Changing student mental health nurse's attitudes towards younger and older people through teaching:

A qualitative longitudinal study

18/06/2020

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Abstract

Aim: This paper reports on a qualitative longitudinal research (QLR) study investigating the effectiveness of an innovative teaching session focusing on changing the beliefs, perceptions, and attitudes of mental health nursing students towards older and younger people.

Methods: A QLR design was used to enable exploration of change over time. A pre, post and follow-up approach was implemented over six months, using multiple data collection methods. A Cross-sectional and longitudinal data analysis approach was applied.

Results: Post-session themes of: *stop and think; shock and surprise; different rules for different people; and new understanding of age-related attributes,* were identified. Follow-up revealed changes of: *wider awareness of discriminations, more open minded, sensitivity to discrimination across the life course, changed approaches to practice, question everything, ignore age.* Longitudinal analysis of individual change demonstrated that real world, attitude-focused teaching was effective in changing student attitudes to younger and older people.

Conclusion: Change was complex and non-binary, raising students' self-awareness and enabling generalisation of change to wider practice issues.

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Introduction

Codes of practice clearly set out our obligations as nurses. The detail of such codes may vary across the world, but there appears to be a universal aim to deliver compassionate non-discriminatory care for people of all ages without making assumptions and recognising diversity of need (International Council of Nurses (ICN), 2012). This is easy to state; however, it is more difficult to put into practice. Nurse training and education has a part to play in preparing nurses for compassionate and inclusive practice. Positive attitudes can result in improved patient outcomes (Andershed & Olsson, 2009), and it is therefore important to help students identify and reflect on their beliefs, perceptions and attitudes in order to develop cultural competence.

One area of cultural competence perhaps less well addressed than other value-based content in nurse education is ageism. Ageism, that is, prejudice or discrimination based on a person's age, is conceptualised in the literature largely as an issue relating to older people. High proportions of older European citizens have reported frequent or regular age discrimination (van den Heuvel, 2012) and this has been found to affect the health and care of older people (Hanson, 2014; Chopik & Giasson, 2017). What is less well considered in the literature is the potential for ageism directed at young people (Collier & Foster, 2012). Young people can experience structural discrimination on the basis of age that has deleterious effects on a range of outcomes, including health and wellbeing and access to care and services (Liebel, 2014).

A discussion of the issues mentioned above between the first two authors of this paper, one who specialises in children and young people's mental health, and the other, older people, led to the development of a teaching session. The session took an innovative lifecourse approach to thinking about age discrimination with mental health nursing

students and a full account of this can be found elsewhere (Collier& Foster, 2012). In brief, it involved small group work where different groups had the same scenario of a service user, Jane, without knowing that other groups were working with a differently aged service user to themselves. The similarities and differences towards helping Jane for each of the different aged Jane's was highlighted and discussed, which prompted recognition of individual attitudes and perceptions.

This report presents a qualitative longitudinal research study investigating the effectiveness of the teaching session, focusing on changing the beliefs, perceptions and attitudes of mental health nursing students towards older and younger people.

Literature Review

Search Strategy

A literature search of CINAHL and Medline was undertaken on 20/11/17 using the terms shown in table 1.

Table 1: Scoping search

Search terms	And	And
Aged	Attitudes	Nurs*
Old* people	Perceptions	
Elder*	Beliefs	
	Ageism	
	Stigma	
	Labelling	
	Stereotyping	
	Prejudice	
	discrimination	

A more sensitive search was also conducted on 21/02/18 with a specific focus on student nurses (see table 2). With the same search, Medline located only one relevant paper which was a duplicate. The same searches were repeated replacing older people terms with the terms: child*, adolescen* or young person or young people. An additional sensitive search was also done regarding discrimination toward younger people shown in table 3. Both the young people searches located only four articles which were duplicates (Van Leeuwen et al., 2016; Frost et al., 2016; Rathnayake et al., 2016; Chi et al., 2016). Application of inclusion criteria (2016-2017, English language, research only and inclusion of nurses), and exclusion

criteria (other health care professionals, dementia, no electronic access) to the searches resulted in 20 papers. Two papers were excluded on the basis of not being available as full text articles (Jackson et al., 2017; Guo, 2017). This left five literature reviews (Alamri & Xiao, 2017; Algroso et al., 2016; Sizer et al., 2016; Hovey et al., 2017; Garbrah et al., 2017) and 13 primary research papers (Deasey et al., 2016; Koskinen et al., 2016; Rathnayake et al., 2016; Van Leeuwen et al., 2016; Frost et al., 2016; Zhang et al., 2016; Brand et al., 2016; Koehler et al., 2016; Chi et al., 2016; Eaton & Donaldson, 2016; Özdemir & Bacilli, 2016; Brown & Bright, 2017; Hammar et al., 2017). Therefore, these 18 papers are included in the review. See figure 1 for Prisma diagram.

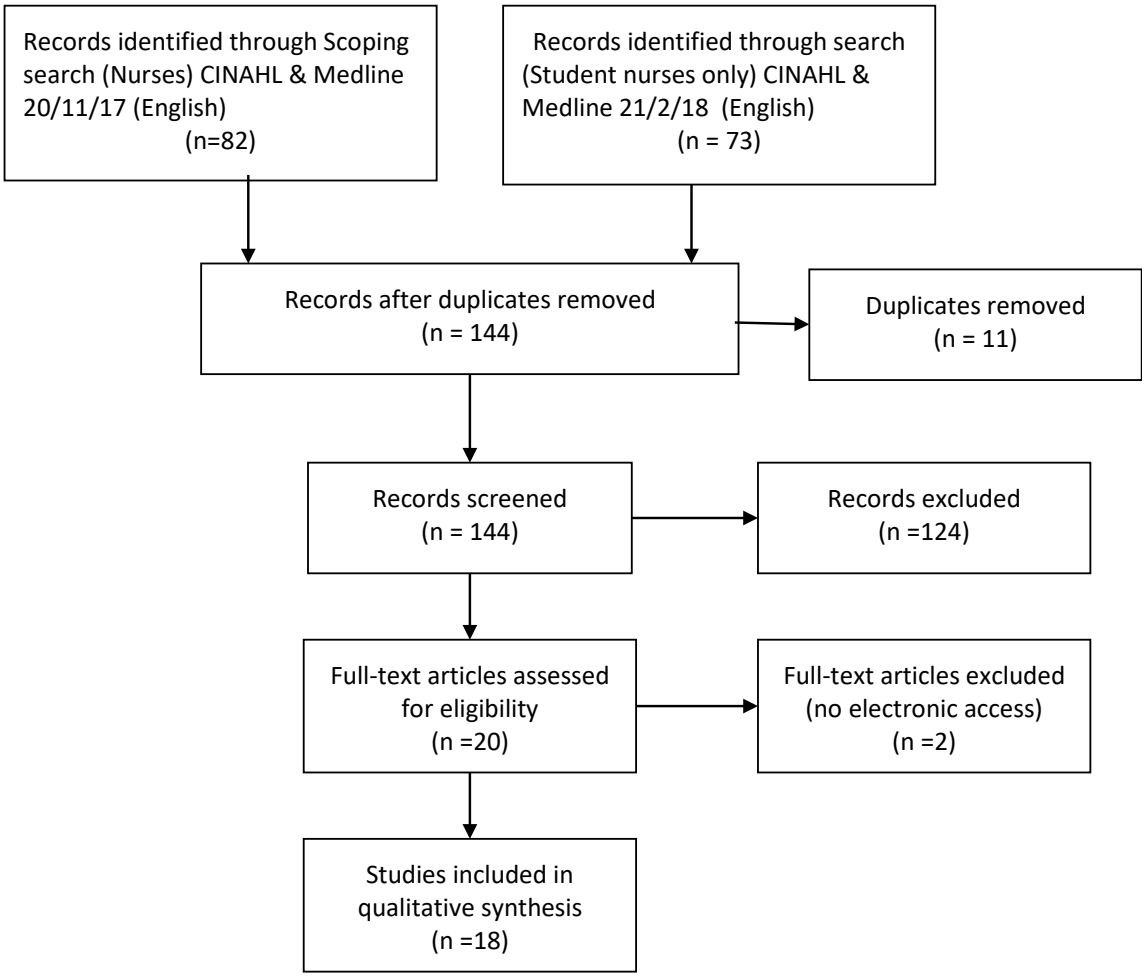
Table 2: Student nurse only search (keywords (KW) & subject-headings (SH) where available)

