

GAINING UNDERSTANDING OF ADVANCED PRACTICE NURSES IN
GERIATRICS USING A GADAMERIAN APPROACH

A DISSERTATION

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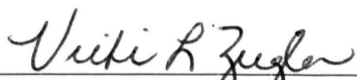
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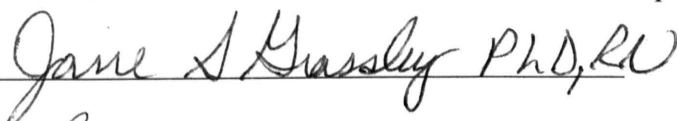
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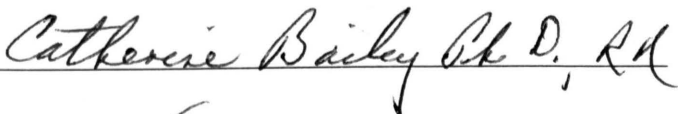
I am submitting herewith a dissertation written by Dia D. Campbell-Detrixhe entitled "Gaining Understanding of Advanced Practice Nurses in Geriatrics Using a Gadamerian Approach." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing Science.

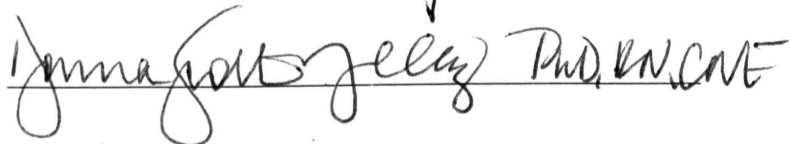

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DEDICATION

To my parents, Paul and Dolores Campbell,
thank you for believing in me.

In loving memory of my mother,
Dolores J. Campbell
1940-2011;
A wonderful woman who touched many lives.

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This dissertation would not have been a real fulfillment without the backing, cooperation, and on-going support from various individuals through various means. It is with deep appreciation and gratitude that I acknowledge the professional guidance, assistance, and encouragement of my dissertation committee. I am especially indebted to my dissertation committee chairperson, Dr. Vicki Zeigler for providing her expertise, patience, and continual encouragement and support in the development and completion of this dissertation. I am also indebted to Dr. Jane Grassley, for serving on my dissertation committee, as well as being instrumental in my beginning graduate research studies. Her expertise, guidance, and positive support will long be admired. Appreciation is also extended to Dr. Betty Gorrell, Dr. Catherine Bailey and Dr. Donna Tilley, who also served as members of my dissertation committee. Their ongoing support, kind words of encouragement, thoughtful criticism, and insightful suggestions will be remembered. I truly appreciate each of your efforts in this endeavor.

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ABSTRACT

DIA D. CAMPBELL-DETRIXHE

GAINING UNDERSTANDING OF ADVANCED PRACTICE NURSES IN GERIATRICS USING A GADAMERIAN APPROACH

MAY 2011

Examining the meanings of the experiences of advanced practice nurses (APNs) who have chosen to work with the elderly and why they continue to work with this population was the focus of this hermeneutic qualitative research study. A better understanding of how one can influence nursing students to pursue this specialty area as a clinical focus after graduation may be obtained by studying nurses who have chosen the clinical specialty of gerontological nursing.

Twelve gerontological APNs currently practicing in the state of Oklahoma and/or Texas were interviewed using an open-ended and exploratory questioning guide developed by the researcher. Participants were interviewed face-to-face and were audio-taped.

Using Gadamerian hermeneutics, this researcher identified *Gerontology Found Me* as the significant expression that reflected the fundamental meaning of the texts as a whole. Four themes emerged that further described the meanings of the participants' personal, educational, and professional experiences: *Becoming a Gerontology Nurse*, *Being a Gerontology Nurse*, *Belonging to Gerontology*, and *Bringing Others to*

Gerontology. Subthemes were then identified within each theme, promoting a deeper understanding of the meaning of the experiences that were seminal to the APNs' decisions to work with the elderly.

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CHAPTER I

INTRODUCTION

Focus of the Inquiry

The United States (US) population is growing older and living longer; an estimated one in eight Americans is currently 65 years or older (U.S. Department of Health and Human Services [USDHHS], Administration on Aging, 2007). By the year 2030, when the last of the Baby Boomers reach 65, there will be approximately 71.5 million senior citizens ([USDHHS], Administration on Aging, 2007). It is also projected that more Americans will be retiring between the years 2001 and 2019 than in any other period in history (Zabel, 1999). As life expectancy increases with this graying society, so does the risk of increased health problems and chronic illness. The USDHHS Administration on Aging (2007) conducted a survey of the older population and found that most older individuals reported at least one chronic health condition; many had multiple conditions that included hypertension, arthritis, heart disease, cancer, diabetes and sinusitis.

The majority of nurses, particularly new graduates, will care for this aging population at some time in their professional lives. According to the most recent report released by the American Association of Colleges of Nursing [AACN] (2004), 63% of newly licensed registered nurses (RNs) reported that older adults comprised a majority of their client loads in all practice settings. The National Center for Health Statistics (2004)

reported that the population of older adults represented 50% of hospital days, 60% of all ambulatory adult primary care visits, 70% of all home care visits, and 85% of residents in long-term care facilities. This validates the critical need for newly licensed nurses to have the “knowledge, skills, and abilities (competencies) necessary to care for this growing population in order to protect the public health and welfare” (Wendt, 2003, p. 152). It further suggests that nurses play a vital role in the provision of care to these aging Americans (Thornlow, Latimer, Kingsborough, & Arietti, 2006).

However, most nurses are ill-prepared to offer optimum care to this patient population. The American Nurses Association (ANA, 2008) reported that registered nurses (RNs) and other health care professionals are often unprepared to provide the specialized care needed for our aging population. They emphasized that “only one-third of bachelor’s of science in nursing programs require a course in geriatrics” (para. 6). Students also express reservations about caring for the elderly. Numerous research studies have found that nursing as well as other professional healthcare students express reservations about working with the elderly and have exhibited both negative and positive attitudes toward the care of aging patients (Cohen, Sandel, Thomas, & Barton, 2004; Cottle & Glover, 2007; Coven, 2005; Fajemilehin, 2004; Lookinland & Anson, 1995; Lovell, 2006; Mosher-Ashley & Ball, 1999; Roberts, Hearn, & Holman, 2003; Treharne, 1990; Valeri-Gold, n.d.; Zhou, 2007).

Although advanced practice nurses (APNs) might play a key role in providing care to this growing age group, only a small percentage of APNs choose to specialize in

gerontology, creating a significant gap in care (LaSala, Connors, Pedro, & Phipps, 2007; Stolee, Hillier, Esbaugh, Griffiths, & Borrie, 2006). The AACN (2004) reported that of the over 157,200 RNs who were prepared to practice as APNs, only three percent of APNs or clinical nurse specialists were certified in geriatrics. This critical shortage of qualified gerontological nurses threatens the quality of care offered to the increasingly aging population in the US because of special care needs that are often not addressed within the healthcare system due to inadequate knowledge about aging (Scherer, Bruce, Montgomery, & Ball, 2008). In order to address the shortage of qualified nurses to care for the elderly, further exploration of the reasons nurses chose gerontology as a specialty and clinical focus following graduation was needed.

Purpose of Study

The purpose of this qualitative hermeneutic study was to examine the meaning of the experiences of APNs who chose to work with the elderly and why they continue to work with this population. A better understanding of how one can influence nursing students to consider this specialty area as a clinical focus after graduation was illuminated by exploring the meaning of the experiences that were seminal to the decisions of APNs to pursue gerontology as their clinical focus.

Research Question

The research question for this study was: How do personal, educational and professional experiences influence APNs to initiate and continue in gerontology?

Rationale for the Study

“To meet the demands of a growing and aging population, many more nurses with specialty education in the care of older adults will be needed” (Canadian Gerontological Nursing Association and National Gerontological Nursing Association, 2008, para. 17). Currently, the profession of nursing is being presented with many obstacles including fewer students choosing a career in gerontology nursing, the lack of geriatric education and training within nursing programs, and a lack of qualified nursing faculty to teach geriatrics (Mion, 2003).

Choosing not to specialize in gerontological nursing may be related to the students’ attitudes about aging. The majority of research studies related to factors that influence students’ decisions to pursue gerontology have investigated students’ attitudes and perceptions towards aging. Understanding attitudes toward aging is crucial because attitudes “influence how information is interpreted and how behavioral dispositions are formed” (Williams, Anderson, & Day, 2007, p. 115). Students’ attitudes may be influenced by their limited exposure to older people. Changes in family structure within the US may perpetuate negative stereotypes and attitudes about older adults. Many couples are waiting to have children until they are older, thus limiting the time these children may be able to spend with their aging grandparents. Also, families are living farther apart from each other, sometimes in different states and/or countries, thus making it more difficult to visit and spend quality time with elders (Touhy & Jett, 2010; Wesley, 2005).

Students' views on working with the elderly may be influenced by society's negative attitudes about aging. The United States' cultural values toward youth have been strongly influential in how society views aging. Cohen, Sandel, Thomas, and Barton (2004) argued, "American society has a long-standing tendency to overvalue youth and as a consequence has generated and perpetuated negative stereotypes about older adults and the aging process" (p. 330). Examples of negative stereotypes about older adults are displayed: (a) on television in commercials, sitcoms, and comedy shows, (b) in magazine advertisements, and (c) on greeting cards.

Research has shown that the majority of attitudes toward aging are formed before students enter post-secondary education and remain unchanged (Cottle & Glover, 2007; Fajemilehin, 2004; Gething et al., 2004; Lookinland & Anson, 1995; Lovell, 2006; Ryan & McCauley, 2004; Treharne, 1990; Wesley, 2005; Williams et al., 2007). Unfavorable attitudes affect whether or not nursing students choose to work in geriatric care. For example, Ryan and McCauley (2004) developed a pilot educational program in gerontological nursing to assist senior baccalaureate nursing students to learn about aging; however, due to lack of student interest, this program was not implemented. The authors subsequently decided to conduct a descriptive research study, using surveys, to "determine the knowledge base and attitudes of junior and senior baccalaureate nursing students toward older adults" (p. 5). A convenience sample of 55 nursing students was surveyed using two instruments: (a) *Kogan's Attitudes Toward Old People Scale (KOP)* and (b) *Palmore's revised Facts on Aging Quiz (FAQI)*. Statistical analysis revealed

significant differences between the junior and senior students and among different ethnic groups in overall knowledge about the elderly. Findings from this survey supported the conclusion “that nursing students often lack knowledge of the elderly and need opportunities to develop positive attitudes toward them” (p. 5).

Cottle and Glover (2007), in their study of 253 undergraduate students, examined the ability of a lifespan course to combat ageism and create positive change in both knowledge of, and attitudes toward, the elderly. Data were collected from the students during class time in the first (Time 1) and last weeks (Time 2) of the semester using three questionnaires: (a) a basic demographic questionnaire, (b) an assessment of knowledge of aging, and (c) an assessment of attitudes toward the elderly. Findings indicated knowledge and attitudes were not associated at Time 1 or Time 2, thus implying “continued ageism as young adults appear to be forming attitudes independent from knowledge” (p. 511).

Fajemilehin (2004) examined the conceptions and misconceptions of students in health professions regarding older individuals. A total of 80 students in health professions (nursing and medical) participated in the study and completed Palmore’s (1977) 25 item *Facts on Aging* questionnaire. Results of this study revealed that students demonstrated a high degree of stereotypic misconceptions as well as poor knowledge about aging and older people. A significant difference in conceptions and misconceptions about older people between nursing students ($m = 11.07$) and medical students ($m = 12.84$) was also identified ($t = 2.34, p \leq .05$), which suggested that nursing

students had more clinical experiences involving the care of the elderly (Fejemilehin, 2004). Lastly, this study revealed hesitancy among students in the health professions to specialize in any area related to gerontology.

Similar findings were identified in Lovell's (2006) study which involved a historical perspective and current review of the literature examining nursing students' and other health professionals' attitudes toward caring for the elderly. Four validated questionnaires that measured attitudes and perceptions about aging identified from research studies were used. They were: (a) *Kogan's Attitude Scale*, (b) *Palmore's Facts on Aging Quiz*, (c) *Aging Semantic Differential Scale*, and the (d) *Maxwell-Sullivan Attitude Scale* (Lovell, 2006). Study findings revealed that nursing students had a negative attitude toward the elderly which was possibly affected by personal beliefs, values, culture, experience and observations. The researchers concluded that nursing students' perceived attitudes toward the gerontology field could make it increasingly difficult to recruit the nurses needed for this specialty area.

Choosing not to specialize in gerontological nursing may be related to the nurse educators' attitudes about aging. Fagerberg, Winblad, and Ekman's (2000) longitudinal, qualitative study found that students "received contradictory messages during the (*sic*) education in elder care" (p. 211). For example, students questioned the amount of theoretical education in gerontology that they received in relation to clinical education in elder care. In other words, students regarded the theoretical education in gerontology as inadequate, "outdated and not including current nursing research" (p. 213). Students

further questioned nurse educators' competence in teaching about aging due to their apparent lack of factual knowledge of and low interest in the subject matter (Fagerberg, et al., 2000).

Nurse educators may not value aging as an important content area. Mendoza-Nunez, Martinez-Maldonado and Correa-Munoz (2007) conducted a cross-sectional study of 26 teachers and 122 undergraduate students to analyze teachers' and students' perceptions about their current educational practices on gerontology. While 41% of students considered education on aging matters as an essential element for their professional development, only 19% of their teachers did. The authors' findings suggested that the teachers' perceptions about the insignificance of education on aging could be a negative factor for teaching about gerontology. One explanation for teachers' negativism may have been their lack of educational preparation in geriatrics; only 1% had graduate courses in aging (Mendoza-Nunez et al., 2007). Furthermore, research suggests the need for increasing efforts to heighten awareness of nurses and to integrate comprehensive content on positive aging throughout the curriculum (Ferrario, Freeman, Nellett, & Scheel, 2008; LaMascus et al., 2005; Wesley, 2005).

More health care professionals are needed to provide optimum care to meet the needs of the rapidly aging population (Lovell, 2006). How society views our elderly continues to plague individual decisions of future nurses to pursue a specialty in gerontology nursing. Fajemilehin (2004) wrote:

Individuals tend to look at older people as a homogenous category and to

overlook the unique qualities of persons, irrespective of chronological age. In order to deliver quality care, health professionals must guard against accepting common negative beliefs about older people. (p. 384)

Significance of the Study

This study has significance for nursing practice, education and research. Nursing, as a professional discipline, can be defined by social relevance and value orientation (Donaldson & Crowley, 1978; Johnson, 1974) with its focus derived from a “belief and value system about the profession’s social commitment, nature of its service, and area of responsibility for knowledge development” (Newman, Sime, & Corcoran-Perry, 1991, p. 1). APNs who choose to care for those who are aging uniquely share in this belief and value system within the professional discipline of nursing through their ongoing education and commitment. This study has significance for nursing practice because recognizing and understanding why these nurses choose to pursue a career in gerontology, and continue to serve as advocates for this population, may encourage other nurses to follow in their footsteps.

This study has significance for nursing education. Knowledge gained in this study may provide guidance for curriculum changes that better prepare future nurses to specialize and practice in gerontology. APNs, through telling about their personal, educational, and professional experiences in working with the elderly, may add insight into the kinds of content and experiences that may enhance the focus of nursing curricula. We must recognize and listen to the stories shared by these experts in the field as these

“nurses play an essential role in the provision of acute and chronic care, health education, and health promotion for these older Americans” (Thornlow et al., 2006, p. iii).

On a personal level, benefits for the participants can be anticipated through the sharing of stories and gaining insight into their own attitudes about the aging process. By encouraging these gerontology nurses to reflect on their personal, educational, and professional experiences as advanced practitioners, as well as how they came to the realization in their educational journey that working with the elderly was their calling, may inspire the participants to encourage future nursing students to choose a career in gerontology nursing.

The older population will continue to grow significantly with each passing year (USDHHS Administration on Aging, 2007). Accompanied with this steady growth of our aging population comes the steady growth of specific health care needs affecting society's aging community. Socioculturally, knowledge gained in this study may provide a means of increasing society's understanding of the care associated with this aging population through social change. For example, findings from this study might be presented to key decision makers, providers of care and the general public to educate, advocate and promote a more positive view of our aging population. These efforts may in turn encourage more nurses (both novice and experienced) to become specialized in gerontology.

Researcher's Relationship to Topic

As the researcher I have an extensive history, both personally and professionally, with gerontology. My love and compassion towards gerontology stem back to my younger years spent with my great-grandmother Daisy. In 1924, my great-grandmother, Daisy became a RN when she graduated from the El Reno Sanitarium in El Reno, Oklahoma. As a child, I was allowed to follow my great-grandmother while she worked as a RN in long-term care; this experience truly inspired my interest in the elderly and desire to learn more about the aging process.

In 1986, I received my Bachelor of Science degree in nursing and worked in many areas serving the needs of older individuals over the next few years. It was during this time in my nursing career that I knew I needed to further my education. My dream of educating other nurses about the field of gerontology was something I desired and set out to accomplish. In 1997, I earned an advanced degree in nursing education with an emphasis on gerontology and began my career as a nurse educator.

I have had the unique opportunity to teach gerontology courses in two different university settings over the past five years. My experience teaching gerontology has been both rewarding and frustrating. I have noticed that many nursing students have negative feelings towards caring for older individuals and very few nursing students choose to specialize in geriatrics. Gaining a clearer understanding by dialoguing with nurses who choose to specialize in geriatrics through telling their stories may provide a means to inspire future nursing students to pursue this specialty of nursing.

Philosophical Framework

Gadamerian hermeneutics provided the framework to guide this study.

Gadamerian hermeneutics focuses on broadening horizons of understanding through a process of dialogue between individuals or between researcher and texts (Wood & Giddings, 2005). Gadamer (1960/ 2004) drew on the study of hermeneutics to describe the circularity of the process of understanding and how we come to understand. He wrote, "the task of hermeneutics is to clarify this miracle of understanding, which is not a mysterious communion of souls, but sharing in a common meaning" (p. 292). The need to be aware of how one's own understanding of other people is developed through a fusion of one's own history, language and culture with the other person (Phillips, 2007). In developing philosophical hermeneutics, Gadamer (1960/2004) identified concepts or notions for interpretation of texts that included the hermeneutic circle of understanding, prejudice, linguisticity of understanding, historicity, and the fusion of horizons.

The notion of a hermeneutic circle involves a moving from the parts to the whole to the parts in order to gain a better understanding of the experience being examined. Gadamer (1960/ 2004) described the hermeneutic circle as a "circular relationship between explanation and understanding that involves seeing something familiar in a new light" (Welch, 1999, p. 242). He defined prejudice as the opinions and initial ideas the individual might bring to the hermeneutic circle and process of understanding (Gadamer, 1960/2004; Wood & Giddings, 2005). Gadamer recognized the importance of being

aware of one's own bias "so that the text can present itself in all its otherness and thus assert its own truth against one's own fore-meanings" (Gadamer, 1960/ 2004, p. 271).

Gadamer (1960/2004) concluded that the fundamental model of understanding was that of conversation or dialogue. He viewed understanding as always linguistically mediated. He wrote, "All understanding is interpretation, and all interpretation takes place in the medium of a language that allows the object to come into words and yet is at the same time the interpreter's own language" (Gadamer, 1960/2004, p. 390). One of the defining notions of Gadamer's philosophical hermeneutics was how historical influences shape understanding. He argued that we should "learn to understand ourselves better and recognize that in all understanding, whether we are expressly aware of it or not, the efficacy of history is at work" (Gadamer, 1960/2004, p. 300). Finally, the notion of fusion of horizons brings horizons of meaning together through dialogue (Wood & Giddings, 2005).

Gadamer (1960/2004) argued that people bring a horizon, i.e., a way of seeing shaped by language and history, to how they interpret an experience or a meaning, the literature they read, or a work of art. The outcome of this hermeneutic dialogue is a fusion of horizons. Participants in this study brought personal and professional insights of how they view aging and shared their experience(s) of caring for an aging population through dialogue with me as the researcher.

For this study, Gadamerian hermeneutics and particularly Gadamer's concept of history provided the framework for exploring what personal, educational and professional

experiences shaped geriatric APNs' decisions to choose this specialty. According to Grassley and Nelms (2008), "history, which includes experiences, family, culture, and historical tradition, conditions the choices a person makes and the problems a person notices" (p. E57). Examining the meanings of the experiences that were seminal to APNs' decisions to provide care for the aging provided a dialogical event or fusion of horizons that expands our understanding of this phenomenon (Phillips, 2007).

