Photography and Reflection: A study exploring perceptions of first year nursing students’ towards older persons.

By

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This thesis is submitted as a partial fulfilment for the Degree of Masters of Nursing (Research with training) at School of Nursing and Midwifery, Murdoch University.
I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

Gabrielle Brand

Signature.................................................

Date.........................................................
Abstract

Photography and Reflection: A study exploring perceptions of first year nursing students’ towards older persons.

This qualitative exploratory study sought to explore and analyse the perceptions of first year nursing students aged 18-25 years toward older persons in aged care facilities. The expectations of first year nursing students in relation to performing nursing care on older persons was also examined. The students’ perceptions were explored using a photo-elicitation technique to evoke an emotive response. By challenging and confronting the participants with realistic photographs of nursing care, this technique encouraged the research participants to engage in anticipatory reflection prior to their first aged care clinical placement.

Data were gathered through demographic questionnaires and semi-structured photo-elicitation interviews. Findings were analysed using thematic analysis. Themes included dissecting what it means to be a nurse, recognising dependence, and the re-visioning of therapeutic relationships including considering patient dignity and empathising with older persons. A youthful reflection on the differences between young and old included participants’ fearing for themselves in future, and this was another identified theme. The photo-elicitation technique challenged and confronted participants as they became aware of the responsibilities of performing nursing care and their belief that they lacked emotional preparedness. Experiencing sensitivity and awkwardness to nakedness of older person’s bodies was also highlighted by most of the participants’ responses.

The findings suggest that it is essential in this time of demographic change and the growing ageing population that nursing education responds to the challenge of an evolving health care system by providing qualified, experienced aged care nurses who are familiar with the reality of older people. Therefore, first year nursing students’ transition to aged care nursing clinical
placement and the adoption of positive attitudes is paramount. Despite a large number of research studies highlighting nursing students’ disinterest in caring for older persons, there have been few studies investigating educational interventions that could assist in overcoming this negative trend.

The findings from this study have important implications for teaching strategies aimed at understanding undergraduate nursing students. Using photography to elicit emotional responses can also assist with reflective practice, which can be useful to enhance self awareness and an aesthetic and personal knowing. Encouraging anticipatory reflection can help socially prepare nursing students, increase their readiness for learning and foster more positive attitudes to caring for older people prior to the students’ initial aged care clinical placement.
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“The most beautiful experience we can have is the mysterious…the fundamental emotion which stands at the cradle of true art and true science”

Albert Einstein

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CHAPTER 1. INTRODUCTION

Clinical placements engage nursing students to think, behave and feel like a nurse. During clinical placements the culture and ethos of nursing with its complexities and challenges are discovered, often for the first time. Anecdotal evidence suggests that clinical practice can be both terrific and terrifying. Students often report it can change the way they view the world (Levett-Jones and Bourgeois 2007). This study arose from the researcher’s work as a University clinical educator with first year nursing students in an aged care setting. During discussions with nursing students regarding these clinical placements, the students’ emotional reactions ranged from apprehension and nervousness to excitement and enjoyment.

The purpose of this qualitative exploratory study was to explore and analyse first year nursing students’ perceptions towards older persons and performing general nursing care on them. The participants’ perceptions were explored using a photo-elicitation interviewing technique to encourage reflection and clarify their perceptions of older persons prior to their first aged care clinical placement. It was based on the premise that by using the photographs as a trigger, they would be better able to anticipate the reality of clinical practice. Educationally, using photography was one way of integrating the arts into their learning, which can nurture aesthetic and personal knowing in nursing, thereby contributing to an enriched nursing knowledge base.

This exploration of nursing students’ perceptions towards aged care nursing prior to their first aged care clinical placement facilitates a personal self exploration of what it means to be a nurse. Anticipatory reflection and emotional reactions from the photographs included feelings of apprehension, anxiety and excitement about caring for older persons. Providing a starting point and encouraging reflection and self awareness in first year nursing students was expected to facilitate an increased readiness and preparation for their initial clinical
placement. This study provided important information for educational institutions teaching nursing students by highlighting insights into nursing students’ perceptions, feelings and approaches to nursing care of older persons prior to their first clinical experience.

An increase in the older population and a demand for nurses in the aged care sector has prompted an increase in research exploring why nurses are not choosing aged care as a career (Abbey 2006). In response to the changing demographics of population ageing, future recruitment and retention of nurses in the aged care sector is crucial. Despite research explaining ‘why’ nurses are not choosing aged care, there has been a paucity of research that investigates educational interventions that could assist in overcoming this negative trend. A positive transition to aged care nursing and the adoption of positive attitudes in nursing students is paramount and should be addressed by all educational institutions teaching the next generation of nurses.

By using a series of photographs of nurses performing basic general nursing care to aged care residents followed by a probing interview on nursing students’ perceptions, the researcher intended to elicit an emotional response from the students. The photo-elicitation interview was expected to encourage the nursing students to reflect on their responses and address personal values and attitudes towards nursing older persons prior to clinical placement in an aged care setting. The use of visual images can represent abstract ideas and challenge research participants to express themselves at a more meaningful level. An assumption of the research was that this reflective preparation would lead to a greater learning experience, socialization and development of a professional identity, thus improving the quality of nursing care of older persons. By illuminating the reality of nursing practice an exploration of the sense of becoming a nurse becomes more tangible. Developing a beginning recognition
of the emotional component that accompanies initial exposure to clinical placement could overcome a major barrier to learning.

The rationale for this study comes from a body of research that identifies the benefits of assisting reflective practice in nursing students. It was also inspired by an attempt to use photography and creative arts in extending nursing students’ aesthetic knowledge. The development of nursing students’ aesthetic and personal knowledge may significantly impact on what are widely believed to be negative attitudes of nursing care of the elderly. Rush, Candela and Mitchell (2002, p. 25) suggest that “introducing aesthetic activities into an undergraduate curriculum offers the opportunity for students to see a practical application that has meaning and value. It is a tool that helps students to see clients holistically; this can influence their care giving in a profound way”.

**Background to the study**

The Australian Nursing and Midwifery Council Incorporated (ANMC) is an organisation that developed a set of competencies across the country to produce a set of National standards to support nurses to deliver high quality safe and effective nursing care. The core competency standards are a benchmark as to how nurses are assessed following tertiary nursing education, which allows them to practise as a registered nurse. It is the responsibility of nurse educators working within an educational institution to ensure that the new registered nurse develops these competencies. These core domains of the competency standards include professional practice, critical thinking and analysis, provision and coordination of care and collaborative and therapeutic practice. To fulfil this obligation to student learning and to foster development of these core domains, this study used an innovative photo-elicitation technique to assist first year nursing students’ to reflect on, explore and clarify perceptions towards older persons and performing general nursing care on them. Promoting reflection in
participants involved them ‘looking forward’ to develop a sense of what it means to be a nurse. Self awareness and development of personal and aesthetic knowing in nursing is a fundamental requirement for nurses. It flows from reflection in practice, which is a major goal of nurse educators to generate and promote in the beginning nurse (Australian Nursing and Midwifery Council [ANMC] 2005).

The purpose of this study was to explore and analyse first year nursing students’ perceptions towards performing nursing care on older persons. This was achieved by encouraging nursing students to reflect and clarify their perceptions using a photo-elicitation technique during participant interviews. The researcher’s work as a clinical educator with first year nursing students highlighted nursing students’ ambivalence towards describing their emotional experience during their early clinical practice. Anecdotal evidence collected whilst debriefing with students suggests that this ambivalence is because of the fear of new and unfamiliar environments and embarrassment from the emotions they experience. These raw emotions highlight the vulnerability of nursing students in new clinical areas of practice. Pre practical preparation for young nursing students that includes encouraging reflection on their perceptions and expectations of new clinical experiences such as nursing older persons, may overcome these challenges.

Significance of the Study

This project is significant in three ways. First it was unique in the exploration of nursing students’ expectations of performing general nursing care of older persons prior to their first aged care clinical placement, a topic that has thus far been under researched. Lawler (1991) suggests that nursing students are often underprepared educationally to engage in intimate general nursing care including dressing and showering. A lack of readiness for this type of work can include breaking social norms, confronting pre-existing personal attitudes and
values as well as responding to the intense emotionality of performing intimate body care on patients for the first time (Lawler, 1991). This is highlighted in Lawler’s (1991, p. 120) Australian study where she asked each interviewee if they could recall the first time they had to “do for someone else what that person would normally do for themselves”. The majority of participants recalled the first time they had to sponge a patient. She states “for many, sponging a patient for the first time was highly significant, and they have retained vivid memories of that occasion. They acknowledge it as a major milestone – a time when the reality of nursing confronts them” (Lawler 1991, p. 119). Lawler’s research indicates the enormity and complexities that nursing students face when managing body care and the breaking of these social norms.

Secondly, the encouragement of reflective practice assists in the development and commitment of core nursing values including kindness, compassion and respect for their older patients, and consequently it has the potential to meet the increasing quality nursing care needs of older people. By facilitating reflective practice processes in first year nursing students, exploring their expectations, fears, biases, assumptions and stereotypes of older persons, a transformation of consciousness about their perceptions and attitudes of ageing and nursing older persons may occur. By incorporating photographs of general nursing care in the interview process the nursing students may develop insight into their chosen profession and the roles and responsibilities that it entails. This insight may be the catalyst to nursing students becoming professionally socialised and fostering more positive attitudes to aged care nursing.

Finally, despite the emerging evidence of the importance of reflective practice and the development of an aesthetic and personal knowing in nursing, there appears to be little discussion linking the two concepts. Perhaps the lack of preparedness and inexperience in reflective practice impacts on first year nursing students’ clinical learning experience.
Research has highlighted that nursing students have a disinterest in caring for older persons, which presents a major health care challenge now and in the future. Therefore, nurse educators must demonstrate a responsibility and commitment in assisting nursing students’ self development and encourage thoughtful reflective practice that results in the delivery of high quality nursing care for older persons.

Purpose of the Study

The purpose of this qualitative exploratory study was to explore and analyse perceptions of first year nursing students towards older persons and expectations for performing nursing care on them.

Research Questions:

These perceptions were explored using a photo-elicitation technique to evoke an emotive response and encourage the research participant to engage in anticipatory reflection prior to their first aged care clinical placement. This research study is directed by the following research questions:

- What are the perceptions of a group of first year nursing students toward older persons?
- What are the expectations of these first year nursing students in relation to performing nursing care on older persons?

Glossary:

For the purpose of this study, the following terminologies are defined as:

Nursing student: A person who is enrolled in an educational institution program accredited by a registration board and leading to a degree in nursing.
**Perception:** The process by which an individual gains, interprets and makes sense of stimuli.

**Clinical placement:** A clinical placement is an environment in which nursing students apply the theory and knowledge gained through academic course content to the reality of practice. They gain hands-on experiences under the supervision of registered nurses in a health care setting (Levett-Jones and Bourgeois 2007).

**Photo-elicitation technique:** The use of photographs to evoke a response in research participants (Collier and Collier 1986).

**Reflective learning:** “the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective” (Boyd and Fales 1983, p. 100).

**Anticipatory reflection:** To foresee experiences before an event and reflect on those practices.

**Older persons:** Most developed countries accept this term for the chronological age of greater than 65 years. For this study the operational definition of older persons will be in the context of an individual who permanently resides in an aged care facility.

**Expectations:** To look forward to with reason

**Nursing care:** Procedures and tasks for which specific nursing education is necessary. Specialised knowledge and skills are required to perform these tasks that include cognitive and technical skills as well as interpersonal and ethical skills.

**Aged care resident:** An older person who resides in an aged care facility.
Structure of Thesis

This introductory chapter has provided the background, significance and purpose of this research study. Research questions that guide this study were also explained. Chapter Two presents a review of the existing literature relating to attitudes and perceptions of nursing students to older persons, the use of photography and arts in nursing, reflective learning in nursing education and therapeutic relationships between nursing student and older persons. Chapter Three describes and interprets the theory of integral nursing, which was used to guide this research study.

Chapter Four outlines the methodology used including research design, setting, sample and data collection techniques. Data analysis is explained, including the criteria for rigour in this study. Ethical implications are also discussed in Chapter Three.

The findings generated from the qualitative data analysis, including demographic data and emerging themes, are discussed in Chapter Five. These findings are interpreted and discussed in relation to the theoretical framework and existing body of relevant literature. At the end of the chapter limitations to this study are highlighted.

Chapter Six provides a conclusion to the study and presents recommendations for nursing education, clinical practice future research.
CHAPTER 2.  LITERATURE REVIEW

Introduction

This chapter consists of a review of the literature relevant to this study. Current literature was investigated in four main areas: nursing students’ perceptions and attitudes towards older persons and performing general nursing care on older persons; the use of photography and creative arts in nursing research and education; reflective learning and practice as a teaching tool in undergraduate nursing students; and therapeutic relationships between nursing students and older persons. The electronic medical, nursing and sociological databases used to review this literature included Medline and CINAHL databases. The search’s key words included aged care, attitudes, nursing students, ageism, photography, reflective practice, student-patient relations, anxiety, stress, socialization and intimate nursing care.

Carper (1978) describes the different ways of knowing in nursing as empirical, personal, aesthetic and ethical ways of knowing. The development of personal and aesthetic ways of knowing in nursing can be linked to the interpretive/constructive paradigm, within which this study was conducted.

