice: The role of curriculum type and students' attitudes. *Journal of Nursing Education and Practice*, 8(4), 1-9.
- Leech, N. L., & Onwuegbuzie, A. J. (2007). An array of qualitative data analysis tools: A call for data analysis triangulation. *School psychology quarterly*, 22(4), 557.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage handbook of qualitative research*, 4, 97-128.
- Lisko, S. A., & O'dell, V. (2010). Integration of theory and practice: Experiential learning theory and nursing education. *Nursing Education Perspectives*, 31(2), 106-108.
- Lowe, K. B., Kroeck, K. G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the MLQ literature. *The leadership quarterly*, 7(3), 385-425.
- Lytle, A., Macdonald, J., Apriceno, M., & Levy, S. R. (2020). Reducing ageism with brief videos about aging education, ageism, and intergenerational contact. *The Gerontologist*.
- Marcellus, L., Duncan, S., MacKinnon, K., Jantzen, D., Siemens, J., Brennan, J., & Kassam, S. (2018). The Role of Education in Developing Leadership in Nurses. *Nursing leadership (Toronto, Ont.)*, 31(4), 26-35.
- Maxwell, J. A. (2020). Why qualitative methods are necessary for generalization. *Qualitative Psychology*.
- Milesky, J. L., Baptiste, D.-L., Foronda, C., Dupler, A. E., & Belcher, A. E. (2015). Promoting a culture of civility in nursing education and practice. *Journal of Nursing Education and Practice*, 5(8), 90-94.
- Morrow, E. M., & Nicholson, C. (2016). Carer engagement in the hospital care of older people: an integrative literature review. *International journal of older people nursing*, 11(4), 298-314.
- Natan, M. B., Danino, S., Freundlich, N., Barda, A., & Yosef, R. M. (2015). Intention of nursing students to work in geriatrics. *Research in gerontological nursing*, 8(3), 140-147.
- Neville, C., & Dickie, R. (2014). The evaluation of undergraduate nurses' attitudes, perspectives and perceptions toward older people. *Nurse education today*, 34(7), 1074-1079.
- Neville, C., Dickie, R., & Goetz, S. (2013). What's stopping a career in gerontological nursing?: literature review. *Journal of Gerontological Nursing*, 40(1), 18-27.
- Nouri, J. M., Ebadi, A., Alhani, F., Rejeh, N., & Ahmadizadeh, M. J. (2013). Qualitative study of humanization-based nursing education focused on role modeling by instructors. *Nursing & health sciences*, 15(2), 137-143.
- Oermann, M. H., & Hays, J. C. (2015). *Writing for publication in nursing*: Springer Publishing Company.