Conceptual Framework

Personal knowing will guide this study as a conceptual framework. Based on the writings of Polanyi (1958/1974), particularly *Personal Knowledge: Towards a Post-Critical Philosophy*, all knowing is personal with one's skills, biases, and passions playing a necessary and important role in discovery and validation. While Polanyi embraced the existence of objective truth, he criticized the idea that "there is something called the scientific method which enables science to supply truths in a mechanical fashion" (*New World Encyclopedia*, 2008, para. 10). For Polanyi, the concept of personal knowledge exists in a conscious, rational individual who has knowledge of a topic (Sweeney, 1994).

While knowing is a type of knowledge that is "constructed through experience, shaped by reflection and manifested by meaning" (Bonis, 2009, p. 1337), personal knowing involves an understanding of the unique individuality of the self and how one relates to others (Carper, 1978; McKenna, 1997; Polanyi, 1958/1974; Vinson, 2000). Chinn and Kramer (2008) identified personal knowing as one of the fundamental patterns

of knowing in nursing that “focused on the inner experience of becoming a whole, aware self” (p. 301), and was expressed as “mind-body-spirit congruence, authenticity, and genuineness” (p. 135). Chinn and Kramer developed critical questions for each way of knowing in their model of knowledge development in nursing. Their critical questions for personal knowing were: “Do I know what I do? Do I do what I know?” (p. 133). These questions addressed important aspects of the experience and the processes involved in developing personal knowing. For this study, personal knowing provided a framework for understanding geriatric APNs’ insights into their beliefs and values and how these may have affected their interactions with others in choosing this specialty area of nursing.

Summary

This chapter introduced the focus of this qualitative study, a Gadamerian hermeneutic analysis of geriatric APNs’ decisions to work with the elderly. As our aging population continues to grow older and live longer, the need for health care professionals who can provide optimum care is critical. Optimum care may involve knowledge gained through a partnership among students, educators, and clinicians, which addresses societal views about aging. By asking nurses who chose gerontological nursing about the experiences that were seminal to their decisions and by examining the meaning of these experiences, a better understanding has been gained of how nurse educators can influence future nursing students to pursue this clinical focus following graduation.

CHAPTER II

METHODOLOGY

The methodological framework chosen for this study was Gadamerian or philosophical hermeneutics. Philosophical hermeneutics was developed by H. G. Gadamer, a German philosopher whose life spanned the 20th century (1900-2002). Influenced by Husserl, Heidegger, Dilthey, and Plato (Johnson, 2000), Gadamer (1960/2004) viewed understanding to be both a process and mode of being. He argued that to understand does not necessarily mean a better understanding, but rather the individual understands in a different way (Gadamer, 1989). The concept of horizon “expresses the superior breadth of vision that the person who is trying to understand must have” (Gadamer, 1960/2004, p. 304). Gadamer (1960/2004) further explained that in order to acquire a horizon, one must learn to “look beyond what is close at hand—not in order to look away from it but to see it better, within a larger whole and in truer proportions” (p. 304). Gadamer argued that each of us brings a horizon, or way of seeing, to how we interpret an experience or a meaning, the literature we read, or a work of art.

The anticipated outcome for this Gadamerian hermeneutic study was to gain a clearer understanding of geriatric advanced practice nurses’ (APNs) decisions to work with the elderly. This was accomplished by engaging nurses in the dialogic process of

telling their stories. Gadamer (1960/2004) referred to this dialogic process as a dialogue spoken language characterized precisely as the “process of question and answer, giving and taking, talking at cross purposes and seeing each other’s point – performs the communication of meaning that” (p. 361). It was anticipated that this effort would provide a means of inspiration to future nursing students to pursue a career in gerontological nursing.

For this study, data were generated and analyzed using Fleming, Gaidys, and Robb’s (2003) Gadamerian-based research method. Based upon Gadamer’s philosophical thinking, these researchers developed a step by step approach consisting of five stages in this research process. The stages included: (a) deciding upon a research question, (b) identification of preunderstandings, (c) gaining understanding through dialogue with participants, (d) gaining understanding through dialogue with text, and (e) establishing trustworthiness. This research method was initially developed as one way in which researchers could utilize Gadamer’s ideas as a foundation for their work (Fleming et al.), since Gadamer did not define a specific research methodology (Wood, & Giddings, 2005).

Research Plan

Developing a Research Question

The first stage entitled, *deciding upon a research question*, is based upon the appropriateness of the research question in relation to supporting methodological assumptions. Furthermore, the area of interest must be “congruent with the aims of

interpretative hermeneutics so that data obtained and conclusions reached will be appropriate and useful” (Fleming et al., 2003, p. 116). Fleming et al. (2003) wrote, “The essence of the question, according to Gadamer (1990), leads to the opening up of possibilities for this understanding. Gadamer (1990) emphasized the influence of the right questions for elaboration of the hermeneutic situation” (p. 117). In other words, the initial research question affects the whole research process. Therefore, Gadamerian hermeneutics was an appropriate methodology for this study because its focus was to understand those experiences that were influential in geriatric APNs decisions to work with the elderly.

Identifying Preunderstandings

The second stage of the research process, *identification of preunderstandings*, stresses the importance of the researcher recognizing his or her different beliefs about the phenomenon of interest or the influence of colleagues, researchers or texts. As stated by Fleming et al. (2003), “Researchers underpinning their work with the philosophy of Gadamer are required to identify their preunderstandings or prejudices of the topic” (p. 117). They recommended that the researcher have one or more conversations with a colleague about the phenomenon of interest, thus allowing these preunderstandings or prejudices to become visible to the researcher. I conversed with various colleagues in gerontology about the phenomenon of interest and received positive feedback that indicated a definite need for conducting this study. Fleming et al. (2003) also recommended keeping a reflexive research journal because preunderstandings can change

during the collection and analysis of data. Fleming and colleagues argued that when researchers continually reflect on changes to their preunderstandings they are better able to enter the hermeneutic circle and stay oriented to the phenomenon of interest.

As a nurse educator with an advanced degree in nursing education with an emphasis in gerontology, and who later taught gerontology courses in two different university settings, I have developed assumptions about working with the elderly. For example, I believe that nurses who are well-informed about aging and the elderly will want to care for older patients; however, I have also observed that very few nurses choose gerontology as their specialty area of nursing.

Roberts (2004) suggested in order to obtain detailed, cutting-edge knowledge, you “must immerse yourself in your subject by reading extensively and voraciously” (p. 73). Therefore, during this phase of the research process, I interacted with the literature by accessing and reading texts within the discipline of nursing as well as other disciplines to better understand the phenomenon of study. I also recorded my responses to my readings while keeping a reflexive research journal in order to identify or reflect upon my preunderstandings or prejudices to broaden the horizon I brought to the study.

Assumptions

The underlying assumptions identified for this study included:

1. Nurses will increasingly care for older patients.
2. Nurses who are well-informed about aging and the elderly will want to care for older patients.

3. Many students come to their education with little positive experience working with or being with the elderly.
4. Faculty attitudes about aging influence students' attitudes and decisions.
5. Societal stereotypes and attitudes towards aging affect nurses' decisions.
6. Nurse educators will be expected to teach nursing content about aging issues throughout the nursing curriculum.
7. Participants will want to explore and share their personal stories.
8. The social/historical/cultural contexts influence personal and professional decisions to pursue gerontology as a clinical focus.

Gaining Understanding through Dialogue with Participants: Data Generation

Data generation or *gaining understanding through dialogue with participants* is the third stage of the research process. Fleming et al. (2003) emphasized the importance of the researcher fully understanding the meanings of the texts gained from participants. "For Gadamer, the major aim of a conversation is to allow immersion into the subject matter, therefore a conversation between researcher and participant is a suitable method of achieving understanding of a phenomenon of interest" (Fleming et al., 2003, p. 117). Creswell (2003) described the role of the researcher as the primary data collection instrument; and Fleming et al. suggested that data generation not be delegated to research assistants so that the researcher could develop deeper understandings of the phenomenon being studied.

Setting and participants. The setting for this study was Oklahoma and Texas. Participants were selected based on their first-hand experience with the phenomenon of interest. Inclusion criteria for this research study were as follows: (a) currently practicing in the state of Oklahoma and/or Texas while maintaining an active, unencumbered registered nursing license; (b) practicing as an APN in the role of nurse practitioner (NP), clinical nurse specialist (CNS), or both and certified in geriatrics from the American Nurses Credentialing Center OR practicing as an APN in the role of NP, CNS, or both and having at least 5 years experience working with older adults with at least 50% of his/her client population being older adults; and (c) able to read, write, and speak English. To decrease the risk of coercion, none of the participants worked directly with me nor were they my students. Exclusion criteria included APNs who did not speak or read English because I only speak English. I collected demographic data using the *Information Sheet* found in Appendix A.

Data collection. Data collection began once permission was obtained from the Texas Woman's University Institutional Review Board and continued until data saturation was reached and no new themes were being generated. Using a variation of purposive sampling (i.e., snowball sampling), I asked geriatric APNs from my professional network who met the eligibility criteria if they would be interested in participating in the study. Potential participants were contacted via face-to-face, email, or telephone using the *Recruitment Process Script* found in Appendix B. A recruitment announcement was also placed on the Oklahoma Geriatric Nursing Education

Workgroup's (OGNEW) distribution group email list. The *Letter of Agreement* giving permission to post the recruitment announcement to the OGNEW distribution group email list can be found in Appendix C. I planned to recruit 6 to 15 geriatric APNs currently practicing in the state of Oklahoma and/or Texas for interviews. Interviews took place where the participants felt most comfortable and where privacy was maintained. I met each participant and reviewed the written informed consent. Time was provided for the participant to read the informed consent and ask any questions he/she had. After consenting to be in the study, the interviews began using the *Interview Guide* found in Appendix D. I recorded the entire interview using audio-taping. At the completion of the interview, I transcribed the interview verbatim.

Understanding Through Dialogue With the Text: Data Analysis

A dynamic interaction between the researcher's self and the data occurs during the process of data analysis. Burns and Grove (2007) referred to this process as reflexive; the researcher "explores personal feelings and experiences that may influence the study and integrates this understanding into the study" (p. 80). The process of qualitative data analysis is "ongoing as data are collected" (Portney & Watkins, 2009, p. 311) and involves making sense of the text data, conducting different analyses, and offering an interpretation of what is going on (Burns & Grove, 2007; Creswell, 2003).

The fourth stage in the research process proposed by Fleming et al. (2003) emphasizes the importance of using written transcripts, the audio-taped words, written comments about the interview situation, non-verbal expressions, and observations made

by the researcher. In an effort to facilitate the process of understanding, Fleming et al. suggested analyzing the first series of interviews before proceeding with the next set of interviews. I analyzed the data using the following four steps while I carefully read each transcript. First, to gain understanding of the whole text, I read each interview text to understand its fundamental meaning as a whole. I recorded a significant expression that I thought reflected the essence of the experience described in each transcript. Second, I read the transcripts line by line to facilitate identification of possible themes. Third, I identified individual sentences or sections that reflected the themes and related them back to the meaning of the whole text, thus expanding the sense of the text as a whole. Fourth, I chose passages that seemed to represent the identified themes (Fleming et al., 2003).

Ensuring Methodological Rigor

Holloway and Wheeler (2002) suggested that all inquiry types are open to criticism from their readers. Therefore, it is imperative that nurse researchers “consider the truth value of their research and demonstrate that it is credible and valid for professional practice” (Holloway & Wheeler, p. 250). This is done through the process of ensuring methodological rigor, the fifth stage in the research process proposed by Fleming et al. (2003). Methodological rigor first establishes trustworthiness. The researcher following a Gadamerian approach is responsible for “establishing the trustworthiness of the research process and the truthfulness of his or her analysis” (Fleming et al., 2003, p. 119).

Trustworthiness criteria to enhance the methodological rigor for this hermeneutic

qualitative study included credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility refers to the researcher's interpretations reflecting the experiences of the participants. Transferability involves how the results of the study may be applied to other settings. Dependability refers to the research findings having consistency. Confirmability exists when readers can trace data to their original sources (Lincoln & Guba, 1985). Credibility was achieved through repeated analysis and comparison of interview data with three independent persons, the researcher and two peer debriefers who are experts in qualitative methods, until agreement with findings were achieved.

Common strategies to ensure trustworthiness are needed so that the qualitative researcher can check and demonstrate to the reader whether the research is trustworthy. For this study, numerous strategies were utilized including prolonged engagement, persistent observation, and member checking. These identified strategies are considered useful in establishing credibility and dependability (Lincoln & Guba). Prolonged engagement was met by investing sufficient time to collect data in order to have an in-depth understanding of APNs' views, culture and language. Persistent observation was met by continuing the interviews until data saturation occurred. Member checking was met by returning each completed transcript to the APNs for review, thereby verifying that they were representative and true to their life experiences. Further member checking was conducted by sharing preliminary themes and subthemes with each APN to verify

interpretation and accurate description of their personal, professional and educational experiences.

Maintaining an audit or decision trail and using thick description met dependability, confirmability, and transferability criteria. The audit trail included a detailed record of research decisions made prior to and during the research study, personal thoughts and experiences of the research process, as well as transcriptions and data analysis. Thick description provided a “basis for the reader’s evaluation of quality” (Holloway & Wheeler, 2002, p. 262).

The concept of authenticity was the second measurement of scientific rigor for this hermeneutic qualitative study. Authenticity is defined as “a term used to demonstrate that the findings of a research project are representative of the participants’ perspectives, that the study is fair and helps participants to understand their social world and improve it” (Holloway & Wheeler, 2002, p. 284). New insight was gained into the phenomenon under study using the strategies of fairness and educative authenticity. Fairness refers to the extent to which all voices are heard. Fairness was met by obtaining informed consent from the APN prior to beginning the interview process, providing time for them to read the informed consent and ask questions, and asking the same open-ended questions using the researcher’s *Interview Guide* found in Appendix D. Educative authenticity refers to the extent to which through understanding, participants improve in the way of understanding other individuals (Guba & Lincoln, 1989; Holloway & Wheeler, 2002). Educative authenticity was achieved through APNs increasing awareness of the need to

educate more nurses to specialize in geriatrics to meet the healthcare needs of an aging population. "A study is authentic when the strategies used are appropriate for the true reporting of the participants' ideas, when the study is fair, and when it helps participants and similar groups to understand their world and improve it" (Holloway & Wheeler, 2002, p. 256).

Protection of Human Participants

Approval for this study was obtained from the Institutional Review Board of Texas Woman's University prior to data collection. To insure confidentiality and anonymity, participants were given pseudonyms and demographics were reported as grouped data. If participants verbalized their real names, they were deleted prior to transcription. A written consent form was read and reviewed in detail with each participant before signing. Each participant was also provided a copy of the informed consent. Audiotapes, hard copies of the transcripts, and computer diskettes containing the transcription text files were kept in a locked file and will be destroyed no later than five years after completion of the study.

Pilot Study

A pilot study was conducted to evaluate the efficacy of the research question, the effectiveness of the interview guide, and the methodological effectiveness of Gadamerian hermeneutics for data collection and analysis for the larger study. The following discussion of the pilot study includes a brief synopsis of how data were collected and

analyzed, study findings and conclusions, implications for further research, and lessons learned.

Data Collection

I conducted face-to-face interviews with two geriatric APNs who met the inclusion criteria for the study described earlier. Using a variation of purposive sampling (i.e., snowball sampling), I asked geriatric APNs from my professional network who met the eligibility criteria if they were interested in participating in the project. Two APNs in geriatrics were interviewed, one in her office at work and one in her home. Neither participant worked directly with me nor were they my students.

I gave each participant a pseudonym at the time of the interview. The purpose of using pseudonyms was to enhance confidentiality. The participants' pseudonyms were Mary and Dorothy. Both participants were doctorally prepared, one in gerontology and one in education; both were geriatric nurse practitioners. Interview times were arranged for a private setting convenient to the participants. I met each participant and reviewed the informed consent. Time was provided for the participant to read the informed consent and ask any questions. I began the interview process using the interview guide found in Appendix D. Each interview lasted between 40 and 50 minutes, was audio-taped and then transcribed verbatim using the pseudonyms.

Data Analysis

Transcripts were analyzed using Gadamerian hermeneutics (Gadamer, 1960/2004). First, to gain understanding of the whole text, I read all interview texts to

understand the fundamental meaning as a whole. Second, I read the transcripts line by line to facilitate identification of possible themes. Third, I identified individual sentences or sections that reflected the themes and related them back to the meaning of the whole text, thus expanding the sense of the text as a whole. Fourth, I chose passages representing the identified themes between the researcher and participants (Fleming et al., 2003).

Findings

The analysis of the interview texts yielded rich data about the meaning of participants' experiences as advanced practice geriatric nurses. First, I identified *Gerontology found me* as the significant expression that reflected the fundamental meaning of the texts as a whole. This seemed to capture the essence of both participants' comments, shared stories, and experiences of working with aging clients overtime.

Three themes emerged that further described the meanings of the participants' personal, educational, and professional experiences: *Experience of Becoming*, *Experience of Belonging*, and *Experience of Being a Mentor*. Subthemes were then identified within each theme, promoting a deeper understanding of the meaning of the experiences that were seminal to the APNs' decisions to work with the elderly.

Experience of becoming. Both participants described personal and educational stories that were influential in their decisions to become a geriatric APN. To *become* is to come, change, or grow to be (Random House Dictionary, 2010). Within this theme emerged three subthemes: *Growing up Around Old People*, *Encouragement from a*

Colleague or Academic Advisor, and *Not my First Choice*. Dorothy's description of the subtheme, *Growing up Around Old People* captured her experience with choosing to work with the elderly; she said, "I liked older people...I liked listening...I'd always liked history I think was probably part of it for me...is listening to people's stories and that always sort of fascinated me."

In the following quote addressing the subtheme, *Encouragement from a Colleague or Academic Advisor*, Mary described how a colleague was instrumental in her decision to work with the elderly. "...since my practice was so highly geriatric focused, it just made sense to do it; and she offered me the opportunity." Both participants shared meaningful quotes addressing the subtheme, *Not my First Choice*. Mary commented,

Well, I actually didn't go into nursing to do geriatrics...but to do labor and delivery. This was the farthest thing from my mind...and through a series of flukes...I woke up one day and said you know I hadn't seen anybody under the age of sixty in the last six months and thought, well...am I liking this or am I not...and decided I really liked it.

Similar comments were reflected in Dorothy's description:

I always thought that what I would do would be working with the adolescent. I enjoy older adults...I always have since I was a young person. Well, I've never regretted a minute of specializing in [this] population. I have a good time with the population.

Experience of belonging. Both participants described professional stories that were influential in choosing gerontology and the life-long commitment to self, client and the profession. To *belong*, as defined by Merriam-Webster's Online Dictionary (2010), is to be an attribute, part, adjunct, or function of a person or thing. Four subthemes emerged from this theme: *A Give and Take Relationship*, *My Happy Place*, *Working Together: A Collaborative Relationship*, and *Expect the Unexpected*. An example of a quote by Mary describing the subtheme, *A Give and Take Relationship*, follows:

I learn more from them...they give me more than I give them...I looked forward to EVERY single day going in...when I see my schedule and there is nobody under the age of sixty...to me that is a beautiful day.

Both participants were eager to share quotes addressing the subtheme, *My Happy Place*. Mary commented, "It's what I do. It's what I do...it's not who I am...but it's what I do. This is my clinical practice, this is my area where...it is my happy place". With a smile on her face, Dorothy replied, "There are old people everywhere. I still enjoy the population...get a lot of satisfaction out of hanging with old people." Mary's quote beautifully captured the subtheme, *Working Together: A Collaborative Relationship*. She said, "I don't do things to them...I don't do things for them...I do things with them."

The subtheme, *Expect the Unexpected*, was identified as the participants described a typical day working with the elderly. Mary commented, "There aren't typical days because you never know what's going to walk in the door. There's nothing typical about

geriatrics. There's nothing consistent...the only thing that is consistent is to expect the unexpected." Dorothy replied while laughing:

There's no typical day...next. I mean I'm on the consult team...and we get a consult...you never know what you are going to see...when you go in the door...you never know what the problem is going to be.