Personal and aesthetic ways of knowing are integral to developing a comprehensive nursing knowledge base. Personal knowing is often based on self-awareness of one’s own perceptions and attitudes and is essential in nursing practice, as it underpins and influences everything a person does (Berragan 1998). Attitudes are represented in memory and can manipulate the way one evaluates another person (Olson and Zanna 1993). Perception is the process by which an individual gains, interprets and makes sense of stimuli. How nursing students are socialised into the profession is essential to creating positive images and attitudes to nursing older people. Brown, Nolan and Davies’ (2008) longitudinal study sought to explore student
experiences in aged care placements and identify factors that can create more positive experiences and holistic views of gerontological nursing. The study, conducted in the United Kingdom in four Schools of Nursing, was comprised of surveys and focus groups, and it identified that the focus of nursing students changed throughout their education. The researchers identified five ‘foci’ that students can experience on clinical placements. These include self as focus, course as focus, professional care as focus, patient as focus, and finally, person as focus. Brown and colleagues (2008, p. 663) state that “being able to relate the experiences of older people to their own lives was the key to some students viewing older people as people. Students who experienced an enriched environment found that they were not simply learning about care and skills but also about themselves as practitioners and people”. This self awareness, reflection and development of aesthetic knowing in nursing is essential for promoting therapeutic nurse-patient relationship and providing quality competent aged care nurses for the future.

The development of these core nursing qualities were recommended by Sheu and colleagues (2002) who examined 561 young nursing students from Taiwan. The degree of perceived stress during their first clinical placement was analysed following a survey using three measurement scales. The findings indicated that the perceived stress resulted from a lack of professional knowledge and skills for caring for patients. Searching for an image and the development of self-confidence was evident in the majority of participants in this study (Sheu et al. 2002). The shock and anxiety from initial clinical placements was also investigated in a phenomenological study exploring the meaning of this experience for nursing students. Eighteen nursing student’s journalled an event from their first day on clinical placement. Findings revealed feelings of reality shock, doubting choices, feeling abandoned and intense anxiety. Implications from the study called for nurse educators to address and include interventions that can reduce these counterproductive feelings (Beck 1993). This ‘reality
shock’ seems to be a consistent finding from many research studies. An Australian study in 2003 also found many new graduates experience shock and anxiety during clinical placements; however, following a comprehensive support network these feelings diminished significantly (Clare and Van Loon 2003).

A study by Orland-Barak and Wilhelem (2005) conducted in Israel drew on 24 stories of clinical practice by nursing students. The perspectives of these nursing students toward learning in clinical placements were interpreted through the language used in the clinical experience stories. Several themes were derived from the stories including the inability of students to transform clinical facts to clinical principles. This finding resonates with Carper’s four ways of knowing in nursing, specifically the scientific empirical knowing development, which was at the forefront of most stories. Aesthetic, personal and ethical knowledge was missing from the majority of clinical stories.

Masterson (as cited in Berragan 1998) suggests that aesthetic knowing deals with perception, empathy, insight and understanding of the lived experience of people. Pardue (2005, p. 334) argues that “activities that foster aesthetic knowledge development include engagement with the arts and use of creative and imaginative expression. The humanities, such as poetry, plays, narratives, paintings and photography, provide a medium that supports aesthetic knowing”. Likewise, Price and colleagues (2007, p. 159) support the integration of arts in nursing curricula, suggesting that “aesthetic knowledge enhances one’s ability to achieve harmony and healing. The use of art forms in nursing is a way to enhance aesthetic knowing by seeking what conveys meaning for each person”.


Perceptions and attitudes of nursing students towards older people and performing general nursing care on older persons

One of society’s greatest challenges in the future is how to care for a rapidly growing ageing population (McMurray 2007). The latest population projections from the Australian Bureau of Statistics (2008) estimates that over the next 50 years one in four Australians will be over 65 years old. The United Nations Population Division estimates that by 2050, two billion people worldwide will be over 60 years of age (Reyna et al. 2007). These statistics reflect the enormous challenges for health care and the nursing profession to care for older persons in the future. The Australian Institute of Health and Welfare (2001) statistics show that the number of registered nurses working in the aged care sector has been decreasing since 1997. These nursing shortages and specialised skill loss has contributed to aged care facilities becoming more reliant on agency staff, which then impacts on the aged care residents. The residents are forced to adapt to constantly changing staff, which directly impedes developing therapeutic relationships and improved quality nursing care. This poses a question as to whether there will be enough qualified, experienced and enthusiastic nurses to care for this growing number of older persons?

In the 1960’s Doreen Norton’s research emphasized the importance of geriatric nursing, which was seen as synonymous with ‘true nursing’ where nurses strive to excel (as cited in Nolan and Tolson 2000). Current literature suggests that in recent decades this view no longer exists as many nursing students have already developed negative attitudes towards older people due to stereotypes of the aged or prior negative personal experiences (Lovell 2006). Reyna, Goodwin and Ferraris’ (2007) comparative study examined the negative attitudes of carers working with the elderly at five Australian residential nursing homes. Using a validated instrument to survey attitudes, the researchers examined the effectiveness
of two stereotype reduction models. The first was contact with older people and the second geriatric education. Findings suggested that regular contact with older patient does not lessen stereotyped attitudes; however, there was a positive correlation between education about ageing and carers having fewer stereotypes towards older persons.

Happell and Brookers’ Australian study (2001) suggested that clinical experience in aged care can foster negative attitudes towards older people. Nine tertiary institutions in Victoria delivered a questionnaire to first year nursing students examining career preferences from nine areas of nursing practice. Following ranking preferences the nursing students were asked to give reasons for the highest and least preferred career option. In this study, first year nursing students indicated working with older persons as their least popular career choice. They noted that many nursing students working with older persons found the experience depressing, frustrating and as a result were not motivated to choose aged care as a career path. Happell and Brooker (2001) also suggest that nursing education should not promote aged care nursing as a setting where ‘basic’ general nursing care is taught as this contributes to the negative image of aged care nursing as inferior to the popular fast paced, technologically driven nursing setting that most graduates choose. They recommended fostering a positive attitude to aged care and acknowledging this area as specialized practice to elevate its status. Our responsibility to ensure graduates are professionally socialized in their role and responsibilities to meet the needs of this growing group is crucial. A follow up study by Happell (2002) found that of 25% of the nursing students who ranked working with older persons as their least preferred career option, acknowledged that this decision was influenced by previous work in nursing homes during their nursing training.

Nursing students’ disinterest in working with older persons appears to not just be limited to Australia. A large Norwegian study of 301 nursing students opinions of career preferences
also found that aged care and nursing chronically ill patients were less favourable than midwifery and highly technical specialities such as anaesthetics (Rognstad et al. 2004). This is supported in McKinley and Cowans’ (2003) United Kingdom study examining nursing students’ attitudes towards working with older patients. One hundred and seventy two student nurses completed a questionnaire based on the theory of planned behaviour. Findings revealed that nursing students fostered positive intentions of working with older patients; however, this was dependent on their beliefs and attitudes of what others wanted them to do. This study informed nurse educators that educational interventions should focus on developing tolerance towards older persons, encourage students to explore their concerns, and emphasize the potential for job satisfaction in working in aged care (McKinlay and Cowan 2003).

Stevens and Crouch’s (1998) longitudinal study of a cohort of nursing students from five universities in Australia found that negative attitudes may result from the emphasis of tertiary educational institutions on technological expertise in intensive and acute care setting. This emphasis negates the more traditional basic general nursing care that is predominantly practised in the aged care setting. The study found that three factors influenced this socialization of nursing students into believing that ‘real’ nursing involved high technological care. These included the curricula, the qualifications of academics who develop the course units and the clinical environment to which the students are exposed. The findings supported the assumption that the culture of basic nursing care has less power and ‘status’ than its acute care counterparts. The researchers recommended that educational institutions be aware of whether they are further contributing to this culture by sending students into aged care in their first year of study. These finding are supported by a study by Moyle (2003) who found that nursing students’ view of older people is congruent with society’s myths of older people being dependent and in fragile health. In her discussion, Moyle emphasizes the need for
educational institutions to recognize and teach aged care nursing as a specialty that requires nurses “who are highly skilled particularly in assessment, diagnosis, pharmacology, palliative and rehabilitative care” (Moyle 2003, p. 19). She further suggests that first year nursing students do not have the knowledge and experience to deal with complex co-morbidities experienced by older people (Moyle 2003).

Mossop and Wilkinson’s (2006) study initially questioned the use of aged care settings as clinical placements for first year students, challenging the ethics of sending novice students to ‘practise’ on a captive population. However, following semi-structured, face-to-face interviews with twelve aged care residents, descriptive themes indicated a positive experience for the older patient. Findings indicated that the residents enjoyed the extra care, participating in student learning and the attention and social interactions experienced during the nursing student and aged care resident relationship (Mossop and Wilkinson 2006). Haight and colleagues (1994) concur, and in their study they identified that nursing education does not cause or promote ageism but can promote positive outcomes and more optimistic views on aged care nursing. This study examined the effects of a three year nursing curriculum on ageism. Nursing student participants were exposed to healthy older people, followed by hospitalised and finally severely ill older patients. Using a validated attitude scale, findings revealed that older nursing students with a positive grandparent role model had more positive attitudes towards older persons. Furthermore, a greater increase in more positive attitudes towards older adults was seen in first year compared to third year of nursing training (Haight et al. 1994). A qualitative descriptive study conducted by Rogan and Wyllie (2003) at the University of Sydney also explored nursing students’ perceptions of the effectiveness of an educational program that integrated gerontological theory with practice. Data were collected using an open-ended questionnaire and focus groups. Students’ perceptions of their experience identified important themes including seeing the person, relating to the resident.
through body care, realizing the resident is just like me, and appreciating older persons and experiencing personal growth. The researchers concluded that early interaction with older persons in a supported clinical placement and with sufficient theoretical knowledge, increased positive attitudes and the learning experiences of first semester nursing students. Wells et al (2004) completed a large Australian study examining nurses’ attitudes towards ageing and working within the aged care sector in comparison to other health professionals. Personal and demographic data, facts on ageing quiz, a reaction to an ageing questionnaire and a practice costs and rewards questionnaire were administered to research participants. Following quantitative analysis, the research study showed nurses had greater anxieties about ageing, less knowledge, and they associated aged care nursing as lower in status than their health professional colleagues. However, nurses exhibited an overall bias towards ageing in the positive, more than physicians but less positive than some of the other health professional colleagues (Wells, et al. 2004).

Rogan and Wiley (2003) suggested that nursing students should be better prepared for learning and recommended that links be created in nursing curricula to assist this readiness to learn in the aged care clinical setting. Their findings were supported by Wallace et al (2007) who found that the development of an Australian teaching nursing home model improved nursing students’ attitudes toward older people by promoting an environment of quality care, supportive and encouraging preceptors, and increased opportunity to engage in clinical skills. Despite this improvement in attitudes towards aged care nursing, most of the literature suggests that there is still a disinterest in caring for older persons (Abbey, et al. 2006).

Some studies have used the arts in examining nursing students’ perceptions of older people, Roberts, Hearn and Holman (2003) used the technique ‘draw yourself at 75’, wherein nursing students were asked to draw themselves at 75 years of age. This encouraged the
personalization of the realities of ageing and critical reflection. Bosco et al’s (2005) Australian study explored nursing students’ specific career goals and the reasons for their preference, and why they perceived aged care as a less viable career option. As part of this study, the students were asked to draw a picture on how they perceived themselves as a nurse at the start and at the end of their Bachelor of Nursing program. The findings indicated that nursing students perceived midwifery and paediatrics as the most preferred career pathway and aged care the least desirable and less viable career option. The researchers recommended that aged care be more widely promoted and that the unique role of the nurse in this setting should be broadened and made more explicit (Bosco, et al. 2005).

Williams, Anderson and Day (2007) investigated the knowledge and attitudes of nursing students towards older persons in their first and fourth year baccalaureate program. In context-based learning, the nursing students were asked to work in small groups on a real life clinical scenario, followed by self-directed study, group discussions and reflections facilitated by the tutor to solve the clinical problem. This educational intervention was intended to enhance the link between theory and practice and consequently result in an increased nursing knowledge base. The study also found that this educational intervention can improve attitudes to older persons. Following the outcomes of the inclusion of a context-based learning (CBL) curriculum, there was a significant positive increase in the students’ attitudes toward older persons, leading to the suggestion that “CBL learning fosters an inner maturity towards personal aging” (Williams et al. 2007, p. 120). The theory practice gap was also highlighted in another study of perceptions. O’Brien et al (2008) reported on young (under 23 years of age) nursing students’ perceptions of nursing as a career choice before completing a clinical placement. One of the major findings was that the majority of participants had not closed the theory practice gap, particularly in respect to the academic component and their perceptions and reality of nursing.
A study conducted by Robinson and Cubit (2005) found that undergraduate nursing students were poorly prepared to perform body care including intimate showering and bathing of older people. The researchers found that negative stereotypes and societal obsession with youth were compounding factors. The study was conducted during a clinical placement in a nursing home and included regular debriefing, sharing experiences and group meetings facilitated by a nurse preceptor. The meetings were audio taped and the nursing students were given a narrative of dialogue to encourage critical reflection. On completion of their aged care clinical placement, 93% of students reported that they found the meetings valuable. A 70% increase in students considered aged care nursing following this clinical placement. The nursing students were able to draw on their clinical experience and critically reflect and reconstruct previous stereotypes and attitudes to caring for older persons.

Another finding from this study revealed that whilst sharing experiences, many students revealed shock and horror when they were first confronted with naked older residents. Furthermore, many of the students were unprepared for intimate contact with older persons’ real bodies compared to the safe, controlled environment of the classroom where they practice on each other’s healthy bodies (Robinson and Cubit 2005). These findings were echoed in Lawler’s (1991) research, suggesting that nurses are often under prepared educationally for performing general nursing care, a term she refers to as ‘body care’. The importance of touch in nursing care and its increasing significance in the aged population as the older person’s senses dull is also reported by Berry (1986). She suggests that nursing students are poorly prepared for the breaking of social norms in performing general nursing care. Clinical laboratories in educational facilities teach students to perform the correct procedure of the bed bath but do not necessarily address the issues associated with the social taboo when one has to wash a naked body. Berry (1986, p. 56) reports “I remember feeling shamed and confused; my hands felt stiff, cold, awkward and useless. A bed bath can be
embarrassing for the patient at the best of times - but far worse when the nurse herself is embarrassed”.

