IDENTIFYING MOTIVATORS AMONG INDIVIDUALS SELECTING GERONTOLOGY AS A CAREER SPECIALIZATION

BY

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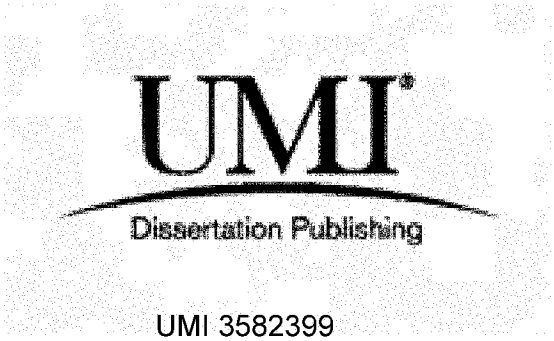

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DEDICATION

This dissertation and this degree are dedicated with respect and admiration to Dr. Pamela Schultz, Dr. Donna Wagner, Dr. Susan Brown, and Dr. David Rutledge for their unwavering support of my efforts to learn the skills necessary for credible research.

It is also lovingly dedicated to my mother, Martina Smith Merzenich, who believed bright and inquiring minds, and the education to discipline them, were the only hope for the world. It was her inspiration that started me on this long journey.

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ABSTRACT

IDENTIFYING MOTIVATORS AMONG INDIVIDUALS SELECTING GERONTOLOGY AS A CAREER SPECIALIZATION

BY

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Lived experiences and the power of memories of significant personal events to influence an individual's choice of career path is well documented in studies of students pursing careers in nursing. Less researched are the personal motivators that influence students' choices of specialization within career paths. Gerontology focused educational research provides a growing body of evidence pointing to the attitudinal disposition of students based on their life experiences and attachment to family members or significant others, not classroom exposure, as the primary predictor of vocational choice. What remain unclear are the types of naturally occurring motivators that propel students either toward or away from professional involvement with the elderly and in particular, the chronically and terminally ill. The questions of

what motivates so many non-traditional nursing students, in particular, to work with elderly patients and what might motivate others who have shown no interest in this patient group to specialize in gerontology, is central to this interpretative phenomenological inquiry and frames the methodology used to define and interpret motivators among nursing students expressing an interest in or selecting gerontology as a career specialization. A synthesis of seven themes identified and analyzed from data collected through 30, in-depth interviews with 15 nursing students and other individuals closely associating with nursing education, suggests familial attachments, maturity, and traumatic or transformative experience, as the primary three motivators fueling an expressed desire to work with older patients. Conclusions also suggest motivators are identifiable and may be artificially replicated, and that strategic recruitment may also provide a solution for meeting geriatric nursing shortfalls. The purpose of the study has been to understand this complex phenomenon and to add to the body of knowledge surrounding nursing students' motivations and preferences for career specialization. The goal of the study has been to understand what elements might lead to new ways of increasing interest in the field of gerontology and specifically in direct care to elderly patients. Improvement in the numbers of BSN graduates electing to pursue early careers in geriatric direct care would provide a systemic remedy to the real-world problem of inadequate numbers of qualified nurses with adequate competencies to serve this high needs patient population.

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Chapter 1: Introduction to the Study

Geriatric care continues to be a largely underexplored career path for undergraduate students enrolled in American nursing degree programs (Fagin & Franklin, 2005). While many social work and public health program curriculums offer at least some early exposure to gerontology, the vast majority of nursing programs do not, and the numbers of Bachelor of Nursing (BSN) graduates moving into gerontology related career specializations overall remains very low, creating an enormous undersupply of geriatric nurses to service a rapidly graying patient population (Auerhahn, Mezey, Stanley, & Wilson, 2012; Bardach & Rowles, 2012).

According to Hamrick, Kennedy-Malone, and Barba (2008), the chronic understaffing of hospitals, community health clinics, and facilities serving seniors and the elderly by nursing professionals trained in patient care for this population can be attributed directly to a lack of early exposure to geriatrics in licensure programs. A decade ago the National Academy on an Aging Society warned of an emerging crisis in geriatric care workforce shortfalls, which if not addressed, would largely compromise the American health care system by 2020 (Hollander, Chappell, Prince, & Shapiro, 2007; Hudson, 2003).

Despite these warnings, the majority of the nation's approximately 700 accredited 4-year nursing programs still do not offer geriatrics curricula in their undergraduate programs (U.S. Dept. of Labor, 2006). The baby boomer population has long since arrived in the geriatric care venue, and the shortfall in nursing and other caregiving staff possessing adequate competencies to serve this patient group

has already begun to seriously compromising quality of care (Auerhahn, Mezey, Stanley, & Wilson, 2012; Kaye, 2014).

Given the persistent shortfall in qualified geriatric nursing professionals concomitant with projections for seniors and elderly entering hospitals and clinical care environments over the next 15 years, it is clear more research-based curriculum development at the undergraduate level is needed (Bardach & Rowles, 2012; U.S. Dept. of Health & Human Services, 2008). Defining new approaches that may motivate more students to consider gerontology as a career specialization is the subject of current research in this field, as nursing, social work, and public health educators have begun to make interdisciplinary efforts to reexamine this problem from all perspectives (Dyer, 2003; Fox, 2013; Latimer & Thornlow, 2006).

Goal of the Study

The purpose of this study was to identify what types of lived experiences might influence nursing students' and other nursing education professionals' affinity for or aversion to seniors and elderly individuals, and how this naturally acquired experiential knowledge might manifest itself as motivators inclining students towards selecting gerontology as a career specialization at the undergraduate level.

How an individual's feelings toward the elderly might be influenced by early or late exposure to geriatric content in a formal education setting were also examined to evaluate what Heise, Johnsen, Hines and Wing (2013) believed was the inability of undergraduates of nursing at program completion to self-assess what they have learned. Recent studies have found the amount of exposure to gerontology concepts at

the undergraduate level was directly proportional to graduating students' ability to assess their own outcomes and competencies (Eshbaugh, Gross, Hillebrand, Davie, & Henninger, 2012). This study attempted to compare this finding in other nursing programs with the program from which participants were selected.

Real-world problem. According to the most recent National Hospital Discharge Survey, the current ratio of individuals 65 and older hospitalized or receiving medical care in clinical settings throughout the United States has exceeded 55 percent of the total population seeking nursing care (Center for Disease Control and Prevention, 2010). The U.S. Department of Health and Human Services estimated that by 2030, nearly 70 million, or roughly one-fourth of the total U.S. population will be classified as geriatric-needs individuals (National Center for Health Statistics, 2008). Since this report was published four years ago, the supply-and-demand ratio between patients identified as elderly patients or individuals requiring palliative care requiring geriatric qualified nurses has widened dramatically (Baxter & Norman, 2011; Shoshana, Bardach, & Rowles, 2012).

Some nursing programs have responded by offering undergraduate level geriatric content curricula or certificate programs, which in turn has attracted students who appear to be already destined for geriatric care settings (Fagin & Franklin, 2005; Wesley, 2005). More recent studies have indicated that this trend may be misleading, as the number of nursing programs exposing undergraduate students to gerontology remains constant and the shortfall in graduates with geriatric training continues to

increase (Azzaline, 2012; Scherer, Bruce, Montgomery, & Ball, 2008; Swanlund & Kujath, 2012).

Are students who exhibit an interest in serving the elderly drawn to these select programs, or are they already inclined along a path to serve the elderly owing to motivators created by life experiences that predate their involvement in higher education? Has the addition of geriatric curricula to some programs influenced a significant number of health care neophytes who otherwise would not have considered gerontology as a career path?

The prevailing literature remains conflicted on these outcomes and therefore an effort was made in this study to clarify the source or sources of influence contributing to a love or dislike for working with the elderly among nurses and nursing students, and the personal motivators that propel them towards this vocation.

The answers to these questions could be the same, according to Brown, Nolan, Davies, Nolan, and Keady (2008), who postulated enriched, hybrid, learning environments—inside or outside of formal education—supporting a transforming value system, might change the current migration away from geriatric nursing. Eshbaugh, Gross, Hillebrand, Davie, and Henninger (2012) took this supposition one step further by arguing that failure to integrate this enriched learning with real-world opportunities and benefits for graduates of nursing programs would further diminish an already compromised national geriatric care system.

Research questions. Government reporting and meta-analyses of the literature on nursing and health care education regarding conditions in health care

settings across the country in 2014, continued to echo persistent warnings expressed by researchers and government panels about the urgent need to address the issue of workforce shortfalls in qualified geriatric healthcare providers over the past four decades (Azzaline, 2012; Scherer, Bruce, Montgomery, & Ball, 2008; Swanlund & Kujath, 2012).

Against this backdrop this study has attempted to address, if not answer, this four-part question:

(1) Are students of nursing and social work who exhibit an interest in gerontology drawn to educational programs offering early exposure to this field, or

(2) Are they already inclined along a path to serve the elderly owing to life experiences that predate their involvement in a program of study, and if so,

(3) Do markers exist within the memories, hearts, and minds of nursing students that motivate them in that direction, and

(4) Can these be clearly identified through a process of interpretative analysis of recollections and reminiscences of significant life experiences?

An attempt was made to answer this interconnected and multifaceted question with an aim to elucidating one phenomenon whose better understanding might lead to new ways of increasing interest of undergraduate nursing students in the field of gerontology and specifically in direct care to elderly patients. Improvement in the numbers of BSN graduates electing to pursue early careers in geriatric direct care

would provide a systemic remedy to the real-world problem of inadequate nursing care now facing elderly patients.

Conceptual framework. The literature on gerontology and research-based pedagogical change in nursing programs supports the need for more qualitative inquiry to explain why some individuals possess a natural understanding of the psychological, emotional, and physical needs of elderly people, and an interest in working with this patient population, while others exhibit indifference and often contempt for senior and elderly individuals, and those suffering from chronic and terminal illnesses (Gross & Eshbaugh, 2011; Eshbaugh, Gross, & Satrom, 2010; Heise, Johnsen, Himes, & Wing, 2013; Wesley, 2013).

The body of literature on research devoted to this particular phenomenon remains ambiguous in conclusions drawn about the importance of analysis of highly subjective empirical data examining intergenerational contact and attachments from childhood and adolescence when young adults select a career specialization (Blustein, Prezioso, & Schultheiss, 1995; Wright & Perrone, 2008).

Gap in the literature. This ambiguity creates a gap in the knowledge base linking the currently undervalued innate or naturally occurring life experience education, with formal curricula designed to prepare nursing students for the rigors of a national patient clientele that is living longer and suffering from vastly more complex conditions and illnesses than were their progenitors (McCleary, McGilton, Boscart, & Oudshoorn, 2009; Webster, Bohlmeijer, & Westerhof, 2010).

Significance of the study. Significant memories and reminiscences and reflections of the lived experiences of nursing students and others closely associated with nursing education expressing an interest in, or aversion to gerontology as a career focus, have been examined to discern commonalities that may influence their decisions toward or away from this specialization. Data was analyzed through a process of comparative interpretation recommended by Saldaña (2009) to evaluate the intensity and power of some of those memories to create motivators for decision making in the present.

This painstaking process of multidirectional analysis of highly subjective empirical data has allowed the researcher to make determinations as to whether or not common themes among those individuals exhibiting an extraordinary comfort level working with the elderly and individuals suffering from chronic and terminal illnesses, can lead to the identification of common motivators.

The potential for artificial replication of positive motivators in classroom or practicum settings in undergraduate nursing programs points to a high level of feasibility, and according to Bardach and Rowles (2012) to the downstream positive impact of this curriculum enrichment on the geriatric health care field. Their conclusion is that this impact could be immeasurable.

The issue of active versus passive recruitment was also an area of exploration, in order to ascertain whether or not more selective recruitment of individuals already exhibiting markers that indicated the likelihood they possess these motivators naturally, was also a possible outcome of the research.

Definition of Terms

Memory: The conscious recall of lived experiences without regard to scale or significance of individual fragments of those recollections (Webster, Bohlmeijer, & Westerhof, 2010).

Motivators: Elements of recall interpreted by the individual doing the remembering synthesized, reflected upon, and evaluated in terms of importance as part of a current mindset and decision making process within the individual, guiding action and behavior in the present (Drummond & Hendry, 2011).

Non-traditional student: Individuals classified as either middle-aged or older, or individuals moving from one profession to another through further education in a related or completely unrelated field (National Center for Education Statistics, 2014).

Positive motivators: The magnitude of a recollection of a prior event powerful enough to influence an individual to think and feel positively about seniors and elderly to an extent that they seriously consider gerontology or geriatric care as a viable personal option for career specialization (Webster, Bohlmeijer, & Westerhof, 2010).

Negative motivators: The magnitude of a recollection of a prior event, or the absense thereof, powerful enough to influence an individual to think and feel negatively, or with ambivalence about seniors and elderly to an extent that they disregard consideration of gerontology or geriatric care as a viable personal option for career specialization (Webster, Bohlmeijer, & Westerhof, 2010).

Reflection: A personal determination on the part of the individual doing the reflection about the significance of a memory in terms of its power to affect conscious choice leading to decision making in adulthood (Webster & Gould, 2007).

Reminiscence: The act and process of comparing memories to current thinking and feeling processes in order to determine their importance in the life of the individual conducting the life review (Webster & Gould, 2007).

Research Design Overview

The study was conducted utilizing an interpretative phenomenological analysis model recommended by Smith, Flowers and Larkin (2009) in order to explore memories of lived experiences and their links to decision making processes in the present.

An in-depth, open-ended interview model was employed to elicit a maximum amount of highly personal information during two, 90-minute interview sessions with each of 15 participants. This dynamic exchange between the participant and the researcher provided opportunities for the listening, hearing and sharing responsive interview model suggested by Rubin and Rubin (2012) as the most conducive method for eliciting detailed accounts of highly personal, transformative experiences that motivate life-course decision making.

The plethora of empirical data included observational material collected by the researcher during the interviews and utilizing a coding procedure accommodating a multilayered analysis suggested by Saldaña (2009), created highly reliable

deductions leading to plausible categorization and identification of certain motivators for career related decision making on the part of nursing students.

Study sample. The purposeful snowball sample met the criteria for a credible quantity of information representing adequate source diversity recommended by Silverman (2012), and consisted of 11 females ranging in age from 21 to 83, and 4 males ranging in age from 31 to 76.

