

“Everyone’s got a story”: Nursing and allied health students’ attitudes (interest, desire and intent) to work with older adults on graduation

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Abstract

Introduction: Our ageing population requires a highly skilled labour force to ensure the increasing needs of older adults within the health sector are responded to appropriately. Working with older adults can be very rewarding. However, for many university students, it is an unpopular career choice. This study aimed at assessing nursing and allied health students’ perceptions and attitudes along with their interests in working with older adults after graduation.

Methods: This study was part of a larger study conducted from July to December 2020. Five focus groups were conducted with 17 first-semester undergraduate students aged 19–43 years, two of whom were male. Semi-structured questions were conducted with thematic analysis to gain insight into interest in working with older adults on graduation.

Results: Results indicated that older adults were perceived on an age continuum that can be described as “young-old” to “old-old”, with age being “just a number” and that there are variations indicating heterogeneity among older adults. Participants discussed that older adults could be interesting to talk to and be a source of wisdom, using examples from their experiences with older relatives. Challenges of ageing were identified, including physical and cognitive decline, loneliness and financial constraints. A perception of stigma working in aged care along with little financial incentives was identified.

Conclusion: This study provides evidence that students require the opportunity to experience working with older adults in placements and given mentorship opportunities to work specifically with older adults. Further research is needed around scholarship of teaching and learning to address attitude- and stereotype-based positive change.

Keywords: students’ perceptions; older adults; ageism

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Introduction

An ageing population requires a highly skilled labour force to respond to the increasing needs of older adults within the health sector. University students express low interest, desire and/or intent to work with older adults when they graduate and enter the health professions (Hague, 2017). A lack of interest in stand-alone gerontological courses has been reported (Marshall, 2015). However, little is known about the reasons for students' disinterest in working in aged care. Evaluating the attitudes (interest, desire and intent) that will prepare nursing and allied health students' to be workforce ready for an ageing population is an area of importance in order to address the healthcare of the ageing population.

Population ageing means increasing challenges for healthcare settings and those working in these settings with older adults (Fulmer et al., 2021). It is a strategic workforce requirement that future healthcare professionals need to be adept at working with older adults across all domains, including and not limited to clinical settings, residential aged care and in clients' homes. In the Australian context, the term "aged care" incorporates residential care (or assisted living) that could be high-level or lower-level care, short-term or long-term care. One of the barriers to graduates opting to work with older adults is the perception surrounding older adults, including ageism, stereotypes and stigmas (Marshall, 2015; Welford, 2014).

Further to this stereotype and stigma is the low status and poorer remuneration associated with working with this population, which serve to compound the need to attract staff to the care of older adults (Coffey et al., 2015; Hodgkin et al., 2016). It may be postulated that ageism, stereotypes and stigmas create an "image problem" in working with older adults. In fact, relatively few students enrol in gerontology specific classes, which further highlights this lack of appeal (Marshall, 2015). Preparing for a career that, without doubt, will include an ageing population requires an attitudinal change, a need to shift this "mindset" to where working with older adults is viewed as a rewarding career path.

The link between attitudes and actions has been well established in the social psychology literature (Chaiklin, 2011). Research suggests that knowledge and attitudes impact and influence a person's performance and actions (Albarracín & Wyer, 2000). Alamri and Xiao (2017) reported a link between level of knowledge about ageing and positive attitudes towards older adults. This suggests that level of knowledge about older adults will affect the quality of care that older adults experience (Welford, 2014). Further, as attitudes are strongly linked to myths and stereotypes, there is a need to assess whether nursing and allied health students hold positive or negative attitudes to working with older adults, an area of practice often seen less favourably as a career pathway. If a thorough understanding of knowledge and attitudes is gained, teaching, learning and placement opportunities can be targeted to improve knowledge and influence attitudes in a positive way. If this occurs, there will likely be a more positive outcome for students, which will ultimately flow on into the community (Marshall, 2015). Therefore,

harnessing innovative new methods to improve students' interest in working with older adults on graduation is required.

The study aimed to assess nursing and allied health students' attitudes (interest, desire, and intent) to work with older adults on graduation. It also sought to understand the factors that have influenced these attitudes (perceptions of older adults, personal experiences).