**Creative arts and photography in nursing research and education**

Aesthetic ways of knowing are integral in nursing education, yet Hodges, Keely and Greer (2001) suggest that western nursing predominantly engages with empirical knowledge as the primary source of knowledge. They argue that nursing students are often under prepared to explore life themes. Avis and Freshwater (2006) support the integration of the arts and humanities in the development of critical reflection and recognize the essential part it plays in becoming an expert practitioner.

Rose (2001) in her text on visual methodologies highlights the shift in the way social scientists understand and study social life and culture. She emphasises the argument that visual aspects are central to sociocultural structure of today’s society and thus add meaning to how one sees the world. Photo-elicitation technique is not well documented in nursing literature but it has been extensively used in other disciplines. Collier and Collier (1986) published the first text book examining the use of photography as a research tool in anthropology and sociology. In the social sciences photo-elicitation is used as an interview stimulus to promote depth of discussion and/or evoke a response by research participants (Collier and Collier 1986). The use of photography in ethnographic research is also supported by Pink (2001) who describes the ethnographer’s goal in this type of data collection is to encourage self-reflection and draw meanings of the participants’ interpretation of the chosen text.

An aesthetic way of knowing in nursing helps enable nursing students to create meaning of their own experiences. Pardue (2005), in her study of undergraduate nursing students in the
United Kingdom exchanged the clinical laboratory for an art gallery to enhance aesthetic learning and professional development. By using art, poetry, photography and painting, the nursing student developed more astute inspection skills in studying health assessment. This method of visual inquiry supports the inclusion of the arts into nursing curricula and has proven to be a successful pedagogical tool in educating nursing students.

Another study using aesthetics and creative visual means was conducted by Hodges, Keeley and Grier (2001) to analyse perceptions of chronic illness among registered nurses, nursing students and aged care residents. The integration of masterworks of art provided the catalyst for dialogue, assisting the researchers to explore the perceptions of chronic illness amongst the groups. Blomqvist, Pitkala and Routasalo (2007) also integrated art into an educational program to assist health care professionals explore their prior knowledge of the concept of loneliness and to promote self-reflection. They found that art as an educational tool enhanced a deeper knowing of loneliness, thus increasing empathy, ethical and aesthetic knowing. The researchers suggest that a “tacit knowledge in art helps us to better understand others and ourselves” (Blomqvist et al. 2007, p. 89). Using a similar approach Jensen and Curtis (2008) conducted a exploratory descriptive qualitative study in a mid-sized baccalaureate nursing program in the United States to explore “the meanings students derive from the integration of liberal arts content into a psychosocial nursing class” (Jensen and Curtis 2008, p. 1). Results showed a deeper understanding and connection between text-book learning and participating in clinical practice, and a more humanistic approach to nursing through self-understanding and developing empathy. By integrating the arts with nursing, students emerged with a greater recognition of self and began to evaluate their own feelings and behaviours as well as questioning long held judgmental beliefs.
A comprehensive meta-analysis and literature review by Riley and Manias (2004) reported several uses of photography in clinical practice and research. The most common method documented in the nursing literature is referred to as photo-voice. Photo-voice is a method whereby participants are given a camera as a tool to record their lived experience and document and reflect on their individual or community needs. This critical methodology has been used to more effectively inform policy makers by encouraging dialogue and action toward social change (Wang et al. 1998).

Riley and Manias (2003) also used this technique for data collection in their study of theatre nurses, who were asked to take photographs of the daily life of an operating room nurse. This photo-voice research technique was also used by Killion (2001) to assist in teaching undergraduate nursing students how to engage in culturally sensitive nursing. The nursing students took photographs of events or places that represented cultural aspects of health. Killion’s study found that the students’ photographic essays provided an invaluable insight into their own students’ biases and stereotypes of different ethnic groups and promoted rich, self reflection and awareness. In addition, an ethnographic study by Magilvy and colleagues (1992) used a photo-elicitation technique to explore the lived experience of older adults living in rural settings in the United States. This method was successfully used to elicit more in-depth descriptions and perceptions of the participants’ lived experiences in the rural setting.

Photography provides a perfect means for aesthetic data collection as it captures symbols that reflect a person’s reality. A British study conducted by Lid, Eraker and Malterud (2004) examined the use of photographs as a reflective strategy in general practitioners. Photographs were utilized as they “have the ability to elicit stories and reflections from observers….using photographs of commonplace clinical situations to act as triggers” (Lid et
The results showed that the photographs stimulated many memories and feelings. The images also triggered reflection on events that had never been experienced. The findings informed development of an educational package for medical students, which has proved to be a powerful tool in teaching empathy. Carper (1978, p. 17) discusses empathy as the cornerstone of aesthetic knowing in nursing and defines it as the capacity for experiencing another’s feelings; however, she emphasises that “this is controlled or moderated by a psychic distance or detachment in order to apprehend and abstract what we are attending to, and in this sense is objective”.

**Reflective learning in undergraduate nursing students**

Reflection is an essential element of nursing practice and assists nursing students to make sense of their new experiences. It has been used extensively as a learning tool in nursing education across the United Kingdom and Australia. Boyd and Fales (1983, p. 100) suggest that “reflective learning is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective”. First year nursing students are novice reflective practitioners; they can recall the ‘what’ of an event but fail to analyse the ‘so what’? and the ‘and now what’ (Driscoll 2000)? Furthermore, through the use of reflective teaching tools nursing students can learn the uniqueness of different nursing contexts and often comprehend the dialectical relationships between theory, practice and reflection (Piercey 2003).

Redmond (2006) describes the role of critical reflection through perspective transformation of consciousness and subsequent emancipation in adult learning. He refers to Mezirow’s seven levels of critical reflectivity. The most basic level of awareness of behaviours, meaning and perception is referred to as reflectivity. This is achieved through seeing,
thinking and action. Affective reflectivity is when one becomes aware of how one feels, by
distinguishing causes and identifying the reality of a context. Judgemental reflectivity refers
to becoming aware of one’s judgements and values. Following these four stages, a meta-
cognition emerges where one becomes aware of their own awareness (Redmond 2006). Most
of the literature reviewed examining reflective learning tools in nursing students referred to
Schon’s reflection-in-action (thinking while doing) and reflection-on-action (thinking after
doing) (Schon 1983). However, Schon’s work has been criticised by Greenwood (1993), who
argues that these models neglect to consider reflection-before-action, which she describes as
thinking through our intentions before one proceeds. This has also been referred to as
anticipatory reflection which allows one to consider possible outcomes and anticipate
experiences before an event (cited in Clarke et al. 1996). Despite emerging evidence of the
importance of reflective practice and the development of an aesthetic knowing in nursing,
there appears to be little discussion on educational interventions that can assist nursing
students in their transition from affective to cognitive reflection. This transition in
cognizance is essential in teaching nursing students the value of aged care nursing and
fostering positive attitudes to older persons.

Reflection is integrated in undergraduate nursing curricula as a useful pedagogic tool to
enhance professionalism and the nursing knowledge base with a resultant improvement in
nursing practice. Reflective practice is highlighted as one of the core ANMC competencies.
It is incorporated with the development of critical thinking and analytical skills which
includes reflection on practice, feelings and beliefs. Professional courses should place an
importance in developing these reflective practice skills in nursing students by applying
effective learning tools (Atkins and Murphy 1993). An Australian descriptive qualitative
pilot study addressed this issue. Abbey (2006) investigated why undergraduate nursing
students found aged care clinical placements unsatisfactory. Lack of pre-placement
preparedness for aged care and unexplored assumptions, beliefs and values of the nursing role in aged care were identified as contributing factors to this unsatisfactory experience. This led the researcher to recommend the elimination or reduction of negative influences of students prior to clinical placements. The use of reflective practice and encouraging dialogue and self awareness in these beliefs and values may alleviate some of these negative influences (Abbey 2006).

Higginson (2006) conducted a qualitative study of first-year pre-registration nursing students at a University in the United Kingdom to examine and explore factors that cause fear, worry and anxiety. Several concepts emerged through semi-structured interviews including worries about death, worries about bodily fluids and function as well as socialization conflict related to nursing. For nursing curricula to address these issues, the identification of these key worries and anxieties in students is imperative. The researcher recommended finding methods to encourage and facilitate reflection, which may lead to allaying some of the students’ fears and anxieties relating to their impending clinical practice.

O’Regan and Fawcett (2006) describe a nursing student’s method of reflection and apply this to the experience of bathing a patient. The process of reflection allows the nursing student to develop a questioning approach through experiences but also on ‘self’ with an “openness to acknowledge the ideal, the less than ideal and embrace the opportunity to change and develop” (O'Regan and Fawcett 2006, p. 60). Freire (1972) contends that it can promote critical pedagogy because the dialogue between the teacher’s and the learner’s specific intent is to encourage critical reflection (as cited in Carr 1996). The use of reflection as a learning tool ensures that the “educator cares about the students and their learning and provides an environment that is nurturing as well as using reflective enquiry to promote new perspectives and alternative viewpoints” (Carr 1996, p. 293).
An international educational project by Lepp et al (2003) explored the importance of reflection as a unique education tool to encourage self-awareness in nursing students. This study of nursing students from Sweden and the United States sought to examine whether reflection can be used as a pedagogic activity to enhance student transition to authenticity and professionalism. The researchers suggested that reflection is not an automatic response but rather a conscious process that includes the cognitive and affective abilities of the nursing student. In this study the students were encouraged to reflect through the use of journaling, photography and drama to ultimately reach authenticity, professionalism and benefit patients and nursing practice. The findings indicated that by enhancing reflection and analysing the nursing student’s own feelings and values, the student nurses were developing solid professional and ethical values. The findings of this study are congruent with the study conducted by Walter and colleagues (1999) who found that reflective journaling and storytelling encouraged participants to reflect upon self concept, the relationship between personal and professional worlds and how one integrates self into individual nursing practice. It concluded that an awareness and reflection of self can not only benefit the individual but also the nursing profession as a whole. This is echoed in John’s (1999, p. 241) work, in his contention that through reflection “barriers can be exposed and understood, and the practitioner empowered to take appropriate action to resolve contradiction and realize desirable practice”.

The traditional view of professional knowledge posits that science based information is the only reliable resource to improve nursing’s knowledge base. However, Avis and Freshwater (2006, p. 216) state that “critical reflection on evidence derived from science, arts and humanities and, in particular, nursing practice experiences can provide a sound basis for knowledge claims”. Critical reflection is an essential part of improving nursing practice and must be nurtured in nursing students to enhance learning. In addition, Levett-Jones and
Bourgeois (2007, p. 117) describe reflections as raw materials that broaden our turn into knowledge base…learning can come from many different experiences. It is often initiated by “painful, difficult, embarrassing or uncomfortable experiences. Reflection is about exploration, questioning, learning and growing through, and as a consequence of, these experiences” (p. 117). Not all aspects of learning can be taught in the conventional didactic teaching environment. As Stockhausen (2005, p. 13) suggests, developing “students’ skills to reflect on all clinical experiences and exploiting this for the development of initial and continued clinical competence is critical if the goal of learning how be a nurse is to be successful”.

The therapeutic relationship between nursing students and older persons

Aesthetic and personal knowing is also linked to caring, which is fundamental to nursing and must be nurtured in nursing students to ensure they engage in therapeutic relationships. “The nurse in the therapeutic use of self rejects approaching the patient-client as an object and strives instead to actualize an authentic personal relationship between two persons” (Carper 1978, p. 19). A study in Iran of 90 nursing students aimed to determine their perceptions of the importance of caring behaviours. A questionnaire consisting of 55 caring behaviours identified that the nursing students placed a greater value on the physical caring behaviours than the affective behaviours of building therapeutic relationships (Khademian and Vizeshfar 2007). Educational interventions can improve the development of qualities required for therapeutic relationships. A study conducted in Sweden described trainees’ changed outlook to caring for older persons with dementia following a year of speciality education. Following collection of data over the year, the participants’ outlook evolved from a disease perspective to a more humanised dignity promoting approach to care (Skog et al. 1999). A comprehensive investigation by Askham (2005) into the role of education in promoting
dignity of older people suggests that the majority of education focuses on how to manage workloads, not how to work with older persons. This focus hinders the student’s ability to view older persons as individuals. This is further compounded by the recent move to simulation related scenarios for learning; nursing students are encouraged to practise skills on computer – simulated patients or dummies. Despite these environments improving students’ clinical proficiency, there seems to be a detachment and inexperience in developing and maintaining therapeutic relationships with real patients (Askham 2005).

These negative attitudes about older people can affect the student’s ability to perform appropriate, therapeutic nursing care. This is supported by a Finnish study conducted by Suikkala and Leino-Kipli (2005) who examined nursing students’ and patients’ experiences of their relationships. Qualitative data were collected from 30 nursing students and 30 patients during semi-structured interviews. One of the factors promoting a good relationship was nursing students’ positive expectations and attitudes to patients. Negative stereotypes and attitudes were identified as impeding factors to the nursing student/patient relationship. The adoption of positive attitudes and elimination of stereotypes is, therefore, paramount in promoting a therapeutic relationship. This study is consistent with an Irish ethnographic study to explore how nursing students communicate with older people. Using data from interviews, findings identified four themes including types and modes of communication as well as the factors that enhance or hinder interaction and the nursing students’ approach to communicating with older persons. The study identified that task-orientated approaches hinder therapeutic communication. The researcher recommends a shift of culture on the basis that a transition to a more person centred approach to the care of older persons would enhance therapeutic relationships (Askham 2005).
A New Zealand exploratory study explored nurse educators’ views on assessing emotional competence in nursing students whilst on clinical placements. Managing relationships and empathy were identified as key characteristics contributing to emotional competence. Following thematic analysis of interview data, the following three themes were identified: first, personal and social competence encompasses emotional competence, and is the key to fitness to practice and the ability of nursing students to transform caring into practice. Second, the authors identified the importance of nursing students managing their own feelings, emotions and responses, is the key to effective communication with others. Third the study revealed that the development of emotional competence assists transformation of caring to practice and the ability to build and maintain therapeutic relationships with patients (Wilson and Carryer 2008).