Experience of being a mentor. Both participants described personal, educational and professional stories that were influential in choosing gerontology and promoting successful aging, or "the many factors which permit individuals to continue to function effectively, both physically and mentally, in old age" (Rowe & Kahn, 1998, p. xii). Both participants demonstrated strong mentoring attributes through their shared stories. To *mentor*, as defined by the American Heritage Dictionary (2009), is to serve as a trusted counselor or teacher to (another person). Within this theme emerged four subthemes: *This is Who I Am*, *Come Follow Me*, *Faculty Presence*, and *What You Bring to the Classroom*. Mary described her role as a mentor as *This is Who I Am*. She explained:

I'm an educator and I believe very strongly that if I do not practice, I have no business teaching. There are NPs in my department, faculty NPs that have never been in clinical practice before...ever...as a NP, not as an RN, but as a NP...and to me that is a disservice to my students. How can I teach them and help them to become current if I'm not current myself?

Mary further described her passion and commitment in helping others in a quote capturing the subtheme, *Come Follow Me*:

Come follow me around for 6 months...see how you can fit in. Come follow me for 6 months, come follow me for 6 days...it doesn't matter...like, instead of thinking about it, look at it, get involved in it...go for it.

The subtheme, *Faculty Presence*, was exemplified by Mary as:

...went into the geriatric courses and did lectures for them because I needed to find a way to reach the undergrads and get them pulled into geriatrics...so that they can see that there was faculty that was into geriatrics and could provide clinical experiences for them as well.

The fourth subtheme, *What You Bring to the Classroom*, exemplifies how Mary shares her passion and love for gerontology in the classroom. She explained,

...to provide the experiences for them to...debunk the stereotypes that they come in with...everybody has their stereotypic vision of what a geriatric practice is like...so it's how close to reality is that...and then...I can say to a student, you know that's not even close to reality...my words don't mean anything...they have to...it's a direct experience...and then it's looking for opportunities for them to have those experiences.

Conclusions

Conducting the pilot study validated the need for further exploration and understanding of the meaning of the experiences that influenced APNs to choose

gerontology as their specialty and to continue to work with the elderly population. The study's relevance in gaining understanding of how one can influence nursing students to pursue this specialty area as a clinical focus after graduation was validated by comments made by both participants. For example, Mary stated,

We need to do this because...there aren't enough people out there doing this. I want somebody who knows how to take care of me...and that's...there's a bit of truth in that...its how do we take care of what is going to be a huge aging population...we don't have people that are able to do this...my biggest fear is that we're graduating people that don't have a clue...with the people that we are going to be taking care of. So we're going to have a bunch of people that are taking care of older adults who know nothing about taking care of older adults...and that's really my biggest fear...that's why I teach it...but that's also why I practice.

Dorothy also had concerns about the future in working with our aging population. She said, "We need a K through twelve programs so that people can learn about aging... successful aging... what's involved and what's myth and what's reality." Overall, Gadamerian hermeneutics and his concept of history provided an effective framework for exploring what personal, educational and professional experiences shaped geriatric APNs' decisions to choose this specialty. Data analysis of the interview texts revealed various themes and subthemes describing participants' personal, educational and professional experiences with gerontology.

Lessons Learned and Insights Gained for Larger Study

As a result of this pilot study, numerous lessons were learned and insights gained in preparation for conducting the larger study. First, while the pilot study was well received by the two participants, through the telling of their stories, personal insights and lived experiences, expanding the study's pool of participants would provide an even richer description of the phenomenon under study.

Second, having the opportunity to conduct a pilot study to assess the adequacy of my *Interview Guide* facilitated a better study. Overall, the *Interview Guide* served as an effective tool assisting me to better understand the experiences of the participants. Each question was read to the participants with adequate time allowed for individual responses to occur. All but one question was answered thoroughly and without difficulty by the participants. Dorothy seemed to have some difficulty understanding question #7, *What stands out for you when you think about the aging population and healthcare?* After I assisted Dorothy with probes related to the question, she still seemed to have difficulty with answering the question, indicating the question to be vague and/or unclear in content. I attempted to further clarify the question, but Dorothy still seemed to struggle with answering the question. After assessing the adequacy of my *Interview Guide*, I realized that this question was not relevant to the research question. Therefore, it was removed from the *Interview Guide*.

From the pilot study I learned the importance of using a written information sheet to obtain demographic data from participants. Therefore, I developed the *Information*

Sheet found in Appendix A. Finally, conducting the pilot study gave me experience conducting a semi-structured interview and in listening to and understanding the participants by observing their verbal and non-verbal expressions, tone of voice, gestures, and overall body language. At times I wanted to carry on a conversation with the participant, but I was cognizant that this was an interview to gain understanding of the participants' experiences.

Summary

This chapter introduced Gadamerian or philosophical hermeneutics as the methodological framework for this study. The study setting, participant inclusion and exclusion criteria, and recruitment strategies were identified. The process for data generation and analysis was discussed using the Gadamerian-based research method developed by Fleming et al. (2003). Results of a pilot study were presented validating the need for further exploration and understanding of the meaning of the experiences that influenced APNs to choose gerontology as their specialty and to continue to work with the elderly population. Changes to the study based on these results were included.

CHAPTER III

EDUCATIONAL STRATEGIES ADDRESSING STUDENT ATTITUDES AND KNOWLEDGE ABOUT AGING: A LITERATURE REVIEW

A paper presented for publication

to the *International Journal of Nursing Education Scholarship*.

Dia D. Campbell-Detrixhe and Jane Grassley

Abstract

Our population is growing older and living longer. The majority of nurses, particularly new graduates, will care for this aging population at some time in their professional lives. Student attitudes towards aging may influence their decisions to pursue a career in gerontology. This article presents a review of the literature that identifies educational strategies that may enhance student attitudes and knowledge toward the elderly, thereby resulting in more nursing graduates possibly choosing a career in gerontology. Three types of educational strategic approaches that improved student attitudes and increased gerontology nursing knowledge were identified in the literature: (a) identifying student beliefs and perceptions toward aging, (b) intentional aging content in the nursing curriculum, and (c) intergenerational clinical and/or practicum experiences with older adults. The results of this review support the premise that educational strategies to improve student attitudes and knowledge about aging enrich learning experiences for student nurses. Using innovative educational teaching strategies, such as

educational experiences that prepare students to meet the health needs of our aging society.

Key words: aging, attitudes, education, educational strategies, knowledge, nursing student

Introduction

The United States (US) population is growing older and living longer; an estimated one in eight Americans is currently 65 years or older (U.S. Department of Health and Human Services [USDHHS], Administration on Aging, 2007). By the year 2030, when the last of the Baby Boomers reach 65, there will be approximately 71.5 million senior citizens ([USDHHS], Administration on Aging, 2007). As life expectancy increases with this graying society, so does the risk of increased health problems and chronic illness. In 2007, the Administration on Aging (USDHHS) conducted a survey of the older population entitled *A Profile of Older Americans: 2007* and found that most older individuals reported at least one chronic condition; many had multiple conditions that included hypertension, arthritis, heart disease, cancer, diabetes, and sinusitis.

The majority of nurses, particularly new graduates, will care for this aging population at some time in their professional lives. According to a report released by the American Association of Colleges of Nursing [AACN] (2004), 63% of newly licensed Registered Nurses (RNs) reported that older adults comprised a majority of their client loads in all practice settings. The National Center for Health Statistics (2004) reported that the population of older adults represented 50% of hospital days, 60% of all ambulatory adult

primary care visits, 70% of all home visits, and 85% of residents in long-term care facilities. However, most nurses are ill-prepared to offer optimum care to this population (American Nurses Association [ANA], 2008), validating the critical need for newly licensed nurses to have the knowledge and skills necessary to care for this growing population (Wendt, 2003). It further suggests that nurses play a vital role in the provision of care to aging Americans (Thornlow, Latimer, Kingsborough, & Arietti, 2006). Student attitudes towards aging may influence their decisions to pursue a career in gerontology. As stated by Williams, Anderson, and Day (2007), "By the time students enter post-secondary education programs, they have likely developed attitudes toward aging as a result of exposure to societal views and personal experiences with older adults" (p. 115).

Students' attitudes may be influenced by their limited exposure to older people. Changes in family structure within the US may perpetuate negative stereotypes and attitudes about older adults. Many couples are waiting to have children until they are older, thus limiting the time these children may be able to spend with their aging grandparents. Also, families are living farther apart from each other, sometimes in different states and/or countries, thus making it more difficult to visit and spend quality time with elders (Touhy & Jett, 2010; Wesley, 2005).

Students' views on working with the elderly may be influenced by society's negative attitudes about aging. The cultural values in the US towards youth have been strongly influential in how society views aging. Cohen, Sandel, Thomas, and Barton

as a consequence has generated and perpetuated negative stereotypes about older adults and the aging process” (p. 330). Examples of negative stereotypes about older adults are displayed (a) on television in commercials, sitcoms, and comedy shows, (b) in magazine advertisements, and (c) on greeting cards.

Lovell’s (2006) study involved a historical perspective and current review of the literature examining nursing students’ and other health professionals’ attitudes toward caring for the elderly. Four validated questionnaires were used that measured attitudes and perceptions about aging that were identified from research studies. They were (a) *Kogan’s Attitude Scale*, (b) *Palmore’s Facts on Aging Quiz*, (c) *Aging Semantic Differential Scale*, and (d) the *Maxwell-Sullivan Attitude Scale* (Lovell, 2006). Study findings revealed that nursing students had a negative attitude toward the elderly which was possibly affected by personal beliefs, values, culture, experience and observations. The researchers concluded that nursing students’ perceived attitudes toward the gerontology field will make it increasingly difficult to recruit the nurses needed for this specialty area.

More health care professionals are needed to provide optimum care to meet the needs of the rapidly aging population (Lovell, 2006). How society views our elderly continues to plague individual decisions of future nurses to pursue a specialty in gerontology nursing. This article presents a review of the literature that identifies elderly, which may encourage more nursing graduates to choose a career in gerontology.

Method

Literature Search

The *CINAHL Plus Full Text*, *Academic Search complete*, *ERIC*, *Medline*, *PsycINFO*, and *Dissertation Abstracts* electronic databases were searched through February 2010 for published and unpublished studies that examined sources of nursing students' attitudes and perceptions on aging. Key terms used included *nursing student*, *attitudes*, *aging* and *perceptions* (10 studies). Fifteen studies were found that investigated innovative educational strategies to increase knowledge and improve attitudes of students about caring for this population using the key terms *nursing student*, *education*, *knowledge*, and *aging*. The reference sections of relevant articles were searched for other studies that might be relevant to this review. Articles in languages other than English were omitted. In addition, several experts in the field of gerontology and nursing education were consulted to identify unpublished studies; current gerontology texts were reviewed as well (Ebersole, Hess, Touhy, Jett, & Luggen, 2008; Touhy & Jett, 2010; Tabloski, 2010). Finally, general Internet searches using Google were performed. This search process continued for three months, after which no new studies were found.

Results

Three educational strategies that improved student attitudes and increased gerontology nursing knowledge were identified from the literature. These strategic approaches included: (a) identifying student beliefs and perceptions toward aging, (b) intentional aging content in the nursing curriculum, and (c) intergenerational clinical

and/or practicum experiences with older adults. The 11 studies that were chosen for this literature review provided excellent examples describing these approaches. Table 1 provides an overview of the studies reviewed and the educational strategies used to enhance students' positive attitudes and knowledge toward caring for the aging population.

Table 3.1

Studies Related to Educational Strategies Addressing Student Attitudes and Knowledge about Aging

Author, Year	Research design,	Sample size	Types of educational strategies
Abbey et al., 2006	Descriptive qualitative pilot study. Australia	Nominal groups: 14 volunteer undergraduate nursing students; Semi-structured interviews: 12 registered nurse clinical instructors.	Intergenerational clinical and/or practicum experiences; Student beliefs and perceptions.
Burbank et al., 2006	Descriptive study of three nursing programs: New York University, Tuskegee University, and University of Rhode Island.	NYU: nursing students' involvement in Senior Mentor Event. Tuskegee University: assignments about aging and diversity issues. University of Rhode Island: two new sophomore level geriatric courses	Intergenerational clinical and/or practicum experiences. Intentional aging content. Intentional aging content; Student beliefs and perceptions.
Cohen et al., 2004 USA.	Qualitative focus group study. providers in the aging field; 30 social work students.	Two focus groups: 15 service and/or practicum experiences;	Intergenerational clinical

Table continued

		Focus groups with 10 older adults and 15 social work students.	Student beliefs and perceptions.
Cottle & Glover, 2007	Quantitative pretest/posttest survey study. USA.	253 undergraduate students enrolled in a lifespan course.	Student beliefs and perceptions; Intentional aging content.
Fajemilehin, 2004	Descriptive study. Nigeria.	80 nursing and medical students.	Student beliefs and perceptions.
Ferrario et al., 2008	Exploratory descriptive study. USA.	17 senior nursing students who matriculated through the revised curriculum.	Intentional aging content; Student beliefs and perceptions.
Franzen, 1998	Qualitative dissertation study. USA.	8 recent graduates of a baccalaureate nursing program.	Student beliefs and perceptions.
Roberts et al., 2003	Research method (education technique: the use of drawing in research) to investigate student nurses' images and perceptions of aging. USA.	134 first-year nursing students aged 19 to 49 years.	Student beliefs and perceptions; Intergenerational clinical and/or practicum experiences.
Ryan & McCauley, 2004	Descriptive survey. USA.	55 baccalaureate nursing students (36 Juniors, 19 Seniors).	Student beliefs and perceptions.

Table continued

Valeri-Gold, n.d.	Descriptive study. USA.	32 college-aged developmental learners enrolled in a team-taught combined reading and writing course.	Student beliefs and perceptions.
Wesley, 2005	Qualitative focus group study. USA.	Three focus group investigations: Two student groups with 5 participants each and one group consisting of ten faculty members.	Student beliefs and perceptions; Intentional aging content.

Discussion

The results of this review support the premise that educational strategies to improve student attitudes and knowledge about aging enrich learning experiences for student nurses. The findings from the literature will be discussed using the three types of educational strategic approaches (student beliefs and perceptions, intentional aging content, and intergenerational clinical and/or practicum experiences) as a framework.

Identifying Student Beliefs and Perceptions Toward Aging

Students express skepticism about caring for the elderly. “Many common beliefs about aging and older people are untrue, but a product of individuals’ level of experiences, understanding of, and interaction with the subgroup” (Fajemilehin, 2004, p. 384). Early recognition of one’s beliefs and perceptions toward the elderly may significantly influence graduate nurses’ choices about gerontology nursing. Numerous research studies have consistently indicated that nursing students as well as other health care students not only express reservations about working with the elderly, but exhibit both negative and positive attitudes towards the care of aging patients (Abbey et al., 2006; Burbank, Dowling-Castronovo, Crowther & Capezuti, 2006; Cohen, Sandel, Thomas, & Barton, 2004; Cottle & Glover, 2007; Fajemilehin, 2004; Ferrario, Freeman, Nellett, & Scheel, 2008; Franzen, 1998; Lovell, 2006; Mendoza-Nunez, Martinez-Maldonado, & Correa-Munoz, 2007; Roberts, Hearn, & Holman, 2003; Ryan & McCauley, 2004; Valeri-Gold, n.d.; Wesley, 2005; Williams, Anderson, & Day, 2007).

Roberts, Hearn, and Holman (2003) used drawings as a research method to investigate student nurses' images and perceptions of aging. First year nursing students (N = 134) from an inner-city diploma school of nursing completed a 12-week module entitled, *Care of the Individual in Later Life*. Following their clinical experiences of caring for older adults in several settings (acute continuing care, and long term care), students were divided into eight small groups that were facilitated by the same researcher. They were asked to form a mental image of what they thought it would be like to be an older person by drawing themselves at age 75. Student drawings were then used as a "vehicle for reflection and discussion in order to promote awareness of attitudes towards ageing [*sic*]" (p. 14). At the completion of the module, the researcher invited the students to participate in the research study by submitting their drawings with a brief explanation of the key features of the drawing.

Ninety-five students submitted their drawings. Following collection and analysis of the students' drawings, eight themes emerged from the study. These included continuity, spirituality, solitude or engagement with others, positive, negative, contextualized, activity and the physical characteristics of aging. Findings from the study confirmed the researchers' belief that using drawings as a method to explore student nurses' perceptions of older age "allows student nurses to explore feelings about their own and other people's old age and aids the process of challenging ageism within nursing" (Roberts et al., 2003, p. 18).

Fajemilehin (2004) examined the conceptions and misconceptions Nigerian students in health professions had regarding older individuals. A total of 80 nursing and medical students completed Palmore's (1977) *Facts on Aging* questionnaire. Students demonstrated a high degree of stereotypic misconceptions as well as poor knowledge about aging and older people. A significant difference in conceptions and misconceptions about older people between nursing students ($M = 11.07$) and medical students ($m = 12.84$) was also identified ($t = 2.34, p \leq .05$), which suggested that nursing students have more clinical experiences involving the care of the elderly (Fajemilehin, 2004). Lastly, this study revealed hesitancy among students in the health professions to specialize in any area related to gerontology.

Similar findings regarding hesitancy among students to pursue a career in gerontology were found by Ryan and McCauley (2004). The authors designed a pilot educational program in gerontological nursing whose purpose was to help senior baccalaureate nursing students learn about aging. Due to lack of student interest, this program was not implemented. The researchers subsequently decided to conduct a descriptive research study utilizing a survey to "determine the knowledge base and attitudes of junior and senior baccalaureate nursing students toward older adults" (p. 5). A convenience sample of 55 nursing students was surveyed using two instruments: (a) *Kogan's Attitudes Toward Old People Scale (KOP)* and (b) Palmore's revised *Facts on Aging Quiz (FAQI)*. Statistical analysis revealed significant differences between juniors and seniors and among ethnic groups in overall knowledge about the elderly. Findings

from this survey supported the conclusion “that nursing students often lack knowledge of the elderly and need opportunities to develop positive attitudes toward them” (p. 5).

Some research studies have shown positive change in knowledge and attitudes towards the care of aging patients. For example, Valeri-Gold (n.d.) investigated college developmental learners’ perceptions, knowledge, and experiences with aged persons because they found a “lack of studies exploring these issues with the college developmental or at-risk populations” (p. 304). Based on their verbal, reading and composition scores and a grade point average of less than 2.0, 32 college-aged developmental learners were placed in a team-taught, 10-week, combined reading and writing course. During the first week of class, each learner was provided a 5-page booklet entitled, *My Perceptions about the Aged*. They were asked to complete six research-based questions, which included: (a) What are your perceptions toward the aged? (b) What is your knowledge of the aging process? (c) How do you feel about getting old? (d) What experiences have you had with an aged person? (e) Describe an aged person who has affected your life; (f) Draw a young person; and (g) Draw an aged person. Time was allotted in class to respond to the questions. Overall study results suggested students’ attitudes toward older adults were favorable; 81% of the students expressed positive views toward elderly persons; and 78% of the students accepted getting old as part of the aging process.

Franzen (1998) explored how baccalaureate nursing students come to know and understand care for older adults. In-depth interviews were conducted with eight recent

graduates of a baccalaureate nursing program to explore their perceptions' of their experiences caring for older adults. Qualitative analysis of student-developed documents (e.g., nursing care plans, journals, projects) produced throughout the students' undergraduate education supplemented the in-depth interviewing. Four themes emerged from the data. First, *Experience as a Growing Foundation* was derived from the types of experiences disclosed in the students' reflections. Second, *Ways of Being* described students' discoveries of what was important to them while interacting with older adults. Third, *Contexts of Care* emerged as a basis of the students' responses. Fourth, *Teaching and Learning Care for Older Adults* emerged from the researcher's interpretive response to students' reflections and the nine documents they provided for the study. Findings suggested that students came to know and understand care for older individuals by constructing knowledge based on a variety of lived experiences within a variety of contexts. Franzen (1998) concluded, "These experiences were the foundation for the students' construction of ways of knowing and ultimately learning the art of caring for older adults" (p. 149).

Intentional Aging Content in a Nursing Curriculum

Including aging content across the curriculum was the second educational strategic approach identified from the literature. Mion (2003) supported this recommendation: "A body of knowledge exists on care of older adults across the continuum of care settings, but this knowledge has not necessarily been transmitted into basic nursing programs" (para. 16). By recognizing the need to incorporate

gerontological content across all nursing courses, the professor communicates the value of informed gerontological nursing (Prescriptions for Excellence in Gerontological Nursing Education, 2008, para. 14).