Methods

Design and procedure

This paper reports on the qualitative component of a larger study. Focus groups explored first-year, first-semester nursing and allied health students' personal attitudes towards working with older adults. Included participants were first-year undergraduate students with no previous clinical or "career" experience in working with older adults in care settings. First-year "mature-age" students who had prior experience in working with older adults in clinical or "care" settings were excluded from the study. Students who were embarking on a second degree in the health science disciplines who may also have had previous experience in working with older adults were also excluded.

Recruitment occurred via unit/subject coordinators of appropriate first-year courses along with "drop-in" sessions (in tutorials) by the researcher to promote the study and garner interest in participating in the focus groups. Students were learning in a fully online (COVID-19 lockdown) setting and approached with the approval of the unit coordinators/teaching staff during these tutorial sessions. Once students agreed to participate, all focus groups were conducted via Zoom™ with two facilitators.

Qualitative data collection was conducted from September to December 2020. Semi-structured questions were used to gain students' personal thoughts and perspectives around intent, desire and motivation for working with older adults. The schedule of questions was developed and modified by consensus with the research project team (Appendix 1). Each focus group interview took approximately 1 to 1.25 hours (average time 1.10 hours) and was conducted by two facilitators. Facilitator A (AH) directed the focus group interviews (i.e., asked questions and gave prompts along with follow-up questions) while Facilitator B (RP) took notes to ensure a rigorous approach was taken for data capture.

Ethical clearance for this study was obtained from Central Queensland University Human Research Ethics Committee, Approval number 22144.

Analysis

Transcription of Zoom recordings occurred sequentially, and the finalised transcripts were reconciled to the Zoom recordings before being input into NVivo Version 12. Data saturation occurred by Focus Group 5, with no new or significant information being generated.

Coding and thematic analysis was conducted by two researchers who had facilitated the focus groups (Braun & Clarke, 2006). Each transcript was coded individually by the researchers (AH and RP). Initially, the raw data from the transcriptions were analysed deductively to assign participants’ responses into primary codes based on main themes extracted from the schedule of questions (i.e., perceptions of older adults, perceptions of ageing, attitudes towards older adults, attitudes towards working with older adults, determinants of working with older adults).

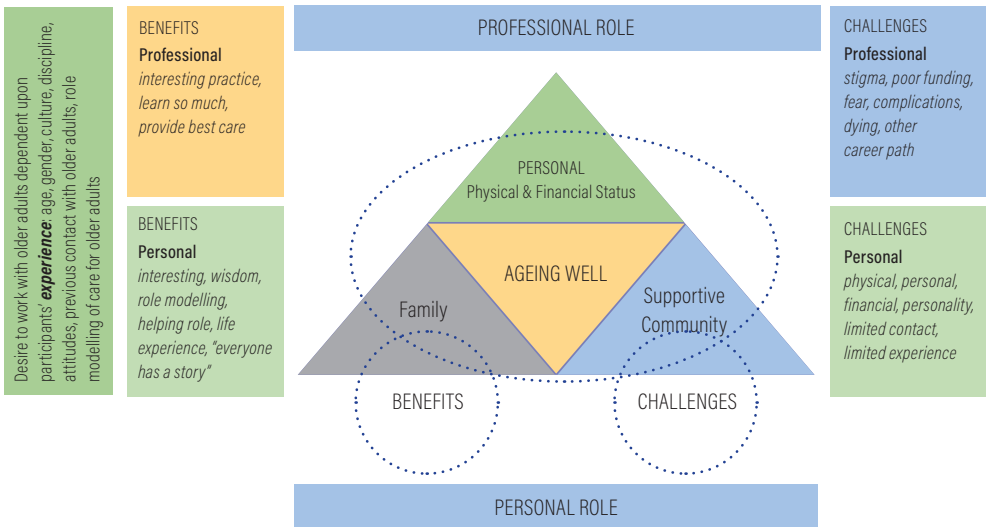
The second stage of the analysis took an inductive approach “within” the primary codes/ themes generated. These provided a more nuanced analysis of specific themes that were identified as critical to the aims and objectives of the study. The final approach to the analysis was the verification (via conferring/agreement) on the primary themes and sub-themes derived from the NVivo analysis. Any inter-coder differences were resolved through consensus and group discussion. A conceptual framework was used to consolidate the findings.