Summary of Literature Review

In summary, the disinterest in caring for older persons amongst nursing students presents many challenges to the health care industry. Stereotypical views of an ageist society, previous work experience in the aged care setting and an emphasis on technological nursing as having a higher status than general nursing care have all contributed to this negative trend in nursing students’ attitudes to caring for older people. In contrast, many studies suggested that with early interaction and a supportive clinical environment, which encourages reflective practice, nursing students can adopt positive attitudes to aged care nursing. The development of personal and aesthetic ways of knowing in nursing was identified as being crucial in the delivery of therapeutic holistic nursing care. However, these qualities are more difficult to foster in young nursing students who are experiencing a maturing emotional competence. A meta-analysis conducted by Riley and Manias (2004, p. 402) revealed that “nursing could benefit from adopting more creative approaches for the improvement of patient care and
professional development”. These authors challenge nurse researchers to explore different, more enriching methods of data collection and provide different perspectives on clinical practice and nursing research.

Fostering positive attitudes and preparing nursing students for clinical practice can be achieved by encouraging reflective learning in first year nursing students. To be able to analyse one’s own feelings and connect with others, a level of self awareness and understanding must exist. This in-depth understanding of self can be achieved with critical reflection and must incorporate nursing knowledge and practice, as well as life and human skills.

No published literature was found linking nursing students’ perceptions toward older persons and the use of creative arts and photography to engage and assist nursing students to deeper reflection and preparation for clinical practice in an aged care setting. Many research projects emphasized the importance of developing reflection in nursing students, but most literature concentrated on reflective written journaling. An identified gap in the nursing literature includes promoting reflection in different ways which would integrate aesthetic knowledge through the use of expressive dialogue and creative arts and humanities.
CHAPTER THREE   THEORETICAL FRAMEWORK

Introduction

This research study was guided by the grand Theory of Integral Nursing, which conceptualises nursing as an art and a science. The use of a theoretical framework in research facilitates problem solving, assists in interpretation of relevant literature, provides congruence to the data analysis and guides interpretation of findings including validating the significance of the research project (Taylor et al. 2007). In consulting the literature to find an appropriate framework for this research study, the theory of Integral Nursing was identified. The genesis of this theory came from Dossey’s interest in understanding human experience. The purpose of the theory has three main intentions, firstly to unite the whole person and embrace the complexity of nursing and health care as a profession. Secondly, to integrate and apply the integral worldview to four perspectives of reality and thirdly, to expand nurses personal and professional capacity on both a local and global level (Dossey 2008). Originally adapted from Ken Wilber’s (1949-) work, the integral theory is universally applicable and presents a 'four quadrant' model of consciousness and development (Wilber 1997).

Theory of Integral Nursing

Barbara Dossey’s (2008) recent further development of the integral nursing theory is based on four main building blocks. The first component is healing. She refers to this as the core concept of knowing, doing and being, which includes bringing together multiple facets of self to achieve inner harmony and a deeper knowing of self. The second concept is the acknowledgement of the meta-paradigm in nurse theory, and includes the inter-changeable categories of nurse, person, health and environment. The third component is based on Carper’s four patterns of knowing in nursing. In the early nineties Munhall introduced a fifth
pattern of ‘not knowing’ (Munhall 1993). A sixth way of knowing in nursing was then developed by White, the pattern of ‘sociopolitical’ knowing (White 1995). These six ways of knowing include personal, empirics, aesthetics, ethics, not knowing and socio-political and can be viewed overlapping the meta-paradigm in Figure 1.

The fourth component includes Wilber’s integral process which provides a “comprehensive way to organise phenomena of human experience and reality from four perspectives: (1) the individual interior (personal/intentional); (2) individual exterior (physiology/behavioural); (3) collective interior (shared/cultural); and (4) collective exterior (systems/structures)” (Dossey 2008, p. 17).
The integral nursing approach recognises nursing as an art and a science and encourages the examination of beliefs, values, assumptions, meanings and judgements in relation to how individuals perceive reality and relationships from the four perspectives presented in the quadrants. The upper left quadrant is the ‘I’ (inside individual) and refers to the individual’s unique interior experiences. It involves thoughts, emotions, perceptions, sensations and differing states of minds, including values, beliefs and emotional and moral development.
Integral nursing involves a significantly developed ‘I’ quadrant. The upper right ‘It’ (outside individual) incorporates the material body (biological makeup) and what we observe scientifically. The lower left quadrant ‘We’ comprises the inter-subjective, the collective interior and examines the relationship to each other, a shared culture and vision. The final lower right quadrant ‘Its’ is the inter-objective, the collective exterior and includes social systems and structures. As seen in Figure 1 the left side of the model describes the qualitative interpretive aspects of reality and the right side illustrates the measurable quantitative components. This model expresses the territory of an individual’s awareness considering both the interior and exterior aspects of reality (Dossey 2008).

When viewed through this lens the left quadrants represent the art of nursing, including caring, feeling and reflecting. The right sided quadrants involve the technical skills and physical behaviours involved in the nurse’s role. The significance of the integral nursing model and the use of an integral approach in research is supported by Jarrin (2007, p. 95) who suggests “An integral approach to asking and answering research questions will generate creative research designs that will show the value of a nurse’s inner state and intention, their relationship with others, and the overall value of ‘non-measurable’ knowledge. She also identifies implications for education in nursing by suggesting that the integral framework provides a rationale that extends from bed making to highly skilled clinical tasks (Jarrin 2007).

The integral theory also considers levels and lines of development areas including cognitive, interpersonal, moral and emotional/affective lines and encompasses differing forms of awareness from waking to meditative states of consciousness. The present study is framed by qualitative interpretive aspects that encompass the left side of the model as seen in Figure
1. The measurable, quantitative aspects of reality, levels, lines and expanded stages of consciousness are beyond the scope of this investigation.
CHAPTER 4. METHODOLOGY

Introduction

This chapter describes the methods and procedures used to conduct this research study. The research design, sample, setting, data collection and analysis are explained and ethical considerations are outlined at the end of this chapter.

Research Design

This study was conducted within the interpretive paradigm, using a qualitative exploratory design. Taylor and colleagues (2007, p. 7) define qualitative research as research that “involves human consciousness and subjectivity, and which values humans and their experiences in the research process”. The interpretive paradigm aims to create meaning by explaining and describing an experience in order to make sense. Hagedorn (1994) suggests that the use of a visual medium, particularly photographs, in the interview process is used to ignite discussion and provide reference points to encourage exploration around the research questions.

Sample and Setting

The study was conducted at Murdoch University School of Nursing in Mandurah, Western Australia. Non probability, purposeful sampling was used in this research project. This type of sampling is applicable when exploratory, naturalistic research is conducted using qualitative approaches, and consequently it is an acceptable method of recruiting participants (Taylor et al. 2007). Sandelowski (1995, p. 183) argues that qualitative research values the deep understanding that is generated by information rich cases. She suggests that an adequate sample size is one “that permits-by virtue of not being too large-the deep, case
orientated analysis that is a hallmark of all qualitative inquiry, and results in-by virtue of not
being too small-a new and richly textured understanding of experience”.

**Accessing the sample**

The researcher attended an introduction to nursing lecture and briefly explained the purpose
and process of the research study. In so far as the students were all studying at the same
level, the sample of students invited to participate was a homogenous group. Inclusion
criteria included male and female students aged between 18 and 25 years who were enrolled
in first year, first semester in 2008. Participants also needed to be exclusively enrolled in the
Bachelor of Nursing program. Exclusion criteria included students who were under 18 years,
over 25 years old or enrolled in the Nursing Combo course. The nursing combo is a joint
initiative offered by a TAFE Community Services Training Centre and the University.
Students complete a certificate IV in aged care work and additional university units over a
one year period and if successful can enter into the Bachelor of Nursing degree the following
year.

The researcher chose a younger group of participants aged 18-25 years, as previous studies
examining the attitudes of general nursing care in the elderly had been conducted with
broader age groups. Only one study with a younger age group was located. A study
conducted by Soderhamn (2001) found that very young nurses under 25 years of age
displayed less favourable attitudes and feelings towards older persons.

As a result of the invitation to participate, nine nursing students volunteered for the study. A
participant information letter was given to all potential research participants following their
expression of interest (Appendix A). The participants who volunteered were contacted and
the time of interview was accommodated to cater for the participants’ personal and university
commitments. Seven participants kept their arranged appointment for interview. Prior to their interviews a consent form was signed by all participants. (Appendix B)

Data Collection

A pilot study was conducted prior to interviewing participants to refine the semi-structured photo-elicitation interview techniques and reflective questioning prompts. It allowed the researcher to analyse whether the questions elicited rich participant responses and evaluate the efficiency of the process. Practising a variety of open-ended questions before undertaking the actual research gave the researcher the opportunity to avoid situations whereby the participants react with long silences or confusion about what is asked (Sorrell and Redmond 1995). This pilot test was conducted with a small sample including one academic staff and one professional colleague and resulted in moderate refinement of the reflective questioning prompts.

The research participants attended the interviews in a small private interview room at Murdoch University School of Nursing in Mandurah, Western Australia over a two week period. Sorrell and Redmond (1995) report that the interview forms a crucial part of the data collection in qualitative nursing research. An anonymous demographic questionnaire adapted from Gething (1994) (Appendix C) was used to reflect demographic data including age, gender, race, and previous work experience with older people. The questionnaire required that participants identify a person over 65 years of age with whom they shared a close relationship. If participants answered this question in the affirmative, they were required to complete a 5 point Likert scale identifying the quality of this relationship with the older adult. By using this descriptive instrument, the researcher was able to gauge whether the research participants had already developed positive or negative attitudes and experiences of older people.
Following the completion of the demographic questionnaire, each participant engaged with the researcher in a one-on-one, face-to-face semi-structured twenty minute interview using a photo-elicitation technique. This technique involved using photographs as an interview stimulus to promote depth of discussion and to evoke an emotive response from research participants (Collier and Collier 1986). Knoblauch and colleagues (2008) suggest that the use of visual methods in research and the development of new methodological approaches are becoming prevalent within the social sciences. Hurworth (2003) contends that photo-elicitation interviewing technique is a powerful research tool; it can encourage a visual language, build trust and rapport between researcher and participants as well as promote a more in-depth, lengthy and detailed interview. The photo-elicitation method could challenge the participants through reflection to new perspectives and explanation of concepts otherwise not addressed. Carr’s (1996) critical review of reflective practice suggests that reflection is a necessary methodology for professional and personal learning and growth. It was expected that photo-elicitation would deepen the students’ reflections, and bring their perceptions into clearer focus. Ultimately, the research may have resulted in enhancing personal learning and growth, although this was beyond the scope of the study.

Within the School of Nursing undergraduate degree where the current research took place, the nursing students are required to submit a reflective journal documenting their clinical experience in different clinical contexts throughout the period of their three year degree. In this research, following interviews, the participants were given a personal diary to record their thoughts and reflections post interview for a two week period. The researcher explained to participants that this was voluntary and if they experienced no further reflections or comments that they were not required to submit their journal to the researcher. This two week period was also intended to allow the students to document these reflections and the researcher the opportunity to analyse the post interview data. Reflective journals as a source
for data collection is supported by Taylor (2006) who suggests that these extensions of original thoughts are a natural process and demonstrate a changing and moving forward in thinking, as there is no end to reflection. Only one journal was returned and on analysis, the comments it contained did not elaborate or generate any further data than that gleaned from the interviews.

The five selected photographs were chosen because of the realistic images they portray of performing general nursing care. The photographs were used sequentially for each interview.

**Photograph 1** (Appendix D): a carer feeding an aged care resident in bed.

**Photograph 2** (Appendix E): a carer transferring an aged care resident with a hoist.

**Photograph 3** (Appendix F): a carer shaving a male resident.

**Photograph 4** (Appendix G): a carer dressing an aged care resident.

**Photograph 5** (Appendix H): a carer showering a female resident.

The photographs were obtained with consent from a New Zealand photographer Alan Knowles and were recently published in the Australian and New Zealand Nursing Journal as part of an article titled “Who Cares: a photographic essay on caregivers working with the elderly” Knowles has granted public permission to use his work in introducing his journal report by the following: “In all cases, the residents (or their families) and their caregivers gave permission for the taking and publication on these photos” (Knowles 2006 p. 23 ). As an additional measure to protect patient privacy, the researcher engaged in direct correspondence with Knowles, to gain specific permission to use the photographs for the research, which was forwarded by him via email.
The semi-structured interviews included the same reflective questioning prompts from the researcher for all five photographs. Johns (2002) acknowledges the potential in guided reflection as it enables the participant to realize their own beliefs and values, often achieving empowering and emancipatory insights for the participants. The questions were developed to facilitate maximum exploration around the specified research aims. At times the wording of the questions was altered and some additional probing questions were asked at the discretion of the researcher to clarify or encourage further explanation of a response. When you look at this photograph what do you see?

1. What do you think the story is behind this photograph or what has been happening leading up to this event?
2. When you look at this photograph how does it make you feel?
3. How do you think the nurse feels about this situation?
4. How do you think the resident feels in this situation?
5. How do you think you will feel as a nursing student in this situation?

By using photographs to evoke an emotive response from participants the beginning of the reflection process commenced triggering an inner discomfort. A critical analysis of thoughts and feelings in response to the photographs followed the cognitive realisation phase. This was prompted by asking the reflective guiding questions like how do you think you will feel in this situation? A new perspective evolved as the nursing student reflected on self in the context of caring for an aged care resident, and the reality of nursing became more tangible and tacit. This method is consistent with Sorrell and Redmond’s (1995) concept of the interviewer as an instrument. They suggest that the interviewer can often establish a unique intimacy with the research participant, so they regularly reveal information that they could not discuss in a questionnaire. They further suggest that “as long buried memories are
evoked, they are often accompanied by strong emotions” (Sorrell and Redmond 1995, p. 1118).