KW & SH	AND	AND
Aged	Attitude*	Student Nurs*
OR	Stereotyp*	
Old* people	Perception*	
OR	Belief*	
Elder*	Ageism	
	Stigma	
	Labelling	
	Prejudice	
	discrimination	

Table 3: Attitudes to Ageing: CINAHL & Medline & PsycINFO 2007-2017

Subject heading	Hits	Duplicates	Relevant
Adultism	2	1	0
Ageism OR Age-bound attitudes OR attitudes to illness OR Attitudes to age AND Adolescence OR child OR infant AND Nurs*	0		0

Figure 1: PRISMA Diagram



Literature Review Findings

The international diversity of the literature is demonstrated by the range of sources within the eighteen papers located, that is: Australia (Deasey et al., 2016; Frost et al., 2016; Brand et al., 2016), UK & Holland (Van Leeuwen et al., 2016), Sri Lanka (Rathnayake et al., 2016), Taiwan (Chi et al., 2016), Finland (Koskinen et al., 2016). Sweden (Hammar et al., 2017), US (Eaton & Donaldson, 2016; Koehler et al., 2016; Brown & Bright, 2017), Canada (Hovey et al., 2017, 11 studies), China (Zhang et al., 2016), Turkey (Özdemir & Bacilli, 2016), and international literature reviews (Sizer et al., 2016, 44 studies; Algoso et al., 2016, 24 studies; Alamri & Xiao, 2017, 13 studies; Garbrah et al., 2017, 21 studies). All include reference to the unpopularity of older peoples care settings as a career choice and/or the growing ageing population. This includes countries where the prevailing culture assumes value of older people such as Taiwan, China and Saudi Arabia (Chi et al., 2016; Zhang et al., 2016; Alamri & Xaio, 2017).

Qualified nurses are found overall to have positive attitudes to older people even when they have poor knowledge. Deasey et al., (2016) survey of 371 emergency department nurses found positive attitudes towards non confused older people in 90% of their sample, using the Older Person in Acute Care Survey tool. Although the Alamri & Xiao (2017) review included other primary health care staff, nurses appear to be included in the conclusions that positive attitudes are associated with advanced education, past and long work experience and social contact. Educational interventions were also found to be implicated in improved attitudes. Sizer et al., (2016) also reports positive attitudes but dissatisfaction due to care constraints and negative messages given to students.

There is a suggestion in the literature that better attitudes are present early in nurse education programmes and less positive attitudes associated with more experienced

students (Rathnayakeet al., 2016; Garbrah et al., 2017; Hovey et al., 2017). However, this finding is inconsistent as improved attitudes have also been reported for more experienced students over time (Özdemir & Bacilli, 2016; Hovey et al., 2017). In addition, time on older people placements has shown both improved perceptions (Algroso et al., 2016) and more negative perceptions (Sizer et al., 2016). Hammar, et al.,'s (2017) mixed methods study of experienced student nurses' views of care and communication with OP showed largely positive attitudes but a shallow understanding of the communication skills needed with OLDER PEOPLE. The influence of the educational environment is important, as it has also been found that curricula tend to neglect education relating to older people and reinforce modern nursing as technical with emphasis on acute and critical care (Garbrah et al., 2017). Uninterested mentors and lecturers (towards older people) influence students towards negative attitudes and students therefore need mentors and lecturers with positive attitudes as role models and an 'age friendly' curriculum (Sizer et al., 2016; Algroso et al., 2016; Garbrah et al., 2017).

Similarly to the qualified nurses, it is reported that student nurses socially exposed to older people are more likely to have better attitudes (Chi et al, 2016; Rathnayake et al., 2016; Algroso et al., 2016; Özdemir & Bacilli, 2016; Garbrah et al., 2017). This is also true where older people are involved in the educational environment with students, which has been found to significantly improve interest in older people's care (Eaton & Donaldson, 2016; Koskinen et al., 2016; Brown & Bright,2017).

Two papers include reference to both older and younger people (Van Leeuwen et al., 2016; Eaton & Donaldson, 2016). Van Leeuwen et al., (2016) surveyed 104 3rd or 4th year student nurses and found that attitudes to older people were more negative than to

younger patients but elicited less anxiety. Eaton & Donaldson (2016) included both students and older people as participants in an educational buddying up project to develop an ethnodrama and measured attitudes pre and post intervention. They found that pre-intervention, attitudes tended towards infantilisation and worry regarding the unknown, and post, attitudes changed favourably but tended toward an overly positive discrimination.

Inclusion of gerontological nursing education with well-designed meaningful experiences in nursing curricula allows students to assimilate new and advanced ideas into existing beliefs (Brand et al., 2016; Eaton & Donaldson, 2016; Rathnayake et al., 2016; Hovey et al., 2017; Brown & Bright 2017). Brand et al., (2016) notes that most educational interventions are theoretical and Hammar et al. (2017) recommended that educators focus more on emotional and existential needs and critical reflection. Indeed, other than the ethnodrama mentioned earlier (Eaton & Donaldson, 2016) only one study located focuses on the effect of reflecting on the attitudes themselves (Brand et al., 2016), rather than on knowledge and education. Using photo-elicitation (six images that depict older people), Brand et al., (2016) facilitated reflective discussions (with photos as the trigger) in small groups and conduct pre- and post-intervention attitude scales. They found that positive attitudes were evident both before and after, but that post intervention, attitudes shifted further towards the positive. Benefits included being able to challenge assumptions in a safe space where students could clarify thoughts, feelings, perspectives and attitudes.

What appears to be entirely absent in the age discrimination literature located is research focused primarily on young people. Therefore, in our research, we have focused on the actual attitudes themselves, and extended this education to reflecting on attitudes to both older and younger people.

Research objectives

To investigate

a) whether a teaching exercise, designed using an innovative life course approach to thinking about age discrimination, affects participant beliefs and attitudes towards older and/or younger people within a mental health nursing context

b) the nature of any change observed and the process by which the change occurs.

Method

Design

A pre, post and follow-up approach was used, implemented over a 6-month period, using multiple methods of data collection, as illustrated in Table 4. The study was undertaken within a qualitative longitudinal research (QLR) Framework. This enabled exploration of change over time (Holland et al., 2006) and enabled flexible use of mixed methods for the data collection process (Thomson & Holland, 2003).

Table 4: Design and method of data collection

Stage		Method
1	**Pre-session data collection**	Perception of Ageing scales, Descriptive demographic data, Survey or interview
TEACHING SESSION		
2	**Post-session data collection**	Perception scales, Survey or interview
3	**Six-month follow up**	Perception scales, Survey or interview

The design included recruiting student nurse co-researchers (Sutton, Jones and Holmes) who were instrumental to design decisions, data collection (where they undertook interviews as peers) and analysis of the data. Involving 'service users' in research is often a requirement and promoted as good practice (Pandya-Wood et al. 2017). Although perhaps

unusual, we applied this principle to students as 'users' of educational services. This benefitted the study, the student educational experience, and contributed to our department's wider responsibility for building research skills in the nursing workforce through pre-registration curricula design (McCormack, Baltruks & Cooke, 2019). Exploration of the process, and experiences of the student service users and lecturer collaboration for research study can be found in conference presentations (Collier, Foster, Sutton, Holmes & Jones, 2014; 2015).

Ethical considerations and recruitment procedure

Ethical approval for the study was granted through the University of Salford Research Ethics Committee (HSCR14/43, 09/09/2015).

A purposive sampling approach was utilised, permitting the research team to intentionally select participants who had experienced the phenomenon under investigation (Holloway & Wieders, 2013). A cohort of the mental health nursing programme (n=56), who had participated in the teaching session were invited to take part in the study. Qualitative data was collected from a sample of the cohort, alongside demographic and quantitative rating scale data (n=6). Based on the focused nature of the study aims, specificity of sample, interviewer experience and intention to use questions that generate shadowed data (Morse, 2001), a purposive sample of 6-10 interviewees that reflected the diversity of roles within the team was identified in advance as needed to provide sufficient information power to address the research aims (Malterud et al., 2016; Morse, 2000, 2001).