Results

Twenty-six students were interested in participating; nine of these were excluded from the study (eight first-year “mature-age” students who had prior experience in working with older adults in clinical or “care” settings were excluded from the study, and one student was embarking on a second degree in the health science disciplines). A final sample of 17 students took part in the focus groups.

Figure 1

Conceptual Framework



Five focus groups were conducted with the final sample (n = 17). The sample consisted of first-year students from Bachelor of Nursing (n = 9), Bachelor of Oral Health (n = 5), Bachelor of Physiotherapy (n = 2) and Bachelor of Allied Health (n = 1). Ages ranged from 19 to 43 years, and there were 15 female participants and 2 male participants.

A conceptual framework was developed to map and summarise the results and interlinkages of the 13 identified themes (see Figure 1).

Ageing well is at the centre of the conceptual framework, with both benefits and challenges of growing older presented in Figure 1. Students perceived that “ageing well” (triangle) is dependent upon a supportive community and family along with personal factors, including personality, physical ability/medical conditions and socio-economic status. Students also had a strong belief that “*age is a number*” (P03), i.e., you can be “*old-old*” at 50 or “*young-old*” at 85 (P03), depending on the combination of these factors. “*Young-old*” is perceived to be feeling, behaving and looking much younger than the person’s chronological age. “*Old-old*” is perceived to be feeling, behaving and looking much older than a person’s chronological age:

“Young-old” would be an older physical age but a younger attitude or demeanour. And “old-old” would be—like [the participants] were talking about before—not the ones who have given up, but for lack of a better phrase, those ones. (P03)

In all the media, you always see the sort of elderly people on treadmills or exercise bikes, or in like community villages doing these swimming classes and stuff. Whereas, for me, I have seen a very grim side of being elderly. Even growing up, my grandma had pretty bad emphysema. And she was just—she couldn’t move, pretty much. She was very ill. (P08)

Whilst the participants recognised the support of families and communities as important factors, they also perceived those individuals needed to take personal responsibility (saving, looking after themselves financially, physically and mentally) to age well. This theme was reinforced when the students discussed their own vision for their ageing future:

I want to age with my family around, and I want to maintain well mentally and physically. And I just have a large importance on happiness contributing to my quality of life. (P05)

I think things like making sure that you’re investing well in your super, that you’re looking after your body and your mind and your health. Ensuring a bit of security with your living situation and things like that. (P01)

I guess like physically stable, and mentally stable, and like financially stable. And to have, like, friends and family to rely on. (P06)

The participants’ perceptions of the benefits of ageing are interconnected with the themes from perception/experience in their personal life (bottom of conceptual framework),

and this, in turn, influences their perceptions as future health professionals (top part of conceptual framework). Student perceptions and attitudes were influenced by their backgrounds. Culture had some influence, as students from Pacific Islander background, for example, had a more positive attitude towards older adults. Mature-aged students thought they would be more likely to work with older adults:

I don't think they [students] do know [that they would work with older adults]. And that's just from, I don't know, a few discussions I've had. And just, I guess, a lack of understanding. And I can't say obviously for first year because I'm in my 30s and I'm a first year. But I think if I was straight out of high school, the last thing I'd be thinking of is working with old people. I'd be going in the complete opposite direction. (P17)

Themes around students' perceptions of the benefits of ageing were strongly influenced by their own experiences. One benefit of ageing discussed by students was personal wisdom/status, and this was associated with students' perceptions and experiences of finding older adults interesting and interesting to talk to in their personal lives. This perception is connected to the understanding that they would “*learn so much*” (P04) from older adults in professional practice by “*working beside them*” (P04) and dependent upon participants' experience seeing their own relatives looked after by caring professionals (role modelling):

I do want to work with older people. My “Oma” suffered dementia before she passed away. And just the nursing staff, like, there were some that came to her funeral, and they were just—they were besties with her. (P15)