The nursing students were afforded some space to move with the direction of the interview. In encouraging reflective practice, Taylor (2006) discusses the role of the critical friend. A critical friend is used to provide an external perspective and assist in extending reflective capacity. “The role of the critical friend is to listen and respond to your reflections about clinical incidents and to assist you in making sense of them” (Taylor 2006, p. 64). The researcher adopted this method to encourage personal responses beyond the participants’ current field of vision to extend reflective capacity.

The interviews were tape recorded with the participants’ consent. Reflective diaries were collected in the following weeks post interview. All data collected were stored in a locked cupboard in the researcher’s office and were accessible only by the researcher and her supervisors.

Data Analysis

Ingleton and Seymour (2001) refer to the creative and mechanical processes interwoven into the production and analysis of data. In this qualitative study the analytical process reflects this intertwining of personal knowledge and experience of the researcher as a nurse educator, the study participants’ comments, conversations, experiences and accounts of participants’ experiences with older persons, and information and interpretation of relevant literature.

One approach to analysing interpretive data is called thematic analysis (Taylor et al. 2007). Thematic analysis was conducted manually, reading and re-reading the data and analysing each transcript in turn to generate preliminary categories of information for comparison with other transcripts.
As part of thematic analysis, Coffey and Atkinson (1996) describe coding as condensing the bulk of the data set into units for analysis by creating categories and generating concepts from within the data. It involved the search and identification of common threads. Coding was then used as a method of organizing the data. Coding data can be part of the analytical process because giving codes to data and developing concepts enable us to rigorously evaluate what the data are saying (Coffey and Atkinson 1996). According to these authors, coding links different sections of the data together and creates categories of data defined as a theme or concept. Therefore, codes, data concepts and codes are related to one another (Coffey and Atkinson 1996).

The interviews were transcribed, read and reread by the researcher to allow total immersion in the data. Detailed analysis of the transcripts identified provisional primary codes. These codes were re-examined at a later time by the researcher and judged to be representative of the data. As mentioned previously, as only one of the seven participants’ reflective diary was received by the researcher following the interviews, analysis was confined to interview data only.

The researcher analysed the interview data to identify emerging themes and linked the themes to the study’s research aims. Coffey and Atkinson (1996) discuss the move from coding into interpretation in various stages. The first stage is retrieval and categorization of data where both explicit and implicit themes are identified. The second stage is exploring, playing with, splicing and linking created codes and categories. This is an iterative process, wherein, after checking back and forth across the codes and categories the main themes of the data are identified. The analysis process continued with all participants’ data until saturation occurred, Macnee (2003) describes saturation of data as the stage where the data becomes repetitive and no new information emerges. The final stage of interpretation is described as the
transformation of the coded data into meaningful data by grouping it according to common themes.

The criteria selected by the researcher for determining rigour in this qualitative research study are credibility, fittingness, auditability and confirmability (Taylor, et al. 2007). Credibility of data was determined by the researcher debriefing with research participants after interviews. Macnee (2003) refers to this process as member checks whereby the data analysis is discussed with the original participants and feedback is encouraged on accuracy and completeness of the researcher’s interpretation of the data. The feedback was provided by the participants either via a telephone conversation or visit to the participant whilst they were placed on clinical placement in an aged care setting. The participants were shown the preliminary themes that emerged from the interview data and re-read direct quotations and confirmed that the specific theme related to the answers to the question. Auditability is addressed in this research thesis by describing the methodology and process of the project. The researcher’s audit trail is visible in categorizing and organizing the data and the data analysis. This audit trail demonstrates confirmability in the consistency and repeatability of the decisions taken during data collection and analysis (Lincoln and Guba,1985; Macanee, 2003). Fittingness is typically determined when results are disseminated and nursing professionals recognise the meaning and contribution of the project and knowledge added to the body of nursing literature. This will be achieved with successful publication of the study findings in an appropriate journal, which is in progress. The researcher’s critiquing and explicit identification of assumptions and perspectives in relation to interview data was explored prior to data analysis to further increase trustworthiness of the study.
Ethical Implications

Riley and Manias (2004) suggest that the lack of nursing literature using photography could be attributed to the confidentiality and privacy issues that may arise. They recommended that researchers make ethical considerations more explicit when documenting their research projects so photography may be more widely used in the nursing research community.

Ethics approval for this research was obtained from the Murdoch University Human Research Ethics Committee. The participants in the research study were given an information sheet describing the purpose and process of the study (see Appendix A). Informed written consent was gained by giving all participants a consent form that was signed by participants, the researcher and the principal supervisor (see Appendix B). These consent forms were locked in a filing cabinet in the researcher’s office to ensure security.

The consent form clearly indicated that the study was voluntary and at any time the participants were free to withdraw without any prejudice or need to give reason. The information letter also clearly stated that as a participant of the study, there would be no impact on their undergraduate nursing course if they participated or not.

The demographic data and transcribed interviews were kept in a locked cupboard in the researcher’s office and on the researcher’s office computer which is protected by a password to which only the researcher and supervisors have access. The tape recordings of interviews were erased following transcription. Consent forms and data files were stored separately.

Due to research project design including the photo-elicitation interview technique, the researcher was aware that the young nursing students’ participants may experience possible emotional reactions to the photographs. The researcher is experienced in recognizing vulnerability and possible disruption in emotional integrity due to previous experience as a
clinical educator with nursing students. Following the interviews no adverse emotional experience was detected by the researcher and therefore the University counselling service was not required.

The researcher is not the coordinator of the first year course from which students were recruited. The researcher is a staff member of Murdoch University School of Nursing and during the interview process was aware of the potential dependent relationship an associate lecturer and a first year nursing student may have. The researcher was not a clinical demonstrated or educator for any of the research participants and was not responsible for assessing or grading of the student participants. However, she was mindful of this potential relationship and reinforced to the participant in the information letter and prior to the interview that there was no coercion to participate and that participation in the research study would not interrupt or affect their studies in the undergraduate nursing course.
CHAPTER 5. FINDINGS & DISCUSSION

Introduction

The purpose of this research was to explore and analyse first year nursing students’ perceptions towards older persons and their expectations of performing nursing care on them. The perceptions were explored using a photo-elicitation technique to evoke an emotive response and encourage the first year nursing students to engage in anticipatory reflection prior to attending an aged care clinical placement.

Qualitative data from this research were gathered via semi-structured interviews using photo-elicitation technique with participants and generated rich, thought provoking data. The transcribed interviews underwent thematic analysis and several main themes were identified. In this chapter the findings from the qualitative data analysis including the demographic characteristics and emerging themes and subthemes are presented. Following the identification of the key themes, the results are discussed in relation to the existing body of relevant literature.

Demographic Data

Research participants were asked for relevant demographic information prior to the semi-structured interview process. A demographic questionnaire adapted by Gething (1994) was used to collect demographic data including age, gender, race, and previous work experience with older people. Participants were also asked to identify a person over 65 years of age with whom the participant shared a close relationship. A 5 point Likert scale identified the quality of this relationship with the older person from very unfulfilling to very fulfilling. This descriptive quantitative instrument was used to identify if the research participants had already developed positive or negative attitudes and experiences of older people.
Gender and Age

The majority of students enrolled in the Bachelor of Nursing course are females. Currently 85% of those students studying nursing are female. Six out of the seven participants in this research were female. Statistics from the School of Nursing from this study indicate that 50% of students enrolled in the graduate course are less than 25 years of age. Of the seven participants at the time of interview, one participant was 18 years, two 19 years, two 20 years and two 21 years respectively.

Country of Birth

The majority of the participants were Australian (four of seven). The remaining participants originated from China, Zimbabwe and Singapore.

Highest Level of Education

All seven participants had completed secondary education (Year 12 equivalent). This was expected as Nursing Combo students were exempt from the study and the general admission to university in the younger age group is via secondary school Year 12 entry examinations.

Previous Work Experience with Older People

Only one of the seven participants had previous work experience with older people. As discussed in the literature review, Happell’s (2002) research study found that nursing students who have part-time employment in an aged care facility could further contribute to negative attitudes to caring for older persons. This information was required to determine if previous employment in an aged care setting had influenced the nursing students’ attitudes to aged care nursing.
Share a Close Relationship with a Person over 65 years

Five of the seven participants had a close relationship with a person over the age of 65 years. Two of the five participants scored a very fulfilling relationship and the remaining three scored the relationship as fulfilling. The majority of participants in this current study reported a fulfilling relationship with an older adult and, therefore, they may have more positive attitudes towards aged care than those who did not relate to an older person in their personal lives.

Emerging Themes

This exploration of first year nursing students’ perceptions toward aged care residents provides a starting point for making sense of what it means to be a nurse. Themes included dissecting what it means to be a nurse, recognising dependence, and the re-visioning of therapeutic relationships and considering patient dignity. Youthful reflections on the differences between young and old including participants fearing for self in future were also interpreted as themes during the data collection. The photo-elicitation technique challenged and confronted participants as they became aware of their own feelings of anxiety, self-doubt, inexperience and apprehension. The responsibilities of performing nursing practice and believing they lacked emotional preparedness was another main theme. Experiencing sensitivity and awkwardness to nakedness of older person’s bodies was also highlighted in the majority of participants’ responses.

This study sought to explore the perceptions of first year nursing students to older persons and expectations to performing nursing care on them prior to their aged care clinical placement. The exploratory nature of this study provided rich data from the nursing students in the beginning stages of the ‘making sense’ of aged care clinical experience.
Following qualitative data analysis of participants’ data, saturation occurred, as no new information emerged. Five themes with sub-themes were identified from the data and are summarised in Figure 2. These themes include dissecting what it means to be a nurse, re-visioning of therapeutic relationships, youthfully reflecting on the differences between young and old, feeling challenged and confronted by photographs and experiencing sensitivity and awkwardness to nakedness of older person’s bodies. These themes are described below with supportive quotations from the interviews. Explanation of the themes is discussed in relation to relevant nursing literature.

Figure 2.

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUBTHEMES</th>
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<tbody>
<tr>
<td>1. Dissecting what it means to be a nurse</td>
<td>Recognising dependence</td>
</tr>
<tr>
<td>2. Re-visioning therapeutic relationships</td>
<td>Considering patient dignity</td>
</tr>
<tr>
<td>3. Youthfully reflecting on the differences between young and old.</td>
<td>Fearing for self in future</td>
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<tr>
<td>4. Feeling challenged and confronted</td>
<td>Realizing the responsibilities of performing nursing care Believing they lacked emotional preparedness</td>
</tr>
<tr>
<td>5. Experiencing sensitivity and awkwardness to nakedness of older person’s bodies.</td>
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Dissecting what it means to be a nurse.

This study revealed first year nursing students’ emerging visual interpretation of the photographs through novice eyes. The development of making sense and dissecting of what it means to be a nurse was apparent in broad based assumptions in their response to the question on photograph one, a nurse feeding an older person in bed. “What do you think the story is behind this photo? What do you think has been happening leading up to this event?”

_Umm since the lady cannot feed herself, I think she has become wholly dependent. She may not mentally be there. She is not looking at the lady feeding her so I would think that she is probably suffering from dementia or maybe she had a stroke or something._ (Participant 1)

The emerging assessment and interpreting skills are evident in the above quotation and these findings are consistent with Orland-Barak and Wilhelems’ (2005) study of nursing students’ stories of clinical practice where they examined the student’s perspectives of learning to become a nurse. The analysis of the nursing students’ stories found the use of procedural language and a focus on the ‘action’ rather than the ‘interaction’ as factors that shaped the students perspectives towards learning.

Limited pre-practical knowledge base and restricted terminology was also evident in all participants’ responses when they were asked “when you look at this photo what do you see?”

*I see an elderly woman with nappies on..... I see an elderly woman she has really bad skin condition. I don’t know whether that is like pressure sore or some skin stuff on her._ (Participant 7)

Freeman as cited by Orland Barak and Wilhelem (2005) suggests that there are two languages of practice. The first is a local language that can be described as an everyday language and is
used to describe one’s experiences. The second is the professional language that is acquired following education within a specific field. When integration of both languages occurs, reflection and analysis of one’s own clinical practice transpires.

An inexperienced dissection of the role of the nurse was also illustrated in the interviews when students were shown photograph five (nurse showering patient) and asked “What do you see?”

*I see a woman getting showered.....I am guessing she just needed one, like she has lots of sores on her legs so I am guessing it is frequent like once a day”. (Participant 3)*

Orland-Barak and Wilhelem’s (2005, p. 459) study also documented how nursing students’ account of their clinical experiences neglected to include reflection, feelings and connections between feelings and thoughts. In their study, the nursing students’ stories focused on performance and stated the focus was “on the outcomes of caring rather than on the processes of caring, and on curing the patient rather than caring for the patient”. Emergent themes from Orland-Barak and Wilhelem’s study included the fragmented character of novice nursing students learning their practice. Fragmented practice was described as the nursing students’ focus on only the action and not on the multifaceted and challenging clinical situation. This non-holistic view was devoid of emotions, thoughts and patient interactions and only focused on the biological needs of the patient. The researchers recommend that education providers should be drawing attention to a more integrated, multidisciplinary approach to practice by encouraging links between interactions, actions, thoughts and feelings (Orland-Barak and Wilhelem 2005). This integration of thoughts, actions and feelings will produce a more self aware nurse who will be better prepared personally and professionally to deliver holistic nursing care. Considering the demographic changes within the ageing population, the majority of nurses will have no choice but to care for older persons. Caring is at the core of
nursing. Therefore, a commitment to these caring values must be instilled in nursing students to ensure quality health care for older people in the future.

The reality of nursing and the recognition of dependency of the aged care residents was revealed in this study as the majority of participants commented and recognised the levels of dependency in the photographs of aged care residents.