- Officer, A., Schneiders, M. L., Wu, D., Nash, P., Thiyagarajan, J. A., & Beard, J. R. (2016). Valuing older people: time for a global campaign to combat ageism. *Bulletin of the World Health Organization*, 94(10), 710.
- Organization, W. H., & WHO. (2002). *The world health report 2002: reducing risks, promoting healthy life*: World Health Organization.
- Organization, W. H., & WHO. (2003). *The world health report 2003: shaping the future*: World Health Organization.
- Organization, W. H., & WHO. (2015). *World report on ageing and health*: World Health Organization.
- Pai, H.-C. (2016). An integrated model for the effects of self-reflection and clinical experiential learning on clinical nursing performance in nursing students: A longitudinal study. *Nurse education today*, 45, 156-162.
- Peters, K., & Halcomb, E. (2015). Interviews in qualitative research. *Nurse Researcher (2014+)*, 22(4), 6.
- Pierre, J. S., & Conley, D. M. (2017). Introduction to gerontological nursing. *Gerontological nursing competencies for care*, 1.
- Polit, D., & Beck, C. (2017). Theoretical frameworks. *Nursing research: Generating and assessing evidence for nursing practice*, 117-136.
- Rathnayake, S., Athukorala, Y., & Siop, S. (2016). Attitudes toward and willingness to work with older people among undergraduate nursing students in a public university in Sri Lanka: A cross sectional study. *Nurse education today*, 36, 439-444.
- Reitmaier, A., Davies, S., Reveling Smith, L., Mangan-Danckwart, D., Hongerholt, K., & Klinkner, J. (2015). Discovering intergenerativity: an evaluation of learning partnerships between student nurses and older adults. *International journal of older people nursing*, 10(2), 115-126.
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*: sage.
- Runkawatt, V., Gustafsson, C., & Engström, G. (2013). Different cultures but similar positive attitudes: A comparison between Thai and Swedish nursing students' attitudes toward older people. *Educational Gerontology*, 39(2), 92-102.
- Rush, K. L., Hickey, S., Epp, S., & Janke, R. (2017). Nurses' attitudes towards older people care: An integrative review. *Journal of Clinical Nursing*, 26(23-24), 4105-4116.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in nursing & health*, 23(4), 334-340.
- Sandison, B. (2018). Australian Institute of Health and Welfare. *Impact*, 2018(2), 80-81.
- Sarabia-Cobo, C., & Pfeiffer, C. C. (2015). Changing negative stereotypes regarding aging in undergraduate nursing students. *Nurse education today*, 35(9), e60-e64.
- Schroeder, N. (2015). Literature Review: Fostering Undergraduate Student Nurse Engagement in a Bsn Gerontology Course. *HSA Journal of Gerontology & Geriatric Medicine*, 1(006).
- Scully, N. J. (2015). Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession. *Collegian*, 22(4), 439-444.
- Sethares, K. A. (2020). Dissemination of the Integrative Review. In *A Step-by-Step Guide to Conducting an Integrative Review* (pp. 85-106): Springer.
- Shen, J., & Xiao, L. D. (2012). Factors affecting nursing students' intention to work with older people in China. *Nurse education today*, 32(3), 219-223.
- Shin, S., Park, J.-H., & Kim, J.-H. (2015). Effectiveness of patient simulation in nursing education: meta-analysis. *Nurse education today*, 35(1), 176-182.
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333-339.  
doi:<https://doi.org/10.1016/j.ibusres.2019.07.039>

- Stevens, J. A. (2011). Student nurses' career preferences for working with older people: A replicated longitudinal survey. *International journal of nursing studies*, 48(8), 944-951.
- Sun, R., & Henderson, A. C. (2017). Transformational leadership and organizational processes: Influencing public performance. *Public Administration Review*, 77(4), 554-565.
- Swanlund, S., & Kujath, A. (2012). Attitudes of baccalaureate nursing students toward older adults: A pilot study. *Nursing Education Perspectives*, 33(3), 181-183.
- Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice*: Routledge.
- Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396.
- Torraco, R. J. (2016). Writing integrative literature reviews: Using the past and present to explore the future. *Human resource development review*, 15(4), 404-428.
- Usta, Y. Y., Demir, Y., Yönder, M., & Yildiz, A. (2012). Nursing students' attitudes toward ageism in Turkey. *Archives of Gerontology and Geriatrics*, 54(1), 90-93.
- Valaitis, R., Gaber, J., Waters, H., Lamarche, L., Oliver, D., Parascandalo, F., . . . Dolovich, L. (2020). Health TAPESTRY: Exploring the Potential of a Nursing Student Placement Within a Primary Care Intervention for Community-Dwelling Older Adults. *SAGE Open Nursing*, 6, 2377960820909672.
- Vanhook, P., Bosse, J., Flinter, M., Poghosyan, L., Dunphy, L., & Barksdale, D. (2018). The American Academy of Nursing on policy: Emerging role of baccalaureate registered nurses in primary care (August 20, 2018). *Nursing outlook*, 66(5), 512-517.
- Wang, Z., Boulanger, L., Berger, D., Gaudreau, P., Marrie, R. A., Potter, B., . . . Sylvestre, M.-P. (2020). Development and internal validation of a multimorbidity index that predicts healthcare utilisation using the Canadian Longitudinal Study on Aging. *BMJ open*, 10(4), e033974.
- Wu, F., Drevenhorn, E., & Carlsson, G. (2020). *Nurses' Experiences of Promoting Healthy Aging in the Municipality: A Qualitative Study*. Paper presented at the Healthcare.
- Xiao, L. D., Shen, J., & Paterson, J. (2013). Cross-cultural comparison of attitudes and preferences for care of the elderly among Australian and Chinese nursing students. *Journal of Transcultural Nursing*, 24(4), 408-416.
- Yardley, S., Teunissen, P. W., & Dornan, T. (2012). Experiential learning: transforming theory into practice. *Medical teacher*, 34(2), 161-164.
- Zisberg, A., Topaz, M., & Band-Wintershtein, T. (2015). Cultural-and educational-level differences in students knowledge, attitudes, and preferences for working with older adults: an Israeli perspective. *Journal of Transcultural Nursing*, 26(2), 193-201.
- Zlatanovic, T., Havnes, A., & Mausethagen, S. (2017). A research review of nurse teachers' competencies. *Vocations and Learning*, 10(2), 201-233.