Another theme around the benefits of ageing was role change and life experience (“*everyone has a story*”) (P04). This theme was also related with students' perceptions and experiences in their personal lives leading them to want to treat older adults like their relatives. Further, this was connected with wanting to take on a “*helping role*” (P14) with neighbours and those in the community (proximity and experience). These experiences and perceptions can be seen in having plans for their professional life to provide the best care to older adults. As one student stated, in the context of the Royal Commission into Aged Care Quality and Safety (2021) and media coverage of elder abuse:

I want to make sure there is more people like me [who want to be compassionate and care for older adults] (P06)

Themes around the challenges of ageing (last circle in concept framework) were less nuanced and perceived to include physical changes (frailty), lack of ability to do all they would like to do and feeling underappreciated or undervalued:

They're cognitively fine, but they get treated like they're senile a lot. And I think that a lot of the time, that's something that the older population tend to struggle with. (P10)

Along with other themes, such as personality changes, being cranky or having memory loss, were feelings of loneliness, boredom or a lack of connection or role in the community:

Lonely, and my common thing is that they're lonely. Their friends pass away or move away to family for caring. (P05)

There's a few people that I know that are transitioning, obviously, into retirement and trying to keep themselves mentally stimulated is a major, major issue, because they're just bored. (P09)

Financial constraints were also a consideration:

A lot of them are moving into the sort of retiring age where now there's no stable income, and they're relying obviously on their interest in superannuation and things like that. (P01)

Interestingly, when asked about the rewards of working with older adults, many could be translated into a benefit for their future professional role. Due to the complexity of diseases and conditions of older adults, many felt they would be exposed to interesting clinical practice. Furthermore, the complexity of the diseases and conditions present challenges that support the idea of providing a “helping role” (P04) in “providing the best care” (P03) for older adults. One student saw this as caring for and caring about the older adult in their professional role.

And it's working with them at the same time as working alongside them. (P04)

I mean, for me, like just when you see the stories of them [older adults] being mistreated and I mean, I am seeing that through the media reports and things. So, I guess health professionals do have a big influence on that [being mistreated] as well. That, for me—yeah, that's my motivator, I guess, as well. I want to make sure that there's more people like me. (P03)

Themes around future professional life and how to increase motivation and desire to work with older adults were influenced by both structural and personal issues. Structural issues mainly focused on the perception of stigma and poor funding in nursing homes. Importantly, during data collection, there was publicity around this issue from the Royal Commission into Aged Care (Royal Commission into Aged Care Quality & Safety, 2021).

There's a bit of stigma around working in aged care—well, not stigma, but there's the general consensus that, you know, older people get neglected, and resources are lacking, and there's none of this, and there's none of that, and staff are—it's understaffed, and it just doesn't sound like a good place to work. (P07)

I just feel like there's all this talk, this talk about working in nursing homes that aren't—like it's not positive. It doesn't sound positive. (P02)

This structural perception was underpinned by participants having little or no contact with older adults during their degree program or in their personal lives. Furthermore, allied health participants, in particular, did not even think or know that their discipline

would work with older adults (P07 & P05). All disciplines had a misunderstanding that working with older adults would “*only take place in nursing homes*” (P02).

Personal barriers included a fear of complications in patients, fear of the patient dying and not wanting to be around death:

I'm quite afraid, actually. I find I get along with older people very well. But when it's in a working situation, I find I'm scared. I much prefer working with children than older people” (P02)

Another personal barrier or consideration was that some students had another clear career path planned (e.g., paediatric dentistry, midwifery) or a lifelong passion that did not include working with older adults. However, some students, at this stage of their studies, had not put much thought into their future plans:

It would be doing what you love. Find something that you enjoy doing and just do it. It's that simple. (P03)

I haven't got a problem working with older people. You're surrounded by them every day. (P04)

Around the question “How can students see the benefits of working with older adults?” (left side of conceptual framework), the main theme was exposure. Participants felt that student contact with older adults in clinical and non-clinical settings would be of benefit:

I think a lot more community engagement would be really beneficial. (P03)

But then, also they're germ-bags, and I'm like, “No, I don't want to work at an aged-care facility.” I don't really know how you'd have like a community sort of approach to the ageing well. (P02)

Some students felt they needed to go on placement and experience the work:

I hope that the placement changes my mind. Yeah. Because I worked with older people in a different way. So, this will be a more clinical sense rather than a laboratory sense. So, I'm interested to see if it will change my view. (P11)