All major ethnicities were represented among the participants, with the exception of African American, and the omission of this ethnic minority was owing to the fact that the sample frame did not include any students who identified themselves as African American. Two of the participants were children before WWII and six were children at mid-20th century. The remaining participants were all born after 1980. While seven of the participants were full-time undergraduate or graduate students of nursing, five were nurses or others in nursing education related positions.

Two elderly participants, one male and the other female, were selected for their age and because they had each lived in more than 10 countries during their lifetimes experiencing other cultural norms and health care delivery systems. Their answers to the questions asked to all participants added a richness of reflective comparison not recorded among participants who had lived their entire lives in one society under one health care system after mid-20th century.

The emergence of life course theory as a possible additional marker of influence on individuals based on their lifespan along the timeline horizon created an opportunity for further exploration, albeit cursory, of the potential impact of what

Elder, Johnson and Crosnoe (2006) likened to socio-cultural influences producing powerful memories.

The perspectives of each of these participants from the unique vantage points of their widely varying life experiences in terms of race and ethnic tradition, family histories and dynamics, locations, socioeconomic and educational backgrounds, and most conspicuously—each participant's place in time—produced information vital to answer the 4-part question at the center of this inquiry.

Chapter 2: Literature Review

Lived experiences and the power of memories of significant personal events to influence an individual's choice of career path is well documented in studies of students pursing degree programs in nursing, social work, and public health (Eshbaugh, Gross, & Satrom, 2010; McCleary, McGilton, Boscart, & Oudshoorn, 2009). Less studied by American researchers, have been attitudinal dispositions of both instructors and students, and how these influence candidates' choices of health care related career paths (Ferrario, Freeman, Nellett, & Scheel, 2008).

Gerontology education research conducted in Australia and New Zealand, Europe, and Canada provide a growing body of evidence complimenting the America nursing research literature pointing to the attitudinal disposition of students based on their life experiences and attachment to elderly figures, not educational background, as the primary predictor of vocational choice (Doherty, Mitchell, & O'Neill, 2011; Bleijenberg, Jansen, & Schuurmans, 2012).

What remain unclear are the types of naturally occurring catalysts that propel students toward, or away from professional involvement with the elderly and in particular, the chronically and terminally ill (Funderburk, Damron-Rodriquez, Storms, & Solomon, 2006).

The questions of what motivates so many non-traditional nursing students to work with elderly patients, and what might motivate others who have shown no interest in this patient group to specialize in gerontology, is central to this inquiry and

frames the qualitative methodology used to define and interpret what Lun (2011) identified as a particularly elusive phenomenon.

Key Themes Guiding Research

Studies that evaluate the efficacy of nursing curriculum have focused on competencies and attitudinal dispositions of health care providers, including nurses, while failing to examine the personal histories of individuals who seem destined to serve this population (Eshbaugh, Gross, Hillebrand, Davie, & Henninger, 2012; Ferrario, Freeman, Nellet, & Scheel, 2008). Gross and Eshbaugh (2011) recommended further research be done in order to identify and classify personal motivators among students pursuing health care related careers in order to identify motivators among those selecting gerontology as a career specialization.

This study examined the personal histories of 15 individuals identified as undergraduate or graduate nursing students, nursing student advisors, or nursing professors of one BSN degree program, and several other individuals of special interest, in an attempt to identify these motivators. The theoretical grounding for this study supported attachment to family and other significant individuals as key in the evolution of motivators strong enough to direct decision making in adulthood and career trajectories over time.

Paradigm shift. The growing number of individuals over 65 seeking medical care in clinical and residential facilities, and home health situations has necessitated a shift in thinking among nurses and other health care professionals serving this population to embrace a more participatory and balanced model of continuous care

(Bowen, Dearden, Wright, Wolstenholme, & Cobb, 2010; Nolan, Davies, Brown, Keady, & Nolan, 2004).

Alarming trends. A growing body of research attributes this worldwide phenomenon to the social devaluation of seniors and the elderly, while offering no theoretical framework for explaining why this may be occurring within health care professions (Burnight & Mosqueda, 2011; Twenge & Campbell, 2009). The literature does not appear to contain research in this area of growing concern beyond the late 1990s, and this may also be attributed to the lack of focus being placed on this population in the current period (Choi & Mayer, 2000; Lachs & Pillemer, 1995).

Making real-world connections. The potential correlation of this trend to gerontology workforce shortfalls although likely, is not substantiated in the literature owing to a lack of evidence and according to some researchers indicates the need for further study of relationships and evolving definitions of attachments to determine the root of this devolution in intergenerational caring affecting the majority of care provider venues (Hamrick, Kennedy-Malone, & Barba, 2008; Brown, Nolan, Davies, Nolan, & Keady, 2008).

Shift in research focus. In response to this growing realization, a small, albeit growing, number of qualitative inquiries are yielding new information about the forces molding career choices among students in health care related disciplines (Bardach & Rowles, 2012; Brown, Nolan, Davies, Nolan, & Keady, 2008; Gross & Eshbaugh, 2011). Several studies have focused specifically on how personal life

experiences directly influence career choice (Lun, 2011; McCleary, McGilton, Boscart, & Oudshoorn, 2009).

Experiential knowledge. The power of memories of significant past events to influence life choices in the present is well documented in the literature (Littlewood, Ypinazar, Margolis, Scherpbier, Spencer, & Doman, 2005; Webster, Bohlmeijer, & Westerhof, 2010). In this seminal work: "The Life Review: An Interpretation of Reminiscence in the Aged," Butler (1963) claimed that remembering was a product and function of the aging process and that constant recollection so prevalent in the elderly might manifest as certain mental and psychological conditions.

Although the thrust of his investigation was to understand how reminiscence among elderly individuals impacted their present states of minds, his findings led to research that focused on memory and various forms of recall, including recollections and reminiscences, as potential catalysts for career decision making in early and middle-career adults (Chawla, 1998; Eshbaugh, Gross, & Satrom, 2010; Heise, Johnsen, Himes, & Wing, 2013; Rompf & Royse, 1994).

More recent studies have found that this natural ability to recall, and more importantly interpret wisdom through an accumulation of lived experiences, might also provide empirical knowledge about how positive experiences might generate an affinity toward a particular group of people (Doherty, Mitchell, & O'Neill, 2011).

Tanner's (1980) early work in this area led to more broad-based research that has analyzed the connections between lived experiences and career choice. Some of these studies have examined possible motivators for individuals destined for medical

doctor, social work and other primary care roles, while fewer have focused on nursing and nursing students' motivators for selecting career specializations (Littlewood, Ypinazar, Margolis, Scherpbier, Spencer, & Doman, 2005).

Socialization. Professional socialization and its influence on career path selection among practicing nurses, as well as students of nursing has been found to be a key factor in peoples' choices for a specialization at various points along the career horizon (Price, 2008). The sharing of significant memories of past events with others in social situations and the role of mentors have also been identified as motivators in the decision making process when individuals select a specialization within nursing (Miers, Rickaby, & Pollard, 2007). Schigelone and Ingersoll-Dayton (2004) believed some students in health care related programs, including medical and nursing students, shared a common affinity, or at least a tolerance for the elderly as a patient group, and concluded that the level of acceptance of older individuals, as a general rule, was proportionate to the amount of contact, both favorable and unfavorable, with elderly people during their lifetimes.

Stories shared by nursing instructors and mentors about their experiences within a particular specialization to students also have been found to influence decisions to specialize, particularly when an area such as geriatric care carries with it so many long-standing stereotypical references—many of them negative (Kloster, Hole, & Skar, 2007).

Gross and Eshbaugh (2011) reexamined earlier studies on nursing and staff attitudes toward elderly patients, particularly those suffering from psychological

disorders and the transference of negative attitudes about this patient group to students during their practicums in clinical settings, to understand why this phenomenon was continuing to occur (Cooper & Coleman, 2001; Nay, 1998; Normann, Asplund, & Norberg, 1999; Pursey & Luker, 1995).

The persistent negative stereotyping of this patient population and ageism practiced by veteran nurses have led some researchers to suggest more qualitative analysis focusing on positive interactive experiences for individuals considering gerontology as a career path is needed, in order to identify motivators that might counter the unpopular stereotyping that drives many nursing and social work students into other specializations (Auerhahn, Mezey, Stanley, & Wilson, 2012; Fox, 2013; Kagan & Melendez-Torres, 2013).

Attitudinal dispositions. Ferrario, Freeman, Nellett, and Scheel (2008) raised the issue of an individual's disposition and its place in the decision making process when choosing a vocation, or a specialization within a broader career category. In the context of roles requiring knowledge of gerontology and the special, and sometimes peculiar requirements necessary to serve late-life patients, Gross and Eshbaugh (2011) surmised those who serve this population require both internal and external motivators that take them to and keep them in this specialization over time.

While enticing nursing students to consider a career specialization in gerontology requires providing a career environment attractive in terms of working conditions, remuneration, and further advancement, Funderburk, Damron-Rodriguez, Storms, and Solomon (2006) cautioned a predisposition for the elderly, or at the very

least, a sincere interest in working with this population, is essential. Therefore, the identification of common personality traits and worldviews may lead to conclusions about what constitutes a predictable character sketch of the future geriatric nurse (Webster, Bohlmeijer, & Westerhof, 2010).

Further inquiry. Two unanswered questions not yet addressed by the literature is whether or not these motivators can be identified—gleaned through examination and interpretation of the recollections of individuals about their lived experiences—and once identified, if any of these motivators can be artificially replicated in classroom or practicum settings as enriched curriculum for enhancing knowledge about and interest in opportunities for early career entry into gerontology and related areas.

Workplace influences. Current working conditions for nurses and other health care providers in clinical and long-term care environments that cater primarily to the elderly and, in particular those venues where the clientele are suffering from mental illness or other debilitations, the issue of care provider workplace attitude has become an important concern for program and performance evaluators (Armstrong-Esther, Sandilands, & Miller, 2006; Treharne, 2006; Weiner & Rudy, 2002).

The transference of apathy and negativity from patient to care provider has been cited as one of several primary causes of negative stereotyping among geriatric personnel, including nurses, and increasingly facility administrators and schools of nursing and social work are identifying this phenomenon as a major deterrent to

motivating students to consider this field as a long-term career objective (Lane & Hirst, 2012; Littlewood, Ypinazar, Margolis, Scherpbier, Spencer, & Dornan, 2005).

Societal values. Changing societal values have also played a significant role in devaluing late-life and especially end-life adults in postmodern culture, and the life processes aging embodies (Sijuwada, 2009). What has become evident in health care as a result; however, is a growing, collective dislike for the elderly because of the terminality as individuals they represent (Lovell, 2006).

Eliopoulos (2013) saw this phenomenon as a fear-based mentality. Price (2009) likened it to a societal group consensus that needed to be changed from the inside out. A growing consensus among researchers is that the prognosis for geriatric workforce quotas and for ensuring appropriate competencies provided by nursing and social work degree programs remains grim (Berglund & Ericsson, 2003; Celik, Kapucu, Tuna, & Akkus, 2012; Fox, 2013).

Negative stereotyping. While the prevailing negative attitudes of many geriatric nurses, as well as a pervasive negative air among nursing educators has been well documented in the literature, few studies have produced evidence-based solutions to reverse this trend (American Association of Colleges of Nursing, 2014; Kagan & Melendez-Torres, 2013; Lane & Hirst, 2012). Heise, Johnsen, Himes, and Wing (2013) have classified young nurses and nursing students into Millennials and Generation-Xers and have developed recommendations for program content designed to develop positive attitudes toward geriatric nursing among these two generational workforce groups. Providing early exposure to gerontology in undergraduate nursing

programs and creating positive clinical experiences for undergraduates, they believe, will generate more enthusiasm for this specialization as a compelling career choice.

Implementation plan. Fox (2013) has expanded these recommendations further by providing a plausible four-pronged approach to increasing numbers of program graduates intending to move into geriatric nursing with the appropriate competencies in place. This four-point plan is comprehensive and scientifically based in its conceptual framing and provides for: (1) more knowledge of gerontology to both faculty and students by creating opportunities for teacher training and experiential knowledge transfer, (2) for attracting more mature individuals to programs through enrollment and retention strategies focusing on this group of individuals, (3) incorporating quality of life and positive life-cycle ideologies into course content, and (4) creating a wide range of opportunities for student interaction with healthy older adults.

The implementation of the first two steps might be augmented by a better understanding of markers, or motivators, among individuals gravitating towards gerontology as a career specialization on their own—as has been the case with the middle-aged, non-traditional track undergraduate nursing students interviewed for this study. Motivators nurturing an interest in and affinity for older adult patient populations and for the challenges and complex care requirements inherent to this age group among nursing students, may provide the vital content for course enriching through artificial replication of the experiences or circumstances that produced these

preexisting motivators in some nursing students (Brown, Nolan, Davies, Nolan, & Keady, 2008; Laur, 2013).

Berglund and Ericsson (2003) believed that nursing education should not be held responsible for changing social values, but advocated for programs of study that would engender a renewed respect and admiration towards the elderly and the contribution they make as individuals, in spite of being chronically or terminally ill. Nurturing those whom already possess a positive outlook toward elderly individuals, and inspiring those who have not yet acquired the life experiences that generate those feelings is, according to McCleary, McGilton, Boscart, and Oudshoorn (2009), the task of nursing and public health educators. The task that lies ahead will require a level of knowledge transfer, both naturally occurring and experiential in content, equal to the task of changing attitudinal dispositions toward gerontology subject matter and the patient population it is intended to protect (Sochalski & Weiner, 2011).

Curriculum, competencies, and policy. Since the late 1970s, conclusions drawn by many studies focused on nursing and social work educational programs, have continued to raise concerns about the inadequacy of public health systems to meet the needs of an aging and increasingly stressed population (Kelly, Tolson, Schofield, & Booth, 2005; Mezey & Fulmer, 2002; Hollander, Chappell, Prince, & Shapiro, 2007). At the center of much research conducted in this area during the 1990s were analyses of healthcare delivery competencies of licensed nurses and social workers (Boltz, Parke, Shuluk, Capezuti, & Galvan, 2013; Sochaliski & Weiner, 2011).

Gerontology content. By the early 2000s, less than 5 percent of the nation's approximately 2.2 million registered nurses had geriatric education or training, despite a plethora of nursing research that had been conducted with an aim to improving the supply-and-demand situation in clinical and long-term care venues over the previous 20 years (Mezey & Fulmer, 2002). Nearly a decade of research later, these same researchers concluded that a lack of cooperation between various branches of nursing, social work, and geriatric care professionals has hampered the development of interdisciplinary geriatric training programs—a prerequisite for closing the gap between nursing competencies and quality patient care (Mezey, Mitty, Burger, & McCallion, 2008).