Written and verbal information about the study was provided to students four weeks prior to the beginning of the recruitment period. Written invitations, an information

sheet and consent forms were provided in hard copy, electronically on the module virtual learning environment (VLE) site and distributed by email. Strongly emphasised within this material was the voluntary nature of participation and that participation (or not) would not affect their education or assessment in any way. Students were encouraged to email the principal researchers with any questions. A reminder information session and a drop-in session for students with further questions were provided to the cohort two weeks prior to the data collection period.

Sample

6 students took part in the study. Table 5 provides a detailed illustration of the completed data collection and analysis design.

Table 5: Summary of completed Data Collection and Analysis

Repeated Cross-sectional Analysis →

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Total
Pre	Demographic	Demographic	Demographic	Demographic	Demographic	Demographic	6/6
	Perception scale	Perception scale	Perception scale		Perception scale		4/6
		Interview	Survey	Survey	Survey		4/6
Post	Perception Scale	Perception Scale		Perception Scale	Perception Scale	Perception Scale	4/6
	Interview	Interview	Interview	Survey			4/6
Follow Up	Perception Scale	Perception Scale	Perception Scale	Perception Scale			4/6
	Interview	Survey	Survey	Survey			4/6

Qualitative Longitudinal Analysis ↓

The sample comprised of 4 women and 2 men. All participants identified as white British, with an age range of 22-44 years. All participants had experience of interacting with older family members (e.g., grandparents) and 3 participants had prior experience of care work with older people. 3 participants had experience of caring for children within their

family and 3 participants had prior experience of support work or youth work with young people. Full details of sample demographic information are in Appendix 1

Data Collection Strategy

In keeping with QLR principles, data collection was designed such that data could be read through multiple dimensions: repeated cross-sectional analysis across the sample; case history analysis for each case within the sample over the duration of the study; and the iteration between them, to ensure time and the process of change over time were central to the data analysis process (Neale, 2012).

Data collection was arranged outside of scheduled face-to-face module content and refreshments were provided. Participants attended the university on two days that were outside their timetabled module sessions therefore compensation was provided to participants in the form of a £10 voucher for each of the data collection activities in which they participated.

Survey and interview data was anonymised with participants using self-assigned nicknames, to enable comparison between pre, post and follow-up data, and to enable the participant's right to withdraw at any point during the study. Collection, storage and disposal of research data was undertaken in accordance with the Data Protection Act (1998), General Data Protection Regulation (2018) and the research data management and storage policy for the higher education institution in which the study took place.

Data collection tools

Qualitative data was collected pre- exposure to the teaching session, post session and at six-months follow-up. Participants were offered the choice of completing a semi-structured interview or an online survey. Providing a choice of method of participation was

based on feedback from student co-researchers and advisors, regarding diversity of preference within the student cohort, to maximise recruitment and return rates. As the principal investigators facilitate the teaching session under investigation, interviews were conducted by a student research team member, who was independent of the teaching session design and delivery, but who had previously participated in the session at an earlier point in their education programme. The principal investigators were responsible for ensuring student researchers received appropriate training, preparation and supervision to be able to effectively facilitate the interviews.

The survey was administered online using Bristol Online Survey. This ensured that researchers were not able to identify participant data individually, maintaining participant confidentiality and anonymity.

The interview schedule and survey questions were developed from the research objectives. They focused on

- Exploration of beliefs, attitudes and assumptions in relation to ageing and mental health before and following participation in the teaching session
- The participant's perception of the impact of the teaching session upon their thoughts, feelings and actions in clinical practice.

Quantitative data was collected using an adapted version of the Perceptions of Ageing Questionnaire (Nolan et al., 2002). This is a 15-item measure using a Likert scale, specifically designed to capture student nurse beliefs and perceptions of working with older people. In addition, it captures demographic information through a series of short, structured questions that allows data collected to be analysed in respect of participants experience prior to commencement of the programme. Permission was sought and granted by the scale's author (Nolan et al., 2002) both to use the scale for this purpose and to adapt the

language of the scale to capture perceptions and beliefs in relation to working with children and young people, in the absence of any existing tools for this purpose. Participants completed the Perceptions of Aging questionnaire and the adapted Perceptions of Aging questionnaire before participating in the teaching session, following the teaching session, and at a 6-month interval for follow up.

Data analysis

Quantitative data analysis

Quantitative data was aggregated using Microsoft Excel and was represented using histograms to support a qualitative analysis of change for each participant over the course of the study. This was compared with the outcomes of the qualitative longitudinal data analysis for each participant for the purpose internal verification.

Repeated cross-sectional analysis (across the sample).

Data collected from interviews and surveys for each data collection point was analysed using a thematic analysis in accordance with the method outlined by Braun & Clarke (2006). This method was selected as it is identified as suitable for undergraduate students. A deductive approach to identifying key themes across the sample group at each interval and between each interval was applied, based on the research objective to investigate the effect of participating in the teaching session, i.e., was there a change? What was the change? What was the process of change?

Longitudinal analysis (change over time for each case within the sample).

Longitudinal case histories for each participant in the sample over the duration of the study were built from the demographic, pre, post and six-month follow-up data available for each. Each case history was analysed as a whole unit of analysis, to investigate change over time within each case. Using Wolcott's (1994) suggested stages for the QLR analysis process of: description, analysis and interpretation, outcomes for each participant were identified and articulated and cross-checked by the principal investigators. From these articulated outcomes, the research team worked backwards towards explanations and understanding, in order to explore the process of change for each participant (Holland et al., 2006).

Principle investigators and student co-researchers each analysed the survey and interview transcripts of each participant to identify and code 'change talk'. That is, moments of transition from one world view to another, adaptations in which participants identify a change in practices, and personal narratives of changing trajectories, in which participants generate new data and understanding through the interview process by reflecting on the past through the lens of their current understanding (Neale, 2012).

A whole team process of blind checking and matching was undertaken in which only data that had been selected by at least 2 members of the research team was used to develop summarised narratives of the process of change for each participant. Outcomes statement for each participant was formulated independently by two researchers as suggested by Saldaña (2003). These were compared and revised to agree a final outcome statement for each individual. From these and individual data sets, the process of change was articulated as reported here.

Results

Perceptions of Ageing Scales

Pre, post and follow-up perception of aging scale data is collated and represented per participant in Appendix 2.

Repeated cross-sectional analysis

Table 6 summarises the themes identified for each stage of the data collection.

Table 6: Summary of themes from repeated cross-sectional analysis

Pre-session	Post-session	Six-month follow-up
• the meaning of 'recovery' (age bound understandings) • A specialised focus of work • Job satisfaction • Experience-based comfort zones • Perspectives of age • Effect of experience upon perception of illness	• Stop and think, • Shock & surprise • Individual not age, • New understanding of age-related attributes and different rules for different people	• Wider awareness of other discriminations • More open minded & mindful (of potential impact of actions) • Sensitivity to discrimination issues across the life course • Understanding discrimination affects mental state • Changed approaches to practice • Question everything • Ignore age • Continuous reflection

Pre-session themes

The meaning of recovery.

Across the group, there were observable differences between how the needs of older people and younger people were perceived. For the older population there was a greater focus on treatment of medical conditions whilst the nurse's role was perceived as contributing to growth and development in the younger group. The application of a

biomedical interpretation of recovery to both groups led to young people being understood as capable of a 'full recovery', whilst nursing the older group was associated with promoting comfort and dignity in the face of ill health

'...seeing them [YP] grow and develop' (Participant 4, page 4: p4p4)

'building foundations [to] support them throughout their lives' (p5p3)

'...[Older people] deserve dignity and the right to proper care with declining health' (p4p1)

Within this theme a sub theme of 'discourse' was identified. The words used to describe older and younger people's position were distinct and appeared to re-inscribe age-related assumptions. In particular, the conflation of later life and end of life was evident in all participant responses

'Knowing that I could only make one comfortable in preparation for end of life' (p4p3)

'The realisation that there is no recovery' (p3p2)

Experience effect upon perception of illness.

This theme related to influences on the meaning of recovery. For nearly all participants who completed the pre-session survey or interview and those who completed the post session, prior personal experience of older people who were experiencing physical ill-health and absence of experience of those in good physical health appeared to be a significant moderator. For example, participants who had had a later life placement had done so in dementia care settings.