_This lady, it’s like she can’t get out of bed anymore and she is totally dependent on someone. Someone is taking care of her and giving her like fluids and stuff so she probably can’t really swallow, her gag reflex isn’t that good._ (Participant 7)

The study by Khademian and Vizeshfar (2007) exploring nursing students perceptions of caring behaviours found that the nursing students valued the practical, physical caring behaviours as more important than the affective emotional behaviours such as the building of therapeutic relationships. The outcomes of this study prompted a recommendation that nursing curricula and educational programmes must incorporate pedagogy that enhances the development of these affective behavioural skills (Khademian and Vizeshfar 2007).

The divide between what is experienced in the traditional classroom and the reality of nursing is referred to as the theory-practice gap. Encouraging interpretive and assessment skills through the photo-elicitation technique in nursing students prior to clinical practice, helps link theory and the reality of practice. The essential linking of theory to practice and the recognition of the totality of nursing is illustrated in the following statement:

_It just shows the reality of what I will be doing. We do the theory and then you see the pictures and it is like that is what I am going to be doing. It just puts you in the mind frame that you just need to get used to it and that it what I will be learning to do._ (Participant 3)
Averill and Clements (2008, p. 392) support the inclusion in nursing education of the six patterns of knowing in nursing as a foundation of action-sensitive pedagogy. By incorporating aesthetic knowledge into nursing education this theory practice gap can be decreased. They state that learning "comes alive when its relevance and linkage to real life becomes known through direct experience. Even the dialogue on the importance of theory to practice takes on renewed interest when students realize that the key element is the integration of knowing with doing” (p. 392). A study conducted by O’Brien and colleagues (2008) reported on young nursing students’ (under 23 years of age) perceptions of nursing as a career choice before completing a clinical placement. One of the major findings from this study was described as the ‘the missing link’. The authors suggested that first year nursing students need to be encouraged to link the theory practice gap, specifically linking the academic component to their perception of what nursing really is. O’Brien and colleagues (2008) suggest that appropriate teaching strategies should be included at appropriate times and delivered in a meaningful way to encourage the closure of this gap. Only one of the seven young nursing students in this study had previous experience working with older persons. During the interview process the majority of participants commented or showed signs of being challenged by the realistic images of the nursing care they will be providing to aged care residents. A positive professional socialisation into nursing is paramount with young first year nursing students as it sets the groundwork for their future value, vision and transition to nursing.

Re-visioning therapeutic relationships.

If the essence of quality nursing care lies in the nurse-patient relationship, it is important for the students to recognise the significance of a therapeutic reciprocal relationship with aged care residents and reflect how they are going to relate to older people on their aged care
placement. On viewing the photograph of the nurse hoisting a patient, one participant described the nurse-patient relationship as follows:

*I mean it is an inter-relationship between the carer and the old age woman: how they are working together, the joys of it. Even though they are using a machine to help means it is all in the interest of the old age woman but at the same time the carer has got a duty of care to support this woman. So the moral of this is working together, doing a job and trying to enjoy it.* (Participant 5)

One of the core ANMC competencies for registered nurses is the establishment, maintenance and appropriate conclusion of therapeutic relationships. These include the demonstration of the core nursing skills of empathy, trust, respect, as well as humanistic nursing approaches to the promotion of dignity, integrity, comfort and self esteem. Re-visioning the role of the nurse in developing therapeutic relationships was reflected in all of the participants’ responses as they began to ‘make sense’ of what it means to be a nurse. The nursing student voices used words such as ‘helping’, ‘caring’, ‘nurturing’ and ‘empathy’ to describe the role of the nurse in the photographs performing general nursing care for the aged care residents. During the photo-elicitation technique used in this study, the nursing students acquired feelings of empathy with and for the patient. This was highlighted in the statement when the research participant was asked “How would you feel as a nursing student performing this kind of nursing care?”

*I am alright with that sort of stuff. Personally I wouldn’t mind doing the job, but I think that emotionally I get a little too affected by it. Especially if no one is coming to visit her or anything I probably would sit there for a little too long talking to her or trying to communicate with her and cheer her up.* (Participant 2)
A qualitative research study conducted by Mayo (1996) explored the use of reflective journaling in developing social responsibility within nursing students during a community clinical practicum in a homeless shelter. The study found that by using reflective practice and analysing nursing transactions and interactions, the nursing students developed an increased awareness of their patient’s perspectives. Mayo describes this experience as ‘transitions in cognizance’ where the nursing student’s imagery of homelessness, including pity and dislike, evolved to empathy and a sense of social responsibility.

Candlin (2008) describes empathy as being ‘with’ the patient. This understanding of feelings and spirit was encouraged in participants to be willing to ‘walk in the resident’s shoes’. This empathy was evoked in participant responses to all five photographs. “How do you think the resident feels in this situation?”

_Maybe he feels frustrated that someone else is doing it for him and he can’t._ (Participant 4)

_She may feel kind of depressed about it. Like it is a loss of dignity, not being able to perform tasks that you would see as normal for yourself._ (Participant 1)

This observation also reflects the findings by Skog and colleagues (1999) which showed that by developing students’ ethical reflection over a year of education, compassion and dignified treatment of dementia patients, transformed the students’ view from task-orientated to a more humanitarian approach. One of the findings from this study showed the development of seeing a person who is vulnerable and beginning to examine issues from the patient’s perspective. The focus shifted from the ‘disease’ to the ‘relationship’ and to the nursing student’s ability to recognise and form a picture of the patient’s previous life. Skog and colleagues (Skog et al. 1999, p. 476) refer to this as a “willingness to see the person behind the disease”.

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The nurse’s role in maintaining patient’s dignity, privacy rights and respect is also highlighted in the ANMC guidelines. After viewing photograph four (carer dressing and changing continence pad of aged care resident), the nursing students were asked how they would feel dressing and changing the aged care resident in the photograph. In the following interview the nursing student reflects on the significance of considering patient dignity:

*I will feel sympathetic because changing her pad at 70 is morally embarrassing and the privacy factor comes in and the dependence on us for changing them. So it comes as a big challenge to have that relationship and be able to change people’s pads.* (Participant 5)

In response to the same photograph another participant commented:

*I think that is the question like everyone gets asked. You have to wipe old people’s bums and how can you do that. And I say, ‘Well, you know, it is part of the job’, and you don’t really get affected by it and everyone does it...so that is your job now. I think it will be confronting but I think you will get used to it especially when you develop a relationship with the person. You can just make it a bit more comfortable for them and just try to make it as dignified as possible because you know they won’t get much dignity especially being in a nursing home. It is just like they are stripped away.* (Participant 2)

As discussed in the literature review, Rogan and Wyllie’s (2003) Australian study on nursing students’ perceptions of their knowledge, attitudes and skills towards older persons identified ‘seeing the person’ as a major theme. In this study, the students identified that educational programs had a positive impact and assisted in the development of a person-centred relationship with aged care residents. During this time the students moved from a pre-conceived stereotypical image of the aged to a more realistic image of older persons and started to appreciate and value older people (Rogan and Wyllie 2003). The ability to ‘see the person’ was encouraged during the interview process of this current study with all
participants displaying empathy and a self awareness of previously held attitudes and beliefs regarding aged care nursing.

These comments also resonate with the results of an investigation by Askham (2005) into the educational challenges of promoting dignity-enhancing nursing practice of health care professionals. She highlights the fact that education for dignity incorporates learning knowledge, learning attitudes and learning practice. Learning knowledge can be enhanced by taking a multidisciplinary perspective and acknowledging the older person’s experience, roles and capabilities. This is often overlooked in curricula as the focus remains on managing care or clinical situations rather than seeing the patient as an individual. Learning practice for promoting dignity provides some challenges.

During the photo-elicitation and reflective questioning prompts, the majority of nursing students became increasingly aware of the importance of promoting dignity enhancing practice with comments such as:

Someone else has just taken over. Like it would be a massive loss of dignity and your self esteem would go out the window and I think that is something the nurse has to be aware of. (Participant 1)

Askham’s (2005) concept of learning attitudes to assist in promoting dignity is supported by a study by Nolan and colleagues (2004, p. 49). They have developed a ‘senses framework’ which “captures the subjective and perceptual dimensions of caring relationships and reflects both the interpersonal processes involved and the intrapersonal experiences of giving and receiving care”. One of the main goals of this framework is to promote dignity of older people by encouraging and facilitating self-determination in older persons (Nolan et al. 2004). Do we prepare our first year nursing students and provide sufficient education in ‘how to promote dignity’ in the aged care setting?
If the nurse-patient relationship in nursing is of central importance, how do we facilitate this in educating nursing students? This was a question investigated in a study by Suikkala and Leino-Kilpi (2005) who explored nursing students’ and patients’ experiences of their interrelationships. This study showed that factors promoting a good student-patient relationship included the nursing students’ positive expectations and attitudes together with a positive frame of mind. Impeding factors included negative or stereotypical expectations and attitudes and a lack of ability in processing feelings and stress. The study also concluded that a lack of knowledge and clinical experience can contribute to a fear of failure and harm to the patient. These experiences can impede the nursing student-patient therapeutic relationship. This lack of confidence and uncertainty combined with pre-placement anxiety can further exacerbate the nurse/patient relationship. This research identified the importance of commencing a dialogue with nursing students about their impending role during clinical practice. By increasing self awareness of pre-conceived stereotypical and/or negative attitudes towards older people, and encouraging the processing of feelings of stress and anxiety through reflective practice, these impeding factors may be diminished or eliminated. This process may assist nursing students to promptly establish and maintain a therapeutic relationship with aged care residents and maximise holistic nursing care outcomes.

**Youthfully reflecting on the difference between young and old.**

A youthful voice was illustrated when one study participant visualised photograph four (dressing a patient), and responded:

> Because of how disgruntled she looks, I would say she hasn’t been there that long and she is still getting used to the idea of wearing a nappy.....I think if I was wearing such a thing, I would prefer to be out of it, I mean suffering from dementia so I wouldn’t know. (Participant 1)
These comments from the young nursing students demonstrated a search for the meaning of ageing, and a fearing for self in the future. Despite some subtle comments in relation to ageing it is appropriate to consider the concept of ageism. Ageism is defined by Butler and Lewis (1975) as the practice of systematic stereotyping of, and discrimination of people because they are old. Ageism appears to be a significant barrier to quality holistic nursing care of the older person. This is not surprising as young nursing students developmentally are experimenting with identity and the transition to adulthood. Erikson (as cited in Shepherd 2008) suggests that late adolescence and early adulthood is a time when one makes sense of their own unique personal and social identity. This underlying stereotype of older people supports other studies indicating that ageism continues to present a major challenge to society especially those working in the aged care sector.

Brooker (1998, p. 46) suggests that as our society becomes increasingly ageist, the meaning of life in old age has been lost. She contends that “the meaning of ageing (in terms of its value and place in human existence) becomes a pivotal concept in determining quality of health and quality of life for older adults”. She comments that this is accentuated with younger health professionals who find it tough to imagine themselves in old age and therefore block it from their consciousness. Reed and Clarke (cited in Moyle 2003) supported this by suggesting that older people with medical conditions are frequently talked ‘about’ rather than talked ‘to’. They recommended that nursing curricula should encourage exploration of ageism and student attitudes as rejecting older people’s voice is a form of ageism. A shift in society’s attitude towards older people will take time but must be addressed in order to meet the therapeutic needs of older people in our community.

Understanding the realities of ageing can be challenging when you are young. Youthful reflections and broad based assumptions that elderly people want to die were evident in this
current photo-elicitation study. When asked “how do you think the resident feels” in response
to photograph five (showering a patient), a student commented as follows:

*She looks withdrawn...... I mean if you were in that situation, I doubt whether you would want
to be in that situation. Either of course you are going to be withdrawn about it. Probably ready to die I guess. If I was in that situation, I probably would want to be as well. I would just be waiting.* (Participant 2)

Tuohy’s (2003) ethnographic study examined how nursing students communicated with older persons. One of the findings revealed intergenerational issues as a barrier to effective nursing student/older person communication. This study found that the nursing students had already formed assumptions about older people as a homogenous group.

There also appeared to be a fearing for self in future and reflecting on self by visualising themselves in the resident’s shoes as participants spoke:

*I would hate to be that person right there........... Because you have to wear that thing (incontinence pad) and it looks uncomfortable and I don’t know I would hate someone to be caring for me like that because you know you would feel intimidated.* (Participant 4)

*I would freak out at first (nervous laughter) .I don’t know it is just that cause if you think if that was me, I wouldn’t like anyone doing it. But you have to do it.* (Participant 4)

Lovell (2006) explored the issues of why nursing students hold negative attitudes towards older persons and examined the role of the health professionals in overcoming these barriers. Lovell’s extensive review of the literature found that the four contributing factors to this negative view included society’s emphasis on youth and beauty, a decrease of productivity of older persons, a deficit in research on the well elderly and a fear of death. A study conducted by Rognstad and colleagues (2004) found that in today’s post-modern society, young nursing
students have different reasons for choosing a career in nursing. The findings suggest that young people are more self-directed in their motives and choose working with healthy people in areas such as midwifery or public health rather than working with chronically ill patients. The researchers recommended that if nurse educators emphasized the diversity and challenges of aged care nursing, these choices may be reviewed.

Haight and colleagues’ (1994) study examined the effect of ageism over a 3 year period specifically exploring nursing students attitudes after exposure to well, hospitalized and severely ill older patients. One of the variables identified as contributing to positive and/or negative attitudes towards older persons was the age of the nursing student. A linear effect was evident as attitudes towards older persons improved as age increased up to forty years of age. A previous relationship with an older person was also a factor. They found that nursing students who had a close and personal relationship with a grandparent had more positive attitudes and fewer stereotyped views towards the aged (Haight et al. 1994). The study findings also indicated that those nursing students with a positive grandparent role model had more positive attitudes towards older persons.

Despite the presenting evidence suggesting that younger people are at the beginning stages of developing empathy and hold negative attitudes towards aged care nursing, there were some youthful philosophical reflections on the meaning of life.