Program efficacy. Assessments of nursing programs conducted during the most recent decade has focused on the troubling lack of progress being made in preparing graduates to serve a patient clientele consisting overwhelmingly of seniors and the elderly (Bardach & Rowles, 2012). The literature points to an emerging consensus of opinion about what competencies are necessary to meet real-world market demand within traditional nursing degree and other public health related programs (American Association of Colleges of Nursing, 2014; Sochalski & Weiner, 2011). However, the lack of implementation of research findings into best practice models for program improvement, according to Sochalski and Weiner (2011), has opened the door to increasing pressure from regulatory boards and stricter accreditation requirements for four-year nursing degree programs.

Since 2000, the number of studies undertaken by American nursing and social science researchers in the area of gerontology education has declined precipitously, while research efforts in Australia, Europe, and Asia to provide evidence-based solutions to the supply-and-demand gap plaguing other health care systems have continued to increase steadily (Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000; World Health Organization Aging and Health Programme, 2000: Schober & Affara, 2006). In this stagnating research environment, it would appear that national associations and accreditation and regulatory bodies appear to have taken the lead in directing future change for nursing programs nationwide (Sochalski & Weiner, 2011).

Politics and policy. In response to political and industry pressure to energize movement toward decisive, substantive change in nursing degree program curricula, in 2014, the American Association of Colleges of Nursing (AACN) published its recommendations in a comprehensive report: "Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults" (AACN, 2014). The report detailed inadequacies in nursing program design that have prevented them from producing graduates with adequate education and training in gerontology, and recommended 19 nursing competencies be incorporated into existing nursing curricula with an aim to closing the well documented gap "between market need and health care delivery competencies" (AACN, 2014, p. 11-12).

Nursing competencies. The competencies cover a broad range of areas pertinent to working effectively with the elderly in clinical and non-clinical settings. They include capabilities that include the effective use of iterative assessment tools to

ensure quality delivery of training principles. They also encompass implementation of evidence-based practice aimed at improving patient outcomes, optimum patient-care provider communication, ethical decision making practices, comprehensive assessment of physical and mental health issues, individualized health planning and support, and effective multi-sourced resource utilization (AACN, 2014).

Motivating policies. National mandates to reform the American health care system have placed increased demand on medical professionals, including nursing researchers and nursing educators, to pursue research and implement evidence-based remedies for identified deficiencies in gerontology content in nursing degree and certification programs (Eshbaugh, Gross, Hillebrand, Davie, & Henninger, 2013; Sochalski & Weiner, 2011).

Two widely documented obstacles still remain; however, the addition of gerontology content to undergraduate curricula, and professional development for nursing faculty to embrace the imperative for more education and training in gerontology at the undergraduate level (McCleary, McGilton, Boscart, & Oudshoorn, 2009; Spitzer & Perrenoud, 2006).

This reform agenda has galvanized regulatory bodies to generate policies that mold nursing educators into a more market-responsive, forward thinking body of professionals capable of responding, not to demands of the past, but to future societal needs (Sochalski & Weiner, 2011). Those 'future' societal needs, according to Fox (2013), Pope (2013) and a growing number of health care educational researchers

became critical, 'current' societal needs of global proportion at the beginning of the new century, 14 years ago.

Cultural awareness. Lehman, Fenza, and Hollinger-Smith (2012) define cultural competence in health care settings as high quality, patient-centered care that promotes and sustains positive and favorable outcomes for patients of all ages. Although other researchers define cultural competence using different terminology, the consensus appears consistent among researchers within the literature on professional nursing competencies that a holistic, relationship-centered model of care integrating interpersonal and patient-centered components that embrace cultural, educational, socioeconomic, religious, and other differences between care provider and care receiver, and from patient-to-patient, produced a high level of consistency in positive outcomes (Andrews & Boyle, 2002; Saha, Beach, & Cooper, 2008). Lehman, Fenza, and Hollinger-Smith (2012) attributed the lack of research and concept model building in this area of patient care to a lack of consensus among nursing researchers and educators about which racial ethnic groups to study.

The current deficiencies in undergraduate course exposure to gerontology are exacerbated by a further lack of instructor expertise in and accommodation of cultural, religious, familial, and other important social identifiers of the patients their students will serve as non-specialized, registered nurses (Institute of Medicine of the National Academies, 2008). One means toward removing at least some of these roadblocks is to engage professionals experienced in geriatric care into nursing faculty positions (Penn, Wilson, & Rosseter, 2008).

Faculty development. The lack of trust among nursing professionals for research in nursing is well documented in the literature and impedes progress towards the retraining of middle-to-late career nursing educators who have left patient care venues (Pravikoff, Tanner, & Pierce, 2005). Given this prejudice, retooling nursing faculties to embrace the new emphasis being placed on gerontology in an undergraduate curriculum already overcrowded with essential content is challenging many nursing schools (Thornlow, Latimer, Kingsborough, & Arietti, 2006).

Some have opted for an alternate approach—to create gerontology certificate programs designed for graduate specialization that also accommodate undergraduate students who wish to participate on an elective basis (Thornlow, Latimer, Kingsborough, & Arietti, 2006).

This approach may be a less than systemic solution to creating adequate levels of competencies in basic nursing knowledge and skills, while also accommodating the realities of a patient base not accounted for in traditional programs of study (Auerhahn, Mezey, Stanley, & Wilson, 2012). Research continues to show that the world of the elderly, the mentally compromised, and the chronically and terminally ill represents a living culture unto itself with its own languages, its own rules, it own fears and expectations, and it's own demands (Dosa, 2010).

Conclusions

As nursing experts and educational program designers continue to decipher the findings of prominent studies pointing to evidence-based implementation of curriculum and instruction representing more culturally inclusive, age appropriate,

patient clientele-oriented content, nursing undergraduate programs that acknowledge the importance of these changes will become models for replication (Lehman, Fenza, & Hollinger-Smith, 2012; Penn, Wilson, & Rosseter, 2008; Thornlow, Latimer, Kingsborough, & Arietti, 2006).

Concomitant with this well-documented need for more real-world health care setting exposure within undergraduate nursing programs is an acknowledgement of well-documented motivators that push individuals toward or away from particular specializations (Heise, Johnsen, Himes, & Wing, 2013). Career advancement, financial gain and job security are the most common, with a lessor variety of personal motivators generating what Lun (2011) identified as an altruistic necessity among fewer individuals destined for careers in geriatric nursing. This less document genre of motivators has provided researchers with a relatively new area of inquiry, and has been the focus of this study, which attempted to identify motivators among individuals selecting gerontology as a career specialization.

Gross and Eshbaugh (2011) have provided a persuasive argument for presenting gerontology and aged patient care in a new light by demonstrating to nursing students and practicing nurses alike the value-added content of a career specialization in this area, while Goodin (2009) advocated for more accurate portrayal of gerontology related specializations as an area of extremely rapid growth in terms of both employment and long-term, positive remuneration. Identification of hitherto unknown motivators would provide a broader understanding of factors contributing to

the undersupply of nurses trained in gerontological concepts applied in health care settings.

Chapter 3: Methods

This study was conducted utilizing an interpretative phenomenological analysis (IPA) model recommended by Smith, Flowers and Larkin (2009) in order to explore memories of lived experiences and their links to decision making processes. IPA has gained momentum during the past two decades as the preferred qualitative approach used by researchers in health related fields to identify, understand, and interpret the intensity and power of particular lived experiences of participants to affect decision making in adulthood (Drummond & Hendry, 2011).

Balls (2009) defined IPA as distinct among qualitative phenomenological approaches in that it accommodates the analysis of experiential information from multiple perspectives. A multifaceted analysis of this complex phenomenon is necessary in understanding how lived experiences create preferences for or against a particular career specialization, of particularly significance, according to Webster, Bohlmeijer and Westerhof (2010), among individuals who have demonstrated a shared interest in human health care.

Theoretical framework. Thomas (2003) recommended a conceptual framework that embraced attachment as the grounding agent for eliciting similar kinds of information from people of unidentified backgrounds sharing common programs of study. He believed this would benefit future researchers who attempt to replicate research based on qualitative inquiry to analyze highly subjective data. The literature on gerontology and research-based pedagogical change in nursing programs supports the need for more qualitative inquiry to explain why some individuals

possess a natural understanding of the psychological, emotional, and physical needs of elderly people—and an interest in working with this patient population—while others exhibit indifference and often contempt for senior and elderly individuals, and those suffering from chronic and terminal illnesses (Gross & Eshbaugh, 2011; Eshbaugh, Gross, & Satrom, 2010; Heise, Johnsen, Himes, & Wing, 2013; Wesley, 2013).

The body of literature on research devoted to this particular phenomenon remains ambiguous in conclusions drawn about the importance of analysis of highly subjective empirical data examining intergenerational contact and attachments from childhood and adolescence when young adults select a career specialization (Blustein, Prezioso, & Schultheiss, 1995; Wright & Perrone, 2008). Elder, Johnson and Crosnoe (2006) disagreed, putting forth the idea that life course theory, firmly rooted in attachment theory, would help to explain the influence of the external world surrounding individuals on their choice of career path.

Relationship attachments. Attachment theory has evolved from its origins in infant-parental and familial bonding, to framing analyses of complex adult relationships that encompass both the attachment and detachment of individuals along the entire life cycle (Bowlby, 1979; Page & Norwood, 2007). Nowhere has the study of human attachments, or the lack thereof, become more prevalent, according to Bowlby (2000) and Brhel (2013) than in the health care field, and in particular within caretaker and care receiver relationships of all kinds, which in clinical settings is currently evolving from care provider-directed assistance, to the patient, or person-

centered service delivery paradigm (McCance, McCormack, & Dewing, 2011; McCormack, 2004).

Human relatedness theory. Bucci, Roberts, Danquah, and Berry (2014) concluded human relatedness theoretical grounding was absolutely essential to improving patient outcomes in the practice of mental health care and in the education of individuals charged with their care. Hagerty and Patushky (2003) believed the rapidly evolving clinical care environment necessitated a dramatic change in the nursing-patient relationship, in order to improve quality of care and patient outcomes. They also proposed a theory of human relatedness, which is grounded in attachment theory, to frame research focused on nursing competence to engage in nurse-patient relationships among individuals of highly diverse classifications.

Life course theory. As social and cultural values have evolved in the majority of postmodern countries, perceptions and attitudes toward seniors and the elderly have also changed, and the shrinking numbers of those destined for service careers in nursing and social work reflect this gradual, albeit pervasive devaluation of the elderly in the career specialization choices they make that exclude this segment of the population (Browne & Shlosberg, 2006). Elder, Johnson, and Crosnow (2006) believed life course theory was an appropriate grounding for inquiry into both patient-care provider relationship building and in nursing education, and the basis for this relatively new paradigm in thinking is also attachment theory based.

Fear of anxiety theory. Patient fear, particularly among the elderly, further compromises patient outcomes, where fear and communication have been reported to

be two additional factors impeding optimum patient-nurse relationships (Reiss, 1987). This impediment has been attributed within this age group because patients are less likely to report symptoms or confide in others about concerns or worries both directly and indirectly related to their own prognosis (Ciechanowski, Walker, Katon, & Russo, 2002). Research aimed at improving understanding of this phenomenon, in order to reverse its negative impact on real-world health care delivery systems, has begun to support a relationship-centered, rather than a person-centered framework for improving health care professional competencies and in turn, clinical and long-term care environments for patients (Nolan, Davies, Brown, Keady, & Nolan, 2004; Williams, Frankel, Campbell, & Deci, 2007). Given the pervasiveness of fear and anxiety among older patients, this theoretical grounding was seriously considered as a sub-grounding for the study, but was eliminated owing to its fairly insular relevance to the identification of motivators promoting affinity for and interest in this patient population.

Self-determination theory. A number of studies have used self-determination theory to explain what appears to be a growing consensus within the health care community, and in society at large, that cooperation among all participants of the care provision team, including the patient and family advocates, is critical in order to maximize and guarantee quality of care (Larsson, Sahlsten, Sjostrom, Lindencrona, & Plos, 2007; Sahlsten, Larsson, Sjostrom, Lindencrona, & Plos, 2007). Given its emphasis on interpersonal relationships, self-determination theory, ostensibly grounded in attachment theory, was considered as a secondary grounding for this

study. It was; however, determined to be redundant to attachment theory, which encompasses the majority of aspects of lived experience and memory recall.

Consensus among underlying theories. Grounded theory, self-determinism theory, social disassociation theory, socio-cultural theory, intra- and interpersonal theories, life course theory, even globalization and socio-cultural theories, as well as various prominent organizational theories and frameworks have been examined as potential grounding agents for this study. Given the fact that all are either grounded partially or completely, or are principally interconnected with attachment, this theoretical scaffolding has been selected as the optimum conceptual framework for a study focused on identifying motivators linking specific life events of individuals to their selection of life and career choices along their life horizons.

Sample frame. Initially, a purposeful random sample of participants was selected from a sample frame consisting of approximately 60 students enrolled in one undergraduate degree nursing program who had participated in a gerontology interest survey (Appendix C) and indicated they would be interested in taking part in a study involving discussion about elderly patient populations.

When the desired sample of 15 was not obtained in initial and secondary email invitations from the sample frame, a snowball sampling suggested by Janesick (2011) including nursing faculty, student advisors, one international student of social work, and two elderly professionals, was obtained. In the initial sampling, seven undergraduate nursing students, one graduate nursing student, and two alternate participants were enlisted. Table 1 gives general demographics of the participants.