Studies have shown that nursing faculty can foster student interest in gerontological nursing by introducing innovative educational strategies into the curriculum. For example, Burbank et al. (2006) conducted a study describing how nursing faculty at New York University, Tuskegee University, and University of Rhode Island (URI) successfully implemented innovative educational strategies to increase knowledge and improve attitudes of student nurses in caring for older individuals.

The faculty at URI sought to improve undergraduate nursing students' attitudes, knowledge and skills in caring for older adults by adding a didactic and practicum course, *Foundations of Nursing Care of Older Adults*, at the sophomore level. Content was taught in the didactic course through lecture and discussion, case studies, group activities, and debates. The practicum course provided students experiences working with older adults in both community and sub-acute or rehabilitation settings. General course evaluations indicated that 65% to 77% of students rated their satisfaction as *excellent* or *very good*. More specifically, assessments of students' attitudes toward older adults were evaluated at both the beginning and the end of the semester for both courses. Students were asked to finish the statement "Older people are..." by filling in 10 words. Results were analyzed by counting adjectives that were positive, negative or neutral. For both semesters, findings indicated a dramatic improvement in students' positive attitudes,

which approximately doubled, and a reduction in negative attitudes, which decreased by 29% and 18% for both courses (Burbank et al. 2006).

At the Tuskegee University School of Nursing and Allied Health, students successfully completed several assignments designed to enhance their understanding about aging and diversity issues. These included conducting an interview with an older adult and reading materials related to different health scenarios in older ethnic minority populations. These strategies provided innovative and readily reproducible ways to assist nursing faculty to integrate gerontological nursing content into the curriculum while improving student attitudes and knowledge to care for older adults. Course evaluations indicated that 70% of students rated their level of ability and understanding of the holistic approach to the promotion of successful aging as *good* or *excellent* (Burbank et al. 2006). The educational strategy implemented by the faculty at New York University College of Nursing will be discussed in the section about intergenerational relationships.

Similarly, Ferrario, Freeman, Nellett, and Scheel (2008) found that strengthening the undergraduate curriculum in the care of older adults across the health-illness continuum significantly contributed to the students' more positive views about aging. Seventeen seniors were asked about their views about aging as well as their own definitions of successful aging using a 12-item survey. Students associated successful aging with: "(a) physical and mental health, (b) life satisfaction, (c) adaptation and coping with the changes and diseases of aging, (d) maintaining independence, and (e) active engagement in relationships" (p. 61). Ferrario and colleagues (2008) concluded:

By including positive aspects of aging and using evidence-based organizing frameworks, such as successful aging, throughout our curriculums, we may foster a paradigm shift whereby students will choose to work with older adults as part of their own journeys as successful agers. (p. 63)

Wesley (2005) also found a need to impart knowledge and understanding of aging content throughout the curriculum in higher education. Conclusions were based on recurrent responses from three focus groups composed of students and faculty members from the disciplines of nursing, social work, psychology, recreation, consumer and family services, and business. The researchers asked five sets of open-ended questions that were followed by discussion of the following: inclusion of course content about aging, influences on selection of major or area of research, perceptions of aging among students and colleagues, experiences with older adults, and recruitment of students to a career in geriatrics/gerontology. A consistent theme among the students was their lack of awareness about the dynamics of aging. Student respondents identified the need for course content that focused on aging successfully rather than on issues of frailty. They also advocated for positive intergenerational educational experiences.

Intergenerational Clinical and/or Practicum Experiences with Older Adults

Nursing students can learn valuable lessons by spending time with an older adult. It is through the therapeutic interaction that takes place as nursing students welcome and receive the wisdom of our aging population that personal knowledge about aging can be gained. Studies have shown how students' exposure to experiential learning with older

adults can foster an interest in gerontology nursing. For example, Cohen, Sandel, Thomas and Barton (2004) investigated how participation as an observer in focus groups with older adults and with service providers who worked with them and their families could influence baccalaureate social work students' beliefs and attitudes toward older adults and geriatric practice. Two focus groups were conducted with service providers in the aging field (n = 15) and social work students (n = 30). Members of the service providers' group were asked to discuss their roles and experiences in working with older adults. For example, they were asked, "What specific knowledge and skills will students working with older adults and their families in geriatric or non-geriatric settings need to be effective?" (p. 337). After the focus groups, the students were given the opportunity to process their thoughts and feelings regarding the focus group experience and to identify "old beliefs about working with older adults and about social work practitioners working with older adults" (Cohen et al., 2004, p. 338).

As part of this study, the researchers conducted focus groups with older adults about their experiences moving from independent living into an affordable older adult community (Cohen et al 2004). Social work students (n=15) served as co-facilitators and observers during the one-hour focus group interviews. The researchers concluded that by providing these students' opportunities to interact with experts in the field of gerontology and the aging experts themselves may have enhanced their interest in pursuing geriatric social work after graduation.

Abbey et al. (2006) conducted a descriptive qualitative pilot study to explore why students often described clinical placement experiences in residential aged care facilities as unsatisfactory and/or unsettling. Fourteen volunteer undergraduate nursing students who had completed clinical placements in residential care participated in the nominal groups; 12 RNs who had acted as clinical instructors in aged care facilities were also interviewed. Study results uncovered the following sources of undergraduate nursing students' negative experiences in the clinical setting: (a) students' unspoken beliefs and values related to gerontology nursing; (b) students' concerns about how clinical experiences were organized, such as a lack of orientation to the setting; and (c) perceptions of residential aged care industry issues such as a lack of RN role models, limited resources, and poor quality of care. The researchers concluded that "the clinical placement experiences of nursing students have the potential to impact on their future work decisions" (Abbey et al., 2006, p. 18).

Students at the NYU College of Nursing participated in a Senior Mentor Project which "gives each nursing student an individualized experience with an older adult and helps the student value the senior mentor's perspectives of his or her own aging" (Burbank et al., 2006, p. 93). The project linked nursing students with older adult volunteers living in the community and provided a structured opportunity allowing students to explore healthy aging issues. Focus groups and surveys conducted after the project indicated that this educational strategy had a positive influence on students' attitudes and improved their knowledge of aging adults.

Innovative educational strategies to improve student attitudes and knowledge about aging have been shown to be effective in providing an enriched learning experience for student nurses. “Nursing education never remains static...and is particularly true within the arena of gerontological nursing” (Quinn et al., 2003, p. 22). As our population continues to grow older and live longer, improving students’ knowledge of and attitudes toward older adults will be critical.

Implications for Nursing Education

We cannot change what nursing students bring to their educational settings, but we might alter or change how they view and/or perceive successful aging. Therefore, it is imperative that nurse educators provide a “supportive – yet challenging – environment for students to navigate new learning” (Burbank, et al., 2006, p. 92).

This synthesis of the literature provides nurse educators with creative and innovative educational strategies that have been successfully integrated throughout nursing curricula to improve student attitudes and knowledge about aging. Three types of educational strategic approaches that improved student attitudes and increased gerontology nursing knowledge were identified. These educational strategic approaches included: (a) identifying student beliefs and perceptions toward aging, (b) intentional aging content in the nursing curriculum, and (c) intergenerational clinical and/or practicum experiences with older adults.

Exploring student beliefs and perceptions toward aging using innovative strategies were identified in many of the articles reviewed. For example, Roberts et al.

(2003) and Valeri-Gold (n.d.) identified similar techniques using drawings to capture the students' feelings about aging to gain a better understanding of the students' relationships with aging adults. This approach was described as "fun as well as informative, which seems to us an important feature of learning about the care of older people" (Roberts et al., 2003, p. 18).

Additional educational implications addressing student beliefs and perceptions toward aging could include having students describe what aging means to them. For example, students could be given 5 minutes to think of and write down descriptors pertaining to aging. They could then be asked to share their results with the class while the instructor writes them out on the blackboard. In my experience as a faculty educator, students tend to describe aging in negative rather than positive terminology. For example, descriptors such as wrinkles, wheel chair, hearing loss, dementia, and deterioration are not uncommon. This simple exercise provides the student a time for self reflection and processing of his/her feelings, beliefs and attitudes about aging with their faculty and peers.

Providing on-line learning activities addressing student beliefs and perceptions toward aging may also be effective. For example, students could choose one of the following groups: go to a greeting card store and analyze the stereotyping prevalent in birthday cards (group A); observe older adults in shopping malls or grocery stores and notice behaviors indicating ageism (group B); view various types of media (television, movies, Internet) identifying elderly characters and assess how they are portrayed (group

C). Students could then be instructed to post their initial findings from their designated group and respond to at least three of their group members. Students could also be encouraged to read and respond to other group postings.

In addressing the need to include aging content across the curriculum, Higgins, Slater, Van der Riet, and Peek (2007) argued, "Education programs need to address knowledge of the processes of normal aging, ageism, and the impact of negative stereotyping on the health and recovery of older people" (p.235). Fajemilehin (2004) suggested students "urgently need to be reoriented toward training in human development, life stages, and self-care" (p. 389). Ryan and McCauley (2004) further propose the implementation of a stand-alone geriatric course early in the nursing program that includes "clinical assignments with well, functioning older adults" (p. 9). Therefore, as nurse educators, now is the time to begin this dialogue with our colleagues addressing the following questions: (a) Are our educational nursing programs' methodologies being used to provide the best learning opportunities for our students toward caring for an aging population?, (b) Are our educational nursing programs supporting and providing faculty development in gerontological nursing?, and (c) As nursing educators, do we need to take a step back and explore our own perceptions toward the elderly?

Educational implications addressing intergenerational clinical and/or practicum experiences with older adults may include creative and fun learning activities for the student. Abbey et al. (2006) concluded:

Our evidence clearly shows that the clinical placement experiences of nursing students have the potential to impact on their future work decisions. The clinical teachers agreed that a positive experience during clinical placement was vital to both widen and deepen the students' nursing education, and to present the sector in a positive light. (p. 18)

Other educational strategies promoting intergenerational clinical and/or practicum experiences with older adults were identified in the literature. Burbank et al. (2006) identified various innovative educational strategies implemented by three nursing programs. For example, faculty at the NYU nursing program created a long-term care guide, used by the instructor to facilitate group discussion with their nursing students participating in nursing home clinical rotations. Another strategy implemented at NYU was the Senior Mentor Project which gave each nursing student "an individualized experience with an older adult and helps the student value the senior mentor's perspective of his or her own aging" (Burbank et al., 2006, p. 93).

In my experience as a nurse educator, I have had the opportunity to teach gerontology to pre-licensure nursing students and RN-to BSN students. One assignment that embraces the concept of successful aging involves the student, during the first part of the semester, selecting a consultant, aged 70 or older, who is living independently in the community. Throughout the semester, the student must schedule a minimum of four one-hour visits that involve having conversations that will help them learn more about the

process of aging. Students are also expected to maintain a reflective journal of their experiences and visits with their consultant throughout the semester.

Inviting older adults into the classroom settings to share their stories and lessons learned through their life's journey are welcomed (Cohen, et al., 2004; Valeri-Gold, n.d.). This learning activity also provides students with an opportunity to interact with older adults who actively embrace the concept of successful aging. "Experiencing nursing from a new perspective may help nursing students envision their future as gerontological nurses" (Quinn et al., 2004, p. 27).

Implications for Research

The findings of this literature review have implications for research. As Ferrario et al. (2008) suggested, "Further research that measures attitudes toward aging before and after curriculum changes – and that use longitudinal time series design is needed" (p. 63). Measuring attitudes toward aging before and after the initiation of innovative educational teaching strategies at all levels of the nursing program, as well as using longitudinal designs to examine at what time the nursing student's decision to work with older adults occurs (i.e., during their formal education experience, upon graduation, or at some time in their nursing career) would be of interest.

Further research that develops and evaluates innovative educational strategies that focus on wellness and health promotion rather than illness for gerontological health care would be of interest to nurse educators. Research related to developing and evaluating curricula that incorporate concepts of positive aging "using evidence-based

organizing frameworks, such as successful aging” (Ferrario et al., 2008, p. 63) is needed. Investigating innovative strategies that foster this possible paradigm shift may inform curriculum decisions that might ultimately encourage more students to choose a career in gerontology nursing (Ferrario et al., 2008).

The findings of this literature review illuminated that further exploration of the long term influences of undergraduate educational experiences on nurses’ career choices is needed. Researchers might ask the following questions: (a) What are the long-term effects of initiating innovative teaching strategies that improve student attitudes and increased gerontology nursing knowledge having on the graduate nurse? (b) Do innovative teaching strategies to improve student attitudes and increase gerontology nursing knowledge make a difference in the career choice of the nursing graduate? (c) Do graduate nurses retain and maintain positive attitudes toward aging after graduating from a program using these innovative teaching strategies? and (d) What factors promote changes in students’ views about aging such that they choose to work with older adults?

Conclusions

Three categories of educational strategy approaches that might improve student attitudes and increase their knowledge of gerontology nursing were identified in the literature. These included: (a) identifying student beliefs and perceptions toward aging, (b) intentional aging content in the nursing curriculum, and (c) intergenerational clinical and/or practicum experiences with older adults. Using innovative educational teaching strategies, such as those described in this review of the literature, may facilitate nurse

educators' to plan educational experiences that prepare students to meet the health needs of our aging society.

CHAPTER 10

THE ROLE OF THE NURSING PROFESSION IN THE 21ST CENTURY

THE NURSING PROFESSION AND THE AGING SOCIETY

Aging and the Nursing Profession

The aging population is a major

challenge for the nursing profession.

Objectives

After studying this chapter, the student should be able to:

1. Define aging and the aging process.
2. Discuss the physical, psychological, and social changes that occur with aging.
3. Identify the role of the nursing profession in the aging society.
4. Discuss the importance of the nursing profession in the aging society.
5. Discuss the importance of the nursing profession in the aging society.
6. Discuss the importance of the nursing profession in the aging society.
7. Discuss the importance of the nursing profession in the aging society.
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9. Discuss the importance of the nursing profession in the aging society.
10. Discuss the importance of the nursing profession in the aging society.

CHAPTER IV

GAINING UNDERSTANDING OF ADVANCED PRACTICE NURSES IN
GERIATRICS USING A GADAMERIAN APPROACH

A paper presented for publication
to *Research in Gerontological Nursing*

Dia D. Campbell-Detrixhe, Vicki L. Zeigler, and Jane S. Grassley

Abstract

Examining the meanings of the experiences of advanced practice nurses (APNs) who chose to work with the elderly and why they continue to work with this population was the focus of this hermeneutic qualitative research study. Twelve gerontological APNs currently practicing in two South Central states were interviewed using an open-ended interview guide. Using Gadamerian hermeneutics, the researchers identified *Gerontology Found Me* as the significant expression that reflected the fundamental meaning of the experience as a whole. Four themes emerged that further described the meanings of the participants' personal, educational, and professional experiences: *Becoming a Gerontology Nurse*, *Being a Gerontology Nurse*, *Belonging to Gerontology*, and *Bringing Others to Gerontology*. This study concluded that APNs personal and professional experiences were more influential than educational experiences to becoming gerontological nurses; having these personal and professional experiences of being in relationships with older individuals further contributed to their choice of gerontology.

Introduction

The U. S. population is growing older and living longer; an estimated one in eight Americans is currently 65 years or older (U.S. Department of Health and Human Services [USDHHS], Administration on Aging, 2007). By the year 2030, when the last of the Baby Boomers reach 65, there will be approximately 71.5 million senior citizens (USDHHS, Administration on Aging, 2007). It is also projected that more Americans will be retiring between the years 2001 and 2019 than in any other period in history (Zabel, 1999).

The majority of nurses, particularly new graduates, will care for this aging population at some time in their professional lives. According to a report released by the American Association of Colleges of Nursing [AACN] (2004), 63% of newly licensed registered nurses (RNs) reported that older adults comprised a majority of their client loads in all practice settings. The National Center for Health Statistics (2004) reported that the population of older adults represents 50% of hospital days, 60% of all ambulatory adult primary care visits, 70% of all home care visits, and 85% of residents in long-term care facilities. This validates the critical need for newly licensed nurses to have the “knowledge, skills, and abilities (competencies) necessary to care for this growing population in order to protect the public health and welfare” (Wendt, 2003, p. 152); it further suggests that nurses play a vital role in the provision of care to these aging Americans (Thornlow, Latimer, Kingsborough, & Arietti, 2006).

Nevertheless, most nurses are ill-prepared to offer optimum care to this patient

population. The American Nurses Association (2008) reported that RNs and other healthcare professionals are often unprepared to provide the specialized care needed for our aging population. They emphasized that “only one-third of bachelor’s of science in nursing programs require a course in geriatrics” (para. 6). Although advanced practice nurses (APNs) might play a key role in providing care to this growing age group (LaSala, Connors, Pedro, & Phipps, 2007), only a small percentage (3%) of APNs choose to specialize in gerontology, creating a significant gap in care (AACN, 2004). This critical shortage of qualified gerontological nurses threatens the quality of care offered to the increasingly aging population due to inadequate knowledge about aging (Scherer, Bruce, Montgomery, & Ball, 2008). In order to address the shortage of qualified nurses to care for the elderly, further exploration of the reasons nurses chose gerontology as a specialty and clinical focus following graduation was needed.

Background

As life expectancy increases with this graying society, so does the risk of increased health problems and chronic illnesses. In 2007, the USDHHS Administration on Aging conducted a survey of the older population entitled, *A Profile of Older Americans: 2007* and found that most older individuals reported at least one chronic health condition; many had multiple conditions that included hypertension, arthritis, heart disease, cancer, diabetes, and/or sinusitis.

Numerous research studies have found that nursing students as well as other healthcare students express reservations about working with the elderly and have

exhibited both negative and positive attitudes toward the care of aging patients (Abbey et al., 2006; Cohen, Sandel, Thomas, & Barton, 2004; Cottle & Glover, 2007; Coven, 2005; Lovell, 2006; Roberts, Hearn, & Holman, 2003; Ryan & McCauley, 2004; Valeri-Gold, 1996; Wesley, 2005).

A critical shortage of qualified gerontological nurses threatens the quality of care offered to an increasingly aging population. The aging population has special care needs that are not often addressed within the healthcare system due to a lack of advanced education in gerontology (Scherer, Bruce, Montgomery, & Ball, 2008). Geriatric patients, like pediatric patients, have needs that are different from the general adult population. For example, caring for an elderly individual suffering from early-onset dementia with behavioral problems may result in inappropriate interventions such as applying restraints and sedating the patient, rather than a more appropriate noninvasive intervention using validation therapy.

Reservations about working with the elderly have been addressed in the literature with multifarious findings suggesting why students' own ambivalence and reluctance towards future work in gerontology nursing care is supported. Understanding the reasons nurses choose gerontology nursing as a clinical focus after graduation is needed to promote ways to encourage current nursing students to become future gerontology nurses, thus ultimately impacting the delivery and quality of health care for an aging society.

The purpose of this qualitative hermeneutic study was to examine the meaning of the experiences of APNs who chose to work with the elderly and their reasons for continuing to work with this patient population. A better understanding of how one can influence nursing students to consider this specialty area as a clinical focus after graduation was better illuminated by this exploration.

Method

Gadamerian hermeneutics provided the philosophical framework for this study and the concept of personal knowing provided the conceptual framework. The combination of the two provided a unique framework for interpretation or understanding of their experiences. Gadamerian hermeneutics and particularly Gadamer's concept of history provided the framework for exploring what personal, educational and professional experiences shaped geriatric APNs' decisions to choose this specialty. Personal knowing provided a framework for understanding geriatric APNs' insights into their beliefs and values and how these may have affected their interactions with others in choosing this specialty area of nursing (Carper, 1978).

For this study, data were generated and analyzed using Fleming, Gaidys, and Robb's (2003) Gadamerian-based research method to answer the following research question: How do personal, educational and professional experiences influence APNs to initiate and continue in gerontology? Based upon Gadamer's philosophical thinking, Fleming et al. (2003) developed a step by step approach consisting of five stages for this research process. The stages included: (1) deciding upon a research question; (2)

identification of preunderstandings; (3) gaining understanding through dialogue with participants; (4) gaining understanding through dialogue with text; and (5) establishing trustworthiness.

Ethical Considerations

Approval for this study was obtained from the university's Institutional Review Board. Participation was voluntary, and informed consent was obtained prior to each interview.

Participants and Setting

Using a variation of a purposive sampling (i.e., a snowball approach), the researchers asked gerontological APNs from their professional network who met the eligibility criteria if they would be interested in participating in the study. Potential participants were contacted face-to-face, via email or via telephone using a *Recruitment Script*. A recruitment announcement was also placed on the Oklahoma Geriatric Nursing Education Workgroup's (OGNEW) distribution group email list. Data generation continued until data saturation was reached and no new themes were being generated.