The specialist focus of the work.

There was a clear perception amongst participants that work with older and younger people requires specialised skills. In relation to potential future placements this was reported as a challenge, but also as a positive or exciting opportunity, rather than perceived negatively.

Job satisfaction.

Alongside the belief that working with young and older populations required specialist skills and knowledge was a perception expressed by all participants that both areas of work came with the potential for high job satisfaction and pride in one's ability to be able to help service users in either group.

Comfort zones.

Within the participant group, relative levels of confidence or anxiety were not related to a particular age group, but to where the participant's prior experience (or lack of it) lay. This suggests that any trepidation or reticence about working in a particular area was underpinned by fear of the unknown, rather than beliefs about one age group or the other.

Perspectives of age.

Generalised assumptions about personal characteristics associated with specific stages of life were present within the pre-session data. Young people were associated with high levels of energy, being challenging to engage, irrational and unpredictable (participants 2, 3, 4, 5). Whilst concerns about a lack of openness to humour, being harder to relate to and a tendency to judge younger nurses were expressed about older people (participants 2, 4, 5).

Post-session Themes

Stop and think/don't assume.

The design of the group work enabled a significant impact to be made on participants thinking;

> *'The first…the biggest way it made me stop and think is when I realised we were talking about…working with different Janes*. (p3p16)

This appears to have prompted critical self-reflection and cognitive dissonance;

> *'I still think everyone's equal but, there's this other thing as well that's there that I don't know. And actually, that makes me feel uncomfortable that I think like that. Like you know that you think you know yourself fairly well, and then you think, actually no, I don't…It's like I made the assumption that it would be harder for a 70-year-old to leave a relationship than it would for a 30-year-old. And then I thought for a 16-year-old, oh that's easy.* (p2p10)

This in turn led to the ability to generalise somewhat in applying what was realised to wider practice;

> *'…my next one's functional elderly, so I think in terms of going to that placement, it really has made me think that you know, I need not to assume things and I need to go and just take people, regardless of age and how able bodied they are or, because again you automatically think that with older people, but you just go in and take them on face value and just listen to what they've got to say'* (p1 p4)

Shock and surprise.

Stopping and thinking was promoted by experience of shock and surprise of learning that despite believing oneself to be non-discriminatory they recognise in fact discriminatory ideas*;*

''*but before I realised that there were things that people said about all groups that I agreed with, thinking they were talking about a 30-year-old. And then when you realised they were talking about a 70-year-old or a 16-year-old, you then questioned what they'd said' p10 'it suddenly occurred to me that I do have these preconceived notion ag age groups I didn't realise I had*' (p2p11)

and as one participant said: '*I was a bit deluded' (p1p3)*

One participant felt it reaffirmed good attitudes but also helped raise awareness in other ways;

> *'I still look forward to having a placement with younger people, the session has however made me more aware of the fact that keeping a mature attitude and treating each young person as an individual without stigma is key (p4p2).*
>
> *'The exercise made me more self-aware, and I will now act with more insight in regard to treating people with different age ranges, I will now assess each client based on age needs.* (p 4p1).

Individual need not age (equal/different).

The generalisation to wider practice was also enabled by questioning of assumptions which led to deeper understanding of individualised assessment;

> '*…and not to let thoughts be judged or thoughts be influenced by age, by a certain situation, you know, to think bigger…in that you could discuss that it's impossible to treat everyone equally because how you would treat one person would not work well for someone else…And so with that in mind, you'll treat someone as appropriate and for the best… outcome.…rather than their age' (p3p18)*

However, for one participant who was confident in her positive attitudes to both younger and older people it made her realise that she tended to neglect the vulnerabilities of people in middle years and the influence of stereotypes;

> '*Don't make assumptions about the middle year e.g., 40-year-olds can have dementia, can be vulnerable, young people can be mature'*.

New understanding of attributes (Young People/mid-age range).

Exploring younger people and older people led to realisation of neglect of needs of people in the mid age range and that we can all be vulnerable;

> *'I will do some self-directed research into vulnerability in regards to the middle age ranges such as 20-50 years of age. (p4p2)*

It also enables recognition of assumptions that had been made:

> *'I personally learnt not to discriminate in regards to safeguarding and risks within different ages, i.e., Seeing the age range 17 and 70 as vulnerable but not the age 30. I also learnt that organic type illness can play a role in age discrimination, although it may seem rare it is still possible to have an organic illness such as dementia even at 30 years of age and it should not be ruled out'. (p4p1)*

Different rules for different people.

Assumptions were also realised regarding the influence of age;

> *'But it sort of highlighted a little bit how, not decisions are made because we weren't making decisions on this girl's behalf, but how perceptions are different…for people of different ages…It underlined the fact that sometimes instinctively you draw different conclusions from people based on their age' (p3p2).*

And expectations and beliefs about how we interpret language in context of age:

> *'…you just don't think that somebody of that age would come and speak to you about being confused about their sexuality. We went down the road of like, think about dementia and Alzheimer's, maybe that's why they were confused, and I suppose then you start assuming thing and kind of pigeonholing people about what you expect them to be at 70. (p1p1)*

> *'I didn't realise how uncomfortable discussing sexuality with anybody, would make me feel. But that's something else that I realised about myself, even though that wasn't the purpose of the thing. It was to do with the stigma of age' (p2p11)*

Six-month follow-up themes

Question everything.

In this context the participants had time to assimilate their learning in practice. The long-term influence led them to question everything;

> *'I feel this session has made me question things a lot more when assessing the needs of clients and enabled me to think less about their age and more about the individual in from of me and their life story'* (p2p1).

> *'It was more about younger…because the old people I wasn't thinking about but I think it was more around young people…and I can't remember what the younger person's session was but people bring different things that are out there for younger people, so it is more questions about services that were available that I had, because I did not know what services…*' (p1p14)

More open minded.

The concept of open mindedness was also apparent;

> *'I think that is why I enjoyed it so much because I think I am quite open minded and that kind of showed me that sometimes I am not as open minded as I think I would be or should be'*. (p1p3)

> *'I would like to think that I can think more openly about people based on their circumstances rather than their age. This is also as important for younger people as older people'*. (p3p1)

This open-mindedness was applied to practice when on placement;

> *'I think I have a more open-minded approach when working with clients to create care plans and suggest treatment options'.* (p2p2)

Ignore age.

Although this was closely related to 'questioning everything' and 'open mindedness' it was an important finding given the context of the research;

> *'I feel this session has made me question things a lot more when assessing the needs of clients and enabled me to think less about their age and more about the individual in from of me and their life story*. (p2p1)

Person centred/service user-led.

This built on the previous themes and illustrates the wider opportunity and generalisations that students were starting to make;

> *'I think it is the whole of my course, it is just making me start to kind of leave judgments at the door a little bit and just take everything as it comes and what I have got in front of me in terms of patient…'* (p1p9)

> *'In the same way it is important to remember that issues that I associate with younger people also impact on the lives of older people and in order to maintain patient centred, holistic care it is important to keep this at the forefront of my mind'*. (p2p2)

More sensitive to discrimination issues across life course.

It appeared that a generalisation about discrimination was also taking place;

> '*It has made me more insightful and aware of the discrimination people throughout the life course can face, and I have now become more sensitive to the issues'* (p4p1)

> *'In my current placement, I deal with service users with drug and alcohol issues, and who are involved in the criminal justice system. Many of these people have entrenched issues, which have followed them into later life. Their needs are still the same on many levels as younger service users, and this should always be remembered*' (p3p1)

This included wider awareness of other issues for example gender and ethnicity;

> *'It made me be become more aware of my own actions and mindful of others in regards to their culture, ethics, race, gender and be respectful towards this'*. (p4p2)

> *'…so it made me aware of sexual discrimination and how you do have different thoughts and opinions of people but then when I went onto the ward, I never had those kind of conversations with anybody'* (p1p9)

It also highlighted that discrimination can affect people and their mental health;

> *'the more I understand and learn about a patient/service user and myself*, *the more I begin to understand about how age discrimination has affected them and myself*. (p4p2)

'It has helped me to understand that discrimination can play a key role in affecting the overall mental state of an individual' (p4p1)

Changed approaches to practice.