Table 1: Description of Participants

Participant	Age, Gender, Orientation, Disposition towards Elderly	Ethnicity	Status	Other Defining Characteristics
1	31, Female, Lesbian, Strong affinity for elderly	White	4th year undergrad nursing student	Small family, positive contact with grandparents
2	24, Female, Undisclosed, Strong affinity for elderly	Hispanic	2nd year undergrad nursing student	Close ties to brother & mother, inspired by her to enter "a caring profession"
3	50s, Female, Undisclosed, Moderate affinity for seniors and elderly	White	RN in advising and other administrative capacities	Challenging family background, high-stress, high profile career
4	48, Female Undisclosed, Strong affinity for elderly, family caregiver	Asian American	Non-RN in admin. capacity	Strong traditional family upbringing, values centered
5	Mid-40s, Female, Undisclosed, Moderate affinity for elderly		RN, Professor	Strong influence from upbringing, nurse inclined
6	35, Male, Heterosexual, Expressed ambivalence towards elderly, minimum contact	Caucasian	4th year undergrad nursing student	Not influenced by family, by wife though, destined for medical school
7	64, Female, Undisclosed, Strong affinity for elderly and terminally ill individuals	Caucasian, Native American	PhD in Medical Sociology	Heavily influenced toward medical related career by physician father
8	46, Male, Heterosexual	Caucasian	Career military, CNA, 3rd year undergrad nursing student	Influenced towards health care vocation by traumatic experiences in war zones
9	83, Female, Undisclosed	Irish immigrant family	PhD in Education, world traveler, long-term family caregiver	Strong familial attachments, strong motivators for decisions
10	29, Female, Undisclosed, Strong affinity towards elderly	Hispanic	Former CNA, 4th year undergrad nursing student	Strong attachment to grandparents and mother, influenced her direction
11	76, Male, Homosexual, Strong affinity toward seniors and elderly	Asian	Retired international businessman, substantial health care contact	Influenced by mother and priest and educator mentors in youth.
12	Mid-40s, Female, Undisclosed, Strong affinity toward seniors and elderly	Caucasian	RN, non-traditional track, formerly international businesswoman	Influenced by grandparents, but negatively influenced by estranged mother
13	24, Female, Undisclosed, affinity toward elderly, Strong dislike for institutional care	Hispanic	3rd year undergrad nursing student, long-term CNA caregiver	Influenced by mother, who was also a caregiver
14	28, female, Undisclosed, Very strong affinity toward seniors and elderly	Caucasian	Nursing doctoral student	Strong influence by parents, grandparents, and extended rural family
15	35, Male, Homosexual, Moderate affinity to seniors and elderly	Mexican national	Masters level student of family counseling and therapy	Strong influence by parents and older siblings, expressed altruism
Note: Mention of sexual orientation is made when expressed as a significantly motivator by the participant.				

The expanded sample created maximum diversity in areas relevant to identifying information with the potential to answer the four-part research question at the center of the study. Seidman (2013) suggested by employing a double-interview regime for semi-structured, in-depth interviews to obtain qualitative data, 30 interview sessions with 15 participants would be an optimum number to achieve a threshold of data saturation. Each interview was approximately 90 minutes in length and the two interviews were held approximately one week apart, to allow time for reflection on the part of each participant.

Study sample. These purposeful samplings met the criteria for a credible quantity of information representing adequate source diversity recommended by Silverman (2012), and consisted of 11 females ranging in age from 21 to 83, and 4 males ranging in age from 31 to 76. Most major ethnic groups were represented among the participants, with the exception of African American, and the exclusion of this ethnic minority was owing to the fact that the sample frame did not include any students or other individuals who identified themselves as African American.

The age of participants, and therefore the era in which each age group grew up, was found to be significant in terms of the widely differing perspectives recorded during the interviews. Two of the participants were children before WWII and six were children at mid-20th century. The remaining participants were all born after 1980. While seven of the participants were full-time undergraduate or graduate students of nursing, five were nurses or others in nursing education related positions.

Two elderly participants, one male and the other female, were selected for their age and because they had each lived in more than 10 countries during their lifetimes, experiencing other cultural norms and health care delivery systems. Their answers to the questions asked to all participants added a richness of reflective comparison not possible with individuals who had lived their entire lives in one society under one health care system only after mid-20th century.

Data collection model. An in-depth, semi-structured, open-ended interview style recommended by Janesick (2011) was employed to elicit maximum highly personal information during two, 90-minute interview sessions with each participant. This dynamic exchange provided opportunities for the listening, hearing, and sharing responsive interview model suggested by Rubin and Rubin (2012) as the most conducive method for eliciting detailed accounts of highly personal, transformative experiences that motivate life-course decision making.

The plethora of empirical data included observational material collected by the researcher during the interviews and utilizing a coding procedure accommodating a multilayered analysis suggested by Saldaña (2009), created highly reliable recording and deductions leading to plausible categorization and identification of certain markers, or 'motivators' for career related decision making on the part of nursing students.

Materials and procedure. The custodian of the gerontology interest survey provided the researcher with access to the sample frame, and individual students were contacted randomly through an informational invitation email letter (Appendix B),

describing the study and inviting individuals to participate. The letter was sent to those self-identifying on the survey as interested in speaking with someone about gerontology, and those indicating they would like to participate in this study, and others introduced through snowball sampling. They were asked to contact the researcher using the email and telephone number provided in the informational letter. These individuals were contacted first by telephone and then again by email to reconfirm their desire to take part in the study, and to schedule the two interviews in which they were asked to participate. This process was followed for each of the 15 and two alternate participants who volunteered for the study. All participants signed an NMSU Institutional Review Board approved consent form (Appendix A).

The 15 participants were each interviewed twice, individually over a period of four weeks for approximately 90 minutes each time. The two interviews were scheduled one or two weeks apart, to give participants time to reflect on the information discussed during the first interview sequence. Interviews followed a semi-structured, open-ended question format.

Following the second and final interview, each participant was informally debriefed during a closing conversation with the researcher as an extra layer of clarification and protection for the participants, and to give them ample opportunity apart from the questioning of the interviews to reflect upon information that had been discussed, and to express any concerns or issues they might have had with the interview process or memories the interviews brought to the surface that they felt might have been upsetting. None were reported. None of the selected participants

elected to discontinue participation during or after the study, and alternates were thanked in writing for agreeing to participant in a stand-by position.

Data analysis. Interviews were audio recorded for later hand transcription and with observational data were coded and analyzed using a multi-cycle coding protocol developed by Saldaña (2009), which accommodates internally processed first and second cycle coding methods necessary to process the many experiential themes that surfaced in each of the two-part interviews.

Using a multidirectional approach to data collection and analysis, according to Pringle, Drummond, McLafferty, and Hendry (2011), increases investigator effectiveness in discerning differences in attitudes among people of shared backgrounds, a more difficult task potentially, according to Smith, Flowers and Larkin (2009), than identifying commonalities among people with dissimilar experiences. IPA also helped to differentiate cultural and social stereotyping and generalizations that manifested as personal beliefs and attitudes among individuals who shared a common interest or persuasion (Reiners, 2012).

These constructs characterized participants who have expressed an aversion to working with the elderly in a professional context, while also personifying the motivators that draw others to their service. An objective examination of experiential information representing these polar opposites provided a rich body of information for analysis.

Instrumentation. The in-depth interview instrument (Appendix D) consisted of an opening statement asking participants to share their lived experiences, followed

by four open-ended questions designed to illicit details of recollections of pivotal experiences that may have influenced their attitides and feelings about older individuals, chronic or terminal illnesses they have observed first-hand, issues related to death and dying, and long-term care for the elderly in familial or other settings. Each interview was allowed to flow as the participant talked; however, an assortment of additional short-response prompt questions recommended by Seidman (2013) also were asked when the researcher determined an inadequate amount of detailed description of memories identified by the participant as pertinent was being provided.

The crafting of the primary four open-ended questions represented a thick descriptive interview perspective recommended by Kvale and Brinkmann (2009), which encouraged the participants to share in as detailed terms as possible the experiences that formed their perceptions and feelings about older individuals and the health issues and life circumstances relevant to this age group.

Employing the Kvale and Brinkmann (2009) discrete design protocol for optimizing in-depth interviews, which includes a comprehensive, 7-step, holistic process that encompasses designing, interviewing, transcribing, thematizing, analyzing, coding, cross-referencing, and observation, two, 90-minute interviews for each of 15 participants generated rich descriptions of lived experiences that were correlatable and contained identifiable phenomena influencing attitudes, values, and mindsets regarding their attitudes toward the elderly.

Semi-structured interviews. Seidman (2013) recommended a multiple-phased interview approach when seeking thick descriptions of lived experiences. The

first interview phase explored participants' upbringing and involvement with nuclear and extended family, social and family values and beliefs, and familial and personal dispositions towards different age groups. In order to guide the conversation across these core topics, an opening invitation statement and four follow-up open-ended questions were asked to motivate participants to share information pertinent to each of these three general categories.

The first interview explored participants' upbringing and involvement with extended family, social and family values, and personal dispositions towards different age groups. The second interview focused on examining what participants identify as naturally occurring vs. programmed stimuli that had influenced their interest in and affinity for, or aversion to older people, and particularly seniors, the elderly, or individuals suffering from chronic or terminal illnesses.

The opening statement in the first interview phase acclimated the participant to the tone of the interview and functioned as a conversation starter. The statement thanked the participant for agreeing to participate in the study and for sharing their recollections and thoughts about some of their lived experiences, their upbringing and their involvement with extended family or the families they had been close to throughout their lives. After they shared their initial thoughts on these aspects of their lived experiences, they were asked four questions during the remainder of the interview.

The following questions were designed to focus the participant on specific aspects of memories they have that may produce information useful in identifying common pivotal experiences among the 15 participants.

Interview phase one instrument. Question 1: What types of experiences during your upbringing do you remember as being pivotal in developing your feelings about the older generation and particularly your grandparents or other elderly people you have known? Question 2: Growing up at home did your parents ever talk about social and family values and did they have expectations about how your personal values would develop? Question 3: Do you remember when you began to form opinions about people older than you, your parents, grandparents, elderly neighbors, or others you came into contact with during your adolescence? Question 4: Do you recall any experiences you have not yet mentioned that have influenced your feelings about people in general, or particular age groups of people?

The second interview phase took place approximately one or two weeks following the initial interview, and focused on examining what participants identify as naturally occurring versus programmed stimuli that may have influenced their interest in and affinity for, or their aversion to the elderly, particularly as regards individuals suffering from debilitating conditions or degenerative illnesses.

The opening statement in the second interview phase again acclimated the participant to the tone of the interview and functioned as a conversation started. After they shared any additional thoughts they did not share in the first interview, about their upbringing and involvement in extended family, family values, or pivotal

episodes or experiences that helped form their worldview and current mindset as regards elderly individuals or personal career trajectories, they were then asked to respond to four open-ended questions focusing on various aspects of their current and former formal education or professional training.

The following questions were designed to focus the participant on specific educational or professional training experiences that may have enriched or fortified the experiences and attitudes described in the previous interviews.

Interview phase two instrument. Question 1: What role have these experiences played in your choosing to enter the field of nursing, social work, or direct health care? Question 2: Have you participated in any K-12 or postsecondary school projects or programs, extracurricular activities, part-time jobs, volunteering, or other activities that were focused on older adults? Question 3: How have you been influenced by your current nursing or social work programs of study to consider a career path in a geriatric related field, or another vocation involving older adults and the elderly? Question 4: If asked by your teachers, mentors, and career counselors, what suggestions would you give them about providing information, formal instruction, practicum, or training that would help you decide on a geriatric care career path within nursing or social work?

Throughout each interview in this two-phase sequence, the participant was allowed to lead the dialog unimpeded, unless the researcher felt the discourse was veering too far away from the general theme of the interview, in which case short guide questions recommended by Janesick (2011) were interjected, in some instances,

to gently steer the participant back to the subject matter encompassed in the opening statements and four subsequent open-ended questions.

Data collection and analysis. The analysis of the interview and observational data collected during 30, in-depth interviews was an inductive process of identifying life experiences that appeared to influence choices of a professional vocation among students who had already entered nursing or social work degree programs. Discerning subtle patterns of congruence and divergence among participants expressing an interest in, or an aversion to, working with the elderly was central to this process. For this reason data recording accompanied by observational field notes provided an optimum means of capturing various types of information vital to the subsequent multi-directional analysis recommended by Seidman (2013).

The interviews were audiorecorded using an Olympus WS-801 digital voice recorder as the primary data recording tool, and an RCA RP3504 microcassette reorder as a back-up data documentation tool. The data gathered from these recorded interviews and field notes was hand coded and analyzed holistically utilizing Saldaña's (2009) recommended emotion coding, values coding, versus coding, and finally, evaluation coding. This iterative, integrated process allowed the researcher to examine the wide range of responses anticipated from participants who were describing memories and reflecting on personal emotions and perspectives across their lifetimes, and to become familiar with the worldviews, personalities, and vocabulary of each participant in the study.

Role of the researcher. The qualitative approach to research acknowledges a researcher's preeminence as primary data collection instrument, a long-debated potential drawback of qualitative inquiry expressed by Flyvbjerg (2006), while also accommodating multiple safeguards for recognizing and minimizing threats to data validity generated by personal bias (Yin, 2009). Miles and Huberman (1994) framed the issues of validity, credibility and authenticity in researcher-centric qualitative inquiry by utilizing a four-phase process of analysis that includes descriptive, interpretive, theoretical, and evaluative retrospection. Patton (2002) concluded that the validity of findings in interpretative phenomenological studies, where the investigator is the primary vehicle for both data collection and analysis, is ensured when fidelity to data collection and fieldwork safeguards remains high.

In studies where understanding of a phenomenon is gained through in-depth analysis of external and internal forces acting upon a complex, multi-compartmental, bounded system—namely the human experience—foreknowledge is highly advantageous (Gubrium, Holstein, Marvasti, & McKinney, 2012). When tempered adequately with data management and analysis procedures for qualifying objectivity; therefore, the interpretative phenomenological approach can lend credibility to the investigator, suggested Yin (2009) and Saldaña (2009), while adding objectivity to the findings and authenticity to the conclusions drawn.

Grounding abstract to reality. The object of this study represented a sample frame of participants from diverse ethnic, cultural, educational, and socioeconomic backgrounds. The wide span in ages of the participants was also an attempt to

maximize diversity of perspective along the lifetime horizon, recommended by Elder, Johnson, and Crosnoe (2006). Having extensive experience conducting in-depth interviews with a group of individuals as diverse as this particular one was helpful in guarding against personal bias and utilizing Saldaña's "touch test" (Saldaña, 2009, p.187) was instrumental in bridging the topical themes of interview data to attachment theory and other concepts grounding this study.

Trustworthiness. Qualitative inquiry demands an extraordinarily high level of rigor in order to ensure the trustworthiness of the data collected and analyzed, particularly in cases described by Lietz and Zayas (2010) as reflective and highly subjective in nature. Issues of credibility, dependability, transferability, and confirmability were addressed through a combination of interview techniques recommended by Seidman (2013), and Kvale and Brinkmann (2009), and iterative data collection and coding procedures recommended by Saldaña (2009) and Janesick (2011).