*I think it makes you realise that life really does come full circle and that you start off being washed by others when you are a baby and being dependent on others. Then when you are older, it is the same kind of thing. Again it is SAD and it would be really degrading. She could have been a really important part of society and she could have had such a full life and now she is in a nappy.* (Participant 1)
Philosophical reflections are important to nurture in the young nursing student. A study by McKinlay and Cowan (2003) examined the attitudes of nursing students toward working with older patients. The study adopted a standardized method to specifically extract participants’ own understandings of attitudes towards working with older persons. It was determined that “those who had positive attitudes displayed greater tolerance of older patients, derived greater satisfaction from working with them and worried less about growing old themselves” (McKinlay and Cowan 2003, p. 307). Reyna et al (2007) support this finding in their Australian research. In their study, two stereotype reduction models were trialled in five residential nursing homes. Negative attitudes and beliefs of staff were found to adversely impact on the health outcomes of the aged care residents. An educational model focusing on ageing and health had a positive influence on the attitudes of staff. This study emphasised the importance of educational techniques and showed that by employing effective and practical interventions, educational providers could have a significant effect on nursing students’ attitudes to aged care nursing.

In this current study, photo-elicitation techniques provoked critical reflection and encouraged the re-visioning of core nursing values, including kindness, respect, compassion and dignity enhancing practice when caring for older persons. By using realistic photographs the participants were encouraged to widen their youthful lens and through expressive dialogue with the researcher assist in the reflection of self and provide a smoother transition to being a nurse.

**Feeling challenged and confronted.**

In data collection of this current study, there were many emotive and personal reactions to the photographs during the interview process. The photo elicitation process was confronting and challenging, and extracted raw emotion from the nursing students who expressed feelings.
of excitement, nervousness, inexperience and isolation prior to starting their first clinical placement. Elements and emergence of anxiety, self-doubt and apprehension were evident in all students’ responses. The responsibility and a new awareness of the realities of nursing evolved as the study participants starting making ‘sense’ of and took on new meanings of what it is to be a nurse. Revealed in this study was nursing students believing they lacked an emotional preparedness for their clinical experience in an aged care facility. In response to photograph five (showering the naked elderly resident), participants spoke of this anxiety:

*I would be very distraught before we left the bed. I think just to move her there because she looks so ill.* (Participant 3)

In response to photograph three (shaving a patient) one participant when asked “How do you think you will feel as a nursing student performing this care”? stated:

*I would say it will be really scary, scary for me personally because you have fears of cutting them or not having that sort of relationship with the patient or interfering with them being able to do it themselves. So it will be a totally new experience for me.* (Participant 5)

A study conducted by Beck and Srivastava (as cited in Elliott 2002) revealed that many nursing students choose a career in nursing because of their aspiration to help people. Once confronted with the reality shock of the role of the nurse, many doubted their career choice. This finding is consistent with Happell and Brooker’s (2001) study of the career preferences of undergraduate nursing students. As discussed in the literature review, this study revealed working with older persons as the least preferred option. Qualitative analysis identified several major themes including the nursing students’ fear or discomfort with older persons and a lack of essential personal characteristics required to cope effectively within the aged care setting. These findings are supported by a longitudinal study by Mackintosh (2006) exploring the process of socialization and the personal coping capability of nursing students.
during their pre-registration training. One of the main themes identified was the fear of the unknown specifically the coping required for being a nurse. A qualitative research project by Beck (1993) investigated the lived experience of nursing students’ first clinical experience. This phenomenological study finding is consistent with this present research study. The themes included nursing students experiencing a pervading anxiety, reality shock, doubting choices and feeling of abandonment during their first clinical placement.

These emotional reactions and shock from participants is consistent with Boyd and Fales (1983) theory that the first stage of reflective practice is a process as an uncomfortable feeling or inner discomfort. Following this initial reaction to the photographs, all participants displayed feelings of apprehension, anxiety and nervousness. There was a growing recognition of anticipation of attending their first aged care clinical placement; many participants expressed concern over a lack of emotional readiness. When asked how they felt when viewing the photographs, one participant answered:

*More scared (nervous laughter) because it is like I will be dealing with these kinds of people and patients when I go on my placement. I don’t know if I will be strong enough to deal with these types of patients. I might sit down and cry.* (Participant 7)

The majority of research participants verbalised concern at being a novice in performing skills in a new clinical environment. An increasing awareness and knowledge of their scope of practice and making judgement calls was highlighted in the following response:

*I will definitely need someone with me (nervous laughter). I will have to anyway; I will need extra help because I don’t know how to work one of them (refer to hoist).* (Participant 4)

This concern is consistent with Sheu et al’s (2002) study that examined types of stressful events and how the nursing students perceived these events during initial nursing clinical
practice. Results showed that stress exhibited during this initial nursing clinical practice was a result of a lack of professional knowledge skills for caring for patients. The most stressful occurrences for nursing students included a lack of experience in their ability to provide quality care and in making decisions regarding patient care. The findings from this research are supported by another Australian study by Clare and van Loon (2003) who found that new graduates described feelings of self-doubt, reality shock and anxiety. With acceptance, security and comprehensive support these fears were allayed significantly.

This lack of preparedness was highlighted in Abbey’s (2006) descriptive qualitative study of undergraduate nurses following an aged care practicum. The study sought to explain why aged care placements are often unsatisfactory and deter nursing students from choosing aged care as a career pathway. This study considered the question as to whether students are inevitably indifferent to or actively dislike residential aged care nursing, or whether they are just poorly prepared for it? The resultant discussion revealed that one of the main sources that impact on these negative experiences is the silent beliefs and values held by the students that have not been challenged or brought to the surface of their self-awareness (Abbey 2006).

How students handle stress and cope with their first clinical placement will set the precedent to how they view future clinical placements and how they make sense of being a nurse. Early identification of what stresses students and encouraging anticipatory reflection on differing situations prior to placement, could reduce these negative effects and promote more positive attitudes to aged care nursing. As discussed in the literature review, a longitudinal study of nursing students’ experiences of their aged care clinical placements conducted by Brown et al (2008) found that there are many ways students’ experiences can be enhanced. A detailed analysis of focus groups identified that nursing students’ focus varied depending on the placement as well as the course progression. Five foci were identified including:
• self as focus
• course as focus
• professional care of focus
• patient as focus
• person as focus.

(Brown et al. 2008)

As identified earlier, person-centred care and relationships are essential in quality aged care nursing. As nurse educators it is the aim to assist nursing students to move along the continuum from self as focus to person as focus. Brown et al’s study indicated that the majority of nursing students felt an anticipatory anxiety prior to the placement. This increased anxiety and feelings of insecurity in an unfamiliar new environment. Brown et al (2008) suggest that to move along the continuum from self as focus, the nursing students must be in an enriched clinical environment where the students feels safe, secure and experience a sense of belonging. They describe an enriched environment where educators are aware of student anxiety prior to placement and assist in alleviating the anxiety by encouraging visits, a welcoming letter and offering support prior to placement. This study supports a focus on strategies that can assist the student to move past self as focus even before starting their clinical practice. This preparedness could overcome the anxiety barrier to learning and help them focus on course and specific learning objectives and eventually actualise to person as focus, which is the essence of patient-centred therapeutic relationships.

Minimal research was found indicating how clinical educators and nurses can assist nursing students to develop emotional competence. Wilson and Carryer’s (2008) qualitative exploratory research study, consisting of focus groups of nurse educators, identified emotional competence as an essential quality and the key to fitness to practice. Emotional
competence is essential in the transformation to caring in nursing practice. By increasing emotional self consciousness and developing an understanding of how one’s own emotions impact and affect our behaviour, is essential to effective nursing practice. Fitness to practise relies on the nursing students’ ability to manage their emotions and to recognise how they respond in order to communicate and build therapeutic relationships. Reflecting on one’s own capabilities as well as limitations builds emotional competence. By providing a safe, non-judgemental environment prior to initial clinical practice, the nursing students in this research were able to confront these emotions and start processing the realities of nursing.

Not all of the nursing students’ responses reflected anxiety. Some participants voiced feeling excitement about starting clinical practice and the reality of embarking on a nursing career:

*It makes me happy that I am going into a profession that will help people to try and maintain their dignity and when it is really difficult like when going on prac I am going to face a lot of difficult situations and things that will make me sad.* (Participant 1)

**Experiencing sensitivity and awkwardness to nakedness of older persons’ bodies.**

Many of the study participants expressed concern over performing general nursing care, specifically intimate care. This is illustrated in the following statements by a study participant responding to photograph two (hoisting an aged care resident).

*I will feel like nervous and awkward because she is a stranger and I am a stranger and am still learning and so...ahh. I would try not to be weirded out by something but I would be a bit edgy and stuff I guess.* (Participant 3)

Lawler (1991) encourages nurse researchers to make bodily care more explicit so that we might better understand the context of the body and social life. She refers to this as ‘the problem of the body’ and suggests that “nurses’ work presents them with some very real
social difficulties both in practice and in social life, as well as presenting theoretical difficulties for the discipline and its relationship to other disciplines” (p. 3). Lawler investigated how nurses socially navigate through these private areas of performing body care and overcome societal taboos, belief and values systems as well as learned behaviours in respect to caring for the body. Despite the common knowledge that nurses deal with intimate body care, the explicit details of this privatised nurse’s role is not well documented.

Participants described feeling nervous about performing intimate care on aged care residents of the opposite sex.

*I think it will be really confronting because we are so young like as a group. But I think I will be alright showering ladies but I will be really uncomfortable showering men because I think that is just a part of most societies you are allowed to see other women naked but you are not allowed to see other men naked. Seeing someone naked is like a sexual thing but then you need to go in and care for these people. I think if they are not part of your family they probably don’t want you to see them naked either so I think it will be confronting and it is the most daunting thing about going into nursing is going to be the showering and toileting. I think most people can feed a person, most people can talk to a person, most people can make a bed you know but I guess it is make or break you know. (Participant 2)*

*Um it will be a very big challenge for me simply because I am male and because you know I have to undress and initially gain their trust and see old people naked and race and these people were raised in a situation where males did not see them undress so really it will be a big challenge. It will make me feel uncomfortable at first but it is my duty of care as I have mentioned in previous photos and is something I have to do and I have to learn to adapt. (Participant 5)*
This description is consistent with descriptive data from a study by Inoue et al (2006, p. 566) who described the experiences of male nurses performing intimate nursing care on women patients. The study found that all the participants reported experiencing feeling uncomfortable and embarrassed, and found this nursing care challenging. The researchers concluded that the “lack of enquiry into the experiences of providing intimate care is mirrored by its relevance absence from many educational programmes (Inoue et al. p. 566)”.

The findings suggest that many participants learnt how to deal with intimate care of the other sex ‘on the job’ and not as part of their educational preparedness. Educational programs should be equipped to better prepare students to manage their feelings and provide strategies on the ‘how to’ implement personal intimate body care (Inoue et al. 2006).

When the young research participants were asked the question “How will you feel performing this nursing care on the aged care resident?” the majority of students expressed sensitivity and awkwardness at performing intimate care and being exposed to nakedness.

*It will be one of those things (dressing patient). You try and dress them and then look away and because you want them to feel like you are not watching. But I know I have to and I am not sure how to describe that feeling.* (Participant 3)

A study by Grant et al (2005) explored a nursing student’s first experience with intimate bodily care through stories, interviews and focus groups. The majority of stories written by the nursing students expressed discomfort, embarrassment and distress at performing this type of care. Vulnerability of the students was highlighted and the researchers recommended that when nursing students first encounter intimate body care, educators should encourage them to verbalise their feelings and responses so these vulnerabilities can be acknowledged and explored in a safe forum (Grant et al. 2005).
Higginson (2006) also sought to explore first year nursing students’ fears and concerns in relation to clinical practicum and determine whether these issues should be more appropriately addressed in the classroom. One of the main concepts discovered was the students’ worries about bodily fluids and washing patients. Recommendations from the study included a more in-depth examination of these issues during the initial months of training and the opportunity for the students to voice their fears and anxieties (Higginson 2006).

Youthful reflections of the photographs also included a concern that the aged care resident may also feel embarrassed; this was illustrated when one participant commented:

*Embarrassed, highly embarrassed just because she is completely naked and she has all those sores on her body. She has to show them off as well as everything else. It would be nerve racking.* (Participant 3)

Verification interviews were conducted following formulation of the main themes. The nursing students confirmed the themes represented their perceptions of older persons and the expectations of performing general nursing care of older persons. No new information emerged; however, the majority of participants commented that they were comforted that the other research participants felt similar about their impending clinical placement. Comments included:

*I am pleased I was not the only one that felt scared about going on prac.* (Participant 3)

**Findings in relation to the Theory of Integral Nursing**

This study was guided by the integral nursing theory which outlines the four quadrants as a guide to understanding phenomena and human beings and who we are, including how we are shaped by culture, society and environmental systems. These research findings can be examined in relation to Dossey’s integral nursing theory. Dossey (2008, p. E61) describes
the nurse as an instrument in the healing process. She states that nurses can “assist and facilitate individuals with accessing their own healing process and potentials; the nurses do not do the actual healing. An integral nurse also recognises self as part of the exterior healing environment interacting with a person, family, or colleague and enters into a shared experience (or field of consciousness) that promotes healing potential and an experience of well-being” (Dossey 2008, p. E61).

Averill and Clements (2008) discuss the importance of incorporating all of these patterns in a balanced method of pedagogy in nursing curricula to stay true to ‘holistic learning’, a view shared by Dossey (2008). When perceptions and expectations of older persons are explored, an increased personal and aesthetic knowing in nursing can be nurtured within the beginning nurse. Dossey (2008, p. E56) describes this aesthetic knowing as one that “calls forth resources and inner strengths from the nurse to be a facilitator in the healing process”. As mentioned in Chapter Three, Dossey’s model is ultimately holistic, but the current study focused on aesthetic and personal knowing development, which encompasses the left side of the four quadrant model.