Further, during clinical placements, students needed good role models in care and in professional life:

Just general education and general support and being told what to do. You're not going to want to help someone if you don't know how to, if you're not taught what to do. I think both practical and theoretical experience comes down to whether or not students choose to want to work with [older adults]. (P14)

Notably, as students had not been on placement, exposure to role models working in aged care came from observation of the care of their relatives:

This experience [of my grandmother in aged care] highlighted that, as [a] future nurse, when working with older individuals, it is essential that we try to gain insight about the person to ensure that we provide appropriate care. (P04)

Students were asked to describe the type of people they would like to look after them when they are older. Their responses gave insight into the type of health professional they wanted to be and who might be a good role model:

Kindness. Respect. Humour, sense of humour. They're big ones for me. (P02)

I think someone who will take my word for what I say and not just write me off as being some ... I'll probably be a crazy old lady when [I'm older]. (P05)

Probably someone who will take my word for what I say, if I say I'm uncomfortable ... you know, actually, genuinely listen to how I feel and respect me as a human being, regardless of how I am in my capacity to do whatever. (P06)

Discussion

In our study, being “old” was a subjective experience, specifically “young-old” to “old-old” was viewed on a spectrum. For this study, we define young-old and old-old to be perceived as a state of mind rather than biologically determined, as reported in the literature (Lev et al., 2018). Participants saw age as more than just a bio-physical condition and discussed the idea that “*age is just a number*” (P02). Further, participants indicated that being old is based on personal attitudes or demeanor, how the individual feels, rather than a person’s biological age. It was acknowledged that rapid biological decline can affect an older individual’s capacity to live as a young-old person. Additionally, participants discussed how older adults are not a homogenous group, suggesting much variation across the spectrum of being young-old to being old-old.

Previous exposure to older adults, often a relative, provides a frame of reference for many students and can influence their perceptions in either a positive or negative way (Verhage et al., 2021). Kotter-Gruhn and Hess (2012) found that negative ageist stereotypes along with the detrimental aspects of ageing (such as cognitive decline) contributed to a discrepancy between “real” and “felt” age. Students involved in an intergenerational program became more aware that older adults are a heterogeneous group, and this allowed them to develop more meaningful relationships with them (Verhage et al., 2021). This is useful because exposure to healthy productive older adults who challenge previously constructed ideas of older adults can shift perceptions and knowledge.

Cultural differences in perceptions of older adults and ageing need further exploration. Evidence supports the need to understand how interactions with older adults may vary amongst different cultures and the value different cultures place upon older adults (Fung, 2013).

The results of this study found that participants' self-perception of their own ageing is linked to growing older successfully and influences how they will respond to or deal with older adults in professional practice. Some responded in a negative way to their own ageing (e.g., feeling underappreciated or undervalued), whilst others responded in a more positive manner (e.g., older adults are interesting to talk to, have wisdom, and "everyone has a story"). Similarly, in health professional students from nursing, physical therapy, dietetics and social work, negative feelings towards one's own ageing and misconceptions of the ageing process are associated with low interest in working with older adults (Fisher et al., 2022). These negative feelings were based on fear of the age-associated physical and mental decline experienced by older adults. A link between negative self-perceptions of ageing and ageism has been previously reported (Fisher et al., 2022; Samra et al., 2017). Improving students' knowledge of the "normal" ageing process is warranted in changing these misconceptions (Samra et al., 2017).

Having taken care of an older adult during childhood (for example, a grandparent) was strongly related to working with older adults in healthcare. Both positive and negative aspects of this were identified, including finding older adults interesting and emotionally lifting to finding older adults difficult, frustrating and depressing (Roberts & Mosher-Ashley, 2000).

An important finding from our study was that participants' experiences of how their own relatives are looked after by health professionals was related to how they want to work with and care for older adults in professional practice, e.g., "*working beside them, treat them like they're a relative, wanting to provide them with the best care*" (P04). This was also linked to the idea of taking personal responsibility for their own ageing experience and, in turn, to the idea of "*you're as old as you feel*" (P02).