To strengthen credibility, the open-ended questions asked to participants were structured in such a way that they guided the participant to remember and share recollections of past events from three distinctly different domains identified by Webster, Bohlmeijer and Westerhof (2010) as cognitive, evaluative, and correlative reminiscences. The questions guided participants in remembering and sharing various experiences. Prompt questions provided by the researcher encouraged them to make personal judgments about how and why significance instances might have occurred and why they remain significant to them over time. Finally, the questions and

prompts stimulated the participants to correlate those recollections to their current mindset and sentiment towards people of advanced age and declining health.

The layering of perspectives based on recollections of events from the past participants identified as pivotal in their attitudinal development, created a cross-referencing of sorts akin to triangulation of data when compared with recollections of 15 participants recounting their personal histories.

The multiple interview regimen suggested by Seidman (2013) increased the authenticity of experiential information gathered from each participant by providing additional opportunity for clarification and extrapolation of self-identified significant recollections of experiences and relevant issues addressed by each participant during the first interview phase of the research. The data gathered in the second interview phase provided the researcher with information that corroborated and clarified statements made and attitudes expressed about experiences influencing each participant's current views of the elderly, and possible career choice. This secondary layer of inquiry increased the voracity and dependability of the information gathered over the course of the interviews, culminating in what Mason (2010) identified as a sufficient threshold of saturation of data for analysis. This saturation, or repetition of similar empirical data was indeed achieved in this study.

The researcher, functioning as primary data collection instrument, presents particular challenges to credibility in qualitative research and therefore, special care was taken to guard against personal bias and data drift to ensure objectivity and authenticity throughout the research.

Researcher-participant interactions. Reactions of participants to the researcher's demeanor while conducting the interviews, changes in that demeanor, style of questioning, or attitudes and opinions expressed by the researcher over the course of the 30 interviews, and any other changes or gaps that appeared to surface during questioning, as Janesick (2011) recommended, were documented as accurately as possible for later examination and correction in order to further strengthen the integrity of the data collection process.

During the data analysis phase of the research, these four areas of concern continued to be scrutinized through self-assessment by the researcher using Saldaña's (2009) four-step emotional coding, which is a process designed to guard against personal bias during the coding and analysis phases of qualitative inquiry. The imposition of personal values or judgments on the part of the researcher about statements made or attitudes expressed by participants during the interviews were noted when observed, in order to identify and purge personal bias, and unintentional drift in documentation, unavoidable but recognizable occurrences, according to Saldaña (2009), when conducting one-on-one interviews. These precautionary steps served to as high a degree as possible, to strengthen fidelity in data collection and analysis and ultimately the transferability of research findings.

Confidentiality. Personal identifiers of the participants, including names, telephone numbers, and email addresses were known only to the researcher, and have been stored in digital format on a password protected memory drive. No other identifiable data was collected from participants of this study. Audio recordings of the

30 interview sessions have been stored on cassette tapes and remain locked in a cabinet in a secure location. Handwritten field notes, observational notes taken by the researcher, as well as the hardcopy transcriptions of the interview session recordings have been placed separately in labeled hardbound binders, and digitally on a password protected memory drive.

All of these data are kept in a locked cabinet in the researchers home office and will remain there for a period of three years. After this required three-year period, the memory drive containing the names, telephone numbers and email addresses of the 15 participants and two alternate participants will be erased and destroyed.

The results of this study will be published as a dissertation in partial fulfillment of the researcher's doctoral degree, in journal publications, for presentations at conferences, and for use in informing nursing and social work education curriculum development. No personal identifiers of the participants or the alternates will be connected with the data, or with the results of this study.

Limitations: Each interview narrative generated information that addressed many of the approved interview questions adequately, but in some cases not all. This was owing to an inability of some participants, in particular those identified as younger, to connect vivid memories with more opaque experiences of transitional importance.

This unintended consequence was also due to the inability of the researcher, lacking a background and expertise in the psychological profiling necessary to elicit

some of the more opaque, albeit potentially powerful memories, to engage in a line of questioning not preapproved for this study.

No attempt was made to move participants in this direction when they were unable to reflect on what appeared to be significant memories during the interviews, in order to preserve the integrity of the interview instrument and the approved research protocol.

Summary

The methodology engaged for this study clarified to an optimum level of objectivity and credibility how both naturally acquired knowledge about the elderly, and educational exposure to geriatrics, might manifest as an inclination towards selecting gerontology as a career specialization at the undergraduate level. How a nursing student's early or late exposure to geriatrics in a formal education setting affects their naturally evolving attitudes and feelings regarding the elderly was examined in this study.

The intellectual merit of this research lies in its potential to explore the possibility a naturally evolving, personal affinity towards the elderly among some students pursuing a direct care-related degree, increases the likelihood they will select gerontology as a career path during the early years of their formal post-secondary education. The potential benefit of this knowledge may be in its use in enriching coursework and practicums by replicating real-world exposure and engagements involving seniors and the elderly that may enhance this phenomenon.

Chapter 4: Results

The substance of 30, in-depth interviews generated a broad range of reflections of lived experiences of the participants, and the perceived influence of these experiences on decision making in the present. The dialog between the researcher and each participant was dynamic and yielded answers to the interview questions that were in some cases predictable, while in others were quite unexpected. This dynamic exchange provided opportunities for the listening, hearing, and sharing responsive interview model suggested by Rubin and Rubin (2012) as the most conducive method for eliciting detailed accounts of highly personal, transformative experiences that motivate life-course decision making.

Each interview narrative generated information that addressed many of the interview questions, and these in composite have answered to a high level of fidelity the two questions at the center of this study, which asked if lived experiences predisposed individuals to gravitate towards geriatrics as a career specialization, and whether or not these motivational episodes could be identified and then replicated in a formal nursing program of study.

The data suggested preexisting personal motivators are more influential in determining a student's proclivity toward career specialization than course content or instructional influence, reinforcing recent findings from studies that have analyzed nursing curriculum efficacy (Reiners, 2012; Keating, 2011).

The only exception to this commonality in responses was found to be in the case of practicum experiential situations, where prior real-world exposure to patients

in clinical settings seemed to increase or decrease a participant's desire to work within a specific environment, including geriatric patient care. Although less explored in nursing and social work educational program design, providing patient contact in practicum settings as a hook to enticing more medical students to select gerontology as a career specialization, increasingly is being researched as a means to increasing competencies and participation by more early career nurses in this burgeoning field (Hughes, Soiza, Chua, Hoyle, MacDonald, Primrose, & Seymour, 2007; Shoshana, Bardach, & Rowles, 2012).

A combination of purposeful and snowball sampling was employed to locate participants who were affiliated with one institution and were either currently enrolled in the undergraduate or graduate programs of nursing, or individuals closely associated with these programs, including faculty, advisors, and other individuals with a knowledge of health care education and service delivery.

The sample also included two individuals selected for their multicultural backgrounds and their advanced ages. This attempt to maximize diversity was based on the researcher's desire to identify characteristics of experiences within these dialogs that might be classified as commonalities among those who appear to possess a natural aptitude for working with elderly individuals, and in particular those suffering from chronic or terminal illnesses.

The data collected from this diverse sample did not provide definitive proof there exists a set of skills, attitudes, and intentions that could be associated with what Eliopoulos (2014) identified as the model geriatric nurse. A majority of participants

have; however, defined elements of this in the context of their own life stories and the motivators they have identified. Even in terms of the plethora of anecdotal comment and conjecture presented at the end of this chapter, these insights have added substance to the core finding of this research—that adult motivators for decision making are, in fact, created in childhood and adolescence and are formed not by singular, but rather by a wide range of catalysts, including but not exclusively to personal attachments or exposure to seniors and the elderly.

Emerging Themes of Congruency

Each participant contributed his or her own unique life experiences, reflections and epiphanies to the pool of data gathered in this study. The diversity of their backgrounds and life histories juxtaposed against emerging threads of commonality formed seven themes for analysis. The data includes a unique blend of highly charged emotional reminiscences, as well as recollections devoid of any detectable emotion.

These fragments of information gradually merged during the data collection phase to form a working framework for comparison of identifiable themes based on a wide range of catalysts, the primary two being attachments to family and traumatic experiences beyond family, both creating deep feelings of purpose in professional pursuits.

Their stories provide a convincing argument for the premise that individuals destined to serve the elderly in professional capacities come to nursing and other health care educational programs already inclined toward this specialization. Further,

the creation of a pedagogically sound model of learning that replicates some of these experiences with an aim to artificially nurture this tendency—the majority of the participants agreed—may be well within reach of nursing instructors and program planners (Galloway, 2009; Kasworm, 2003).

The data also points to a number of personality types, traumatic experience, and to age as three major determinants that generate an affinity toward older adults, especially those facing special challenges such as chronic or terminal illness. If this assessment of the data is accurate, it may point to a need for changes in recruiting targets as a means of refocusing efforts within educational programs to increase the number of individuals attracted to nursing programs who have already exhibited a desire to work with older populations (Kloster, Hole, & Skar, 2007).

This data may also point to at least a partial solution to one challenge facing nursing programs, which is to increase interest among undergraduate nursing students about pursuing a specialization in geriatric nursing beyond initial licensure (Aday & Cambell, 2006; Auerhahn, Mezey, Stanley, & Wilson, 2012).

Theme 1: Familial and personal attachments. In the first of two in-depth interviews, participants were asked whether or not parents and family members had played a role in influencing a like or dislike for seniors and elderly people in general, or the life situations that tend to accompany the aging process, namely declining health, personality changes, and changes in the lifestyles of aging individuals. Six of the participants categorized as young (ages ranging from 24 to 34), were less able to pinpoint specific parental or family traits or values, or specific lived experiences

during their childhoods they could identify as influencing their decision making as adults, than were those six participants categorized as middle-aged (ages ranging from 35 to 65).

Each of the three participants categorized as senior or elderly (ages ranging from 66 to 83) stated with remarkable clarity exactly what familial characteristics, experiences, and interactions that had significantly motivated their adult decision making and life choices over the course of time. Participant 11 stated, "Age has its advantages. When we are older we have had many decades to reflect on life and the people who influenced us as we grew up and also as we grew old."

Participant 9, the oldest of the participants and the only octogenarian, remarked that where individual incidents might be forgotten over time, "The important things, the values, the modeling of our parents as we watched them go about their daily lives, all that stays with you and is what guides us the older we become." The power of reflection to shape a person's thinking was also shared by Participant 4, a middle-aged individual who stated:

> I believe I really began to reflect on what and who had influenced my life the most, after people around me started dying. When your parents die, it makes you stop and think, to assess everything you can remember, to do some mental and emotional housecleaning about what is important and what is not. When my mother passed away, I realized for the first time just how mortal we are. She had been there my whole life, and although I knew on one level she would grow old and eventually pass away, emotionally I guess I never really

accepted the fact that it was possible for her not to be here in my life. That forced me to make some decisions about what is important in my own life. It was a wake-up call, and my husband and I have discussed this a lot since.

Lun (2011) likened the identification of these significant influences to 'motivators of choice' in later life and therefore, it seemed apparent as the data was collected that age might be an accurate predictor of a propensity for personal reflection. Representations of this appeared in the responses of middle-aged and senior and elderly participants regarding the influence of familial attachments as motivators in later life. Within all three age groups, a strong parental and/or extended family adult presence in the early life experiences of participants provided significant recall of forgotten pivotal events, and grounding for participants' rationalizations about their importance in the present. Late 20th century researchers provided measurable evidence of these phenomena, while more recent attachment theory based inquiry has provided corroboration of these earlier findings (Tziner, Oren, & Caduri, 2014; Browne & Shlosberg, 2006; Bandura, Barbaranelli, Caprara, & Pastorelli, 2001; Middleton & Loughead, 1993).

Although the influence of siblings appeared less important in shaping the worldviews and life courses of the majority of participants, in several cases, cousins, friends and other peer individuals who played significant roles during earlier years appeared to be significant in terms of providing motivation towards one life path or another. Participant 1 stated, "I rarely saw my brother, as he was much older than I am, but we lived next door to my cousins, twin girls my own age, and we grew up

sharing a bond actually closer than normal sibling relationships, and we are closely involved in each other's lives even today. Both of them became nurses, and I wanted to do it too, and so we've all become nursing students." Participant 2, on the other hand, stated that her older brother was her role model, stating, "Even though he was not interested in helping people or working in the health care field, he is a good person and works very hard and has always encouraged me to follow my heart, my dreams, and work hard to make them real. He has been my strongest supporter, even more than my parents, as it has been difficult to work my way through nursing."

Whiteman, McHale and Soli (2011) attributed strong sibling attachments and their positive impact on child and career development to the absence of parents in the home, either owing to the dramatic increased in single-parent families, or in situations where both parents worked outside the home. When asked about family structures Participants 1, 2, 10, 13, and 15 all agreed they were influenced in their adolescent years to study hard and pursue studies that would lead to good paying jobs and secure careers, and even in their current lives these individuals continued to be influenced more by older brothers or sisters than their parents, because they spend more time with them, or their parents are deceased.

Participant 15 shared that when he was born most of his brothers and sisters had left the home and were married with children of their own. As his own parents were seniors when he was born, and his mother died during his childhood, two of his sisters spent more time raising him than did his father, and so he grew up under their

supervision, and today feel his nieces and nephews, some older than himself, are his siblings. His story was unique among the 15 participants, he stated:

> My two oldest sisters are my mothers, and they have definitely influenced the direction I have taken in my adult life. For many years I was involved in international YMCA and YWCA and camps for children, and today I am completing a degree in family counseling. My sisters taught me the importance of strong family bonds, and so I have to say my connection and attachment to them have shaped who I am and what I'm becoming today.

Several participants admitted their attachments to family in general, were "weak, maybe even nonexistent" according to Participant 7, and Participant 6 characterized the influence of parents as, "kind of there but my parents were always busy doing their own thing, so I just kind of did my own thing, too, and I don't think they have influenced me one way or another in my life or career."