New approaches to practices in placement resulted from participant's reflections and learning;

'Well afterwards…I had a placement on an older people's ward, it was for people over 65 and I think it made me more aware of …I don't know, I cannot describe it…you know how to talk to…how to build therapeutic relationships and how to talk and things that you can just talk about…do you understand? Not just talking about the good old days' (p1p5)

Changed attitude to working with older people.

Similarly, the reflections were resulting in changing attitudes;

'My thoughts and feelings have differed from previous thoughts about working with older people, I now understand and appreciate the importance of working with older people and understand the complex needs that they face throughout their period of old age, I've learnt that old age is not set to one particular category and that there is no clear definition of old age' (p4 p3)

Continuous reflection/effect.

The themes presented so far illustrate a continuous reflection, and this was consciously articulated in the interviews;

'This made me reflect on my own assumptions about what does and doesn't affect people at different stages of life and question whether they are a true reflection of real peoples lived experience or just generalisations' (p2p1)

Longitudinal qualitative data analysis

Four participants participated in sufficient stages and forms of data collection that a detailed longitudinal analysis of the process of change could be reliably constructed for

them. Following the qualitative longitudinal analysis method, the following findings represent final articulated outcomes for each participant.

Participant 1.

The change process for this participant was framed around personal introspection and the utter shock of being faced with the realisation they were capable of discriminatory thinking. This was compounded by a recognition that they would not have been able to deal with such a scenario in practice (the Jane scenario). This led to the understanding that good intentions and principles (to promote independence) were in fact hampered by the paradox where the opposite could occur (due to an underlying unconscious discrimination at work). At follow up, the participant's practice in relation to older people had changed and they allowed themselves to notice their interactions and filtered their observations through what they had learned about themselves from the teaching session. They consciously shaped their interactions, seeing the patient more. This behaviour became generalised by reflecting on all their student nurse experiences more widely and challenging all assumptions in themselves.

Participant 2.

The impact of the session at post-interview was associated with the structure of the exercise in terms of hearing and reading the assumptions of other students and these bringing aspects of the participant's own thinking into their awareness, in turn leading to realisations about their assumptions and areas of discomfort, prompting an emotional experience of shock. This led to a developing understanding that the process of talking through something that they had not previously considered can bring previously hidden or unconscious aspects of beliefs and attitudes to the fore. This was still prominent in mind as

the significant driver of change at 6-month follow-up. This was associated with a perception of self as having developed a more continued process/habit of self-questioning and self-monitoring of her own assumptions, as well as feeling oneself to generally be more questioning of everything.

Participant 3.

The session had brought into the participant's awareness that age can affect how professionals and they as a student healthcare professional draw conclusions and potentially make decisions, based on instinctive individual perceptions. Engagement in the learning activity was identified by the participant as contributing to encouraging a habit of taking a step back and thinking before acting. Over time, this process enabled integration with practice and a clarity regarding the role of a mental health nurse, i.e., not to advise based on your own views and preferences, but to be accepting of other people as individuals. At follow up there was a self-reported ability to think more openly and be more aware.

Participant 4.

The process of change in-session for this participant was realising they were cognisant of the issues that younger people and older people could face relating to vulnerability and safeguarding, but not for the middle life stages. This led to them becoming aware of the assumptions they had been making about people in the middle years of life e.g., they could also be vulnerable. The participant reported a specific change between post-session and 6 month follow up in relation to older people, facilitated by placement experiences. Their attitude and beliefs had remained the same, but they reported an

increase in appreciation of the importance of working with older people and of the heterogeneity and complexity of the population's needs.

Discussion

Outcomes

The scenario and attitudes-based approach to teaching appears to be effective in changing perceptions and attitudes, based on the findings in this study. This is consistent with Hammar, et al.'s (2017) suggestion that emotional, existential and critical reflection is necessary for effective learning.

The design of the study does not enable us to make a single causative claims and there are other influences occurring such as placements. However, what can be said is that the data from all three methods of investigation - the cross-section data analysis across three time periods, individual longitudinal analysis of the outcomes and process of change, and pre-post and follow-up perception scale data - substantiate the finding that this approach to teaching has prompted a change in student's perceptions and attitudes. As the literature review reports, there is contradictory evidence on how attitudes are affected and developed. We cannot draw any neat linear conclusions regarding negative pre session and positive post session perceptions**.** Unlike the existing literature we found attitudes to be more complex than a binary positive or negative position. For one person, the experience reinforced that working with younger people was not for her, though attitudes were largely affected constructively for the better and generalised to other areas of practice. Participants reported a direct link in their own mind between the teaching activity and the process of change. Broadly, all participants reported that undertaking the Jane scenario

'thinking aloud' activity in the company of other students revealed to them elements of their own unconscious bias. A process which was supported by facilitated critical discussion and reflection in the classroom. Learning from the classroom activity was then made 'real' for the participants in their later placement experiences, which in turn appears to have triggered broader generalisation and application of their learning.

It is unlikely that the findings would be so rich had lecturers conducted the interviews. Adopting a student peer co-research model enabled this. It also had a significant impact on learning for the student co researchers which will be reported elsewhere. Although Brand, et al. (2016) conducted a similar study focusing on attitude change; their educational initiative was designed as a research intervention, unlike the teaching session reported in this paper. This may be an important point where teaching and learning effectiveness is investigated in the 'real world' of higher education. Students perhaps also benefitted from the existence of positive role models (first two authors) as teachers are suggested as influential (Sizer et al., 2016; Algroso et al., 2016; Garbrah et al., 2017). In particular, the teaching session is always prefaced by a narrative account of the principal investigator's own learning journey in relation to identifying our own unconscious prejudices through working together and learning about each other's area of practice (see Collier & Foster, 2014).

Limitations

Although the sample size was small (6-8 participants), this is congruent with qualitative approaches and sufficient for theoretical saturation within a homogenous sample group (Harper & Thompson, 2011). It had been initially intended that the perception

scale data would be subject to descriptive and inferential statistical analysis, to investigate quantitative measures of change. However, the design was reviewed in light of a lower than anticipated level of recruitment, which meant that meaningful quantitative analysis would not be possible

There are some other design lessons:

- In order to avoid teaching time (for ethical reasons), some data collection was scheduled in an annual leave week that coincided with school holidays which we were unaware of at the time, and this had an impact on recruitment for students with child-care responsibilities. In future, we would try to be more mindful of issues such as this.
- Student consultation and participation in the study design process (service-user perspective) was essential in relation to addressing issues that influence recruitment. At the same time this highlighted a tension between 'Good' research methodology, for example using a uniform data collection method, and design that is in the service of user acceptability, e.g., offering participation through either interview or online survey.

Conclusion

Real world, attitude focused teaching and learning has been shown to be effective in changing student mental health nurses' attitudes to both younger and older people. It has been shown to be a complex non-binary change, but one that raises students' self-awareness and enables this change to be generalised to wider practice issues.

- The next step is to adapt the teaching session and develop a simulation approach where students can act out their practices and reflect their own attitudes and

actions in real time. This development will potentially be undertaken with older people (service user) actors as is suggested for better outcomes (Brown & Bright, 2017) and will be evaluated in the future. The next step of this work is being undertaken at the University of Derby, with ongoing collaboration with the University of Salford. Details of the preliminary development of this next stage of the work can be found in Collier, Brietshadel & Shand (2020).

