

# CLINICAL PLACEMENTS IN RESIDENTIAL AGED CARE FACILITIES: THE IMPACT ON NURSING STUDENTS' PERCEPTION OF AGED CARE AND THE EFFECT ON CAREER PLANS

Jennifer Abbey, RN, PhD, FRCNA, Professor of Nursing (Aged Care), Queensland University of Technology, Kelvin Grove, Queensland Australia

*j.abbey@qut.edu.au*

Brian Abbey, BA, M.Ed., Research Assistant, 13/69 Leichhardt St, Spring Hill, Queensland, Australia

Pamela Bridges, RN, RM, BA(Soc.Welf) Grad Dip (Health Service Management), Residential Care Manager, Aged Care Queensland, Indooroopilly, Queensland, Australia

Ruth Elder, RN, BA(Hons), PhD, Lecturer, School of Nursing, Queensland University of Technology, Kelvin Grove, Queensland, Australia

Pam Lemcke, BN, Grad Cert Higher Ed, MN, Leadership, Undergraduate Clinical Coordinator, School of Nursing, Queensland University of Technology, Kelvin Grove, Queensland, Australia

Jacki Liddle, BOccThy (Hons), Research Assistant, School of Nursing, Queensland University of Technology, Kelvin Grove, Queensland, Australia

Robert Thornton, RN, DipNEd, B Ed, GDipAdmin, GDipClin Nutrition, MHPEd, PhD, Senior Lecturer, School of Nursing, Queensland University of Technology, Kelvin Grove, Queensland, Australia

**Accepted for publication October 2005**

**Key words:** aged care, undergraduate nursing, nursing students, clinical experience, novice nurses

## ABSTRACT

### **Objectives:**

Undergraduate nursing students have often found clinical placements in aged care unsatisfactory and/or unsettling, dissuading them from considering aged care as an employment option on graduation. This study asked which elements of the clinical placement experience produced that outcome; and what changes could yield more positive outcomes.

### **Design:**

A descriptive qualitative pilot study was carried out in late 2003. A combination of nominal groups and semi-structured interviews was used with students and experienced nurses to identify commonalities and variations in issues nominated as important and in the views expressed on those issues. Transcripts were independently analysed by two experienced investigators. Themes identified were discussed among the researchers.

### **Subjects:**

Fourteen volunteer undergraduate nursing students, all of whom had completed clinical placements in residential care and some of whom had prior experience in such facilities, participated in the nominal groups. Twelve registered nurses who had acted as clinical teachers in aged care facilities were interviewed.

### **Results:**

Perceived issues included: unexamined assumptions about nursing's core skills; lack of pre-placement orientation to the residential care environment; the

appeal of and apprehension aroused by autonomous practice; and status, income and career progression considerations.

### **Conclusions:**

Analysis of the sometimes ambivalent and conflicting views expressed pointed to possible changes, all within the domain of training and employing institutions, capable of bringing submerged issues to the surface for examination and resolution as part of raising student understanding of gerontology as a demanding specialty and residential care as a rewarding career.

## INTRODUCTION

Few students enter or complete a nursing course intending to work in aged care on graduation (Fagerberg and Ekman 1997). Gerontological nursing ranks last or nearly last among preferred specialties (Moyle 2003; Happell and Brooker 2001). Reasons given include factors in the nursing education process, such as inadequate or integrated gerontological content, lack of qualified teachers, and the quality of clinical placements (Marsland and Hickey 2003; Moyle 2003; Happell 2002; Australian Department of Health and Ageing 2002). The literature shows that clinical placements with well and sick elderly occur in a range of settings, have a variety of aims and are used at all stages of nursing programs (Storey and Adams 2002), sometimes as part of a course in gerontological nursing (Aday and Campbell 1995); occasionally as part of a psychiatric/mental health nursing placement (Rowland and Shoemaker 1995); and most often as a vehicle for teaching what is commonly termed 'basic nursing care' (de la Rue 2003).