## APPENDICES

## Appendix A. PRISMA Chart

### PRISMA 2009 Flow Diagram (reference)

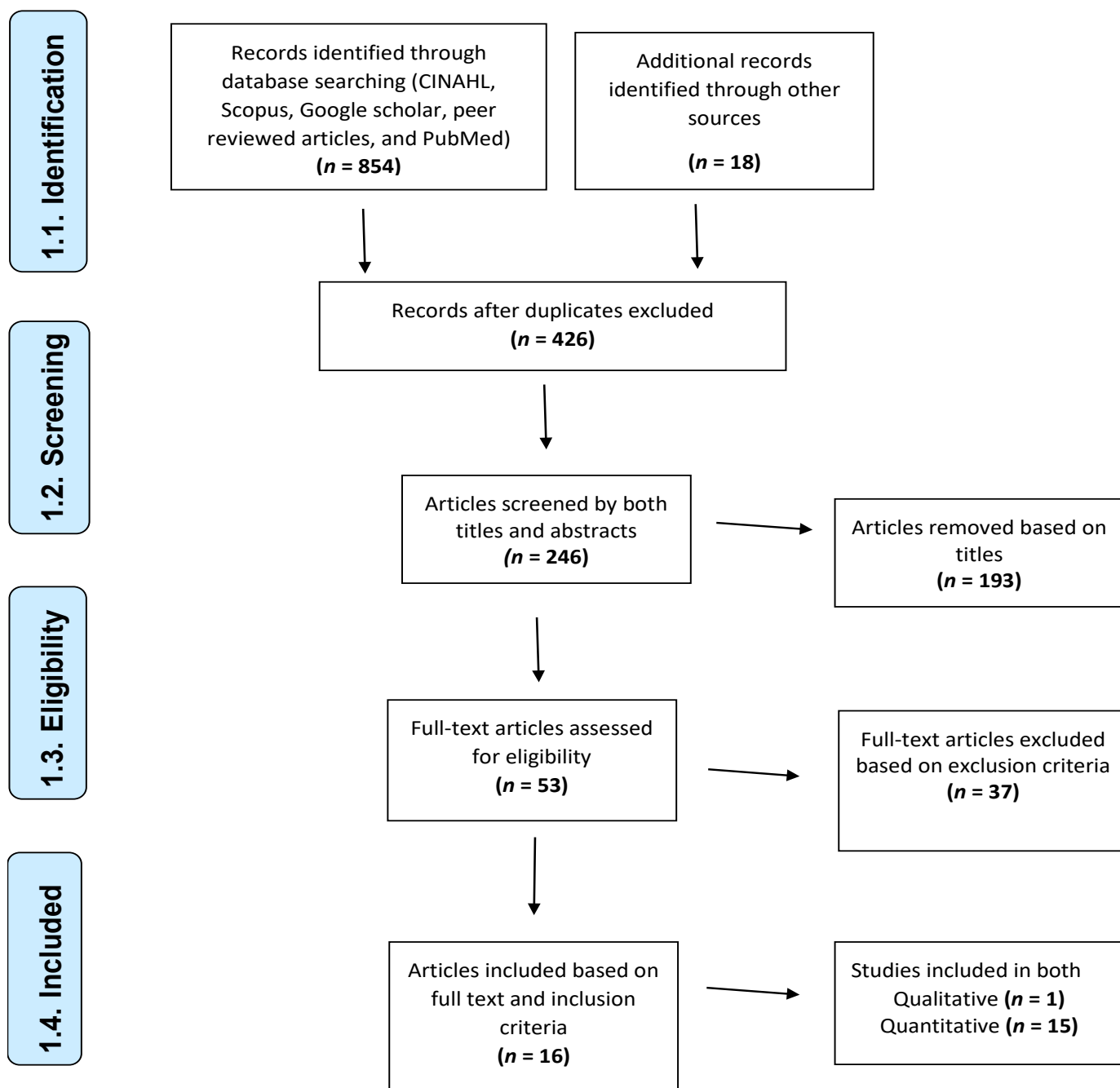


Figure 2. PRISMA flow diagram

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

## Appendix B. Semi-structured interview guide



**Research topic: Leadership experience of nurse academics in gerontological nursing education in Australia.**

### Sample Questions:

For this purpose, the research will address these two objectives:

**Objective 1: To identify the motivators in leading gerontological nursing education in undergraduate nursing programs.**

The participants will be asked the following questions:

1) What leadership have you experienced or observed regarding gerontological nursing education in undergraduate nursing programs?

- Can you please share some of your experiences or what you've observed regarding the practices of gerontological education in undergraduate nursing programs?

- Following what you've shared, can you name some of the leadership styles and attributes you or your colleagues have demonstrated in leading gerontological nursing education in undergraduate nursing programs?

2) What are the activities and topics aimed at preparing nursing students with the knowledge, skills, attitudes and competencies to the care of older people?

- What kinds of core knowledge, skills, attitudes and competencies in the care of older people would you like to see from nursing students when they complete the undergraduate nursing program?

## INSPIRING ACHIEVEMENT

- Can the current nursing curriculum in your School of College enable nursing students to achieve these core knowledge, skills, and attitudes and competencies? If yes, why? If not, what are your suggestions for changes in the curriculum?

3) What helped you to engage students' in developing their ability to care for older people?

**Objective 2: To identify the challenges in leading gerontological nursing education in undergraduate nursing programs.**

The participants will be asked the following questions:

1) What challenges/difficulties have you encountered while conducting gerontological nursing education in undergraduate nursing programs?

2) Have you experienced any difficulty in engaging nursing students in studying gerontological nursing both in theoretical studies and clinical placements? If yes, please give some examples.

3) What strategies have you devised to overcome these difficulties?

4) What are the factors affecting you to develop or implement curriculum, or topics, content or suitable clinical placements for students to learn gerontological nursing?

## INSPIRING ACHIEVEMENT



### Appendix C. Example of interview coding

Transcripts	Coding	Grouping and summarising codes	Sub-themes	Themes