Declaration of Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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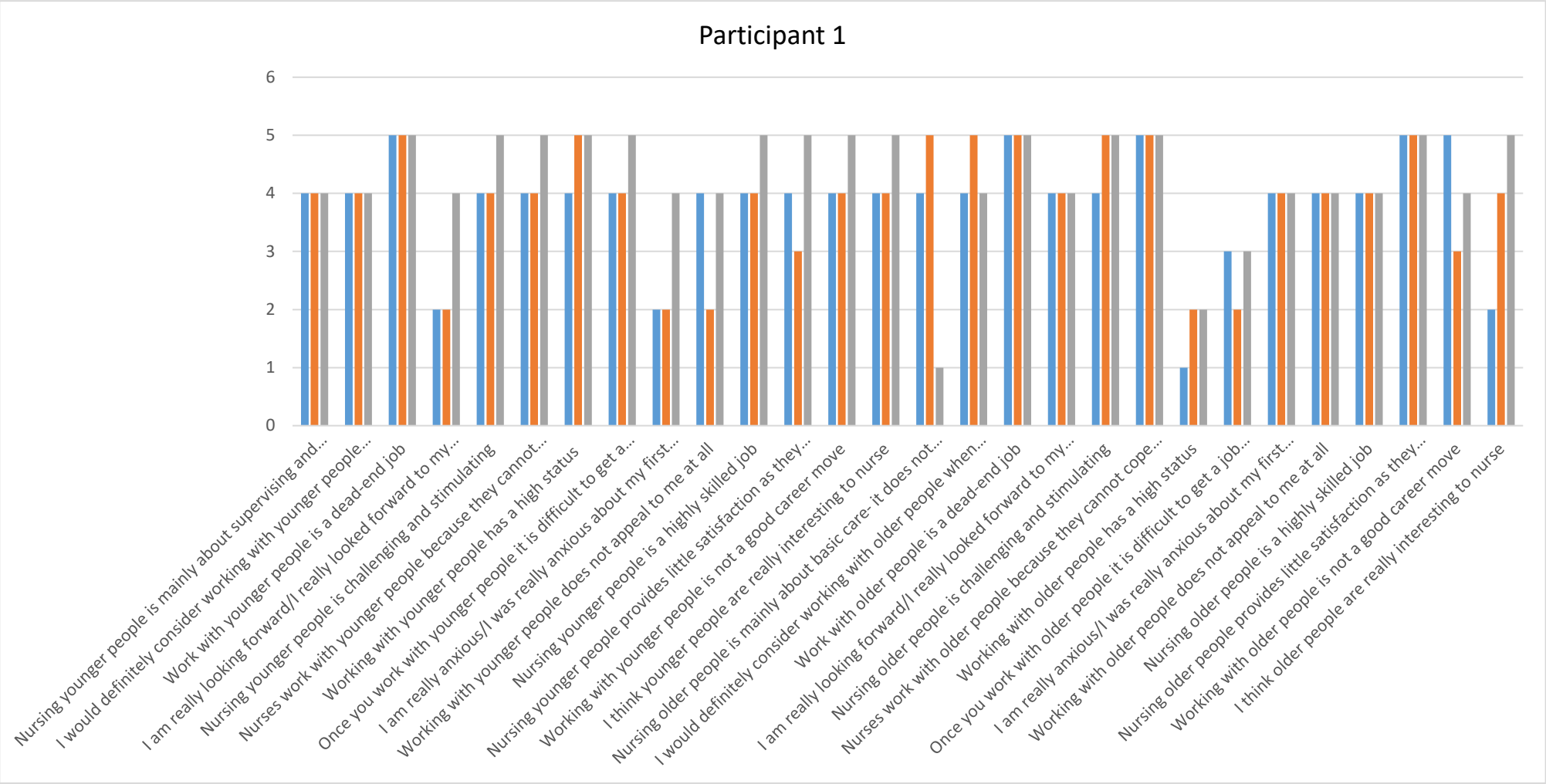
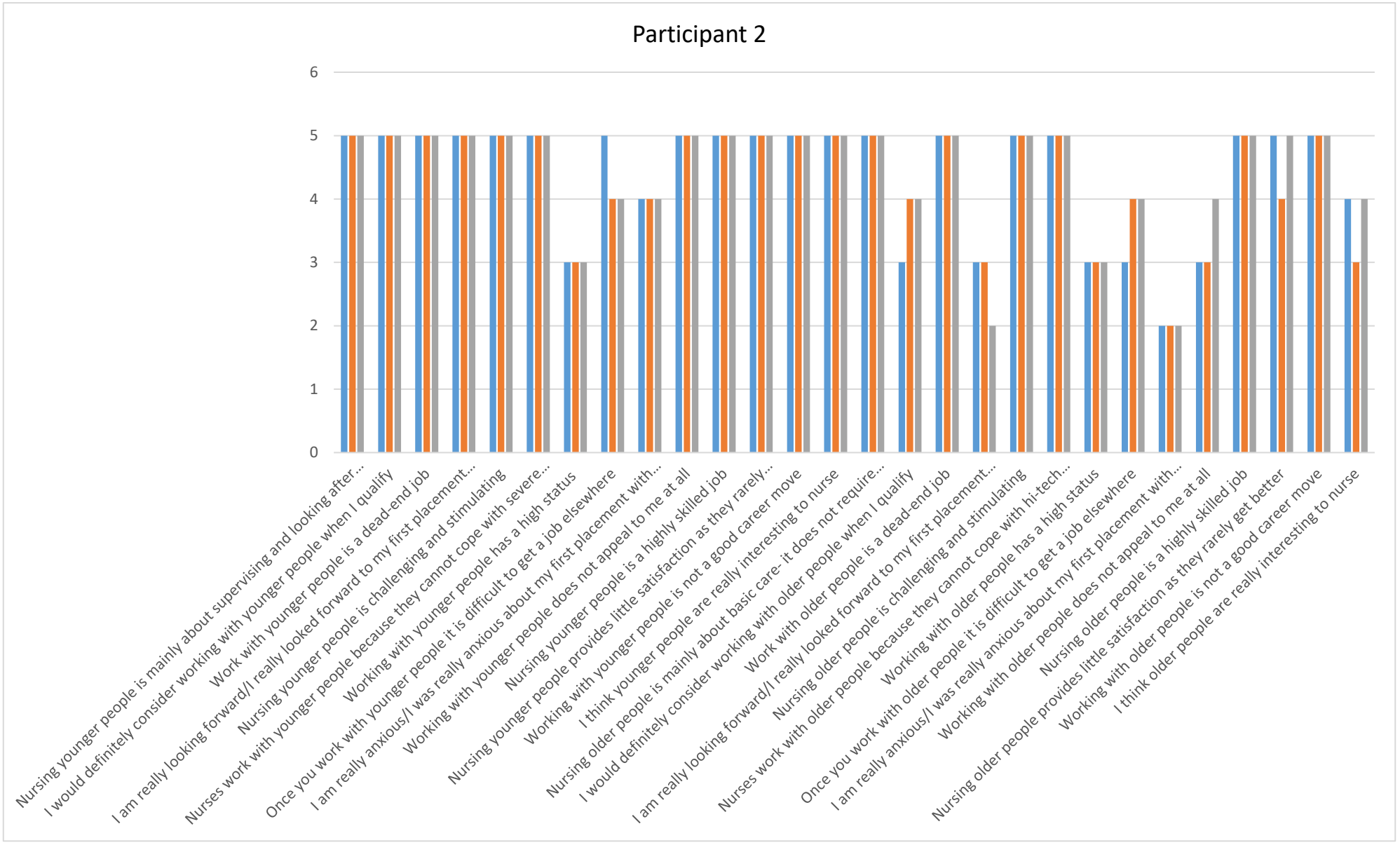
Appendix 1: Summary of Participant Demographic Data