Placements designed as part of a course in gerontology appear to have the most positive impact on students' perceptions of elder care (Aday and Campbell 1995). Those concerned with the mastery of 'basic nursing skills' have been found to discourage students from working with the elderly (Ford and McCormack 2000). However, providing a variety of clinical experiences with the elderly and grading those experiences, starting with the well elderly and finishing with the care of the sick and critically ill, seems to promote interest in working with the aged (Haight et al 1994; Spier and Yurick 1992).

A study that examined the impact of the clinical teacher (Fagerberg et al 2000) found that few in aged care were seen as able to inspire interest in the area. Furthermore, students perceived their clinical teachers as poor leaders lacking adequate medical knowledge. Students have also been critical of what they perceive as the routinisation of care in nursing homes and the ways this undermines standards and dictates styles of care (Lumley et al 2000).

Our study sampled the opinions of undergraduate nursing students and their clinical supervisors on the impact of clinical teachers, long-term care staff and the settings used, seeking any recurring themes that might indicate how these factors in Australian long-term care settings can incline students toward or against working in aged care on graduation. With recruitment and retention of registered nurses (RNs) in long term aged care so difficult, the formation of early attitudes to the sector demands attention. The research, a pilot study for a larger mixed-method investigation now underway, was begun in 2003; the first practical initiative of an industry – university group comprising senior RNs, academics and facility managers whose concerns include staffing, education and care standards.

## METHODOLOGY AND DESIGN

Descriptive qualitative methodology was chosen to capture the subtleties and inconsistencies anticipated in the phenomena being studied and to generate insights for later exploration via practice and research. Wilson's (1989 pp.457-462) approach to qualitative analysis was adapted, attempting to:

- explore and describe the phenomenon under study;
- uncover and make sense of relations and linkages;
- put these new perspectives back into the context of others' perceptions; and
- extend the evolving theory to permit subsequent testing.

Two groups – undergraduate nursing students who had completed clinical placements and RNs who had been involved as clinical teachers in those places – were recruited after a university ethics committee gave approval. A second year baccalaureate cohort (n=367)

yielded 49 eligible students to whom invitations were sent. Fourteen volunteered: ten females and four males; aged from 20-57 years; 28 per cent of those eligible; about half with some prior experience in aged care. Their placements had been at six different metropolitan aged care facilities, providing a useful spread of sites. Twelve clinical teachers matching the inclusion criterion volunteered in response to circulars.

## Data collection

The fourteen students were formed into two nominal groups (Lloyd-Jones et al 1999), each facilitated by a researcher not involved in assessing the students. Three questions were asked of the students initially. Considering your aged care placement:

1. What did not work well?
2. What worked well?
3. What would influence your decision to work or not work in aged care on graduation?

Questions one and two were also used to provide an initial focus for the semi-structured interviews lasting 30-60 minutes with the RNs who acted as clinical teachers. The RNs were also asked what factors they believed influenced students in deciding whether or not to work in aged care on graduation.

The students' sessions closed with a fourth question:

4. Would you work in aged care on graduation?

The nominal groups' prioritised results were recorded and transcripts of the RN interviews were produced. Both data sets were analysed independently by two members of the research team to identify themes and illustrative quotes. Their analyses and the raw data were then discussed by the group to generate accurate thematic representations of the RN interviews and the students' nominal group outcomes. Recurring topics were grouped and then more closely examined to investigate the connections among them prior to locating and interpreting them in the light of the known context shared by the participants.

## FINDINGS AND DISCUSSION

Reactions to the questions were more complex, perhaps more contradictory, than anticipated. The findings that resulted from an extended analysis of the typescripts are presented as a series of six colloquially expressed themes – some as statements and some as questions – discerned by the researchers in the divergent and sometimes even diametrically opposed ways in which the same phenomena were seen from different vantage points. A subsequent report will examine differences within and between the student and RN groups.