<p><i>“So, the types of activities would range from understanding the pathophysiology of ... what changes happen as we age and what changes do not happen as we age but might be present, then we attribute them to getting old. Things like a very clear understanding of the three D's, Dementia, Delirium, Depression, and the differences in those, especially when it comes to the care of older people. Looking at the standards and mapping out the skills and attitude and knowledge needed by the students and being able to meet those standards and the current new standards...” (Betty, Line 55)</i></p>	<p>Discrepancy in learning activities between the academic and clinical area.</p>	<ul style="list-style-type: none"> <li>- Inexperienced nurse academics leading/teaching the students in aged care</li> <li>- No specific assessment for older people in the lesson - Task orientated</li> </ul>	<p>Implementing innovative teaching strategies to engage students to develop knowledge, skills, and attitudes</p>	<p style="text-align: center;"><b>Promoting Gerontological nursing in the curriculum</b></p>
<p><i>“There’s a need to be more specific in gerontological aspects to all phases of the curriculum. It used to be that we would get them to do a functional assessment on an older person, but I don't believe that's in the current curriculum. So that's not there anymore. So, I think if we get students to do an assessment on an older person as part of their learning, that would have started. Our Medical-surgical text, Fundamentals of nursing, they've got an older person's perspective. So, there's that. No, I think it's enough. It's sort of added on. It's not the core. It should be the core.” (Fran, Line 54)</i></p>	<ul style="list-style-type: none"> <li>- Competition for getting gerontological nursing into the curriculum.</li> <li>- No specific assessment for older people in the topics.</li> </ul>	<ul style="list-style-type: none"> <li>- Not enough time in clinical learning exposure (because of busy environment</li> <li>- Limited local aged care placement</li> <li>- Insufficient number of hours in learning experience.</li> </ul>	<p>Initiating regular review of the nursing curriculum</p>	
<p><i>“Well, In the clinical laboratory settings, students experience case studies and skills acquisition. So, a lot of laboratory sessions and tutorial guides would involve case studies about older people. And in this university, we've got a case world where there are case studies about older people...” (Fran, Line 41)</i></p>	<p>- Lack of mentoring from experienced tutor.</p>	<ul style="list-style-type: none"> <li>- Unpleasant experiences during placement education result from poor standards of care.</li> <li>- No opportunity to learn by doing the skills in medication</li> </ul>	<p>Using tutorial guides</p>	