Detachment theory may explain this phenomenon, where in adult life some individuals reflect upon interactions throughout childhood and adolescence with a pronounced ambivalence to their parents or other significant adult figures and the influence they claim they did not have on their lives (Brhel, 2013; Mielde-Mossey, 2008). When asked if they felt the role of the person within a family giving advice made a difference, middle-aged and senior and elderly participants seemed to agree that role was unimportant. Participants 3, 4 and 5 made similar statements to this effect, while Participant 9 articulated this general consensus of opinion by stating:

> It didn't really matter whether it was my mother or father or older brother, or aunt or uncle or neighbor. We were a tight-knit community and when we children were misbehaving or someone was dishing out advice, we all listened. If we were given advice, or scolded by a neighbor, or an aunt or uncle, it was the same as receiving advice or being scolded by our parents. Everyone fulfilled leadership roles and looked after the younger ones, and it didn't matter whose house you slept in at night. There were children and there were adults. Those were the only two roles that were important. We respected our elders and they cared about us. That is all that mattered in those days.

From the data collected and analyzed for this study it appears clear that attachment theory explains a major strand of evidence supporting the premise that nursing students are motivated in their career pursuits by childhood experiences and emotions connected with those experiences, and familial relationships formed early in life. Although the majority of participants' statements supported this conclusion, two of the participants disagreed and their rationales were similar in most respects.

Therefore, it is likely this difference in lived experience does not represent outlier findings, but rather an area requiring more inquiry to ascertain how prevalent this attitude is in the general population and specifically among students pursuing careers in nursing and health care related fields. It is interesting to note that both of these individuals, Participants 6 and 13, both expressed a genuine enthusiasm for working with older patients in the future and stated they felt this affinity towards

older people had grown in them because of encounters they had with them since leaving home.

According to Participant 6, "Working in a residential facility really put me in contact with older patients and although I was not comfortable with them in the beginning, the experience grew on me and even though I do not plan on entering a gerontology field, I have a new appreciation and respect for the elderly." Participant 13 related a similar experience when she stated that, "I didn't realize until I spent time with them (elderly patients) in an in-home care situation where I worked for a while, how interesting and nice most of them are." In these two cases, exposure to the elderly proved key to improving their feelings about them, and removing the stereotypical thinking both admitted to having prior to exposure in workplace settings (Auerhahn, Mezey, Stanley, & Wilson, 2012).

Theme 2: Exposure to seniors, elderly, and caregiving. The data showed two prominent types of exposure to seniors and elderly individuals by younger adults. The first type involved occasional or constant contact with grandparents or elderly relatives, neighbors or family friends in childhood and adolescence, and the second type encompassed contact and exposure to older individuals through social, workplace, or neighborhood contact after the participant left the family home and lived on their own as an adult. "My mother's parents lived with us during my childhood," shared Participant 1. "I remember my grandmother would feed my grandfather for several years before he passed away, and I would be her little helper. It was Grandpa, and his declining health was nothing to be afraid of, it was just

natural, so I grew up believing aging and death were natural parts of life. Most of my friends in my cohort are afraid of that."

Fear of losing youth, or acknowledging one's mortality, appeared to represent a significant factor in decisions about specialization within nursing, as well as performance and competency when practicing nurses caring for terminally ill patients, according to Braun, Gordon, and Uziely (2010). Their findings illustrated a disturbing correlation between personal attitudes about death and professional attitudes toward care of dying patients among oncology nurses. Lacking adequate training and the acquisition of appropriate coping skills, this overlapping was found to compromise quality of care in instances where nurses were afraid of death and had inadequate coping skills.

Dunn, Otten, and Stephens (2005) concluded the amount of experience nurses had with dying patients was a primary indicator of the quality of care they delivered to terminally ill patients, and that the more experience a nurse had working with this group the more positive the care experience was for both dying patients and their families. After four decades of intense research in this area of nursing practice and despite more recent studies calling for more nurse advocacy training in end-of-life care situations, however, the majority of nursing programs continue to provide inadequate training in the socio-psychological aspects of palliative and hospice care (Hebert, Moore & Rooney, 2011; Vogel, 2011).

When asked during the second in-depth interview why this young, female nursing student had expressed an aversion to working with elderly patients,

Participant 10 stated she had several reasons for not wanting to work in a hospital setting: "It's because of acute and terminal illnesses and things like that, I feel like people are really sick, they don't feel good, and they don't want to be there, and they're not going to get better, and this isn't a happy time in their lives. So, I'd rather work, you know, on the other side of that, where people are younger and healthier and we're pretty sure their outcome is going to be better."

An increasing number of individuals expressing this type of counterintuitive attitude represents an alarming trend among nursing students worldwide, and reflects persistent undertraining in this area in undergraduate nursing programs (Iranmanesh, Savenstedt, & Abbaszadeh, 2008; Iranmanesh, Axelsson, Haggstrom, & Savenstedt, 2010).

Participants 3 and 4, both academic advisors to undergraduate and graduate nursing students expressed concern that current nursing curriculum lacked instruction and clinical exposure to elderly patients, and provided inadequate preparation for work in hospital or residential care settings catering to terminally ill patients. "I can't imagine going into nursing and not wanting to experience the challenge of serving all kinds of patients, both those who will recover and those who will not. It shows how immature and ill suited for this profession many of the nursing students are," stated Participant 3. "There should be some way of redirecting students expressing these feelings to work in another field," she added.

Participant 4 concluded age and level of maturity had more to do with decision making among undergraduate and graduate students, stating she believed the

older students, especially the non-traditional students, and in the case of all male students: "They come into the program really motivated and already knowing what they want to do. They're just here to get the education and qualification in order to go back out and do it, and they don't need influencing or persuading to choose their specializations. These non-traditional students are the ones who don't shy away from difficult patient care situations."

The three middle-aged, non-traditional nursing students, Participants 1, 6, and 8, expressed no such dilemma in working with patients who were dealing with difficult or terminal illnesses. Participant 8 was unusually descriptive in his portrayal of a typical shift working with elderly dementia patients in a long-term facility, stating:

> None of my patients are every going home, and most of them don't even remember where home is. Most have no surviving family members, and their situations are dire and sad. The one thing they all have in common is that they know they are sick and each has moments of lucid memory when they realize something real from their past and then they remember there is something very wrong with them now, and then they forget for a while again.

This participant characterized most of the patients in his care as being in this frame of mind.

When asked to explain his source of satisfaction working with a group of patients so unpopular among fellow nurses and CNA staff, he answering the question

with a question, as he explained he believed it was worth the time and sometimes drudgery of the repetition of care he provided.

> After I've bathed them, redressed them, cleaned up messes and fed them, they remember that they feel better, more comfortable, and safe, if only for a few minutes, and in those moments they return to the personalities they once were, thanking me, holding my hand, and they are grateful someone cares, and then of course they forget again. Who would not be satisfied with that kind of return on their investment for the time spent with these people?

With the dissolution of the traditional multigenerational family structure many adults today have managed to traverse childhood with none or nearly no contact with grandparents or any older individual. This lack of generational bonding has been found to contribute to a marginalization of the elderly in postmodern societies (Brhel, 2013). Participants 13, an Hispanic female nursing student of 20 and Participant 15, a 34-year-old male student of family counseling from Mexico both explained they had not had any contact with grandparents growing up, and had no social contact with anyone older than 30 or 40 years old in their current lives.

Participant 13 described feelings of discomfort when she was around anyone she identified as older than middle age. "Old people strike me as boring and self centered, but I don't know why I feel that way because I don't really know any, it's just the feeling I've always had about senior citizens." Participant 15 expressed ambivalence in being around older individuals, although he stated that, "They are old and most of them have physical ailments so all they want to talk about is their

problems. I don't mind talking with them, but I wouldn't want to have to take care of them all day long. That would make me very frustrated and unhappy." When asked to elaborate on why they had such negative images of older people, both participants admitted they were not sure why they felt that way.

Both of these individuals stated several times throughout their second interviews they would not want to work with elderly patients in the future. When asked if they believed those attitudes might change if they were exposed to more information about and contact with this patient group through their programs of study, each stated they thought that might help them develop more positive feelings about older people, but did not see that changing their choice of work specialization in the future. There appears to be a sustained cultural precedent for the presence of ageism in the attitudes of both young nursing students and senior nursing faculty alike (Simkins, 2008; Gallagher, Bennett, & Halford, 2006; Thornlow, Latimer, Kingsborough, & Arietti, 2006).

This perpetuation of multigenerational prejudice towards elderly patients during the past half-century has changed little. As early as thirty years ago, Cicirelli (1983) found that attachment theory supported a path model of obligation rather than filial love, in adult children of aging parents, and that this attitudinal disposition was reflected among nursing staff serving older patients. A decade later Aday, Sims, and Evans (1991) determined children's and adolescents' attitudes about grandparents improved when intergenerational contact was increased.

More recent studies have correlated a lack of knowledge about and exposure to any particular age group along the lifespan horizon and a negative, or at least apprehensive attitudinal disposition about any targeted age group (Schwartz & Simmons, 2010; Lovell, 2006). And yet, today, undergraduate nursing programs continue to underplay the importance of exposing nursing students to gerontology concepts designed to eliminate ageism among individuals entering the nursing workforce (Plowfield, Raymond, & Hayes, 2006).

When participants were asked if they felt ageism in nursing was an important issue, younger respondents indicated they felt it was not, while participants characterized as middle-aged or older all stated they had experienced it first hand at one time or another and believed it existed within the nursing and medical professions. Participant 12 stated that after 25 years of rotations in hospital and hospice settings, she believed nurses generally were not adequately prepared to provide optimum care to elderly patients in palliative and hospice situations, stating:

> Nursing education continues to lag behind market demand because they are not used to designing programs that are market driven and responsive to changing consumer needs. I come from a business background, a non-traditional pathway to nursing, and so I believe the ageism perpetuated by nurses represents a lack of awareness of what is needed in today's health care system more than any personalized prejudice against elderly patients as people.

Theme 3: Attitudes about aging and death. Participants provided a very broad spectrum of attitudes and dispositions about the process of aging, the elderly, and on the issues of death and dying. Each was asked a range of open-ended questions about whether or not they had experienced death within their immediate family, or if they had lost a loved one or friend over the years, and how that experience had affected their perceptions of life, their own mortality, and most importantly their professional aspirations. Responses were, on the whole, emotionally charged when compared with other areas covered during the interviews and ranged from indifferent to passionate when asked to describe in as much detail as each felt comfortable sharing their feelings about these subjects across their lifetime.

Participants were asked to describe their earliest recollections of someone dying and whether or not their feelings about this subject had changed, as they had grown older. The younger group of participants, those under 30 years old, held very different views from participants in the middle and senior age groups, and this pronounced variation based on age allowed for fairly specific conclusions based on age and level of maturity of each participant. "I have experienced the death of someone close only twice in my life so far, my grandparents, and both passed away when I was a teenager, so I don't think about it much." remarked Participant 1.

Participants 2, 6, 10, and 13 stated they had not experienced the death of a family member or friend, and each also mentioned they had not given this subject much though, either in their private lives or in the context of nursing or future work in health care. The ages of these participants were between 20 and 30. "Participant 6

mentioned that he felt he had been lucky in that way, stating, "My parents are very young, and their parents are still very young, and so there really aren't any what I would consider to be old people in my family."

Participants 2 and 10 both remarked no one they knew personally had died, although Participant 10 remarked that she had experienced death and dying vicariously through watching movies, news, and social media. "People die all the time, you read about it every day in the news, famous people, and of course we see people die in movies all the time, but we don't really think about it as being real unless someone we know passes away." "I've been lucky, Participant 2 commented, "I come from a small family and everyone is still pretty young and healthy, but I imagine I will have to experience that harsh reality in the future."

Research conducted in health care settings has shown a direct link between negative and ambivalent attitudes about patients' terminal illnesses and deaths, to the personal beliefs and/or fears of the nursing and caregiving staff, and this phenomenon extends even to doctors (Vogel, 2011).

Participants 3 and 4, reflected heavily on their personal backgrounds, as they are both middle-aged, and on the many students they had advised during their careers. Participant 3 believed attitudes about mortality, and the entire aging process is formed in childhood for everyone, even if many young nursing students do not recognize that until they are much older, stating:

> My family is Asian and so our upbringing as children was very strict. We were taught very early to respect our elders, especially our grandparents, and

so I cannot remember a time when I thought of them as old, in particular, they were my grandparents and I loved and respected them. When they became ill and eventually died it was as natural a process as I can ever imagine. It was a sad experience, but not a fearful one.

Participant 4 shared this view of aging and death, relaying a similar story of a childhood with grandparents and other elderly individuals. "When you know the person who is sick and dying, it is less frightening, and I think people who have a lot of anxiety and fear about death and illness simply have not experienced that in their lives. How sad that is they have become adults and still have not learned those lessons."

Participant 11's remarks added a dimension of realism to the data collection process, as he was battling terminal illness at the time of his participation in this study. His responses were quiet and reflective, when he stated, "At 75 years old it would be silly to fear the natural processes of life. Like anyone else I would like to live forever, but that is not reasonable or sensible to think that is possible, so acceptance is something we all must learn eventually, and becoming ill begins that process very quickly I have learned." This participant shared that he suffered from several forms of cancer, and so the process of acceptance of the inevitable was new and personal to him.

Participant 8 reflected on his many years in military service in war zones and the grueling pace of life and death he witnessed sometimes on a daily basis. "You see it everywhere, injury and illness and death, and most of it is manmade, and all you

think about is saving whomever you can and moving on to the next situation. If a person allowed themselves to think deeply about it, the experience would tear your heart out, so you don't allow yourself to think about it." When asked to compare those experiences to the current period where this undergraduate student is working as a caregiver in a high-needs residential facility, he continued, "The trauma is not as severe, it is all managed, and the residents are ill and dying from illnesses, not so much injuries. The pace is more tedious but the work is just as demanding and emotionally taxing. The idea of death comes more slowly than in combat zones, and there is a deep level of satisfaction I get from helping these people move towards the end with dignity and safety."

Participant 9 stated that her faith in her religion and her belief in everlasting life was the inspiration behind attitudes about death and dying. "When one believes that God is real and life continues beyond the life we know, then there is an acceptance that all is moving according to plan in our lives, even when we are convinced otherwise!" This individual reflected that growing older had helped her overcome her fears of dying, stating:

> My husband and I are both over 80 now, and it's hard to be too concerned about these issues because I am so healthy, but my husband is not, and caring for him serves as a constant reminder that nothing is forever and that we must accept the inevitability of our mortality. Young people do not understand this, and even health care professionals don't understand this. The lifelong teacher and academic in me would disagree, but as an elderly woman now, I am

convinced understanding comes not through coursework or education, but through experiencing the aging process firsthand, either in yourself, or in the people you care about who populate your life.