The results replicate and confirm locally applicable findings from elsewhere; but they go further by pointing toward possible strategies for change, discussion of which

lies beyond this article's boundaries. Themes are illustrated briefly by samples of the discourse from which they emerged and the significance of each theme is discussed.

### **Theme 1. What exactly are 'basic nursing skills' and how much 'technical' care can be taught in an aged care setting?**

Aged care clinical placements were seen by all participants as providing opportunities to learn, practice and master what were commonly referred to as 'basic nursing skills':

*...useful prac for when you are exposed for the very first time to basic nursing practices eg. bathing, feeding, dressing.* (student)

Clinical teachers and some students elaborated on this theme by highlighting the potential such activities offered students to practice holistic nursing care:

*[you learned] personal skills – families, communication – the other side of nursing.* (student)

*...my role is to increase everybody's skill and knowledge...to understand what they are doing and why. Just bathing a patient, just putting them in the shower can go from just an awful yucky job with an awful old person to something that can be really caring, comforting, educational, in seeing a broader thing – making them look at anatomy and physiology and skin integrity and then just the psychological aspects.* (clinical teacher)

However, most of the students were concerned that the setting offered no opportunities to practice the more complex technical skills they tend to see as the core of modern nursing:

*It doesn't prepare us for acute nursing responsibilities ie. drips, arrests etc.*

A clinical teacher rebutted this. 'We've got things like gastrostomy tubes, PEG feeds going on all the time'. This approach deserves consideration, but ignores an underlying issue: the students' conception of what constitutes 'clinical knowledge'. Lumley et al (2000) argue that nursing's attempts to professionalise indirectly lead students to perceive technical interventions associated with surgery and technologised medicine as prestigious and those associated with holistic physical and psychosocial care as inferior. Contemporary media, especially popular television programs, reinforce these messages (Blundell 2005). One clinical teacher observed:

*...they see real nursing as what I would call a medical technician's job: ICU, CCU; that's where they see real nursing occurring.*

The constantly advancing technology in intensive care and general medical wards, and, in contrast, the normalisation movement in residential aged care facilities (RACFs), now distinguish these sites more sharply and in new ways from each other. For 40 years the trend in aged

care facilities has been to make what is increasingly an acute health care site look more and more like a domestic setting. Anything suggestive of clinical procedures or equipment or likely to be seen as embodying clinical knowledge is concealed or disguised as an object resembling 'normal' home furnishing. Students new to the setting are as likely to be deceived about the clinical dimensions of this site as the residents and their visitors are meant to be. Such issues – the complex assumptions implicit in various conceptions of 'basic nursing skills' and the impact of the 'normalisation' movement among others – need preparatory discussion and retrospective debriefing; but there was no provision for this.

### **Theme 2. Are students inevitably indifferent to or actively disliking residential aged care nursing; or just poorly prepared for it?**

Participants in this study were critical of the way in which aged care is currently taught and this is echoed in other Australian and overseas studies (Oberski et al 1999). Other studies have found that the curriculum is an important contributor to students' attitudes towards the elderly and hence, their desire or reluctance to work with them (Happell and Brooker 2001; Ford and McCormack 2000). Still others, relying on North American evidence, point to the lack of gerontological qualifications and experience among university staff as an influencing factor, to which must be added the difficulty in finding high quality placements (Australian Department of Health and Ageing 2002).

Concerns about current preparation for placements were expressed by students and clinical teachers. 'Before these students go into an aged care environment', said one RN, 'they should do at least one semester of a subject entitled 'gerontology'.

According to Mezey et al (1997), this lack is especially problematic when gerontological content is integrated into general nursing programs, blurring or diluting conditions and care needs peculiar to the ageing process. In part, the problem is that clinical teachers qualified in gerontic nursing and able to contribute to curriculum planning are in short supply (Australian Senate 2002; Shoemaker et al 1998). The physical and interpersonal environment of RACFs was also described as surprising and confronting by students. They commented on the smells, an apparent lack of caring by some staff and what was perceived as the poor quality and outdated style of the furnishings.