## Appendix D. Ethics approval letter

### APPROVAL NOTICE

Project No.:

8454

Project Title:

Leadership experience of nurse academics in gerontological nursing education in Australia

Principal Researcher:

Maria Monica Espinosa

Email:

[espi0022@flinders.edu.au](mailto:espi0022@flinders.edu.au)

Approval Date:

4 September 2019

Ethics Approval Expiry Date:

30 April 2021

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comments.

### ADDITIONAL COMMENTS:

Please ensure that copies of the correspondence granting permission to conduct the research from [University of South Australia](#), [La Trobe University](#) and [Queensland University of Technology](#) are submitted to the Committee *on receipt*. Please ensure that the SBREC project number is included in the subject line of any permission emails forwarded to the Committee. Please note that data collection should not commence until the researcher has received the relevant permissions (item D8 and Conditional approval response – number 3).

### RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

#### 1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above-mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead

is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used, and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.

- the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

*This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethics approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au).*

## ANNUAL PROGRESS / FINAL REPORTS

In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research 2007 (updated 2018)* an annual progress report must be submitted each year on the **4 September** (approval anniversary date) for the duration of the ethics approval using the report template available from the [Managing Your Ethics Approval](#) web page.

**Please note** that no data collection can be undertaken after the ethics approval expiry date listed at the top of this notice. If data is collected after expiry, it will not be covered in terms of ethics. It is the responsibility of the researcher to ensure that annual progress reports are submitted on time; and that no data is collected after ethics has expired.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please either submit (1) a final report; or (2) an extension of time request (using the modification request form).

First Report due date:

**4 September 2020**

Final Report due date:

**30 April 2021**

### Student Projects

For student projects, the SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, assessed and finalised. This is to protect the student in the event that reviewers recommend that additional data be

## MODIFICATIONS TO PROJECT

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such proposed changes / modifications include:

- change of project title;
- change to research team (e.g., additions, removals, researchers and supervisors)
- changes to research objectives;
- changes to research protocol;
- changes to participant recruitment methods;
- changes / additions to source(s) of participants;
- changes of procedures used to seek informed consent;
- changes to reimbursements provided to participants;
- changes to information / documents to be given to potential participants;
- changes to research tools (e.g., survey, interview questions, focus group questions etc);
- extensions of time (i.e. to extend the period of ethics approval past current expiry date).

To notify the Committee of any proposed modifications to the project please submit a Modification Request Form available from the [Managing Your Ethics Approval](#) SBREC web page. Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

### Change of Contact Details

If the contact details of researchers, listed in the approved application, change please notify the Committee so that the details can be updated in our system. A modification request is not required to change your contact details; but would be if a new researcher needs to be added on to the research / supervisory team.

## ADVERSE EVENTS AND/OR COMPLAINTS

Researchers should advise the Executive Officer of the Ethics Committee on 08 82013116 or [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au) immediately if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that effects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.

Kind regards  
Rae

---

**Andrea Mather and Rae Tyler (Mon, Wed and Fri morning)**

Human Research Ethics Officers (Social and Behavioural Research Ethics Committee) Research Development and Support

Union Basement Building  
Flinders University

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