Exposure to older adults resulting in more positive attitudes towards working with older adults has been a point of disagreement in the literature. Some studies indicated that attitudes improve with knowledge and contact with older adults, whilst other studies indicated that the opposite may be true after negative experiences during work placements, which in turn may negatively influence future attitudes in undergraduate students (Leedahl et al., 2018; Lopez-Hernandez, 2021).

Participants reflected on the challenges they would face working with older adults, and these reflections reiterated what has already been published. Factors such as declining health, frailty and cognitive changes that occur with increasing age made working with this population challenging and was a perceived barrier to wanting to work with older adults in the future (Eshbaugh et al., 2010; Fisher et al., 2022).

Building on this was the idea of reinforced stereotypes (e.g., cranky, lonely, memory loss, health complexities, dying) that further stigmatises older adults and leads to them being unappreciated and/or neglected. In turn, this links to the idea that all older adults are frail/sick and living in aged-care facilities, which is not perceived as an appealing

environment to work in, with poor remuneration particularly bolstering this barrier. This is supported in recent work by Fisher et al. (2022).

For many young people, knowledge of ageing and older adults comes from mainstream media (TV and film, print advertisements, commercials) and the internet (Newsham et al., 2021), with its more often than not negative connotations, promoting a homogenous perspective on getting old or being an older adult. Hence, stigma prevails, and the more this perception is perpetuated, the more this portrayal of ageing and older adults is seen to be realistic and accurate (Newsham et al., 2021). It is fair to argue that this skewed perception results in fear, neglect and lack of respect for older adults (Milner et al., 2012).

As discussed earlier, limited experience in engaging with older adults as a whole (e.g., no/little contact with grandparents, no prior engagement with older adults in their community) shaped this study's participants' perceptions on ageing and older adults. Many university students have little exposure to older adults outside of their grandparents or very limited experience in engaging with older adults in other settings (Newsham et al., 2021).

Eshbaugh et al. (2010) found that students who have had positive experiences with older adults who are not close relatives are more likely to want to work with older adults in the future. In contrast, a study by Newsham et al. (2021) found college students' views of their grandparents did not seem to transfer to their perceptions of "other" older adults. Those students who had high quality interactions with their grandparents held fewer negative views and ageist beliefs. Interestingly, these views deviated from how they saw "other" older adults. A study by Hague (2017) explored the possible connection between quality of relationships with older adults and interest in working with older adults. No significant association existed between emotional closeness to an older adult and wanting to work with them in the future (Hague, 2017). In Hague's study, the reasons for wanting or not wanting to work with older adults included a desire to help an underserved group in society to negative encounters with older adults, respectively.

There has been a premise that increasing exposure to older adults in both clinical and non-clinical settings would improve students' desire to work with this population, especially if role modelling could occur from seasoned professionals (Dahlke et al., 2020; Dinkins, 2019). Exposure to older adults outside of aged care would help as well by breaking down myths, stereotypes and stigma. Previous experiences in working with older institutionalised adults tend to decrease positive attitudes, while experiences with older community adults and older relatives tend to improve attitudes (Dahlke et al., 2020; Dinkins, 2019). Creating opportunities via targeted mentoring for these types of experiences can improve the desire to work with older adults (Eshbaugh et al., 2010).

The results from this study support the need for scholarly programs and interventions for reducing ageism. A growing body of evidence supports the use of intergenerational interventions to positively influence university students' attitudes towards older adults.

Some seek to increase knowledge about ageing; others seek to promote real-life interaction between students and older adults (Leedahl et al., 2018). Of importance is that exposure to older adults in a positive light (rather than sick and frail people in aged care) is what is needed. In Australia, a very small proportion of those aged 65 years and over live in residential aged-care facilities (AIHW, 2021). The majority of this age group are functioning effectively in the community, and yet, this is often an untapped market for student placements. Leedahl et al.'s (2018) research emphasised that showing students a positive image of highly productive older adults in the community is more beneficial than the negative images portrayed in the media. This contributes to students' attitude changes towards older adults.

Strengths and limitations

As part of a larger study, the information generated from the qualitative component of the study was to inform the development of the pre/post survey in Phase 2. As the main purpose of Phase 1 was to inform the development of the survey questions, the thematic analysis was consolidated using a conceptual framework (Figure 1). This framework and discussion, with supporting quotes, was presented to the research team to inform Phase 2 design. While Phase 2 was implemented, the small final sample limited the generalisability of the results. Therefore, we report only on the qualitative component of this study.