*poor environment, overcrowded, pervasive odour of stale urine and bowel motions – even through the drains in the staff area.*

*...it was emotionally hard to get used to it – you are dealing with yucky, horrible stuff all the time and [staff] all don't care.*

Encountering the 'dirty work' entailed in attending to naked bodies has been noted by previous authors (Lawler

1991) as a challenge for undergraduate nurses, both male and female. There is an additional need for students to be prepared for the 'body shock' that may occur when first confronted with a succession of very frail, damaged/disfigured, older bodies and minds.

### **Theme 3. The fear of being in charge but not in control.**

The students associated their residential aged care placement with the experience of powerlessness, of being constrained. Some speculated about the lack of influence on quality of care due to limited resources, both at the site and industry levels. Students referred to:

*financial constraints and other constraints – not as much room to move as in an acute setting. [Your suggestions] come up against a brick wall.*

Mention of the difficulties a young RN might face in dealing with long-serving care staff (Fagerberg et al 2000) was made by a number of the nominal group participants and some interviewees.

*Groups of staff may have worked in the area for so long that they run the place. (student)*

*...the AINs (assistants in nursing), if a new grad comes in, they tend to give them a hard time. (clinical teacher)*

*Aged care needs great change, as a junior nurse or a student you don't have that ability. As a more senior nurse... you would have more power. (student)*

It was worth noting that students also felt powerless in the face of the relentless advance of the ageing process:

*Inability to help patients 'get better' – emotionally draining, and against my motivation for becoming a nurse.*

This may indicate that the student, who was not alone in expressing this view, has absorbed a concept of nursing care limited to or dominated by the curative model, a shortfall that can be deliberately addressed.

### **Theme 4. A free hand, or no one to reach out to: the challenge of autonomy or the burden of being alone at the top?**

Stevens and Crouch (1998) argue that there are areas of nursing practice, which they term 'doctor-free' zones, where nursing can reduce its subservience to medicine and offer more in terms of knowledge and experience.

The clinical teachers highlighted the vital difference that can be made in aged care by registered nurses with a good understanding of the sector's practices and networks. They pointed out the autonomy enjoyed by, and the range of professional skills required of, RNs working in aged care. These included managing staff, involvement in documentation for funding, providing nursing care for residents, and counselling and support for staff, families and residents. One of the clinical teachers had found this liberating, a welcome challenge:

*I alone make all these decisions.*

However, due to the limitations on their placement experiences, some students had not perceived or understood this dimension of the RN's role in aged care:

*RNs spend most of their time writing.*

*I need to learn more about RNs' responsibilities rather than AINs' responsibilities.*

While experienced clinical teachers reported their own strong sense of satisfaction at being challenged to broaden and deepen their nursing knowledge to meet the demands of residential aged care, students were more likely to report a sense of vulnerability, deriving from a degree of autonomy they perceived as isolation. The nurse-led environment actually frightened a number of students (Fagerberg et al 2000) who would prefer to work with other similarly qualified nurses, with a senior nurse in charge and doctors constantly accessible.

Clinical teachers, noting this anxiety, concluded that new graduates do not have the skills to deal with the distinctive tasks associated with the RN's role in residential aged care:

*...they feel like they have been thrown in the deep end.*

The requirement for targeted preparation for aged care clinical placements and improved mentoring arrangements will be investigated in the larger study for which this has been a pilot.