From both care provider and patient perspectives, then, attitudes about death and other issues surrounding this important natural phenomenon tend to improve when they are based not on stereotypical judgments and denial, or fear, but on the realities of aging, debilitation, and the recognition of one's own mortality in a supportive, loving setting (Kubler-Ross & Kessler, 2007).

Theme 4: Workplace dispositions towards the elderly. Attitudinal disposition remains a persistent issue in health care settings characterized as significantly stressed and challenging (Bleijenberg, Jansen, & Schuurmans, 2012). Participants were asked to describe their earliest recollections of contact with elderly family members or other individuals and their impressions of those experiences.

What is clear from the responses of all participants of this study is they concur with what has become the well-documented phenomenon among very young children to be less able to differentiate between middle-aged and senior and elderly people (Sabbagh, 2007).

Participants 2, 6, 10, 13, and 14, all of whom are under the age of 30, conveyed they either had no feelings one way or another about elderly people, or they had a negative impression of them. When questioned further to explain why they had even mildly negative impressions of elderly people, two of the participants stated they

felt it was from what they had been exposed to through social media, and what Participant 13 had identified as "a general dislike for things old in our society today." Participant 14 articulated this more directly by sharing her view in this way:

> Advertising on TV doesn't help support a positive image of older people in our society, because either they are portrayed as being ill and needing all the latest new therapies and pharmaceuticals available, or they need to be taken care of, an untruth perpetrated by elder care companies and insurance and banking companies out to make money off of them.

This general ambivalence described by these participants based on no tangible personal experience or definitive information on the part of young people is well documented in the literature (Bleijenberg, Jansen, & Schuurmans, 2012; Celik, Kapucu, Tuna, & Akkus, 2012;Aday & Cambell, 2006.

Participant 2 stated that upon reflection between the first and second interview she decided she did not feel anything of a positive or negative nature towards seniors and the elderly. Her mother had befriended elderly women in their church over the years, and she had known some of them through that exposure, but her feelings remained attached to individuals, not to any age group in particular.

This conclusion was shared by all but one participant in this age bracket. The individual who differed was Participant 6, who felt he had not had enough experience being around any older adult to form an opinion either way. "My parents and grandparents are very young, as I have said before, and we have a very small family,

so I do not have elderly relatives and my parents do not have senior or elderly friends, and so I just haven't had the contact necessary to form an opinion."

Participant 10 explained that her family, too, was very small and that she had been raised by a single parent, with very little contact with maternal or paternal grandparents, and so her response was only to comment that, "I have so little exposure to elderly people in my life, that I just have no opinion either way, although I don't think I want to specialize in caring for them as a nurse." When asked why she had indicated an interest in being interviewed for this study, on a gerontology interest survey conducted by her nursing program, she stated that she wanted to learn more about gerontology, but was not interested in a career in direct care. "I think it's good to know about all population groups served by nurses, but I want to be in a management position as soon as possible," she clarified.

Studies have clarified age and maturity, not always mutually exclusive constructs, as important factors in determining clear distinctions between those who maintain a positive attitude towards elderly individuals and those who do not (Armstrong-Esther, Sandilands, & Miller, 2006; Treharne, 2006).

All six participants identifying as middle-aged supported these findings, as did the two participants identifying as elderly individuals. "We tend to give in to stereotyping those things we don't know, because people are basically lazy and don't bother to think about things not really important in their daily lives, until they are put on the spot and asked to have an opinion about something," stated Participant 11. He went on to state:

> I was in my 60s before I realized how negative American society is in general towards elderly people. I grew up in Japan, where people still get up off their seats in public transportation and offer their place to anyone older than themselves. That almost never happened when I was living in large cities like New York and San Francisco. Now that I am in my 70s and in failing health, you really notice the negative attitude of many health care workers in medical settings, where it should not exist at all.

Participant 9, who is over 80 years old, reinforced these statements. "My family lived for four decades in Central and South America for my husband's work. Generally, seniors and the elderly are well respected in those societies, and you see it in all situations, but in America, where the emphasis is always on the youth and being young, people have forgotten just how important older people are. They have forgotten the contributions they have made to families and to society."

Responses from Participants 4, 5, 7, 8, and 12 formed a strong consensus of opinion on this subject and provided a core thread of detail in the analysis of attitudes towards people of advanced age. We "middle-agers," as Participant 4 characterized herself, "are the ones who are old enough to realize how important our seniors are, and still young enough to do something about the bad attitude becoming so pervasive in our society towards the elderly."

Participant 5 added to this perspective by sharing her belief that people in their daily lives, in how they choose to live their lives, can reverse this trend.

> My husband and I have three children, and we work very hard to make ends meet and give our children a good life. But I want my children to realize how important it is to show charity to others and be good citizens. I think they learn this by watching adults like their mother and father live their lives and make decisions for the family. We have an elderly neighbor, a woman in her 90s, who has no family. She used to live across the street from us and a few years ago began asking for our help in making business and financial decisions. She did not have much, and we liked her a lot, so finally decided to ask her to move in with us so we could be her family and take care of her. My children were reluctant at first, but now they're pretty good about it, and she has created a place for herself in our home and in our family. We love her like a member of the family and I believe the lesson this is teaching our children will be one of the most valuable of their lives.

This participant related various episodes during her career where she had witnessed both appropriate and inappropriate attitudes expressed among peers in health care settings, stating one of the reasons she became a nursing educator was because she wanted to change that. "People can be taught how to think and act towards any particular group of people. I believe that. I hope in my teaching I am conveying that to my students, that they must decide what is right and how they should treat other people, especially in the context of their professional duties and obligations."

Participant 12 related many stories about professional and personal interactions with seniors and the elderly, both in personal and clinical settings, and shared her reflections as she characterized it "from both sides of the fence."

> I can understand why many people don't like being around elderly. It's hard to imagine anybody saying they don't like a whole age group of people. That's like stating they don't like a particular ethnic group, religious group, or something like that; that's just not right. I think what most people mean when they say that is that they don't like being around old people because they are sick or dying, or are negative and unhappy. Being around negative and unhappy people can turn a positive person into a negative person, and there is a lot in the nursing research literature about this very problem.

Coming from a non-nursing background, this participant put forth her idea about how nursing education could change to reflect the realities of the changing patient population now occurring in American society, when she shared, "Nursing programs need to recruit more non-traditional path nursing students, because they are for the most part middle career, much older, and very focused on what they want out of the BSN. A business model would be more responsive to market demands, and that would translate into higher quality care for the elderly."

Participant 7 likened attitude to disposition stating, "People usually project onto others what they like and dislike in themselves, have you ever noticed that?" Further illustrating her point she stated she believed most people are afraid of getting old, getting sick, and certainly of dying, and so they project that general disgust and

dislike for that part of the human condition onto that particular age group. She went on to elaborate:

> The problem is, when it is doctors and nurses we are talking about, they don't have the right to project their personal (negative) views onto their patients in clinical settings. They have to rise up above that, and the only way to do that is with more education. When it comes to these kinds of things, doctors and nurses aren't any smarter than anyone else, they are just more specialized.

Research would seem to support this argument, where even highly competent health providers have been shown to actually foster negativity by allowing the less than positive environments in which they work to shape their own mindsets and attitudinal dispositions (Shoshana, Bardach, & Rowles, 2012; Schwartz & Simmons, 2010; Simkins, 2008; Sijuwade, 2009).

Participant 8 provided responses to questions about his attitude about various age groups and his reflections about prevailing societal views that were unique among participants in this line of inquiry. "To think that anyone at all has anything less than a respectful attitude toward older people, and especially toward elderly people, makes me very sad and angry at the same time." In earlier interviews this individual expressed strong attachments to parents and family and had described his previous military career as life changing. "You cannot experience people dying in hostile settings every day and not respect life," he stated with conviction. "You have to value what you have, because when you lose it, then it is gone forever and it's too late to

appreciate it. I believe most people do not really appreciate their parents until they become very ill or die, and then it's almost too late, isn't it?"

As a military man, this non-traditional nursing student provided many anecdotal comments and described experiences that had shaped his strong feelings for those less fortunate than himself. When asked how he would define altruism, and if he thought an altruistic, giving disposition could be created or nurtured in a person not having those qualities, his answer was thought provoking. He stated:

> It all depends, if the person is not overly narcissistic and is old enough to realize the greater importance (to society) of people sharing and helping each other, then yes, I think it can be and should be nurtured in a program such as nursing. After all, nurses are supposed to be caring aren't they? But in my experience as a CNA, I think many nurses have forgotten that, and are not as kind and caring to patients, as they need to be. I think many of them don't even notice they've stopped doing that, or maybe they never did, but the patients know. The patients always know.

Much has been written about the attitudinal disposition of nursing and other health care staff in clinical and residential settings (Sochalski & Weiner, 2011; Thornlow, Latimer, Kingsborough, & Arietti, 2006). The data collected and analyzed in this study would appear to replicate findings from earlier studies that have highlighted an area of particular concern for nursing educational researchers as they attempt to cope with the need for better outcomes and higher competencies for nurses

working with elderly and dying patients (Swanlund & Kujath, 2012; Shoshana, Bardach, & Rowles, 2012).

Theme 5: Career choice motivators. This theme emerged gradually over the course of the two interviews and reflections with each participant to ascertain whether or not there were identifiable motivators propelling them into nursing or other health care related careers. The unique quality of this theme stems from the fact that few individual comments made by the 10 participants identified as either nurses or nursing students, pointed directly to solid connections linking childhood experience, parental or family direct influence, or other early experiences with the desire and determination to pursue patient direct care as a vocation. The only exceptions to this observation were in the cases of Participant 2 and 14, who described unequivocal links between familial attachments and their decisions to pursue nursing as a long-term career goal.

Participant 2 described her desire to enter nursing as a love of people she had inherited from her mother, a life-long caregiver to elderly individuals. "Watching my mother do her work throughout my childhood, I guess it was only natural I would want to do the same thing when the time came, and that time is now." When asked if she remembered any other experiences, or individuals who might have influenced her decision to enter nursing, she admitted there might have been several, but that the only one important to her was her recollections of watching her mother—the phenomenon of being influenced by observing the actions and behavior of a parent or other significant adult early in life, also mentioned by Participants 3, 5, 8 and 14.

Participant 14 described at length the extended family involvement in her childhood, and the unusually large number of grandparents she had owing to remarriages and other situations. "I have been surrounded by old people my entire life, and they were all loving and caring and supportive people. I grew up with an unusually close familiarity with them, probably more so than many young people experience, and I became a caregiver in a facility near my home very early in my teenage years. It seemed natural, and today I feel the same way."

This participant is pursuing graduate work in nursing in order to allow her to become a decision maker in efforts to improve care for the elderly in her state. "Times are changing and we need to ensure a high quality of care for the elderly. I want to be a part of that, and I think it's what my parents and grandparents have always wanted for me, too."

Undergraduate nursing students, Participants 1, 8, 10 and 13, described similar reflections of experiences that influenced them—some more than others—to pursue work in health care. "I watched my grandmother take care of my grandfather after he had a stroke, for years actually, until he died. They lived with us you know, and I would help her feed him and spend time sitting by him. It was natural, and looking back now that probably influenced me more than I realize and helped me to find my own path to caregiving," is how Participant 1 described her motivation to enter nursing school.

Participant 8, a middle-aged, non-traditional path nursing student described it in more passionate terms when he shared his military experiences in combat zones in the Middle East over many years. He stated:

> It was my job to protect the medics, and watching them, what they had to deal with, actually changed my life. They were the biggest influence on me, as that regards my current life and where I'm going. I am a CNA now, and will become a nurse, but I may not stop there. I may decide to eventually become a physician's assistant, but whatever I do, it is because of how those experiences of saving people, in really bad and dangerous situation, affected me.

Participant 10 shared that her desire to be a nurse stemmed from general observations during her childhood and adolescence, when family members would be hospitalized and she observed the work of the caregiving staff. "They seemed so busy and doing important work, and I thought that was something I would like to do someday. Nurses really need to multitask, and it fascinated me that they could do so many things at the same time, and take care of many different patients with different problems. That fascinated me." Participant 13 reiterated similar sentiments when asked to reflect on experiences that were the most powerful in influencing her decision to pursue a nursing career, although she admitted it was difficult to pinpoint any one or two particular experiences, stating, "It hasn't been any particular experience. It's been more all the experiences I have had over my lifetime has brought me to where I am now, and it's no important to me what motivates me now,

but its hard getting through the nursing program, and my motivation now is that I will have a good and steady job helping people when I get finished."

Theme 6: Influence of diversity directing career decisions. The relatively small sampling for this in-depth interpretative phenomenological analysis represented extreme diversity in terms of age and life horizon, ethnicity, gender, sexual orientation, career pathway, family background, socioeconomic background, religious and spiritual affiliation, psychological and emotional makeup, and childhood and life experience. This breadth of diversity was purposeful and necessary in order to capture as broad a module of data possible to enhance reliability when interpreting the meanings behind the recollections of life experience shared by the participants on a broad range of issues related to career choice and specialization (Smith & Osborn, 2007).

When asked if family structure or tradition had influenced them in their decision making in their adult life, inclusive of decisions related to job, career, and vocations within those careers, participant responses were prolific. Participant 1 stated she had gone through some personal identity crises during her youth, and those experiences helped form her beliefs and disposition as an adult. She stated:

> Personal issues were kind of difficult for me, but I had supportive parents and grandparents and I relied on them very heavily when I was growing up and going through my identity crisis of sorts. My ethnicity is mainstream Caucasian, I guess that's what they call us, and there was no particular

tradition or family culture that influenced me as seems to be the case with children growing up in Hispanic or Asian families.

Participant 6, also Caucasian, felt ethnicity played no part in influencing his life in any particular direction. "We were just traditional, mainstream Americans, whatever that means today, you know, with no particular family heritage. I suppose my grandparents' parents emigrated from a foreign country, but there was nothing ethnically or religiously significant in our home life growing up. I think my parents and my brother and I are melting pot babies, people with no affiliations to anything but ball games and apple pie I guess."