The setting for this study was the south central United States. Participants were selected based on their first-hand experience with the phenomenon of interest. Inclusion criteria for this research study were as follows: (a) currently practicing in one of the two states of interest while maintaining an active, unencumbered registered nursing license; (b) practicing as an APN in the role of nurse practitioner (NP), clinical nurse specialist (CNS), or both, and certified in gerontology from the American Nurses Credentialing

Center OR practicing as an APN in the role of NP, CNS, or both, and having at least 2 years of experience working with older adults with at least 50% of his/her client population being older adults; and (c) able to read, write, and speak English.

Twelve gerontological APNs volunteered to participate in this study. In-depth, face-to-face, semi-structured interviews were conducted in an environment where privacy would be maintained. Each interview began with the question: *In as much detail as possible, how would you describe your experience of being a geriatric APN?* All interviews were audio recorded and lasted between 24 and 55 minutes each. Each interview tape was transcribed verbatim by the researchers. Demographic data for the participants can be found in Table 1.

Data Analysis

Transcripts were analyzed using Gadamerian hermeneutics (Gadamer, 1960/2004). First, in order to gain understanding of the whole text, the researchers read all interview texts. Second, the researchers read the transcripts line by line to facilitate identification of possible themes. Third, the researchers identified individual sentences or sections that reflected the themes and related them back to the meaning of the whole text, thus expanding the sense of the text as a whole. Fourth, the researchers chose passages representing the identified themes between the researcher and participants (Fleming et al., 2003).

Methodological Rigor

Trustworthiness criteria to enhance the methodological rigor for this study

included credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility was achieved through repeated analysis and comparison of interview data with three independent persons, the researcher and two peer reviewers who were experts in qualitative methods.

Credibility and dependability were met through strategies of prolonged engagement, persistent observation and member checking. Prolonged engagement was met by investing sufficient time to collect data in order to have an in-depth understanding of APNs' views, culture and language. Persistent observation was met by continuing interviews until data saturation occurred. Member checking was met by returning each completed transcript to the participants for review, thereby verifying that they were representative and true to their life experiences.

Maintaining an audit or decision trail and using thick description met dependability, confirmability, and transferability criteria. The audit trail included a detailed record of research decisions made prior to and during the research study, personal thoughts and experiences of the research process, as well as transcription and data analysis. Thick description provided a "basis for the reader's evaluation of quality" (Holloway & Wheeler, 2002, p. 262).

Results

The analysis of the interview texts yielded rich data about the meaning of participants' experiences as advanced practice geriatric nurses. First, the researchers identified *Gerontology Found Me* as the significant expression that reflected the

fundamental meaning of the texts as a whole. This seemed to capture the essence of the participants' comments, shared stories, and experiences of working with aging clients over time. Four themes emerged that further described the meanings of the participants' personal, educational, and professional experiences: *Becoming a Gerontology Nurse*, *Being a Gerontology Nurse*, *Belonging to Gerontology*, and *Bringing Others to Gerontology*. Subthemes were then identified within each theme, promoting a deeper understanding of the meaning of the experiences that were seminal to the APN's decision to work with the elderly (Table 2).

Theme 1: becoming a gerontology nurse. Participants described personal and educational stories that were influential in their decisions to become geriatric advanced practice nurses. This theme was supported by four subthemes: *Growing up Around Old People*, *Influenced by a Colleague*, *Not my First Choice* and *Making a Difference*. Doris's description of the subtheme, *Growing up Around Old People*, captured her experience of choosing to work with the elderly; she said, "My maternal grandparents were extremely important people in my life...but when I was with them...was around a lot of older people." When asked how that made her feel, Doris further stated, "I don't remember ever really having a fear of older people or not feeling comfortable and they were always interested in what kids were doing...and were always real supportive and really gave you lots of encouragement and praise." Frances commented about how her decision was influenced by a personal situation:

Just that I prefer to take care of older patients...I always say I don't want them if

they're younger than fifty (laughing). But, that's because...I think it's because I was raised by grandparents...and so I grew up with grandparents.

In the following quote addressing the subtheme, *Influenced by a Colleague*, Mary described how a colleague was instrumental in her decision to work with the elderly. "...since my practice was so highly geriatric focused, it just made sense to do it and she offered me the opportunity." Margaret shared, "We had a faculty person that set up a geriatric nurse practitioner [program] at the school I attended...and I had a lot of respect for her."

Participants shared meaningful information addressing the subtheme, *Not my First Choice*. Mary commented,

Well, I actually didn't go into nursing to do geriatrics...but to do labor and delivery. This was the farthest thing from my mind...and through a series of flukes...I woke up one day and said you know I hadn't seen anybody under the age of sixty in the last six months and thought, well...am I liking this or am I not...and decided I really liked it.

Mildred smiled stating,

Actually, I was going to be a midwife...and walked in the ICU and was a critical care nurse and started to take care of more elderly...and then as soon as I got done with my undergraduate and went on with my master's program...the gero program just kind of 'beckoned me'...this is where I need to be.

The subtheme, *Making a Difference*, was identified by some participants as being

very influential in their decision to become a geriatric APN because of their strong belief in giving back to their community. For example, Evelyn passionately stated, “I really love taking care of patients and I mean I can’t say it enough...really making a difference in their lives and hoping that what I do for them through my knowledge can impact their lives positively.” Helen commented, “When I decided I wanted to work in a facility, I went to work in the geriatric population...for that reason...because I think you can make very small changes and make great impacts...a great impact on someone’s life.” Betty shared, “...it was all about having a little bit more responsibility, accountability... but I think it was just having that little extra ability to make a difference in somebody’s life.” Evelyn’s words echoed a deeper meaning. She stated,

Every day there is something new to just uhh...really just making a difference in their lives and giving them the ability to live longer...so, I think that’s important if we really focus on that...

Participants willingly described stories that were influential in their decisions to become geriatric advanced practice nurses. To *become* is to come, change, or grow to be (Random House Dictionary, 2010) and to *Become a Gerontology Nurse* for these participants was a result of: (a) *Growing up Around Old People* and appreciating and valuing their contributions, (b) being *Influenced by a Colleague* by receiving their guidance and support, (c) the specialty *Not Being my First Choice*, and (d) *Making a Difference* by being able to give back to their geriatric communities.

Theme 2: being a gerontology nurse. All of the participants described unique and meaningful experiences about their work with the elderly. Within this theme, five subthemes emerged: *Expect the Unexpected*, *Significant Differences*, *Rich Past*, *Art of Advocating*, and *Keeping Them Healthy and Happy*. The subtheme, *Expect the Unexpected*, was identified as the participants described a typical day working with the elderly. Mary commented, “There aren’t typical days because you never know what’s going to walk in the door. There’s nothing typical about geriatrics. There’s nothing consistent...the only thing that is consistent is to expect the unexpected.” Dorothy replied while laughing:

There’s no typical day...next. I mean I’m on the consult team...and we get a consult...you never know what you are going to see...when you go in the door...you never know what the problem is going to be.

Betty shared her insight of a typical day working with the elderly; she said, “Expect the unexpected...with the population...because the geriatric population can come in and present with stuff that...that is, you know...that doesn’t look like they’re ill.”

Participants acknowledged the importance of education, which illustrated the subtheme, *Significant Differences*. This subtheme indicated that work still needs to be done in understanding gerontology nursing both in the classroom and out in the community. When asked what would you say to an instructor teaching gerontology, Elizabeth stated, “That the older adult...the physiology is different...the way they respond to medication...the chronic diseases...it’s all different and it needs to have its

own focus...every system is different and needs to be taught that way.” According to Doris, “I would really stress that there are significant differences as we age.” Helens’ insightful words further captured the essence of this subtheme:

I would say first and foremost, teach the basics of the aging process...although not all geriatric patients are going to fit that...there are some 65 year olds who are 85 and some 85 years olds who are 65...

Participants shared insightful descriptions that illustrated the subtheme, *Rich Past*. Virginia commented, “I really appreciate their wisdom...I believe they have a story to tell...we just need to listen.” Dorothy, “...learned a lot about life just by talking to them.” According to Margaret, “I enjoy their stories...I enjoy their history...they are absolute history books that aren’t written.” Mary commented, “They have a past and it’s a very rich past...and can be very surprising.” Lastly, Mildred’s words spoke volumes:

They give back to me every time I talk to them...uhh...I teach so much...you’ve got to listen...you’ve got to take your time and listen...because they’ve had so many life experiences that it takes them a little while...along with normal aging changes to answer your questions.

Supporting the subtheme, the *Art of Advocating*, participants described the importance and significance of being an advocate for the aging adult. Evelyn shared, “...they really want somebody to respect them and take the time to visit with them and see them as worthy...as they’re worth talking to...and they are.” Mildred spoke with great passion and affection when she stated, “These people need somebody to speak for

them...or with them.” Margaret commented, “We’re rather ignorant about this population...and I think some of it is we don’t advocate for them or really choose to work with them because of our lack of role models.” She continued:

I love being an advocate for them...uhm...speaking up for them when others are looking the other way and feel like their time is up...you know why bother...you know...there’s nothing there to do anything with...but there is.

Participants were proud to share their experiences illustrating the subtheme, *Keeping Them Healthy and Happy*. Meeting the needs of the elderly was described by many of the participants as an essential focus of their role as an APN. Margaret eagerly commented with a smile on her face, “Laughing with them...seeing them get better... seeing them stay stable... uhm... helping them with the acceptance of where they are... but uhh...continue to have quality of life with uhm...the situations that they’re in.” Mary’s words further exemplified meeting the needs of the elderly; she desired, “Helping people reach their highest level of function.” Doris asserted:

I’ve been in nursing homes, I’ve been in assistive living and I’ve been in the patient homes...and so wherever we can help keep them happy and healthy...I think is what I like the best about my role in working with older people.

Participants openly shared their meaningful experiences about their work with the elderly. *Being*, as defined by *World English Dictionary* (2010), is the state or fact of existing. According to these participants, *Being a Gerontology Nurse* meant (a) knowing to *Expect the Unexpected* by expecting surprises, (b) understanding of *Significant*

Differences by educating others about aging differences, (c) respecting the *Rich Past* of their elderly patients and taking the time to listen to their stories, (d) appreciating the *Art of Advocating* by being an advocate for the aging population, and (e) *Keeping Them Healthy and Happy* by helping the elderly maintain a quality of life embracing the highest level of functional capacity, independence, and happiness.

Theme 3: belonging to gerontology. Participants described professional instances that were influential in their life-long commitment to self, client and the profession. In order for them to *Belong to Gerontology*, the participants described three interrelated subthemes that supported their reasons for staying: *A Give and Take Relationship*, *My Happy Place*, and *Partners in Health Care*. Mary described the subtheme, *A Give and Take Relationship*, as follows:

I learn more from them...they give me more than I give them...I looked forward to EVERY single day going in...when I see my schedule and there is nobody under the age of sixty...to me that is a beautiful day.

Helen's words further exemplified this *Give and Take Relationship*:

...our aging population...they're living longer and they're having much more contribution to society than we ever thought...and I think they're still contributing enough that we have a lot to learn from those people if we keep them healthy enough to teach us. So I think that we have a lot to gain from that population if we would just take good care of them.

Participants were eager to share information that resulted in the subtheme, *My Happy Place*. Mary commented, "It's what I do. It's what I do...it's not who I am...but it's what I do. This is my clinical practice...this is my area where...it is my happy place."

Mary's words beautifully captured the subtheme, *Partners in Health Care*. She said, "I don't do things to them...I don't do things for them...I do things with them." Elizabeth described her relationship with her clients as "very, very well...mutual respect...mutual compassion and caring...I think they care about us almost as much as we care about them." Dorothy's words further exemplified this partnership; she said, "I like to look at it as partners in health care. I try to approach them as a partner in developing the best health care plan for their needs."

The participants described professional encounters that were instrumental in their decision to remain in gerontology as a specialty and as a life-long commitment to themselves, their clients and the profession of nursing. To *belong*, as defined by *Merriam-Webster's Online Dictionary* (2010), is to be an attribute, part, adjunct, or function of a person or thing. According to these participants, *Belonging to Gerontology*, meant (a) having a *Give and Take Relationship* with their clients, (b) *My Happy Place* which meant finding a happy place and enjoying what you do there, and (c) being *Partners in Health Care* by partnering with their patients for collaborative and reciprocal relationships.

Theme 4: bringing others to gerontology. Participants shared personal, educational and professional experiences that were instrumental in assisting and encouraging future nurses to become gerontological nurses. This theme was supported by three subthemes: *Come Follow Me*, *Go For It!*, and *Opportunity to Serve*.

Participants described their passion and commitment in helping others in words that illustrated the subtheme, *Come Follow Me*. For example, Mary stated:

Come follow me around for 6 months...see how you can fit in. Come follow me for 6 months, come follow me for 6 days...it doesn't matter...like, instead of thinking about it, look at it, get involved in it.

Mildred replied, "If they (nursing students) were interested in gerontology I'd say, why don't you come spend time with me?" She continued:

I've been up in front of classes and I've told them and you know...we've shared some ideas...but I don't get the full feeling that I've done anything until they come with me...and I've had nursing students come with me to the nursing home...to the patient's home...to the hospital room...that's the only way you're going to get that feeling...it's either going to be there or it's not.

The subtheme, *Go For It!*, exemplified how participants promoted successful aging by sharing their passion and love for gerontology with others interested in gerontology. Frances stated, "I'd say go for it...there is no reason you shouldn't...especially now cause we are having all of our Baby Boomers getting older and retiring." Similarly, other participants said, "go for it...you will always have a job...because our

generation is getting older...there's going to be more and more;" "Oh I would tell them to go for it...and then I would do anything in my power to help them to be successful... and I have done that;" and "I would say that the reward is great and that you would never go wrong choosing that role."

The subtheme of *Opportunity to Serve* emerged as the participants described how fulfilling it has been for them to serve the aging population; they discussed how critical the need is for future generations of nurses to embrace these servant leadership opportunities with an aging society. Virginia responded with passion, "I love the CNS role...I love the patients I serve...I'm always looking for an opportunity." She further stated, "Any situation is an opportunity to...to serve someone else." When asked what you would say to a student nurse interested in gerontology, Elizabeth stated:

First and foremost it's the patient of the future...so you're going to get a lot of them. It would be best to know what you are doing...that it's different than pediatrics...it's different than just the middle age healthy adult...uhm...an older patient has chronic diseases you have to know about.

Ruth spoke passionately about her nursing experience serving the elderly and how her contributions to gerontological nursing may hopefully encourage others to want to serve the elderly. She stated:

Well, I like nursing. I'm very fond of nursing...and even though my time in nursing is closing...I hope to leave a legacy for younger nurses to pick up the

baton and really run with it (gerontology nursing)...because I think it is the best specialty of all.

Participants willingly described how their experiences of choosing gerontology and staying in gerontology were used to bring others to become gerontology nurses. To *bring*, as defined by the Random House Dictionary (2010), is to persuade, convince, compel, or induce. According to these participants, *Bringing Others to Gerontology*, meant (a) encouraging others to *Come Follow Me* by providing opportunities for others to emulate, (b) *Go For It* through encouraging others to follow in their footsteps, and (c) having an *Opportunity to Serve* by caring for the elderly with pride, while contributing both to society and the practice of gerontological nursing.

Discussion and Implications of Findings

The following discussion includes the researchers' conclusions and their relationship to selected literature. The data that comprised the theme of *Becoming a Gerontological Nurse* resulted in two major conclusions. First, while some of the APNs knew that working with the elderly had always been their preferred specialty area in which to practice nursing, more of them initially chose other specialty areas of nursing to practice. This finding supports the American Association of Colleges of Nursing's (AACN, 2004) report that only a small percentage of APNs (3%) choose to specialize in gerontology. Thornlow, Auerhahn, and Stanley (2006) reported that the national trend has been to "prepare APNs for broader roles, such as family nurse practitioners (FNPs)"

(p. 117), thus resulting in many gerontological nurse practitioner (GNP) programs and geriatric clinical nurse specialist (GCNS) programs graduating fewer students.

The second conclusion is that the personal and professional experiences of being in relationship with older individuals contributed to their choice of gerontology. For many of the APNs, their decision to become a gerontological nurse evolved over time as knowledge was gained through their personal and professional experiences of relating with older individuals. As stated by Palmer (1998), "Knowing is a human way to seek relationships and, in the process, to have encounters and exchanges that will inevitably alter us" (p. 54). Their decisions to become gerontological APNs were further justified as they gained knowledge from the wisdom of a grandparent; or from the encouragement, guidance and support of a colleague; or the realization that working with the elderly provided a strong desire to 'pay it forward' by being able to give back to their geriatric communities.

These findings also support one of the fundamental patterns of knowing in nursing, personal knowledge, as proposed by Carper (1978). Personal knowing empowers an individual to experience "deeper levels of meaning in all of life's experiences, including those that are shared in interaction with others" (Chinn, & Kramer, 2008, p. 133). Personal knowing provided an effective conceptual framework for understanding geriatric APNs' insights into their beliefs and values and how these may have affected their interactions with others in choosing this specialty area of nursing.

APNs in this study described unique and meaningful experiences about their work

with the elderly, and described being a gerontological nurse as rewarding, fulfilling, positive, wonderful, satisfying, challenging and a powerful experience. The data that comprised the theme, *Being a Gerontology Nurse* resulted in two major conclusions. First, these APNs learned valuable lessons in their gerontological nursing roles from the elderly. For many of the APNs, spending time with older adults and listening to their stories was one of the most important lessons they learned in their gerontological nursing roles. The findings in this study are supported by Jonas-Simpson, Mitchell, Fisher, Jones, and Linscott's (2006) belief that "understanding the fundamental nature of being listened to is critical to providing quality nursing care because understanding can transform practice" (p. 53). In accordance with Hirst and Raffin (2001), the power in stories provides a holistic view of an older individual and offers the potential for quality nursing intervention. Sharing that connection with an older adult who brings wisdom and insight to the table is critical for future nurses to embrace because we, as nurses, can hold their stories and learn from them.

Many of the APNs learned that being a gerontological nurse was the importance of becoming an advocate for the aging population. APNs in this study had a thorough understanding of how society views our elderly; but instead of reacting to the negative stereotypes about older adults and the aging process, they took the initiative to be proactive and to be the voice of their elderly patients when societal views were negatively exposed.

The APNs in this study described the pride they felt in their roles as gerontological nurses when they were able to meet the needs of their aging adult patients at their highest level of functional capacity. APNs in this study were practicing nursing that focuses on assisting the elderly maintain a quality of life embracing the highest level of functional capacity, independence and happiness suggested as by LaSala, Connors, Pedro, and Phipps (2007). Providing an outlet for these older adults to openly share their past experiences, reflect on their life's accomplishments, and prepare for the future were strongly emphasized by the APNs as being critical for the older adult's overall quality of life and well-being.

Another implication from the current study involved the APNs strong desire to "pay it forward" by passing the knowledge gained in the lessons learned from the elderly on to others interested in gerontology nursing. Many of the APNs learned that being a gerontological nurse was recognizing that caring for a rapidly aging population involves being instrumental in the education of others about aging differences. These APNs further discussed that work still needs to be done in understanding gerontology nursing both in the classroom and in community settings. The findings in this study were supported by the development of a national consensus-based set of core gerontological competencies, entitled *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* for graduate APN programs; this document outlines the competencies needed for APNs who provide care to older adults but are not specialists in gerontology (AACN, 2004). In 2010, two additional documents entitled, *Adult-Gerontology Primary*

Care Nurse Practitioner Competencies and *Adult-Gerontology Clinical Nurse Specialist Competencies*, have been developed for dissemination to all graduate schools of nursing (AACN, 2010). An additional document entitled, *Caring for an Aging America: A Guide for Nursing Faculty* was developed for use as a guidebook for nursing schools to “gerontologize” their curricula (Thornlow, Latimer, Kingsborough, & Arietti, 2006).

The APNs in this study described professional encounters that influenced their decisions to remain in the specialty of gerontology nursing. For many of these APNs, the reciprocal relationships that were developed and the collaborative partnerships that were established over time with their aging patients proved to be successful in developing a mutual respect and sense of fulfillment for one another. This communicative action, as described by Sumner (2001), can have a positive outcome in the nurse-patient relationship if each of the parties has a sense of fulfillment or validation; this can occur when “the patient acknowledges that his/her needs have been met satisfactorily, and the nurse is rewarded, having helped the patient achieve this” (p. 931).