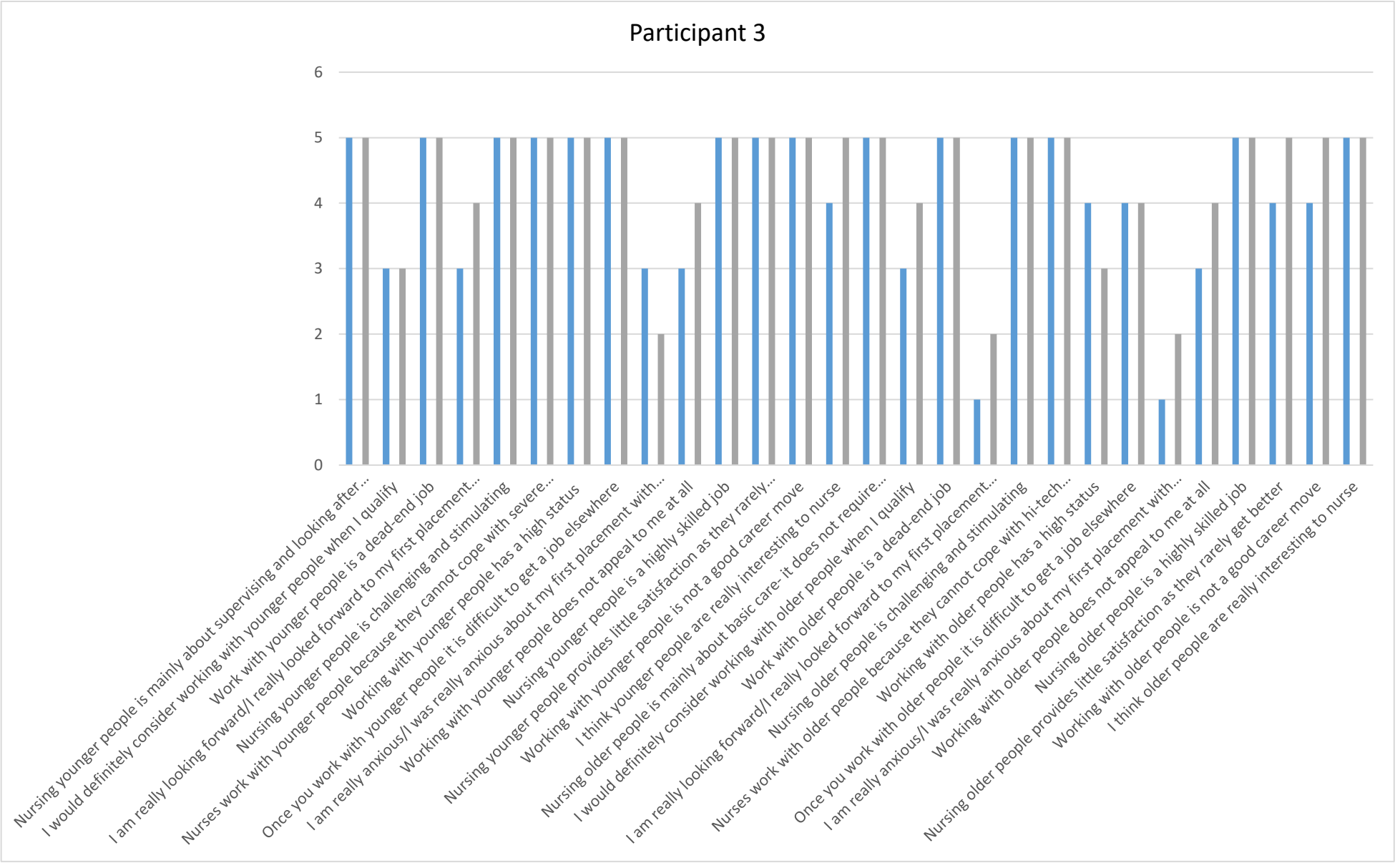
Participant number	Sex	Age	Ethnicity	Prior work experience - OP		Current work Exp. - OP		Prior work experience - YP		Current Work Experience - YP		Other experience	
				Type	Experience	Type	Experience	Type	Experience	Type	Experience	OP	YP
1	F	30-34	White	Support worker – daily living/ personal care	Quite negative	No	N/A	No	N/A	No	N/A	Caring for Family member Visiting Grandparents Residential home	I am a Mum Siblings Visiting family Caring for family members
2	F	20-24	White	No	N/A	No	N/A	Dance/ Gym coach	Very Positive	Same	Same	Caring for Family member	Caring for Family member Working in a school Voluntary work
3	M	40-44	White	No	N/A	no	N/A	HCA M.H. unit	Quite positive	No	N/A	Visiting Grandparents	Caring for Family member
4	F	25-29	White	Nursing Home	Quite Positive	No	N/A	Support Wk in a Drug & Alcohol service	Very positive	No	N/A	Caring for Family member Working in people's own homes	Youth worker
5	M	20-24	White	No	N/A	no	N/A	No	N/A	No	N/A	Visiting Grandparents	none
6 (Romo)	F	NS	White	Care work - Alzheimer's	Quite positive	No	N/A	no	N/A	No	N/A		none

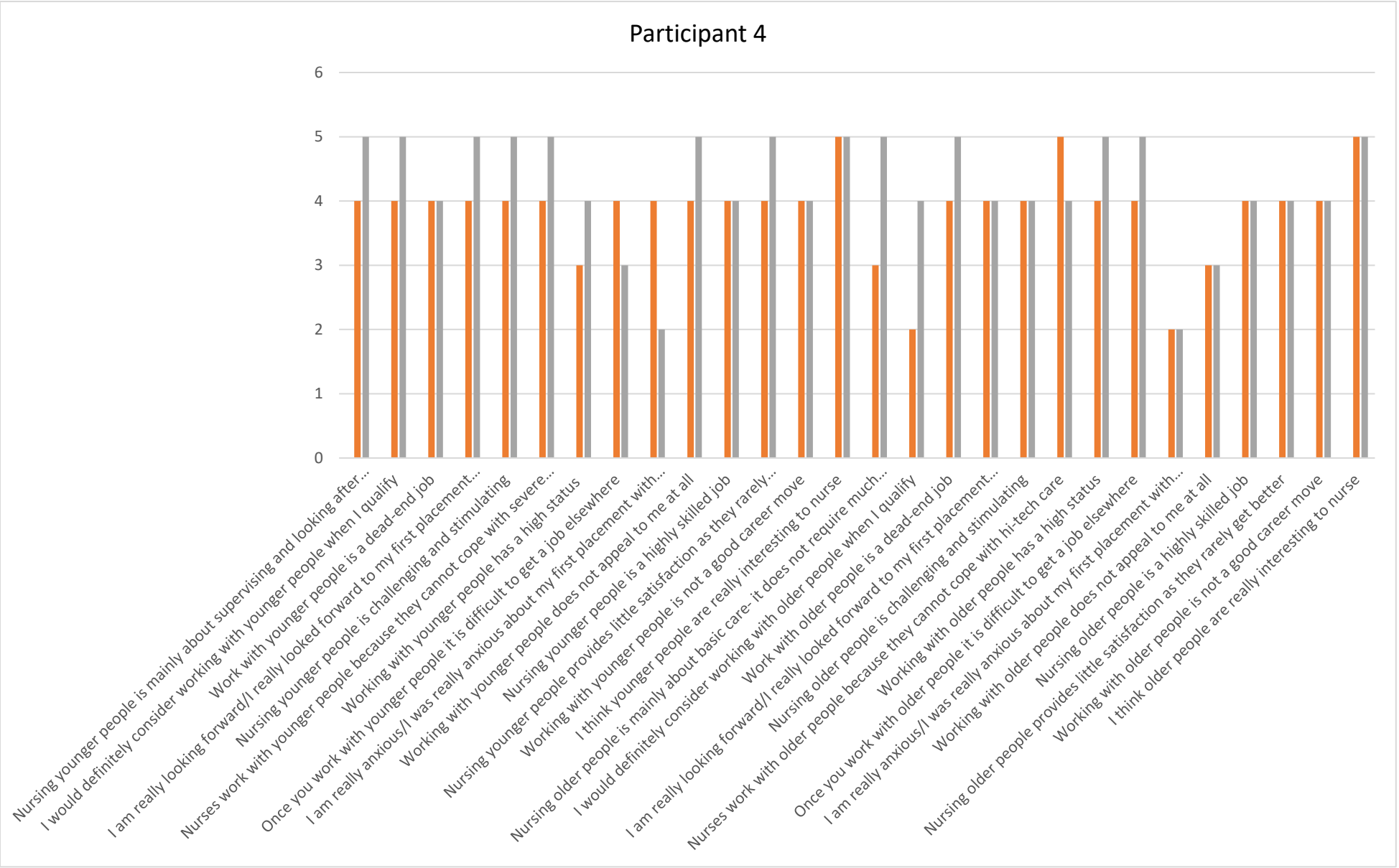
Appendix 2: Collated Perception of Ageing Scale results by participant