### **Theme 5. Status concerns: Lack of respect for aged care vs. high status of acute care.**

Participants noted the lack of status and respect afforded aged care nursing, seeing it as implicit in the funding and resource difficulties besetting the sector:

*...because of money and funding [nurses in aged care] do feel forgotten. ...the equipment's not the same, it's very archaic, I did some urine tests with a group once and we had trouble finding the equipment to do it. (clinical teacher)*

Students knew that rates of pay are lower for nurses in aged care and felt aged care was seen as inferior by some nurse academics they had met during their studies:

*...I think the nursing profession as a whole needs to get behind them [aged care RNs]...making them feel that their work is appreciated. (clinical teacher)*

Students in this study were commonly paired with AINs during their aged care placement. The resulting lack of deliberate, controlled exposure to the RN role meant that students had no clear picture of the complexity of the registered nurse's role or the range of professional peer supports available. Involvement with, or at least exposure to, the decision making, care planning and assessment procedures undertaken by registered nurses in aged care, and the networks open to them is needed. This may help to illustrate that the role is more demanding and better

supported than the students are easily able to see. Clear statements from role models at university and clinical teachers in aged care settings would also communicate this aspect.

### **Theme 6. Career concerns: a stimulating and rapidly evolving area of independent nursing practice, or the choice for those who want a slower moving, less demanding nursing job later in their career?**

Concern about career paths was viewed as a major influence on the decision regarding working in aged care in the future. Students spoke of aged care being an end point in a career, without obvious pathways or support for a developing career in the area. Clinical teachers made a similar point:

*...the only students that I have ever known who have gone back to work in aged care have been those who have worked in aged care, and they like aged care. It's probably comfortable for them.* (clinical teacher)

Students also spoke of a lack of structured future education opportunities in the area and the high proportion of staff with low or no qualifications. Changes involving access to formal structured pathways, or graduate programs allowing new graduate nurses to specialise in aged care would also communicate the complexity and importance of this area of practice. The messages given by staff at university and in clinical settings are also vital in this area and the importance of aged care needs to be clearly emphasised to students. Role models who command respect because of their knowledge and enthusiasm for the field also need to be involved in the teaching of students. Such innovations might well dispel the impression that aged care nursing is a way-side stop on the road to retirement.

## **LIMITATIONS**

Participants for the study were not chosen randomly, but rather chose to accept a general invitation issued to eligible students and nurses to participate. The use of a convenience sample has the potential to introduce 'bias' through the inclusion of individuals who were either for or against the residential aged care setting. This risk was difficult to avoid, given the restricted size of the population from which the researchers could collect data and the resources available.

The small size of the samples of students and nurses constitutes another limitation. From a student cohort of 367, only 49 had undertaken an aged care placement, perhaps an instance of the broader problem this study sought to understand.

The study lacks a longitudinal dimension. All the student data came from one intake of nursing students; thus we are unable to escape any possible cohort effect. Similarly, we were unable to avoid any insights arising from the particular nursing homes in which the students had completed their placements. We cannot know to what

degree, or in what respects, the facilities where the placements were undertaken are representative of Australia's RACFs.

The clinical teachers' emphasis on the pre-existing attitudes and approaches of the students themselves as a determinant of their experience and how they view and report it probably revealed another limitation. Questions to the nominal groups should have included at least one question prompting some critical introspection among the student group – some reflection on possible alternative responses to what they experienced.

## **CONCLUSION**

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.

It was the nature and sources of the negative experiences in aged care placements that this study sought to uncover and understand. There appear to have been three main sources. First, the groups revealed unspoken beliefs and values related to aged care nursing that had been present in the students' environment but never brought to the surface of their awareness and directly questioned. Secondly, there were concerns about the organisation of placement experiences, many of which appear to be within the domain of the university. Finally, certain residential aged care industry practices and issues negatively influenced students' experiences; and some at least of these issues and practices do lie within the domain of industry leaders.

Insights gained from this study suggest strategies to accentuate the positive and eliminate or reduce the negative influences on students prior to and during clinical placements. These are being considered by the university – industry group that initiated the study. In collaboration with other researchers a national study of the impact of the undergraduate student aged care clinical experience is about to begin.