From the stories that the APNs shared in the interviews, all of them described professional encounters in their practices that validated their decision to remain in gerontology nursing. The experience of spending time with elderly patients were described by these APNs as wonderful, exciting, fun, satisfying, challenging, fulfilling and rewarding. APNs in this study were practicing nursing from the heart, exhibiting sincere passion, compassion and caring attributes with a strong desire to make positive changes in the lives of their elderly patients.

The APNs in this study described how their experiences in gerontological nursing were used to encourage others to become gerontology nurses. Based on the data obtained from this study, the researchers concluded that for many of these APNs, an ongoing commitment to overcome adversity in wanting to work with the elderly was being challenged. Promoting the concept of successful aging and recognizing the need for more nurses to be recruited into the specialty of gerontology was often mentioned during the interviews; this was followed by the difficulties many of the APNs were facing with assisting and encouraging future nurses to become gerontological nurses. The discourse of these APNs is in concert with what Parker Palmer (2004) described as the 'tragic gap', or the gap between the difficult realities of life and the knowledge of what is possible. He goes on to explain that having a capacity to stand in this 'tragic gap' is important for those who want to make a difference in the world we live in. The APNs in this study are standing in that 'tragic gap' and are seeing how our aging population is being viewed by students, faculty and society and where our views of successful aging could be.

Limitations

The conclusions from this study are based on our interpretations of the experiences shared by APNs from one region of the United States and may not be transferable to other populations. The participants in this study were all Caucasian women; however, the sample was diverse in terms of age, number of years in nursing, employment status, educational background, type of specialty as an APN, and areas of practice settings. The findings from this study are limited to those APNs who

volunteered to tell their stories and their personal, professional, and educational experiences with choosing to work with the elderly and why they continue to work with this population.

Recommendations

The findings of this study have important nursing implications. APNs who choose to care for those who are aging uniquely share in a belief and value system within the professional discipline of nursing through their ongoing education and commitment to serve an aging society. In this study, recognizing and understanding why these nurses chose to pursue a career in gerontology, and continue to serve as advocates for this population, may encourage other nurses to follow in their footsteps. As stated by Miller, Coke, Moss, and McCann (2009), "All nurses must be competent in the care of older adults" (p. 198). These researchers recommend that APNs who have specialized in gerontological nursing develop collaborative relationships with clinical nurses to promote the concept of successful aging. Providing in-services or webinars on aging issues and tips from the experts in caring for the elderly are suggested. Nurses can assimilate this information into their care for aging adults thereby improving the quality of life of this growing and aging population.

This research study is a beginning step in an ongoing dialogue with APNs, nurse educators, and nurse administrators about the rapidly changing field of gerontology. Knowledge gained from this study can provide guidance for curriculum changes that better prepare future nurses to specialize and practice in gerontology. Nurse educators

cannot change past personal experiences with the elderly, but they can design positive educational experiences that set the stage for positive professional experiences.

Therefore, we recommend providing opportunities for students to embrace the concept of successful aging by spending time with an older adult throughout the semester, and inviting older adults into the classroom to share their stories and lessons learned through their life's journey (Cohen, Sandel, Thomas, & Barton, 2004). APNs, through describing their personal, educational, and professional experiences in working with the elderly, may add insight into the kinds of content and experiences that may enhance the focus of nursing curriculum. Therefore, we recommend that nurse educators and nurse administrators recognize and listen to the stories shared by these experts in the field as these "nurses play an essential role in the provision of acute and chronic care, health education, and health promotion for these older Americans" (Thornlow, et al., 2006, p. iii).

As nurse educators, now is the time to begin this dialogue with our colleagues addressing the following questions: (a) Are our educational nursing programs' methodologies being used to provide the best learning opportunities for our students toward caring for an aging population?, (b) Are our educational nursing programs supporting and providing faculty development in gerontological nursing?, and (c) As nursing educators, do we need to take a step back and explore our own perceptions toward the elderly? Therefore, we recommend monthly journal club meetings to discuss peer-reviewed articles addressing current educational strategies and/or research issues

related to gerontology or monthly 'brown bag' meetings to discuss ways to enhance gerontological nursing education across the curriculum.

Future research may continue to focus on understanding the meaning of the experiences of APNs in gerontology and could add valuable knowledge to gerontological nursing education and curriculum planning in the future. In light of the role that advocacy played in the experiences of APNs in the current study, we recommend studies that address the role of advocacy with an aging population.

Table 4.1

Demographic Characteristics of the Participants (N = 12)

Characteristic	n
Age (M – 53.2 years)	
30 to 39	2
40 to 49	2
50 to 59	6
60 to 69	1
≥ 70	1
Gender	
Female	12
Male	0
Employment Status	
Employed Full-time	10
Employed Part-time	2
Type of Advanced Practice	
Geriatric Nurse Practitioner	4
Geriatric Clinical Nurse Specialist	3
Adult Nurse Practitioner	1
Family Nurse Practitioner	2
Diabetes Clinical Nurse Specialist	1
Acute Care Adult Clinical Nurse Specialist	1
Area of Clinical Practice	
Hospital	7
Private Practice	2
Academia	3
Percentage of Older Client Population in Practice Setting	
50 %	1
75 %	5
100 %	4
No response	2
Years of Practice with the Elderly	
2 to 9	6
10 to 19	2
20 to 29	2
≥ 30	2

Table 4.2

Gerontology Found Me

Themes	Subthemes
Becoming a Gerontology Nurse	Growing up Around Old People Influenced by a Colleague Not my First Choice Making a Difference
Being a Gerontology Nurse	Expect the Unexpected Significant Differences Rich Past Art of Advocating Keeping Them Healthy and Happy
Belonging to Gerontology	A Give and Take Relationship My Happy Place Partners in Health Care
Bringing Others to Gerontology	Come Follow Me Go For It! Opportunity to Serve

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Overview

The purpose of this qualitative hermeneutic study was to examine the meaning of the experiences of APNs who chose to work with the elderly and why they continue to work with this population. Twelve gerontological APNs currently practicing in the state of Oklahoma and/or Texas volunteered to participate in this study. In-depth face-to-face semi-structured interviews using an interview guide were conducted and were audio taped and transcribed verbatim by the researcher. Data were generated and analyzed using the Gadamerian-based hermeneutic research method recommended by Fleming, Gaidys, and Robb (2003). Methodological rigor for the study was demonstrated by using guidelines for trustworthiness suggested by Fleming et al. (2003), and those of Lincoln & Guba, (1985). Four themes supported by 15 subthemes were identified from the data. Included in this chapter is a discussion of the findings, conclusions, and recommendations for nursing practice, nursing education and nursing research.

Discussion of Findings

Themes and Subthemes

The analysis of the interview texts yielded rich data about the meaning of participants' experiences as advanced practice geriatric nurses. First, the researcher identified *Gerontology Found Me* as the significant expression that reflected the

fundamental meaning of the texts as a whole. This seemed to capture the essence of the participants' comments, shared stories and experiences of working with aging clients over time. Four themes emerged that further described the meanings of the participants' personal, educational and professional experiences: *Becoming a Gerontology Nurse*, *Being a Gerontology Nurse*, *Belonging to Gerontology*, and *Bringing Others to Gerontology*. Subthemes were then identified within each theme, promoting a deeper understanding of the meaning of the experiences that were seminal to the APNs' decisions to work with the elderly.

Theme 1: becoming a gerontology nurse. Participants described personal and educational stories that were influential in their decisions to become geriatric advanced practice nurses. This theme was supported by four subthemes: *Growing up Around Old People*, *Influenced by a Colleague*, *Not my First Choice* and *Making a Difference*. Doris's description of the subtheme, *Growing up Around Old People*, captured her experience of choosing to work with the elderly; she said, "My maternal grandparents were extremely important people in my life...but when I was with them...was around a lot of older people." When asked how that made her feel, Doris further stated, "I don't remember ever really having a fear of older people or not feeling comfortable and they were always interested in what kids were doing...and were always real supportive and really gave you lots of encouragement and praise." Frances commented about how her decision was influenced by a personal situation:

Just that I prefer to take care of older patients...I always say I don't want them if

they're younger than fifty (laughing). But, that's because...I think it's because I was raised by grandparents...and so I grew up with grandparents. I don't want to say they spoiled me rotten... but she taught...you know my grandmother taught me good values...but I grew up you know, with older people and she always just talked to me like I was a little adult and you know...took me around you know...taught me good manners and...so I was always around older people and I always preferred that...but I do...I love older patients.

In the following quote addressing the subtheme, *Influenced by a Colleague*, Mary described how a colleague was instrumental in her decision to work with the elderly. "...since my practice was so highly geriatric focused, it just made sense to do it and she offered me the opportunity." Margaret shared, "We had a faculty person that set up a geriatric nurse practitioner [program] at the school I attended...and I had a lot of respect for her."

Participants shared meaningful information addressing the subtheme, *Not my First Choice*. Mary commented,

Well, I actually didn't go into nursing to do geriatrics...but to do labor and delivery. This was the farthest thing from my mind...and through a series of flukes...I woke up one day and said you know I hadn't seen anybody under the age of sixty in the last six months and thought, well...am I liking this or am I not...and decided I really liked it.

Similar comments were reflected in Dorothy's description:

I always thought that what I would do would be working with the adolescent. I enjoy older adults...I always have since I was a young person. Well, I've never regretted a minute of specializing in [this] population. I have a good time with the population.

Mildred smiled stating,

Actually, I was going to be a midwife...and walked in the ICU and was a critical care nurse and started to take care of more elderly...and then as soon as I got done with my undergraduate and went on with my master's program...the gero program just kind of 'beckoned me'...this is where I need to be.

Other responses that supported the subtheme *Not my First Choice* included: "You know early on in my career I thought...uhh...I don't think I can work with old people;" and "...it's funny because I did most...I did three rotations through Children's and one in ICU...I really thought that (pediatric critical care) was what I wanted to do."

The subtheme, *Making a Difference*, was identified by some participants as being very influential in their decision to become a geriatric advanced practice nurse because of their strong belief in giving back to their community. For example, Evelyn passionately stated, "I really love taking care of patients and I mean I can't say it enough...really making a difference in their lives and hoping that what I do for them through my knowledge can impact their lives positively." Helen commented, "When I decided I wanted to work in a facility, I went to work in the geriatric population...for that reason...because I think you can make very small changes and make great impacts...a

great impact on someone's life." Betty shared, "...it was all about having a little bit more responsibility, accountability... but I think it was just having that little extra ability to make a difference in somebody's life." Evelyn's words echoed a deeper meaning. She stated,

Every day there is something new to just uhh...really just making a difference in their lives and giving them the ability to live longer...so, I think that's important if we really focus on that...we shouldn't shut the door on them just because they're geriatric because there's geriatric and then there's geriatric. So only the Lord knows when it's our time to go home...so until then we need to give them the benefit of our knowledge.

Participants willingly described stories that were influential in their decisions to become geriatric advanced practice nurses. To *become* is to come, change, or grow to be (Random House Dictionary, 2010) and to *Become a Gerontology Nurse* for these participants was a result of: (a) *Growing up Around Old People* and appreciating and valuing their contributions, (b) being *Influenced by a Colleague* by receiving their guidance and support, (c) the specialty *Not Being my First Choice*, and (d) *Making a Difference* by being able to give back to their geriatric communities.

Theme 2: being a gerontology nurse. All of the participants described unique and meaningful experiences about their work with the elderly. This theme emerged in the participants' descriptions of what they learned from the elderly and their desire to share this wealth of information with others interested in pursuing a career in

gerontology. Within this theme five subthemes emerged: *Expect the Unexpected*, *Significant Differences*, *Rich Past*, *Art of Advocating*, and *Keeping Them Healthy and Happy*. The subtheme, *Expect the Unexpected*, was identified as the participants described a typical day working with the elderly. Mary commented, "There aren't typical days because you never know what's going to walk in the door. There's nothing typical about geriatrics. There's nothing consistent...the only thing that is consistent is to expect the unexpected." Dorothy replied while laughing:

There's no typical day...next. I mean I'm on the consult team...and we get a consult...you never know what you are going to see...when you go in the door...you never know what the problem is going to be.

Betty shared her insight of a typical day working with the elderly; she said, "Expect the unexpected...with the population...because the geriatric population can come in and present with stuff that...that is, you know...that doesn't look like they're ill."

Participants acknowledged the importance of education, which illustrated the subtheme, *Significant Differences*. This subtheme indicated that work still needs to be done in understanding gerontology nursing both in the classroom and out in the community. When asked what would you say to an instructor teaching gerontology, Elizabeth stated, "That the older adult...the physiology is different...the way they respond to medication...the chronic diseases...it's all different and it needs to have its own focus...every system is different and needs to be taught that way." According to Doris, "I would really stress that there are significant differences as we age." Helens'

insightful words further captured the essence of this subtheme:

I would say first and foremost, teach the basics of the aging process...although not all geriatric patients are going to fit that...there are some 65 year olds who are 85 and some 85 years olds who are 65...I would impress upon the students that regardless of chronological age...they may not be in that age group...and that I would encourage them to step back and think about what they can learn from the patient...because they have many more years of living than the young nurse does.

Participants shared insightful descriptions that illustrated the subtheme, *Rich Past*. Virginia commented, "I really appreciate their wisdom...I believe they have a story to tell...we just need to listen." She goes on stating, "I think it is just that wisdom and the sharing of information... they have experiences...they've learned from those experiences...they can share what they would do differently." Dorothy stated, "...learned a lot about life just by talking to them." According to Margaret, "I enjoy their stories...I enjoy their history...they are absolute history books that aren't written." Mary commented, "They have a past and it's a very rich past...and can be very surprising." Lastly, Mildred's words spoke volumes:

They give back to me every time I talk to them...uhh...I teach so much...you've got to listen...you've got to take your time and listen...because they've had so many life experiences that it takes them a little while...along with normal aging changes to answer your questions. If you sit there for just a moment...you've got a history book sitting in that bed...ask them anything you want...ask that WWII

vet...ask the ones who grew up in the dust bowl days...the 20s when the market crashed...and then, what did they do for fun at home on Sunday? Just sit and listen. As these individuals die, we're losing our history and that pains me.

Supporting the subtheme, the *Art of Advocating*, participants described the "...they really want somebody to respect them and take the time to visit with them and see them as worthy...as they're worth talking to...and they are." Mildred spoke with great passion and affection when she stated, "These people need somebody to speak for them...or with them." Margaret commented, "We're rather ignorant about this population...and I think some of it is we don't advocate for them or really choose to work with them because of our lack of role models." She continued:

I love being an advocate for them...uhm...speaking up for them when others are looking the other way and feel like their time is up...you know why bother...you know...there's nothing there to do anything with...but there is.

Participants were proud to share their experiences illustrating the subtheme, *Keeping Them Healthy and Happy*. Meeting the needs of the elderly was described by many of the participants as an essential focus of their role as an advanced practice nurse. Margaret eagerly commented with a smile on her face, "Laughing with them...seeing them get better...seeing them stay stable...uhm... helping them with the acceptance of where they are...but uhh...continue to have quality of life with uhm...the situations that they're in." Mary's words further exemplified meeting the needs of the elderly; she stated, "Helping people reach their highest level of function." Doris asserted:

I've been in nursing homes, I've been in assistive living and I've been in the patient homes...and so wherever we can help keep them happy and healthy...I think is what I like the best about my role in working with older people.

Participants openly shared their meaningful experiences about their work with the elderly. Through this dialogue, a better understanding emerged with participants having learned from the elderly and their desire of sharing this knowledge with others interested in gerontology nursing. *Being*, as defined by *World English Dictionary* (2010), is the state or fact of existing. According to these participants, *Being a Gerontology Nurse* meant (a) knowing to *Expect the Unexpected* by expecting surprises, (b) understanding of *Significant Differences* by educating others about aging differences, (c) respecting their *Rich Past* and taking the time to listen to their stories, (d) appreciating the *Art of Advocating* by being an advocate for the aging population, and (e) *Keeping Them Healthy and Happy* by helping the elderly maintain a quality of life embracing the highest level of functional capacity, independence, and happiness.

Theme 3: belonging to gerontology. Participants described professional instances that were influential in their life-long commitment to self, client and the profession. In order for them to *Belong to Gerontology*, the participants described three interrelated subthemes that supported their reasons for staying: *A Give and Take Relationship*, *My Happy Place*, and *Partners in Health Care*. Mary described the subtheme, *A Give and Take Relationship*, as follows:

I learn more from them...they give me more than I give them...I looked forward

to EVERY single day going in...when I see my schedule and there is nobody under the age of sixty...to me that is a beautiful day.

Helen's words further exemplified this *Give and Take Relationship*:

...our aging population...they're living longer and they're having much more contribution to society than we ever thought...and I think they're still contributing enough that we have a lot to learn from those people if we keep them healthy enough to teach us. So I think that we have a lot to gain from that population if we would just take good care of them.

Participants were eager to share information that resulted in the subtheme, *My Happy Place*. Mary commented, "It's what I do. It's what I do...it's not who I am...but it's what I do. This is my clinical practice...this is my area where...it is my happy place." With a smile on her face, Evelyn replied, "I just enjoy what I do, that's who I am...I mean not that it's my identity, but it's what I enjoy doing with my life."

Mary's words beautifully captured the subtheme, *Partners in Health Care*. She said, "I don't do things to them...I don't do things for them...I do things with them." Elizabeth described her relationship with her clients as "very, very well...mutual respect...mutual compassion and caring...I think they care about us almost as much as we care about them." Dorothy's words further exemplified this partnership; she said, "I like to look at it as partners in health care. I try to approach them as a partner in developing the best health care plan for their needs."

The participants described professional occurrences that were instrumental in

their decision to remain in gerontology as a specialty and as a life-long commitment to themselves, their clients and the profession of nursing. To *belong*, as defined by Merriam-Webster's Online Dictionary (2010), is to be an attribute, part, adjunct, or function of a person or thing. According to these participants, *Belonging to Gerontology* meant (a) having a *Give and Take Relationship* with their clients, (b) *My Happy Place* which meant finding a happy place and enjoying what you do there, and (c) being *Partners in Health Care* by partnering with their patients for collaborative and reciprocal relationships.

Theme 4: bringing others to gerontology. Participants shared personal, educational and professional experiences that were instrumental in assisting and encouraging future nurses to become gerontological nurses. This theme was supported by three subthemes: *Come Follow Me*, *Go For It!* and *Opportunity to Serve*.

Participants described their passion and commitment in helping others in words that illustrated the subtheme, *Come Follow Me*. For example, Mary stated:

Come follow me around for 6 months...see how you can fit in. Come follow me for 6 months, come follow me for 6 days...it doesn't matter...like, instead of thinking about it, look at it, get involved in it.

Mildred replied, "If they (nursing students) were interested in gerontology I'd say, why don't you come spend time with me?" She continued:

I've been up in front of classes and I've told them and you know...we've shared some ideas...but I don't get the full feeling that I've done anything until they

come with me...and I've had nursing students come with me to the nursing home...to the patient's home...to the hospital room...that's the only way you're going to get that feeling...it's either going to be there or it's not.

The subtheme, *Go For It!*, exemplified how participants promoted successful aging by sharing their passion and love for gerontology with others interested in gerontology. Frances stated, "I'd say go for it...there is no reason you shouldn't... especially now cause we are having all of our Baby Boomers getting older and retiring." Similarly other participants said, "go for it...you will always have a job...because our generation is getting older...there's going to be more and more;" "Go for it (laughing). I would tell them it is a very rewarding field...definitely to pursue it;" "Oh I would tell them to go for it...and then I would do anything in my power to help them to be successful...and I have done that;" and "I would say that the reward is great and that you would never go wrong choosing that role."

The subtheme of *Opportunity to Serve* emerged as the participants described how fulfilling it has been for them to serve the aging population; they discussed how critical is the need for future generations of nurses to embrace these servant leadership opportunities with an aging society. Virginia responded with passion, "I love the CNS role...I love the patients I serve...I'm always looking for an opportunity." She further stated, "Any situation is an opportunity to...to serve someone else." Questions were raised by Elizabeth when she stated:

The population continues to get older and older and older...so are we preparing

our nurses to take care of these patients? Uhm...how many babies are born a year in comparison to the amount of geriatric patients that we have?...big discrepancy.

I know babies are fun, but so are little old folks.

When asked what you would say to a student nurse interested in gerontology, Elizabeth stated:

First and foremost it's the patient of the future...so you're going to get a lot of them. It would be best to know what you are doing...that it's different than pediatrics...it's different than just the middle age healthy adult...uhm...an older patient has chronic diseases you have to know about.