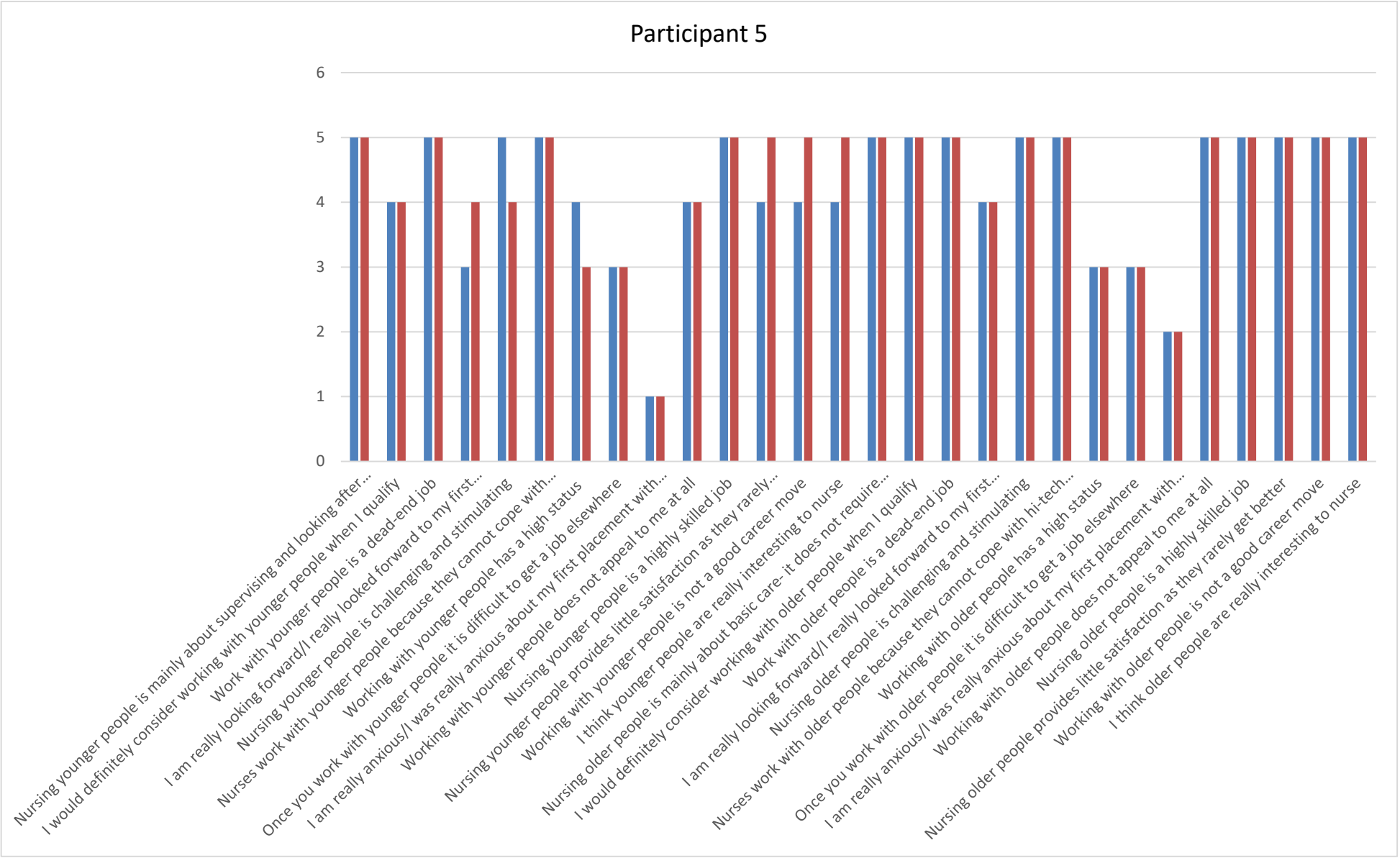
Key: **Pre-intervention data** **Post-Intervention data** **Follow-up data**




Participant 2
6
5
4
3
2
1
0
Nursing younger people is mainly about supervising and looking after...
I would definitely consider working with younger people when I qualify
Work with younger people is a dead-end job
I am really looking forward/I really looked forward to my first placement...
Nursing younger people is challenging and stimulating
Nurses work with younger people because they cannot cope with severe...
Working with younger people has a high status
Once you work with younger people it is difficult to get a job elsewhere
I am really anxious/I was really anxious about my first placement with...
Working with younger people does not appeal to me at all
Nursing younger people is a highly skilled job
Nursing younger people provides little satisfaction as they rarely...
Working with younger people is not a good career move
I think younger people are really interesting to nurse
Working with older people does not require...
Nursing older people is a dead-end job
I would definitely consider working with older people when I qualify
Work with older people is challenging and stimulating
I am really looking forward/I really looked forward to my first placement...
Nurses work with older people because they cannot cope with hi-tech...
Once you work with older people has a high status
I am really anxious/I was really anxious about my first placement with...
Working with older people it is difficult to get a job elsewhere
Nursing older people does not appeal to me at all
Working with older people is a highly skilled job
Nursing older people provides little satisfaction as they rarely get better
Working with older people is not a good career move
I think older people are really interesting to nurse


Participant 3
6
5
4
3
2
1
0
Nursing younger people is mainly about supervising and looking after...
I would definitely consider working with younger people when I qualify
Work with younger people is a dead-end job
I am really looking forward to my first placement...
Nursing younger people is challenging and stimulating
Nurses work with younger people because they cannot cope with severe...
Once you work with younger people it is difficult to get a job elsewhere
I am really anxious/I was really anxious about my first placement with...
Working with younger people does not appeal to me at all
Nursing younger people is a highly skilled job
Working with younger people provides little satisfaction as they rarely...
I think younger people are really interesting to nurse
Nursing younger people is not a good career move
Working with younger people has a high status
Nursing younger people it is difficult to get a job elsewhere
Working with younger people is a dead-end job
I would definitely consider working with older people when I qualify
Nursing older people is mainly about basic care- it does not require...
Work with older people is challenging and stimulating
Working with older people are really interesting to nurse
Nursing older people provides little satisfaction as they rarely get better
I am really looking forward/I really looked forward to my first placement...
Nurses work with older people because they cannot cope with hi-tech...
Once you work with older people has a high status
Working with older people it is difficult to get a job elsewhere
I am really anxious/I was really anxious about my first placement with...
Working with older people does not appeal to me at all
Nursing older people is a highly skilled job
Working with older people is not a good career move
I think older people are really interesting to nurse


Participant 4
6
5
4
3
2
1
0
Nursing younger people is mainly about supervising and looking after...
I would definitely consider working with younger people when I qualify
Work with younger people is a dead-end job
I am really looking forward to my first placement...
Nursing younger people is challenging and stimulating
Nurses work with younger people because they cannot cope with severe...
Once you work with younger people has a high status
I am really anxious/I was really anxious about my first placement with...
Working with younger people it is difficult to get a job elsewhere
Working with younger people does not appeal to me at all
Nursing younger people is a highly skilled job
Nursing younger people provides little satisfaction as they rarely...
Working with younger people is not a good career move
Nursing younger people are really interesting to nurse
I think younger people are really interesting to nurse
Nursing older people is mainly about basic care- it does not require much...
I would definitely consider working with older people when I qualify
Work with older people is a dead-end job
I am really looking forward to my first placement...
Nursing older people is challenging and stimulating
Nurses work with older people because they cannot cope with hi-tech care
Once you work with older people has a high status
I am really anxious/I was really anxious about my first placement with...
Working with older people it is difficult to get a job elsewhere
Working with older people does not appeal to me at all
Nursing older people is a highly skilled job
Nursing older people provides little satisfaction as they rarely get better
Working with older people is not a good career move
I think older people are really interesting to nurse


Participant 5
6
5
4
3
2
1
0
Nursing younger people is mainly about supervising and looking after...
I would definitely consider working with younger people when I qualify
Work with younger people is a dead-end job
I am really looking forward/I really looked forward to my first...
Nursing younger people is challenging and stimulating
Nurses work with younger people because they cannot cope with...
Working with younger people has a high status
Once you work with younger people it is difficult to get a job elsewhere
I am really anxious/I was really anxious about my first placement with...
Working with younger people does not appeal to me at all
Nursing younger people provides little satisfaction as they rarely...
Working with younger people is a highly skilled job
I think younger people are really interesting to nurse
Nursing younger people is not a good career move
Nursing older people is mainly about basic care- it does not require...
Working with older people when I qualify
I would definitely consider working with older people is a dead-end job
I am really looking forward/I really looked forward to my first...
Nursing older people is challenging and stimulating
Nurses work with older people because they cannot cope with hi-tech...
Working with older people has a high status
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I think older people are really interesting to nurse