Recruitment of both the focus groups and pre/post survey participants was hindered by poor overall interest, the impact of the COVID-19 lockdown on the momentum of implementation and the decision of the heads of courses/unit coordinators to reschedule the start-finish data collection dates due to the pandemic (March 2020). The target group for participants in this study was first-year undergraduate students. It could be speculated that starting university, in itself, is a challenge and even more so during a global pandemic. This has resulted in a shift to more online study coupled with continually living in an online environment. These were the competing demands impacting research participation (Field, 2020). There were also particular challenges recruiting a nursing-only focus group.

Focus group participants may have had a skewed positive attitude towards older adults. Nevertheless, our data captured health professional students from a range of ages, and attitudes and perceptions were diverse. A strength of this study is that it captures data from both nursing and allied health undergraduate students, where most current literature on this research topic is degree/discipline/course specific.

Conclusions

This study examined 17 first-year undergraduate nursing and allied health students' perceptions about working with ageing and older adults following graduation from their degree. The portrayal of older adults in the media appears to promote stereotypical

assumptions about ageing and interest in working in the area of aged care. Furthermore, limited opportunity to engage with older adults during training was identified as reinforcing preconceived negative attitudes and poses a barrier for an interest in working in an aged-care setting.

To increase the number of graduate students working in healthcare with older adults, a change in curriculum development is required. Establishing priorities for an aged-care scholarship of teaching and learning is imperative. Students need to be exposed to the opportunity to develop more positive attitudes towards ageing and older adults during their studies. Opportunities for placements outside of aged-care settings need to be provided along with further research, in partnership with students, to understand and address their negative perceptions, including stereotypical assumptions. We conclude that it is critical that undergraduate students are exposed to older adults across different domains during their placements as well as having an opportunity for mentorship. This will likely increase interest in working with older adults upon graduation and promote a favourable career path in working with older adults. Further research should also include specific subgroups of older adults to increase knowledge and understanding of the older workforce to reduce intersectional ageism, such as experiences of older migrant women and men. Working with older adults can be very rewarding. Universities are encouraged to proactively influence students' career choices by addressing the lack of appeal of working with older adults. Educators could increase this exposure by providing non-clinical opportunities to understand that everyone has a story and provide interesting clinical case studies.

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Appendix 1

Interview Questions

Section 1: Identify and examine nursing and allied health students' personal perceptions of older adults and getting old

Firstly, we would like to talk to you about how you perceive the older adults that you know or may come into contact with during the course of your day, week, etc.

- 1.0 What is the first word that pops into your mind when you think of an older adult?
- 2.0 What do you think of older adults in your own community, e.g., in your neighbourhood, local shopping centre, etc.?
- 3.0 How often do you come into contact with an older adult outside of your own family?
- 4.0 Do you think older adults are valued members of society?
- 5.0 What is the first word that pops into your mind when you think of ageing?

6.0 What does “young-old” and “old-old” mean to you?

Section 2: Identify and examine nursing and allied health students’ personal attitudes towards older adults and ageing

We are now going to discuss general attitudes to ageing and older adults. Think about your own experiences and attitudes towards getting older.

1.0 How do you think “ageing well” can be achieved?

2.0 What obstacles stand in the way of “ageing well”?

3.0 What do you think is the “ideal” way to get older?

4.0 What are the benefits of getting old?

Section 3: Identify key determinants that improve nursing and allied health students’ interest, desire and intent to work with older people on graduation

We have an ageing population, and this means that for many of you, once you graduate, you will come into contact with an older adults in your chosen career, specialty or field. We want to know more about your motivation and desire to work with older adults when you graduate and embark on your careers. We would like you to explore and reflect on your role as a health professional working with older adults.

1.0 How do you think you will feel as a nursing student or allied health student in your clinical placements with older adults?

2.0 Do you think first-year students want to work with older adults when they graduate?

3.0 What things do you think would encourage students to work with older adults when they graduate?

4.0 What do you think are the benefits of working with older adults?

5.0 If you were an older adult, what are some of the qualities you would like to see in a health professional?

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