Ruth spoke passionately about her nursing experience serving the elderly and how her contributions to gerontological nursing may hopefully encourage others to want to serve the elderly. She stated:

Well, I like nursing. I'm very fond of nursing...and even though my time in nursing is closing...I hope to leave a legacy for younger nurses to pick up the baton and really run with it (gerontology nursing)...because I think it is the best specialty of all.

Participants willingly described how their experiences of choosing gerontology and staying in gerontology were used to bring others to become gerontology nurses. To *bring*, as defined by the Random House Dictionary (2010), is to persuade, convince, compel, or induce. According to these participants, *Bringing Others to Gerontology*, meant (a) encouraging others to *Come Follow Me* by providing opportunities for others to

emulate, (b) *Go For It* through encouraging others to follow in their footsteps, and (c) having an *Opportunity to Serve* by caring for the elderly with pride, while contributing both to society and the practice of gerontological nursing.

Conclusions

The following discussion includes my conclusions as they pertain to the data that comprised the significant expression that reflected the fundamental meaning of the texts as a whole and each of the four themes and associated subthemes.

Theme: Becoming a Gerontological Nurse. APNs in this study openly and eagerly described personal and professional stories that strongly influenced their decision to become gerontological nurses. I believe the APNs in this study each had a story to tell that ultimately affected their decision to take the path less traveled and become gerontological nurses. The data that comprised this theme resulted in two major conclusions. First, while some of the APNs knew that working with the elderly had always been their preferred specialty area in which to practice nursing; more of them initially chose other specialty areas of nursing to practice. This finding supports what the American Association of Colleges of Nursing (AACN, 2004) report that only a small percentage (3%) of APNs choose to specialize in gerontology. Thornlow, Auerhahn, and Stanley (2006) reported that the national trend has been to “prepare APNs for broader roles, such as family nurse practitioners (FNPs)” (p. 117); thus resulting in many gerontological nurse practitioner (GNP) programs and geriatric clinical nurse specialist (GCNS) programs graduating fewer students.

The second conclusion based on these data is that the personal and professional experiences of being in relationship with older individuals contributed to their choice of gerontology. For many of the APNs, their decision to become a gerontological nurse evolved over time as knowledge was gained through their personal and professional experiences of relating with older individuals. As stated by Palmer (1998), "Knowing is a human way to seek relationships and, in the process, to have encounters and exchanges that will inevitably alter us" (p. 54). Their decisions to become gerontological APNs were further justified as they gained knowledge from the wisdom of a grandparent; or from the encouragement, guidance and support of a colleague; or the realization that working with the elderly provided a strong desire to 'pay it forward' by being able to give back to their geriatric communities.

These findings also support one of the fundamental patterns of knowing in nursing, i.e., personal knowledge in nursing, as proposed by Carper (1978). Personal knowing empowers an individual to experience "deeper levels of meaning in all of life's experiences, including those that are shared in interaction with others" (Chinn, & Kramer, 2008, p. 133). Personal knowing provided an effective conceptual framework for understanding geriatric APNs' insights into their beliefs and values and how these may have affected their interactions with others in choosing this specialty area of nursing.

Theme: being a gerontology nurse. APNs in this study described unique and meaningful experiences about their work with the elderly, and described being a gerontological nurse as rewarding, fulfilling, positive, wonderful, satisfying, challenging

and powerful. The data that comprised this particular theme resulted in two major conclusions. First, these APNs learned valuable lessons in their gerontological nursing roles from their elderly patients.

For many of the APNs, spending time with older adults and listening to their stories was one of the most powerful lessons they learned in their gerontological nursing roles. These findings of spending time and listening to older adults are supported by Jonas-Simpson, Mitchell, Fisher, Jones, and Linscott's (2006) belief that "understanding the fundamental nature of being listened to is critical to providing quality nursing care because understanding can transform practice" (p. 53). In accordance with Hirst and Raffin (2001), the power in stories provides a holistic view of an older individual and offers the potential for quality nursing interventions. Sharing that connection with an older adult who brings wisdom and insight to the table is critical for future nurses to embrace because we, as nurses, can hold their stories and learn from them.

Many of the APNs learned that being a gerontological nurse was the importance of becoming an advocate for the aging population. *Advocacy*, as defined by *Random House Dictionary* (2010), is the act of pleading for, supporting, or recommending. I believe the APNs in this study had a thorough understanding of how society views our elderly; but instead of reacting to the negative stereotypes about older adults and the aging process, they took the initiative to be proactive and to be the voice of their elderly patients when societal views were negatively exposed.

The APNs in this study described the pride they felt in their roles as

gerontological nurses when they were able to meet the needs of their aging adult patients at their highest level of functional capacity. I believe the APNs in this study were practicing nursing that focuses on assisting the elderly maintain a quality of life embracing the highest level of functional capacity, independence and happiness suggested as by LaSala, Connors, Pedro, and Phipps (2007). Providing an outlet for these older adults to openly share their past experiences, reflect on their life's accomplishments, and prepare for the future were strongly emphasized by the APNs as being critical for the older adult's overall quality of life and well-being.

Another conclusion based on the data from the current study involved the APNs strong desire to "pay it forward" by passing the knowledge gained in the lessons learned from the elderly on to others interested in gerontology nursing. Many of the APNs learned that being a gerontological nurse was recognizing that caring for a rapidly aging population involves being instrumental in the education of others about aging differences. These APNs further discussed that work still needs to be done in understanding gerontology nursing both in the classroom and community settings. The findings in my study were supported by the development of a national consensus-based set of core gerontological competencies, entitled *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* for graduate APN programs; this document outlines the competencies needed for APNs who provide care to older adults but who are not specialists in gerontology (AACN, 2004). In 2010, two additional documents entitled, *Adult-Gerontology Primary Care Nurse Practitioner Competencies* and *Adult-*

Gerontology Clinical Nurse Specialist Competencies have been developed for dissemination to all graduate schools of nursing (AACN, 2010). An additional document entitled, *Caring for an Aging America: A Guide for Nursing Faculty* was developed for use as a guidebook for nursing schools to “gerontologize” their curricula (Thornlow, Latimer, Kingsborough, & Arietti, 2006).

Theme: belonging to gerontology. APNs in this study described professional encounters that influenced their decision to remain in the specialty of gerontology nursing. For many of these APNs, the reciprocal relationships that were developed and the collaborative partnerships that were established over time with their aging patients proved to be successful resulting in a mutual respect and a sense of fulfillment for one another. This communicative action as described by Sumner (2001) can have a positive outcome in the nurse-patient relationship if each party has a sense of fulfillment or validation; this can occur when “the patient acknowledges that his/her needs have been met satisfactorily, and the nurse is rewarded, having helped the patient achieve this” (p. 931).

From the stories that the APNs shared in the interviews, all of them described professional encounters in their practices that validated their decision to remain in gerontology nursing. The experience of spending time with elderly patients were described by these APNs as wonderful, exciting, fun, satisfying, challenging, fulfilling and rewarding. I believe the APNs in this study were practicing nursing from the heart,

exhibiting sincere passion, compassion and caring attributes with a strong desire to make positive changes in the lives of their elderly patients.

Theme: bringing others to gerontology. APNs in this study described how their experiences in gerontological nursing were used to encourage others to become gerontological nurses. Based on the data obtained from this study, I conclude that for many of these APNs, an ongoing commitment to overcome adversity in wanting to work with the elderly was being challenged. Promoting the concept of successful aging and recognizing the need for more nurses to be recruited into the specialty of gerontology was often mentioned during the interviews; these sentiments were followed by the illumination of the difficulties many of the APNs were facing with assisting and encouraging future nurses to become gerontological nurses. The discourse expressed by these APNs is what Parker Palmer (2004) describes as the ‘tragic gap’, or the gap between the difficult realities of life and the knowledge of what is possible. He goes on to explain that having a capacity to stand in this ‘tragic gap’ is important for those who want to make a difference in the world we live in. I believe the APNs in this study are standing in that ‘tragic gap’ and are seeing how our aging population is being viewed by our students, faculty and society as well as where our views of successful aging could be.

Philosophical and Conceptual Frameworks

Gadamerian hermeneutics provided the philosophical framework for this study. Gadamerian hermeneutics and particularly Gadamer’s concept of history provided the framework for exploring what personal, educational and professional experiences shaped

geriatric APNs' decisions to choose this specialty. According to Grassley and Nelms (2008), "History, which includes experiences, family, culture, and historical tradition, conditions the choices a person makes and the problems a person notices" (p. E57).

Personal knowing guided this study as a conceptual framework based on the writings of Polanyi (1958/1974). For this study, personal knowing provided a framework for understanding geriatric APNs' insights into their beliefs and values and how these may have affected their interactions with others in choosing this specialty area of nursing (Carper, 1978).

Limitations

The conclusions from this study are based on my interpretations of the experiences shared by APNs from one region of the United States and may not be transferable to other populations. The participants in this study were all Caucasian women; however, the sample was diverse in terms of age, number of years in nursing, employment status, educational background, type of specialty as an APN and areas of practice settings. The findings from this study are limited to those APNs who volunteered to tell their stories and their personal, professional and educational experiences with choosing to work with the elderly and why they continue to work with this population.

Assumptions

A review of the underlying assumptions identified at the beginning of the study will be presented in this section. In accordance with Gadamer's notion of pre-

understanding or prejudice, my preexisting ideas and knowledge of these assumptions were recognized during the face-to-face interviews with the APNs in the current study. The assumptions of this study were all supported in the current study. The assumptions included:

1. Nurses will increasingly care for older patients. This assumption was supported by APNs' descriptions of the reasons for their continued work as geriatric APNs. These reasons included knowing that the population is growing older and living longer resulting in an increased aging clientele; being experts in the field with a desire to mentor others interested in gerontological nursing; and recognizing the need to educate other healthcare workers about the concept of successful aging. These APNs also shared that caring for older patients is rewarding, satisfying, and enjoyable.

2. Nurses who are well-informed about aging and the elderly will want to care for older patients. This assumption was supported in the study by the stories of the participants' experiences involving an individual or incident that was instrumental in their decision to become a gerontological APN. These stories included being influenced by a professional colleague, having the encouragement from an academic advisor, growing up around old people, and having to care for an aging parent.

3. Many students come to their education with little positive experience working with or being with the elderly. This assumption was supported when I listened to the APNs stories of their experiences interacting with nursing students in the clinical setting. These conversations included providing the basic realization that caring for an aging

population is imminent, encouraging students to “go for it” while inviting them to spend time with the APNs in their clinical practice settings, educating them on the aging process while emphasizing successful aging, and emphasizing how rewarding and satisfying it has been to work with the elderly.

4. Faculty attitudes about aging influence students’ attitudes and decisions. This assumption was supported in the study as a result of the APNs stories discussing their experiences interacting with nursing faculty about gerontological nursing. Some of these APNs experienced firsthand, how difficult it has been for them to encourage their faculty colleagues to promote successful aging in the classroom settings, provide positive experiences for their students in the clinical areas, and embrace and promote this specialty of nursing as a potential career choice for their students.

5. Societal stereotypes and attitudes towards aging affect nurses’ decisions. This assumption was supported by many of the APNs’ descriptions of their decision to initially practice in other areas of nursing including labor and delivery, midwifery, administration or working with adolescents. For many of these APNs, the decision to work with the elderly occurred over time while they were working in other nursing areas.

6. Nurse educators will be expected to teach nursing content about aging issues throughout the nursing curriculum. This assumption was supported in the study by the APNs descriptions of suggestions that may assist nurse educators with this endeavor. These suggestions included having guest speakers (e.g., community agencies involved in aging, older individuals living in the community, gerontological APNs and other related

disciplines, etc.), utilizing an interdisciplinary team approach, and providing educational activities focused on aging issues for all faculty. Identifying 'champions' or those faculty members who are already specialized in gerontological nursing to assist with curriculum modifications was also suggested.

7. Participants will want to explore and share their personal stories. This assumption was supported by the data. APNs in this study openly and eagerly described personal and professional stories that strongly influenced their decision to become and remain gerontological nurses. With each story told, another story soon followed. A true sense of passion was reflected through the tears that were shed and the laughter that was heard when their stories were told.

8. The social/historical/cultural context influences personal and professional decisions to pursue gerontology as a clinical focus. This assumption was supported in this study by the unique stories of the participants exploring those influential circumstances that helped shape their decision to choose gerontological nursing. These circumstances included being raised by grandparents, spending time with older individuals (e.g., attending church functions, Christmas caroling at the nursing home, volunteer opportunities, etc.), participating in a classroom aging activity during nursing school, having family values where respecting the elderly was expected, and having a mentor or role model to name a few.

Recommendations

Nursing Practice

The findings of this qualitative study have important nursing implications and provide some insight into the meanings of the experiences of APNs who have chosen to work with the elderly and why they continue to work with this population. APNs who choose to care for those who are aging uniquely share in a belief and value system within the professional discipline of nursing through their ongoing education and commitment to serve an aging society. In this study, recognizing and understanding why these nurses chose to pursue a career in gerontology, and continue to serve as advocates for this population, may encourage other nurses to follow in their footsteps. As stated by Miller, Coke, Moss, and McCann (2009), "All nurses must be competent in the care of older adults" (p. 198). I recommend that APNs who have specialized in gerontological nursing develop collaborative relationships with clinical nurses to promote the concept of successful aging. For example, providing in-services, podcasts, or webinars on aging issues and tips from the experts in caring for the elderly are suggested. Nurses can assimilate this information into their care for aging adults thereby improving the quality of life to this growing and aging population.

Nursing Education

This research study is a beginning step in an ongoing dialogue with APNs, nurse educators, and nursing administration about the rapidly changing field of gerontology. Knowledge gained from this study can provide guidance for curriculum changes that

better prepare future nurses to specialize and practice in gerontology. Nurse educators cannot change past personal experiences with the elderly, but they can design positive educational experiences that set the stage for positive professional experiences. I believe nurse educators can create innovative teaching strategies to promote gerontological nursing. Therefore, I recommend providing opportunities for students to embrace the concept of successful aging by spending time with an older adult throughout the semester, and inviting older adults into the classroom to share their stories and lessons learned through their life's journey (Cohen, Sandel, Thomas, & Barton, 2004).

APNs, through describing their personal, educational, and professional experiences in working with the elderly, may add insight into the kinds of content and experiences that may enhance the focus of nursing curriculum. Therefore, I recommend that nurse educators and nurse administrators recognize and listen to the stories shared by these experts in the field as these "nurses play an essential role in the provision of acute and chronic care, health education, and health promotion for these older Americans" (Thornlow, et al., 2006, p. iii).

As nurse educators, now is the time to begin this dialogue with our colleagues addressing the following questions: (a) Are our educational nursing programs' methodologies being used to provide the best learning opportunities for our students toward caring for an aging population?, (b) Are our educational nursing programs supporting and providing faculty development in gerontological nursing?, and (c) As nursing educators, do we need to take a step back and explore our own perceptions

toward the elderly? Therefore, I recommend implementing monthly journal club meetings to discuss peer-reviewed articles addressing current educational strategies and/or research issues related to gerontology, or organizing a series of ‘brown bag’ luncheon meetings to discuss geriatric topics with fellow faculty to enhance gerontological nursing education across the curriculum.

I recommend that nursing faculty in undergraduate and graduate nursing education provide opportunities for their students to attend workshops, conferences, and other educational events that focus on gerontological issues and topics to advance their knowledge and practice of caring for an aging society. For example, invite a student as your guest to attend a local gerontological nursing association chapter meeting or function.

Nursing Research

The study’s relevance in gaining understanding of how one can influence nursing students to pursue this specialty area as a clinical focus after graduation was validated by comments made by the participants. Future research may continue to focus on understanding the meaning of the experiences of APNs in gerontology and could add valuable knowledge to gerontological nursing education and curriculum planning in the future. Further research comparing the meaning of the experiences between geriatric NPs and CNSs may be of interest; as well as expanding this study to include other states and regions of the country to determine if APNs experiences differ by geographic location.

Lastly, in regards to the role that advocacy played in the experiences of APNs in

the current study, I recommend studies that specifically address the role of advocacy with an aging population. This could begin with a quantitative study describing the importance of becoming an advocate for the aging population as a gerontological APN. As previously mentioned, I believe the APNs in this study had a thorough understanding of how society views our elderly; but instead of reacting to the negative stereotypes about older adults and the aging process, they took the initiative to be proactive and to be the voice of their elderly patients when societal views were negatively exposed.

Summary

This chapter presented the conclusions of this study including a narrative of the meaning of participants' experiences as advanced practice geriatric nurses. The significant expression that reflected the fundamental meaning of the texts as a whole and each of the four themes and associated subthemes provided the data for my conclusions. Gadamerian hermeneutics provided the philosophical framework for this study and the concept of personal knowing provided the conceptual framework. The combination of the two provided a unique framework for interpretation or understanding of the APNs' experiences. After review of the study limitations and assumptions, recommendations for nursing practice, nursing education, and nursing research completed the chapter.

REFERENCES

- Abbey, J., Abbey, B., Bridges, P., Elder, R., Lemcke, P., Liddle, J., & Thornton, R. (2006). Clinical placements in residential aged care facilities: The impact on nursing students' perception of aged care and the effect on career plans. *Australian Journal of Advanced Nursing*, 23(4), 14-19.
- American Association of Colleges of Nursing. (2004). *Nurse practitioner and clinical nurse specialist competencies for older adult care*. Retrieved from <http://www.aacn.nche.edu/Education/pdf/APNCompetencies.pdf>
- American Heritage Dictionary. (2009). *Mentor*. Retrieved from <http://dictionary.reference.com/browse/mentor>.
- American Nurses Association. (2008). *Nurses: many roles, one profession: National nurses week 2005 highlights contributions and future of the profession*. Retrieved from <http://www.nursingworld.org>.
- Bonis, S. A. (2009). Knowing in nursing: A concept analysis. *Journal of Advanced Nursing*, 65(6), 1328-1341. doi:10.1111/j.1365-2648.2008.04951.x
- Burbank, P. M., Dowling-Castronovo, A., Crowther, M. R., & Capezuti, E. A. (2006). Improving knowledge and attitudes toward older adults through innovative educational strategies. *Journal of Professional Nursing*, 22(2), 91-97.
- Burns, N., & Grove, S. K. (2007). *Understanding nursing research: Building an evidence-based practice* (4th ed.). St. Louis: Saunders Elsevier.

- Canadian Gerontological Nursing Association and the National Gerontological Nursing Association (2008). *Prescriptions for Excellence in Gerontological Nursing Education: A Joint Position Statement*.
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13-23.
- Chinn, P. L., & Kramer, M. K. (2008). *Integrated theory and knowledge development in nursing* (7th ed.). St. Louis, MO: Mosby Elsevier.
- Cohen, H. L., Sandel, M. H., Thomas, C. L., & Barton, T. R. (2004). Using focus groups as an educational methodology: Deconstructing stereotypes and social work practice misconceptions concerning aging and older adults. *Educational Gerontology*, 30, 329-346. doi:10.1080/03601270490278858
- Cottle, N. R., & Glover, R. J. (2007). Combating ageism: Change in student knowledge and attitudes regarding aging. *Educational Gerontology*, 33, 501-512. doi:10.1080/03601270701328318
- Coven, E. K. (2005). Meaning of aging in women's lives. *Journal of Women & Aging*, 17(3), 3-22. doi:10.1300/J074v17n03_02
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks: Sage Publications.
- Donaldson, S. K., & Crowley, D. M. (1978). The discipline of nursing. *Nursing Outlook*, 26(2), 113-120.

- Ebersole, P., Hess, P., Touhy, T. A., Jett, K., & Luggen, A. S. (2008). *Toward healthy aging: Human needs & nursing response* (7th ed.). St. Louis, MO: Mosby Elsevier.
- Fagerberg, I., Winblad, B., & Ekman, S-L. (2000). Influencing aspects in nursing education on Swedish nursing students' choices of first work area as graduated nurses. *Journal of Nursing Education*. 39(5), 211-218.
- Fajemilehin, B. R. (2004). Attitudes of students in health professions toward caring for older people: Needed curricula revisions in Nigeria. *Educational Gerontology*. 30, 383-390. doi: 10.1080/03601270490433576
- Ferrario, C. G., Freeman, F. J., Nellett, G., & Scheel, J. (2008). Changing nursing students' attitudes about aging: An argument for the successful aging paradigm. *Educational Gerontology*. 34, 51-66. doi: 10.1080/03601270701763969
- Fleming, V., Gaidys, U., & Robb, Y. (2003). Hermeneutic research in nursing: Developing a gadamerian-based research method. *Nursing Inquiry*. 10(2), 113-120. doi:10.1046/j.1440-1800.2003.00163.x
- Franzen, D. D. B. (1998). *Ways of knowing and caring for older adults: A qualitative study of baccalaureate nursing students' perceptions* (Doctoral dissertation). Retrieved from CINAHL Plus with Full Text. (2004133952)
- Gadamer, H-G. (1960/2004). *Truth and method* (2nd Rev. ed.). New York, NY: Continuum.