In relation to Dossey’s interior individual ‘I’ left quadrant, in this research study the nursing students were challenged to personally explore their sense of self as a nurse in relation to the photographs. This was promoted by the reflective question ‘how do you think you will feel as a nursing student in this situation?’ Through the use of photo-elicitation technique, the nursing students were encouraged to delve into the left upper quadrant and provided a space for inner reflection and exploration of assumptions, perceptions and attitudes of older persons. This was evident in the nursing students dissecting what it means to be a nurse, re-visioning therapeutic relationships and youthful reflections on the differences between young and old. This inner wisdom can be nurtured with an integral perspective where a state of
transparency as described by Dossey (2008, p. E62) is “the understanding that there is no separation between our practice and our everyday life...this is a mature practice that is wise and empty of a separate self”. Fostering an integral perspective is supported by Davis (as cited in Walter et al. 1999, p. 14) who found that inevitably, nurses’ lifeworld and experiences will be interconnected with their professional roles. She likened it to a spider’s web, “we are all part of an enormous web, and what happens in one strand is very likely to affect all the strands to a lesser or greater degree”. (Walter et al. 1999 p. 14) The majority of research participants in this current study had already experienced a positive fulfilling relationship with a person over 65 years of age. Perhaps as suggested by Davis, this relationship impacted on and influenced how they see the world and view older persons.

The lower left quadrant ‘we’ intersubjective space recognises relationships with others, a shared culture and vision and promotes dialogue and communication between health professionals. In this research all of the participants recognised and re-visioned the therapeutic reciprocal relationship between the nurse and the older person. The transpersonal dimensions represented in the integral theory were evident as the participants engaged in expressive dialogue at a level that viewed older persons as a whole, not merely an array of co-morbid diseases. Dossey (2008, p. E62) supports expressive dialogue between the ‘we’ of nursing and states the outcome of sharing experiences “often move towards new identity...through meaning-making where one makes sense of the past, interprets new meaning in suffering, and can envision a new future”. This is the essence of reflective learning as the research participants through awareness shifted from an affective (emotional) response to the photographs to a more cognitive awareness in discovering new truth and meaning related to perceptions and care of older persons. This insight and conscious analysis of their thought processes may have improved attitudes towards older persons and better prepared nursing students for new unfamiliar clinical environments including the aged care
setting. The ‘we’ quadrant also represents the shared culture of youth. The research participants in this current study were aged between 18 and 21 years. Youthfully reflecting on the differences between young and old and fearing for self in future are natural developmental responses from young nursing students. The research findings also highlighted the cultural shift in nursing that aged care nursing is less valued as it is not as technologically driven as the general nursing care role that often predominates in aged care nursing. The nursing students in this study were encouraged to become aware and confront these existing cultures and analyse whether their shared beliefs, attitudes and stereotypes were further contributing to an ageist society. By bringing these beliefs and values to the surface through photo-elicitation techniques, an emotional response and expressive dialogue followed with a resultant widening and deepening personal awareness, furnishing an enriched nursing knowledge base.

In today’s nursing educational setting there is little focus on the ‘I’ and the ’We’. The focus is on the empirical science and behavioural technical skill acquisition to pass exams. There needs to be a shift from the traditional medical reductionist approach in nursing education to create new teaching methodologies that address preparing nursing students to engage in therapeutic healing relationships and tackle emotional, social and spiritual struggles that affect patient’s quality of life. Ken Wilber advocates the reintegration of the ‘I-We-It’ of sciences, arts, morals, values, religion and spirituality (Wilber, 2000).

This integral nursing framework proved to be ideal as a way of conceptualising this study. It provides a valuable tool for nursing students to review their ways of knowing in nursing and leads to a more comprehensive awareness of their existence and perspectives of reality in both a personal and professional context. Introducing the integral theory into nursing education, with its support for all aspects of reality, and its encouragement of aesthetic and
personal learning, may result in a transformation of awareness that could assist nursing students in ‘making sense’ of what it means to be a nurse.

**Limitations of the study**

One of the limitations of this study was a lack of randomly selected participants, which is typical of interpretive research. The sample population was derived from a homogeneous group of subjects who were invited to accept an invitation to participate. The convenience sampling method could potentially include ‘bias’ as those nursing students who participated may have pre-existing strong positive or negative views of aged care nursing. The limitations also included restricting the sample to one tertiary institution in Western Australia. Therefore, no claims for generalisability are made. Verification interviews were conducted following formulation of the themes and research participants indicated they were a true representative of the initial interview data. Despite the limitations, this research informs and contributes to existing literature on the perceptions of first year nursing students towards older persons and underlines the merits of using a photo-elicitation technique as a strategy for clarifying perceptions prior to their first aged care clinical placement.
This research study sought to explore and analyse perceptions of first year nursing students towards older persons and performing nursing care on older persons. These perceptions and expectations were explored using a photo-elicitation technique to evoke an emotive response and encourage the research participants to engage in anticipatory reflection prior to their first aged care clinical placement. The first year nursing students were challenged and confronted by the realistic images and expressed feelings of apprehension, anxiety and self-doubt as the realisation of the responsibilities of performing nursing care on older persons became more real. Themes identified by the participants include dissecting what it means to be a nurse, recognising dependence, and the re-visioning of therapeutic relationships, including considering patient dignity and empathising with older persons. Youthful reflections on the differences between young and old included participants fearing for their selves in future, and the expression of awkwardness to nakedness of older bodies.

Previous research indicates a worldwide disinterest by nursing students in choosing a career in aged care. These research findings suggest that it is essential in this time of demographic change and the growing ageing population that nursing education is responsive to this challenge to meet the expectation of an evolving health care system and provide qualified, experienced aged care nurses to alleviate this negative trend.

Recommendations

These findings have important implications and provide credible information for consideration in the following areas of nursing education, clinical practice and further research. In nursing education, the development of an educational tool for academic and/or clinical educators to enhance anticipatory reflective practice in first year nursing students
prior to initial aged care clinical placements is recommended. The re-visioning of nursing pedagogy and the inclusion of educational interventions that include the development of aesthetic and personal knowing in nursing may alleviate this disinterest in nursing student regarding choosing a nursing career in the aged care sector. Averill and Clements (2008, p. 387) support this recommendation by advocating “the need to reenergize and reorganise the learning experience and create collaborative, qualitatively rich scholarship, not only to address the overarching nursing shortage but to ensure comprehensive patient care, as well as job satisfaction among nurses”. A maturing emotional competence within first year nursing students acquired in a safe, non-judgemental environment may improve the student’s readiness and preparedness for clinical practice and overcome this potential barrier to learning. Additional research in the links between developing emotional competence and preparedness of nursing students for clinical practice could add valuable knowledge to nursing education and curricula planning in the future.

This research study has highlighted the lack of emotional preparedness of first year nursing students for new clinical placements. The nursing students voiced experiences of reality shock and anxiety including an expression of awkwardness and sensitivity to nakedness of older bodies in the photographs. Study findings suggest the need for educational providers to better prepare nursing students prior to clinical placement. Clarke (2006, p. 24) supports the re-visioning and researching of nursing pedagogy and encourages educators to “transform from being the conveyors of information and knowledge to the facilitators of individual students’ evolutionary growth experience”. In this research the photo-elicitation technique prompted expressive dialogue and encouraged the research participants to engage in anticipatory reflection prior to initial exposure to aged care nursing. This research has implications for clinical practice and recommends the inclusion of realistic pre-practice education prior to nursing student’s first clinical placement in an aged care setting.
The use of photo-elicitation in this study was a valuable research data collection technique as it evoked an emotional response in the participants and encouraged them to reflect on their perceptions of older persons at a deeper level. An examination of using photo-elicitation and anticipatory reflection in different clinical settings is recommended for a future research project. Further research could also include collecting follow-up data after their first aged care clinical placement as this would provide a more substantial foundation to evaluate photo-elicitation as an educational intervention. Further exploration of photo elicitation as a teaching tool is also recommended for future research. This preliminary research showed that by encouraging nursing students to ‘look forward’ and envision what it means to be a nurse the participants developed the unique ability to address the realities of nursing by dissecting the role of the nurse, recognising levels of dependency and identifying personal perceptions that may impact on their therapeutic nurse patient relationships.

Conclusion

This study explored and analysed first year nursing students’ perceptions towards older persons and performing nursing care on them. This research contributes to the identified need to promote aesthetic and personal knowing in young nursing students. This research exploring the perceptions of first year nursing students’ towards older persons will contribute to a new body of knowledge in nursing. The researcher expects that the results of this study will act as a catalyst for change in future nursing curricula. The potential introduction of this innovative educational technique and how it relates to the integral nursing theory could assist nursing students in their initial transition to clinical practice and overcome an identified barrier to learning in the clinical setting.

This empowering journey of making sense of what it means to be a nurse includes a self-discovery voyage within oneself as well as with others. By strengthening our young nursing
students personal and professional capacities with an enriched holistic participative learning environment an integration of the knowing with the doing will provide older persons with a nurse who can facilitate healing not just in older persons but also in one’s self.
APPENDIX A

Participant Information Letter

I would like to invite you to participate in a research study exploring first year nursing students’ attitudes to the nursing care of residents in an aged care setting. This study is part of my Research Masters, supervised by Professor Rhonda Marriott and Professor Anne McMurray at Murdoch University.

Background

This research area arose from my work as a Murdoch University clinical educator with first year nursing students in an aged care setting. During discussions with nursing students regarding these clinical placements, the students’ emotional reactions range from apprehension and nervousness to excitement and enjoyment.

Nursing students have been described as being somewhat ambivalent towards their emotional experience during their clinical practice due to fear of new and unfamiliar environments or embarrassment of the emotions they experience. Regular debriefing during my work with nursing students highlights the raw emotions and the vulnerability of students in new clinical areas.

Nature and Purpose of the Study

The purpose of this study therefore is to explore and analyse first year nursing students’ attitudes towards performing nursing care on the elderly and to facilitate reflective practice through photo-elicitation interviewing techniques. This research aims to raise awareness of the nursing student’s personal attitudes and values to nursing care of the elderly.

What the Study will Involve

If you decide to participate in this study, you will be asked to complete the following tasks:

- It is estimated that an interview session will take approximately one hour of your time. This will include time for you to respond to five photographs which have been chosen because of the realistic images they portray of performing general nursing care on older people.
- Completion of a questionnaire regarding demographic data including age, gender and prior work experience with the elderly.
- To complete a reflective diary to record thoughts and reflections after the interview for up to a period of two weeks.

Participating in this study may cause some level of anxiety during or after the discussion around the photographs. If you feel distressed during the interview I will pause or stop until you are able to continue.

You are free to withdraw at anytime during the session. If these feelings persist after the completion of the session, arrangements will be made for you to access support from the University counselling service.

Voluntary Participation and Withdrawal from the Study

Your participation in this study is entirely voluntary. You may withdraw at any time without discrimination or prejudice. All information is treated as confidential and no names or other details that might identify you will be used in any publication arising from the research. If you withdraw, all information you have provided will be destroyed.
If you consent to take part in this research study, it is important that you understand the purpose of the study and the procedures you will be asked to undergo. As a participant of this study there will be no impact on your undergraduate nursing course. Please make sure that you ask any questions you may have, and that all your questions have been answered to your satisfaction before you agree to participate.

Benefits of the Study

It is possible that there may be no direct benefit to you from participation in this study.

While there is no guarantee that you will personally benefit, the knowledge gained from your participation may help others in the future. It is anticipated that this research using photography and reflection will contribute to a new body of knowledge of nursing students’ attitudes and values to nursing care of the elderly. The results of this study may act as a catalyst for change in present nursing curricula to assist nursing students in their transition to clinical practice in aged care.
APPENDIX B

PARTICIPANT CONSENT FORM

Photography and Reflection: A study exploring first year nursing students’ perceptions to the nursing care of residents in an aged care setting.

1. I agree voluntarily to take part in this study.

2. I have read the Information Sheet provided and been given a full explanation of the purpose of this study, of the procedures involved and of what is expected of me. The researcher has answered all my questions and has explained any possible problems that may arise as a result of my participation in this study.

3. I understand that I am free to withdraw from the study at any time without prejudice or needing to give any reason.

4. I agree for the interview to be audiotaped.

5. I understand I will not be identified in any publication arising out of this study.

6. I understand that my name and identity will be stored separately from the data, and these will be kept in a locked cupboard and are accessible only to the investigator.

7. I understand that all information provided by me is treated as confidential and will not be released by the researcher unless required to do so by law.

Signature of Participant: __________________________ Date: ……/…../……

Name of Participant: __________________________

Signature of Investigator: __________________________ Date: ……/…../……

Supervisor’s Signature: __________________________ Date: ……/…../……
APPENDIX C

Photography and Reflection: A study exploring first year nursing students’ perceptions to the nursing care of residents in an aged care setting.

Demographics

Please tick the appropriate box

1. Male [ ] Female [ ]

2. What is your date of birth? __________________________

3. What is your nationality? __________________________

4. What is the highest educational level attained?
   
   • Some secondary school [ ]
   
   • High school certificate (Year 12 equiv.) [ ]
   
   • Tertiary or Trade Dip./Cert. [ ]
   
   • Tertiary Degree [ ]
5. Do you work with older people?

Yes [ ] No [ ]

If Yes, how long have you been working with older people?

1 month [ ] 1 to 3 months [ ] 3 to 6 months [ ]

6 to 12 months [ ] Greater than 12 months [ ]

6. Do you share a close relationship with a person over 65 years?

Yes [ ] No [ ]

If Yes, please rate the quality of this relationship on the scale below:

Circle the most correct answer

1 2 3 4 5

I_________________I________________I_______________I________________I

Very unfulfilling Neutral fulfilling Very unfulfilling fulfilling

G.Brand 25th February 2008 Adapted from Gething (1994)
REFERENCES