## **REFERENCES**

- Aday, R. and Campbell, M. 1995 Changes in nursing students' attitudes and work preferences after a gerontology curriculum. *Educational Gerontology*. 21(3): 247-260.
- Australian Department of Health and Ageing. 2002. *Recruitment and Retention of Nurses in Residential Aged Care*. Final Report. Canberra: Commonwealth Department of Health and Ageing.
- Blundell, G. 2005. 'Scalpels at the ready.' *The Weekend Australian*, Aug 6-12, p.30.
- Australian Senate Community Affairs References Committee. 2002. *The Patient Profession: time for action*. Report on the Inquiry into Nursing. Canberra.
- de la Rue, M.B. 2003. Preventing ageism in nursing students: an action theory approach. *Australian Journal of Advanced Nursing*. 20(4): 8-14.

- Fagerberg, I. and Ekman, S. 1997. First-year Swedish nursing students' experiences with elderly patients. *Western Journal of Nursing Research*. 19(2): 177-189.
- Fagerberg, I., Winblad, B. and Ekman, S. 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.
- Ford, P. and McCormack, B. 2000. Future directions for gerontology: a nursing perspective. *Nurse Education Today*. 20(5): 389-394.
- Haight, B., Christ, M. and Dias, J. 1994. Does nursing education promote ageism? *Journal of Advanced Nursing*. 20(2): 382-390.
- Happell, B. and Brooker, J. 2001. Who will look after my grandmother? Attitudes of student nurses toward the care of older adults. *Journal of Gerontological Nursing*. 27(12): 12-17.
- Happell, B. 2002. Nursing home employment for nursing students: valuable experience or a harsh deterrent? *Journal of Advanced Nursing*. 39(6): 529-536.
- Lawler, J. 1991. *Behind the screens: nursing, somology, and the problem of the body*. Melbourne: Churchill Livingstone.
- Lloyd-Jones, G., Fowell, S. and Bligh, J. 1999. The use of the nominal group technique as an evaluative tool in medical undergraduate education. *Medical Education*. 33(1): 8-13.
- Lumley, J., Calpin-Davies, P. and Mitchell, K. 2000. Student experiences in nursing homes: a placement policy gap? *Nursing Older People*. 12(8): 14-16.
- Marsland, L. and Hickey, G. 2003. Planning a pathway in nursing: do course experiences influence job plans? *Nurse Education Today*. 23(3): 226-235.
- Mezey, M.D., Mitty, E.L. and Bottrell, M. 1997. The Teaching Nursing Home Program: enduring educational outcomes. *Nursing Outlook*. 45(3): 133-140.
- Moyle, W. 2003. Nursing students' perceptions of older people: continuing society's myths. *Australian Journal of Advanced Nursing*. 20(4): 15-21.
- Oberski, I.M., Carter, D. E., Gray, M. and Ross, J. 1999. The community gerontological nurse: themes from a needs analysis. *Journal of Advanced Nursing*. 29(2): 454-62.
- Rowland, V. and Shoemaker, A. 1995. How experiences in a nursing home affect nursing students' perceptions of the elderly. *Educational Gerontology*. 21(8): 735-748.
- Shoemaker, A., Bowman, S. and Lester, T. 1998. Gerontological nursing education: a professional and personal challenge for future baccalaureate faculty and students. *Journal of Educational Gerontology*. 24(5): 491-507.
- Spier, B. and Yurick, A. 1992. A curriculum design to influence positive student behaviors toward the elderly. *Nursing and Health Care*. 10(5): 265-268.
- Stevens, J. and Crouch, M. 1998. Frankenstein's nurse! What are schools of nursing creating? *Collegian*. 5(1): 10-15.
- Storey, C. and Adams, J. 2002. Improving student placements in nursing homes. *Nursing Older People*. 14(5): 16-18.
- Wilson, H. S. 1989. *Research in Nursing* (2nd ed.) Redwood City, CA: Addison-Wesley.