- Gething, L., Fethney, J., Persson, L-O., Churchward, M., Matthews, S., Halvarsson, M., & Johannsson, I. (2004). Validation of the reactions to ageing questionnaire: Assessing similarities across several countries. *Journal of Gerontological Nursing*, 47-54.
- Grassley, J. S., & Nelms, T. P. (2008). The breast-feeding conversation: A philosophic exploration of support. *Advances in Nursing Science*, 31(4), E55-E66.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. New York, NY: Sage.
- Higgins, I., Slater, L., Van der Riet, P., & Peek, C. (2007). The negative attitudes of nurses towards older patients in the acute hospital setting: A qualitative descriptive study. *Contemporary Nurse*, 26(2), 225-237. doi:10.5172/conu.2007.26.2.225
- Hirst, S. P., & Raffin, S. (2001). I hated those darn chickens....: The power in stories for older adults and nurses. *Journal of Gerontological Nursing*, 27(9), 24-29.
- Holloway, I., & Wheeler, S. (2002). *Qualitative research in nursing* (2nd ed.). Malden, MA: Blackwell Publishing Inc.
- Johnson, D. E. (1974). Development of theory: A requisite for nursing as a primary health profession. *Nursing Research*, 23(5), 372-377.
- Johnson, P. A. (2000). *On Gadamer*. Belmont, CA: Wadsworth/Thomson Learning.
- Jonas-Simpson, C., Mitchell, G. J., Fisher, A., Jones, G., & Linscott, J. (2006). The experience of being listened to: A qualitative study of older adults in long-term care settings. *Journal of Gerontological Nursing*, 32(1), 46-53.

- LaMascus, A. M., Bernard, M. A., Barry, P., Salerno, J., & Weiss, J. (2005). Bridging the workforce gap for our aging society: How to increase and improve knowledge and training. Report of an expert panel. *Journal of the American Geriatrics Society*, 53(2), 343-347. doi:10.1111/j.1532-5415.2005.53137.x
- LaSala, C. A., Connors, P. M., Pedro, J. T., & Phipps, M. (2007). The role of the clinical nurse specialist in promoting evidence-based practice and effecting positive patient outcomes. *The Journal of Continuing Education in Nursing*, 38(6), 262-270.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Lookinland, S., & Anson, K. (1995). Perpetuation of ageist attitudes among present and future health care personnel: Implications for elder care. *Journal of Advanced Nursing*, 21, 47-56. doi:10.1046/j.1365-2648.1995.21010047.x
- Lovell, M. (2006). Caring for the elderly: Changing perceptions and attitudes. *Journal of Vascular Nursing*, 24(1), 22-26. doi:10.1016/j.jvn.2005.11.001
- McKenna, H. P. (1997). *Nursing theories & models*. New York, NY: Routledge.
- Mendoza-Nunez, V. M., Martinez-Maldonado, M. L., & Correa-Munoz, E. (2007). Perceptions on the importance of gerontological education by teachers and students of undergraduate health sciences. *BMC Medical Education*, 7(1), 1-6.
- Merriam-Webster Online Dictionary. (2010). *Belong*. Retrieved from <http://dictionary.reference.com/browse/belong>

- Miller, J. M., Coke, L., Moss, A., & McCann, J. J. (2009). Reluctant gerontologists: Integrating gerontological nursing content into a prelicensure program. *Nurse Educator*, 34(5), 198-203.
- Mion, L. C. (2003). Care provision for older adults: Who will provide? *Online Journal of Issues in Nursing*, 8(2). Retrieved from www.nursingworld.org/ojin.
- Mosher-Ashley, P. M., & Ball, P. (1999). Attitudes of college students toward elderly persons and their perceptions of themselves at age 75. *Educational Gerontology*, 25, 89-102. doi:10.1080/036012799268034
- Newman, M. A., Sime, A. M., & Corcoran-Perry, S. A. (1991). The focus of the discipline of nursing. *Advances in Nursing Science*, 14(1), 1-6.
- New World Encyclopedia. (2008). *Michael Polanyi*. Retrieved from http://www.newworldencyclopedia.org/entry/Michael_Polanyi
- Palmer, P. J. (1998). *The courage to teach: Exploring the inner landscape of a teacher's life*. San Francisco, CA: John Wiley & Sons, Inc.
- Palmer, P. J. (2004). *A hidden wholeness: The journey toward an undivided life*. San Francisco, CA: John Wiley & Sons, Inc.
- Phillips, B. (2007). Nursing care and understanding the experiences of others: A Gadamerian perspective. *Nursing Inquiry*, 14(1), 89-94. doi:10.1111/j.1440-1800.2007.00324.x
- Polanyi, M. (1958/1974). *Personal knowledge: Towards a post-critical philosophy*. Chicago, IL: The University of Chicago Press.

Portney, L. G., & Watkins, M. P. (2009). *Foundations of clinical research: Applications to practice* (3rd ed.). Upper Saddle River: Pearson Prentice Hall.

Prescriptions for Excellence in Gerontological Nursing Education: A Joint Position Statement. (2008). *Canadian Gerontological Nursing Association and the National Gerontological Nursing Association.*

Quinn, M. E., Berding, C., Daniels, E., Gerlach, M. J., Harris, K., Nugent, K., Green, C., & Clarke, G. (2004). Shifting paradigms: Teaching gerontological nursing from a new perspective. *Journal of Gerontological Nursing*, 30(1), 21-27.

Random House Dictionary. (2010). *Become*. Retrieved from <http://dictionary.reference.com/browse/become>.

Roberts, C. M. (2004). *The dissertation journey: A practical and comprehensive guide to planning, writing, and defending your dissertation*. Thousand Oaks, CA: Sage.

Roberts, S., Hearn, J., & Holman, C. (2003). Picture this using drawing to explore student nurses' perceptions of older age. *Nursing Older People*, 15(5), 14-18.

Rowe, J. W., & Kahn, R. L. (1998). *Successful aging: The macArthur foundation study*. New York, NY: Pantheon Books.

Ryan, M., & McCauley, D. (2004). We built it and they did not come: Knowledge and attitudes of baccalaureate nursing students toward the elderly. *Journal of the New York State Nurses Association*, 5-9.

- Scherer, Y. K., Bruce, S. A., Montgomery, C. A., & Ball, L. S. (2008). A challenge in academia: Meeting the healthcare needs of the growing number of older adults. *Journal of the American Academy of Nurse Practitioners*, 20, 471-476.
doi:10.1111/j.1745-7599.2008.00350.x
- Stolee, P., Hillier, L. M., Esbaugh, J., Griffiths, N., & Borrie, M. J. (2006). Examining the nurse practitioner role in long-term care: Evaluation of a pilot project in Canada. *Journal of Gerontological Nursing*, 32(10), 28-36.
- Sumner, J. (2001). Caring in nursing: A different interpretation. *Journal of Advanced Nursing*, 35(6), 926-932. doi:10.1046/j.1365-2648.2001.01930.x
- Sweeney, N. M. (1994). A concept analysis of personal knowledge: Application to nursing education. *Journal of Advanced Nursing*, 20, 917-924.
doi:10.1046/j.1365-2648.1994.20050917.x
- Tabloski, P. A. (2010). *Gerontological nursing* (2nd ed.). Upper Saddle River, NJ: Pearson.
- Thornlow, D., Latimer, D., Kingsborough, J., & Arietti, L. (2006). *Caring for an aging America: A guide for nursing faculty*. Retrieved from
<http://www.aacn.nche.edu/Education/Hartford/pdf/monograph.pdf>
- Touhy, T. A., & Jett, K. F. (2010). *Ebersole and Hess' gerontological nursing & healthy aging* (3rd ed.). St. Louis, MO: Mosby Elsevier.
- Treharne, G. (1990). Attitudes towards the care of elderly people: Are they getting better? *Journal of Advanced Nursing*, 15, 777-781.

- U.S. Department of Health and Human Services, Administration on Aging (2007). *A profile of older Americans: 2007*. Retrieved from <http://www.aoa.gov/prof/Statistics/profile/2007/2007profile.pdf>.
- Valeri-Gold, M. T. (n.d.). College developmental learners' perceptions, knowledge, and experiences with aged persons. *Georgia State University, Department of Learning Support Programs*. doi:10.1080/0360127960220401
- Vinson, J. A. (2000). Nursing's epistemology revisited in relation to professional education competencies. *Journal of Professional Nursing*, 16(1), 39-46. doi:10.1016/S8755-7223(00)80010-1
- Welch, M. (1999). Section five: Phenomenology and hermeneutics. In E. C. Polifroni & M. Welch (Eds.) *Perspectives on philosophy of science in nursing: An historical and contemporary anthology*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Wendt, A. (2003). Mapping geriatric nursing competencies to the 2001 NCLEX-RN test plan. *Nursing Outlook*, 51(4), 152-157. doi:10.1016/S0029-6554(03)00119-2
- Wesley, S. C. (2005). Enticing students to careers in gerontology: Faculty and student perspectives. *Gerontology & Geriatrics Education*, 25(3), 13-29. doi:10.1300/Jo21v25n03_02
- Williams, B., Anderson, M. C., & Day, R. (2007). Undergraduate nursing students' knowledge of and attitudes toward aging: Comparison of context-based learning and a traditional program. *Journal of Nursing Education*, 46(3), 115-120.

- Wood, P. J., & Giddings, L. S. (2005). Understanding experience through gadamerian hermeneutics: An interview with Brian Phillips. *Nursing Praxis in New Zealand*, 21(2), 3-14.
- Zabel, D. (1999). Look who's fifty: Building a collection for your aging baby boomers [Electronic version]. *Reference & User Services Quarterly*, 39(2).
- Zhou, L-Y. (2007). What college students know about older adults: A cross-cultural qualitative study. *Educational Gerontology*, 33, 811-831.
doi:10.1080/03601270701364545

Standard Demographic and Background Information Sheet

Please complete all of the following information:

Name _____

Gender _____ Male _____ Female _____

Ethnic origin _____ American Indian or Alaska Native _____

_____ Non-Hispanic _____

_____ Caucasian _____ Other _____

_____ Hispanic or Latino _____

Occupation _____ Healthcare Provider _____

_____ Healthcare Provider _____

Type of Specialty _____ Generalist Nurse Practitioner _____

_____ Certified Clinical Nurse Specialist _____

_____ Nurse _____

Other, please specify _____

Years of Practice as an Advanced Practice Nurse _____

Area of Practice _____ Hospital _____

_____ Long-term Care Facility _____

_____ Clinic _____

Other, please specify _____

In your practice setting, what percentage of your clinical population are older adults (65 and over)?

0%

50%

100%

Standard Demographic and Background Information Sheet

Please complete each of the following categories.

Age: _____

Gender: _____ Male _____ Female

Ethnic origin: _____ African American _____ Native American
_____ Asian American _____ Middle – Eastern
_____ Caucasian _____ Other
_____ Hispanic American

Occupation: _____ Employed Full-time
_____ Employed Part-time

Type of Specialty: _____ Geriatric Nurse Practitioner
_____ Geriatric Clinical Nurse Specialist
_____ Both
_____ Other, please specify _____

Years of Practice as an Advanced Practice Nurse: _____

Area of Practice: _____ Hospital
_____ Long-term Care Facility
_____ Clinic
_____ Other, please specify _____

In your practice setting, what percentage of your client population are older adults?
(circle one)

25%

50%

75%

100%

Recruitment Process Script

"Hi. My name is Dia Campbell-Derricks. I am a Registered Nurse and I currently am working at Texas Woman's University in Dallas. My area of interest is primarily in the area of maternal and child health. I am interested in the research RNs choose to do, and I am currently advanced practice nurse as part of my doctoral studies. I am doing a study on infant and child development and professional satisfaction in the area of child health. I am looking for RNs who are interested in participating in my study. I would like to meet with you for a brief meeting of your choice. Being in the state will help me to know if you are interested. If you would like to meet with me, please contact me at (409) 431-0848 with your email address."

APPENDIX B

Recruitment Process Script

Recruitment Process Script

“Hi. My name is Dia Campbell-Detrixhe. I am a Registered Nurse and doctoral student in nursing at Texas Woman’s University in Denton. My area of interest is geriatrics. I am interested in the reasons RNs choose to become geriatric advanced practice nurses. As part of my doctoral studies, I am doing a study to find out what personal, educational, and professional experiences influence RNs to choose geriatrics as their specialty. If you are interested in participating in my study, I would like to interview you in a private setting of your choice. Being in the study will take 1 to 2 hours of your time. Are you interested? If you would like to think about it, you may contact me at dia@detrixhe.com or (405) 381-9095 with your decision.”



The University of Colorado
Health Science Center

APPENDIX C

Letter of Agreement



The University of Oklahoma®
Health Sciences Center

COLLEGE OF NURSING

Dia D. Campbell-Detrixhe

Monday, April 28, 2010

Dear Ms. Campbell-Detrixhe,

We are pleased and willing to post the following recruitment announcement for your study entitled, *Gaining Understanding of Advanced Practice Nurses in Geriatrics Using a Gadamerian Approach* to the Oklahoma Geriatric Nursing Education Workgroup (OGNEW) distribution email:

"Hi. My name is Dia Campbell-Detrixhe. I am a Registered Nurse and doctoral student in nursing at Texas Woman's University in Denton. My area of interest is geriatrics. I am interested in the reasons RNs choose to become geriatric advanced practice nurses. As part of my doctoral studies, I am conducting a study to find out what personal, educational, and professional experiences influence RNs to choose geriatrics as their specialty. If you are interested in participating in my study, I would like to interview you in a private setting of your choice. Being in the study will take 1 to 2 hours of your time. Are you interested? If you would like to think about it, you may contact me at dia@detrixhe.com or (405) 381-9095 with your decision."

We are looking forward to working with you in the near future.

Sincerely,

Denise Short

Denise Short, Ed.D.

Program Administrator, Donald W Reynolds Center of Geriatric Nursing Excellence

College of Nursing

University of Oklahoma Health Sciences Center



Interview Guide

1. How do you think the field of gerontology is currently perceived by the general public?

2. How do you think the field of gerontology is currently perceived by the general public?

3. Tell me a story, one you will never forget, from your practice with older adults. Can you think of other such stories to tell?

4. Tell me a story you will never forget from your practice with older adults. Can you think of other such stories to tell?

5. In as much detail as possible, how would you describe your experience of being a geriatric advanced practice nurse?

6. Tell me about the time when you decided to become a geriatric advanced practice nurse. When did you decide to become a geriatric advanced practice nurse? Was your decision a conscious one? Describe the process of your decision.

APPENDIX D

Interview Guide

1. What are some reasons you can think of for why you decided to become a geriatric advanced practice nurse?

2. What do you like best about working with older adults?

3. What do you like least about working with older adults?

4. How would you describe your relationship with your clients?

5. In as much detail as possible, what would you say is a typical day in the life of a geriatric advanced practice nurse?

6. In as much detail as possible, what would you say is a typical day in the life of a geriatric advanced practice nurse?

7. Is there anything else you think I should know about your work with older adults?

Interview Guide

While interviews are considered open-ended and exploratory, the following questions will guide each interview.

1. Tell me a story, one you will never forget, from your practice with older adults. Can you think of other such stories to tell?
2. Describe a day you will never forget from your practice as a geriatric advanced practice nurse.
3. In as much detail as possible, how would you describe your experience of being a geriatric advanced practice nurse?
4. Tell me about the time when you decided to become a geriatric advanced practice nurse. (Probes: When did you decide to pursue a nursing career specializing in geriatrics? Was your decision influenced by a personal, educational or professional situation? Describe)
5. What are some reasons you continue working as a geriatric advanced practice nurse?
6. What do you like best about working with the elderly?
7. What do you like least about working with the elderly?
8. How would you describe your relationship with your clients?
9. In as much detail as possible, what would you say to a nursing student who is interested in gerontology?
10. In as much detail as possible, what would you say to a nurse educator teaching the subject of gerontology?
11. Is there anything else you think I should know about your work with the elderly?

APPENDIX E

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Gaining Understanding of Advanced Practice Nurses in Geriatrics Using a Gadamerian Approach

Investigator: Dia D. Campbell-Detrixhe.....405/381-9095
Advisor: Jane Grassley, PhD, RN, IBCLC..... 940/898-2420

Explanation and Purpose of the Research

You are being asked to participate in a research study for Dia D. Campbell-Detrixhe's dissertation study at Texas Woman's University. The purpose of this qualitative hermeneutic study will be to examine the meaning of the experiences of advanced practice nurses (APNs) who have chosen to work with this population. A better understanding of how one can influence nursing students to consider this specialty area as a clinical focus after graduation might be obtained by exploring the meaning of the experiences that were seminal to the decisions of APNs to pursue gerontology as their clinical focus.

Research Procedures

For this study, the researcher will conduct face-to-face interviews of geriatric advanced practice nurses. This interview will be done at a private location agreed upon by you and the researcher. You will be audio-taped during the face-to-face interview. The purpose of the audio-taping is to provide a transcription of the information discussed in the interview and to assure the accuracy of the reporting of that information. It is anticipated that the interview would be 1-1 ½ hours in length. There may be a follow-up phone call at a later date for clarification of information. Your maximum total time commitment in the study is approximately 2 hours.

Potential Risks

Potential risks related to your participation in the study include fatigue and physical or emotional discomfort during the interview. To avoid fatigue or physical discomfort, you may take break during the interview as needed. If you experience physical discomfort, tell the researcher at once and she will stop the interview. You may resume the interview when you are ready or choose to reschedule. You may stop the interview at any time.

Participant

Page 1 of 3

Another potential risk to you is that of emotional discomfort. To minimize emotional discomfort, you can refuse to answer any question or stop the interview at any time. You may choose to resume the interview when you are ready, reschedule, or end the interview.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. The interview will take place in a private location agreed upon by you and the researcher. A code name, rather than your real name, will be used on the audiotape, interview transcript, and reports. Please do not use any identifying information such as your name in the interview. If such information is included, it will not be transcribed to the interview transcript. Only the researcher and her advisor will have access to the tapes. The tapes, hard copies of the transcript, and computer diskettes containing the transcription text files will be stored in a locked file cabinet or on a password protected computer in the researcher's home office. All data will be erased, shredded, or deleted within five years of the completion of the study. The consent form, with identifying information, will be stored in a separate locked filing cabinet in the researcher's home office.

The researcher will try to prevent any problems that could happen because of this research. You should let the researcher know at once if there is a problem. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. You will receive a \$15 Walmart gift card at the completion of the interview. You will be given the option of receiving an executive summary of the study results. This summary will be mailed to you at the completion of the study.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you may ask the researchers; her phone number and

Participant

that of her faculty advisor are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

Signature of Parent/Guardian

Date

***If you would like to receive an executive summary of the results of this study, please provide an address to which this summary should be sent:**

APPENDIX F

University Approval Letters to Conduct Study



Institutional Review Board

Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

October 27, 2009

Ms. Dia D. Campbell-Detrixhe

Dear Ms. Campbell-Detrixhe:

Re: *Gaining Understanding of Advanced Practice Nurses in Geriatrics Using a Gadamerian Approach*

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from October 27, 2009. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. Kathy DeOrnellas, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Patricia Holden-Huchton, College of Nursing
Dr. Jane Grassley, College of Nursing
Graduate School



Institutional Review Board

Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

October 11, 2010

Ms. Dia D. Campbell-Detrixhe

Dear Ms. Campbell-Detrixhe:

Re: *Gaining Understanding of Advanced Practice Nurses in Geriatrics Using a Gadamerian Approach (Protocol #: 15887)*

The request for an extension of your IRB approval for the above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of all signed consent forms and an annual/final report must be filed with the Institutional Review Board at the completion of the study.

This extension is valid one year from October 27, 2010. Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. If you have any questions, please contact the TWU IRB.

Sincerely,

Dr. Kathy DeOrnellas, Chair
Institutional Review Board - Denton

cc. Dr. Patricia Holden-Huchton, College of Nursing
Dr. Jane Grassley, College of Nursing
Graduate School