Participant 2 shared she had been raised by her Hispanic mother and her older brother, and her cultural heritage was important to her, as evidenced by her responses to a broad range of questions concerning the role family and ethnicity played in shaping her attitudes and career choice. "My mother is a caregiver and growing up around her, watching her, influenced me a lot. My older brother is not a particularly open or kind person, not like my mother, but he has always supported me in everything I do, because that is what (Hispanic) big brothers are suppose to do, and in some ways he has filled the role of father at times." When asked to clarify whether or not she felt being of Hispanic descent had anything to do with the way she was raised and guided her decisions in her present-day life, she answered, "Absolutely it has!"

Participant 4 is a middle-aged woman of Japanese descent and her answers and comments in response to questions about the role of ethnicity in shaping her worldview, dispositions, and decision making in her adult life, were all about the

power of heritage and family attachments to mold her identity. "You have to understand Japanese tradition to know how powerful a force it is for children growing up in such a home, and it doesn't matter if that home is in the mother country, or somewhere else. I was born and raised in America, but my grandparents were not, and so we were raised to have the values of their generation, not the American kids I grew up with."

Participant 3 is also a middle-aged woman, with no reported strong ethnic affiliation in terms of family influence, although she mentioned she was German-American. She stated that there were no traditions or sense of family tradition that had particular sway in her life growing up at home, and attributed her choice of career and other decision in her life to circumstances and opportunities that presented themselves "...along the way as I was growing up, that made me decide to pursue the things I have chosen to do with my life. Income and stability were far greater factors in forming who I am and how I think today than any ethnic influence."

A relatively common theme among the majority of participants, when attempting to attach specific rather than a collection of experiences or recollections of experiences that motivated them to move in any particular direction as adults, including the influence of ethnicity, has been family stability and socioeconomic conditions during their early years (Luo & Waite, 2005; Webster & Gould, 2007).

Participant 5 reinforced this theme by conveying her experiences not as a child, but as a mother and wife to an atypical home life. Her children span more than a decade and she and her husband have befriended and taken in an elderly neighbor of

over 90 years old, and her descriptions of the dynamics between the different personalities of her three children and the adults in the home have provided further evidence that current situations, rather than past experiences, shape decision making and attitudes at any age. "I have always believed that people, especially children, learn the greatest lessons by observing how the adults around them behave. I think about that a lot as a parent, and it guides my decisions, especially the hard ones. I am lucky to have a husband who is likeminded, because there are many couples who are not, and this causes rifts in families that children also observe."

When asked if she felt taking in the elderly neighbor to be a part of their family could be interpreted as something that was motivated by experiences in her childhood or adolescence, this participant stated, "I don't think in terms of that at all, it just seemed like the right thing to do at this point in our lives, and it has worked out well, and my children are adjusting well to it, although it has taken one of my daughters a while to come around, but it is a win-win situation for everyone, and I think this could be classified as our family culture."

Participants 9 and 11 represent the high end of the age horizon and while one was born in Asia, the other was raised in a first generation immigrant family in the U.S. This unique difference in occidental and oriental cultures added additional layers of meaning to responses about the influence of ethnicity and family heritage. Participant 9 believed the influence of family, rather than any attachment to a particular family member, was a prime motivator in earlier years to complete a

college education and pursue a career. He explained it by describing his families dynamics in the yearly years of his adolescents and thereafter:

> In my case the influence of my parents was counterproductive, but still a major influence. My mother wanted her oldest son to be an international lawyer, my second brother to be an international businessman, and as the third son, she wanted me to be a doctor. I wanted to be an international businessman and see the world, which I did. Although my family was affluent, my mother refused to pay for my education because I refused to go to medical school. Instead I found my own way, graduated with a Masters in International Business in the early 1950s and went abroad, first to South America, then to Europe, and finally to America.

This individual relayed this life story with compassion for his parents, especially his mother, showing no animosity but resolute determination to direct his own life and career. "Parents should be there to inspire and guide, not control their children's choices and futures. I think that is the mistake many parents make in Japan, and perhaps in other cultures. They mistake control for guidance, and in the case of my family, my determination to defy my parent's plans for me cost me a relationship with them until I was a much older man, when we finally reconciled several years before my mother died at 91 years old."

Participant 9, the oldest of the participants, was raised by Irish immigrant parents and grandparents in a tight-knit community in a major American city. She described in detail during the first interview how her father was a successful

businessman, employed many of the men in the neighborhood, and was looked upon as the patriarch of their community. Their home was open to everyone, and rarely did a day or a meal go by without a large group of relatives, friends, or neighbors sharing the kitchen or dining room table. She described the interactions of those living in the neighborhood as if to redefine what 'family' meant to people nearly a century ago.

> There was no clear distinction between immediate and extended family, and even friends and neighbors were considered family. It was a wonderful life with all of the adults looking out for everyone else's children besides their own, and adults looking after each other. When someone became sick, everyone would converge on that particular household and the sick person was tended to, housework was shared, the children were taken care of, and everything just went on as normally as it usually had. When I think back from the perspective of today, it is sad to realize we have lost nearly all of that, with the dying away of the older generations, everyone becoming so mobile and moving away, including ourselves. I wanted that experience for my children, but my husband's work took us abroad for all their childhoods, where we lived in various countries, and of course that gave them a very different childhood experience, a good one I believe, but still, they have lost the close connections with family that my husband and I had growing up. We lived in America, but we were Irish and being Irish meant family first, family second, and family third. That has all been lost today.

Participants in the youngest age category related very different perspectives based on obviously, more recent experiences with family and community during their childhood and adolescence. Participants 10, 13, 14 and 15 expressed similar dispositions about the role of ethnicity in their choice of a vocation, with the exception of Participant 15, a 34-year-old social work and family counseling student from Mexico, who expressed strong opinions about the importance of not only family culture but ethnic background as the grounding for his motivation for pursing a career that would help people. "Not all Mexicans, of course, want to help people, but most have a strong sense of values and loyalty to parents and family that seems to have broken down in this (American) society."

When asked if his parents or older siblings had guided him in his current pursuits, he stated that they had, but that, "They were not specific about what they thought I should do with my life, but especially my older sisters, because my mother has passed away, thought it important that I find a career in a field where I could contribute to society and earn a respectable living doing it. I worked in a variety of jobs before deciding to go back to school and become a family counselor. I wanted to help people, I just didn't know how before I discovered this vocation."

Theme 7: Opinions about nursing program curriculum. Twelve of 15 participants were nursing students, advisors, or nursing faculty. Two were elderly professionals with advanced degrees unrelated to nursing and one was a foreign student completing licensure in family counseling. Over the course of the interviews all were asked to evaluate their programs of study in terms of adequacy in building

competencies in their respective fields. Nursing students, advisors and faculty were asked to express their opinions about whether or not they believed the program was providing adequate information and instruction about the entire range of specializations within nursing.

Participant 1 expressed strong opinions about her program of study and they ranged from positive to very positive when asked if she felt adequately prepared to begin her nursing career in terms of discipline competencies. She stated: "I still have a lot to learn about nursing and the various specializations I will probably work in over my career, but I feel I am prepared enough that, well, you know, I don't think I will hurt anybody in the process!" She mentioned she realized she was not really aware of other nursing programs, so had nothing to compare the one she is enrolled in with, and this was a comment made by Participants 2, 6 10, and 13, as well.

The responses from the other participants were mixed, while one common thread of agreement prevailed among participants involved in advising and the instructional end of the nursing program—all answered in the affirmative, with reservations. Participant 3 volunteered that "Too many of the undergraduate students are academically qualified, well, they're all academically qualified or we would not have admitted them, but in all reality, they are very young and immature and many don't know what they've gotten themselves into, and I see the older ones handling better the workload and the critical thinking about their strategy for success in their career planning, than the younger ones." Participant 4 concurred with this overview, but added that she felt when nursing students and practicing nurses go for an

advanced degree, it is nearly always to focus on a specialization that takes them away from direct care. "Nursing students hear about how tough a 12-hour shift is, and how nasty doctors can be, and before you know it they're thinking about specializing right away, and for the older nurses already out there working, an advanced specialization is in the opposite direction of direct patient care." Both Participant 3 and 4 conveyed their concerns that graduate nursing education was actually pulling nurses away from the direct care specializations, an increasingly controversial debate ensuing within the popular press, nursing education, and throughout the health care system (Cherry & Jacob, 2013; Kingma, 2006; Kloster, Hole, & Skar, 2007).

Participant 12 expressed the view that overall she believed current curricula adequately prepared students for sufficient competencies to begin their nursing work in the field, but also cautioned that: "The thing is, when young nurses actually graduate and get out there in practice, there is nothing that can prepare them for the rigors of a 12 hour shift with a floor of high-needs and demanding patients. That can't be taught in the classroom, but perhaps more exposure to that during their education would help matters. The practicums that accompany coursework requirement are very short, and perhaps they shouldn't be."

Participants 9, 11, and 15 were not nurses or nursing professionals, and so had no direct comment about the efficacy of nursing programs of study or the competencies of students graduating and receiving licensure. What they did contribute in terms of information; however, was considerable comment about the disconnect they each perceived between educational programs in general and real-

world problems and challenges. Both of these participants have advanced or terminal degrees, and both admitted their own programs, in education and in business, respectively, did not adequately prepare them for the level of expertise they needed to begin working in their respective fields early in their careers, or even following mid- and late-career studies. Participant 11 stated his belief that education must be continual, and involve in-school and out-of-school education in order to compliment, balance, and enrich the two. He explained,

> People think because they have a degree, and especially in the case of advanced degree holders, they know all they need to know about their area of expertise. They don't realize formal education is simply the jumping off point, and that is why there are so few really wise people out there, because they don't realize in order for them to be really at the top of their field, they need to learn to integrate both kinds of education—life and school—in order for the school education to mean anything.

Concurring with these assertions, Participant 9, at 83 years old with a terminal degree and a working professional, stated:

> Too may holders of the doctorate degree do not know anything about real-world issues or problems. The disconnect is so severe and so well known in some fields, including my own—education—it's embarrassing to tell people I have a PhD in Education. If we are so intelligent, then why is education in such a mess in this country? We've had 100 years of research and practice to fix the problems in our education system, and it only continues to get worse,

especially recently, and how sad that is for the children and youth of today. They think they're getting a good education, and I believe they are not. The world is incredibly complex and living in it at 83, I can see how much more difficult it is today than it was 50 years ago to work and live and have a good life. Most young people living today will not have it as good as we did for most of our lives, and I believe it is because there remains such a disconnect between the real world and what we're teaching in schools.

Participant 7, holding several advanced degrees, expressed the view that nursing curriculum in particular, was failing to provide adequate real-world contact for students at the undergraduate level. She stated:

I am an expert in medical sociology, and have worked in prominent medical treatment facilities in several locations across the country. I have also worked closely with communities in developing various health service organizations. As an interdisciplinary instructor to nursing students, it has become apparent to me that they are absolutely clueless about the world around them, and especially the world they are studying to enter. That is why I believe it is important to bring professionals working in the field into the classroom as often as possible. Nursing professors very quickly become too far removed from nursing practice, especially the older ones, and this does a disservice to the younger students just entering the field.

Overall, the information gathered concerning what individual participants thought about nursing curriculum content was inadequate in technical terms to draw

conclusions about the actual level of efficacy of the current curriculum at the institution of enrollment. Therefore, although this theme represents much reflection and dialog on the part of all but two participants, 6 and 15, who expressed the opinion they did not feel they knew enough about it to express an opinion, no conclusions have been drawn about its relevance to the central goal of the study, which has been to identify motivators of nursing students expressing interest in gerontology as a career specialization.

Uniquely Individual Perspectives—Additional Potential Motivators

The personal stories, reflections, and anecdotal comments made by each of the 15 participants of this study collectively provide a convincing argument in favor of providing more information about geriatric caregiving as a career specialization to undergraduate students pursuing a bachelor of science degree in nursing. Each of the eight nursing students interviewed stated they felt there was far too little information available to them about gerontology and what a career specialization in some area of geriatric care would be like. When asked if they believed nurses knew enough about the needs of geriatric patients in hospital, clinical, and long-term facility settings, all of the remaining seven participants stated they believe competencies were lacking. In the aggregate, this shows a consensus of opinion among the majority of participants about a need for more exposure to information and firsthand experience with senior and elderly patients.

Although the responses from each participant predictably are unique, there exists a commonality among the responses when individuals reflect on what they do

not know about older patients suffering from chronic or terminal illnesses, and the scope of involvement and level of professional vs. personal satisfaction they might experience if they choose a vocation involving this population. Their insights are thought provoking and illuminating and this information enriches the content of data analyzed from the 30 in-depth interviews.

Participant 1. This participant was a female nursing undergraduate student in the last year of her program of study. When asked if there were experiences that had influenced this person's decision to specialize in one particular area of nursing care, this participant smiled and without hesitation stated that her entire life she had wanted to be a geriatric nurse. When asked if the career of a parent or other family member had cultivated this affinity, or if reflection upon family values had moved her in any particular direction, she answered in the negative. Attachment theory as a basis for influencing this participant's choice of a future nursing specialization appeared to be negligible.

Reflecting further on the question, this individual stated, "I cannot remember when I began to feel this way. Perhaps I was born to it, but it definitely came from within." This participant is a 31-year-old female of lesbian orientation. When asked if she felt her age or sexual orientation had impacted her career pursuits towards health care and nursing, or influenced her to work with what she labeled as "challenging patient populations," she said that it may have, given both the internal and external struggles she had experienced between adolescence and the present time. When asked

if these experiences could be characterized as significant or life changing, or even traumatic, she answered in the affirmative.

Participant 2. This participant was a female nursing undergraduate student in her second year of her program of study. Throughout both interviews this participant talked about her mother's affection for many of the older women in their church congregation. "She befriended many of the older women, brought them to our home on various occasions, and made them a part of our family," is a statement this participant made in both interviews. The majority of her reflections she made following the primary interview questions were references to her mother, her mother's elderly friends, and the impact of that close contact with various elderly women her mother would bring into their home.

When asked if this had influenced directly her motivation for entering nursing, she answered in the affirmative. When further questioned about this interaction with elderly throughout her childhood the participant stated that she felt having spent so much time around elderly people growing up, she had developed a very positive view of them. She also commented that she felt this was the reason she had no preconceived negative impressions of older people in general, something many of her friends and fellow nursing students had expressed during her time in the program. Given her strong feelings towards her mother, and what she considered were "acts of goodness" toward the elderly people in her church congregation she befriended over the years, this participant agreed that parental influence and her attachment to her

mother represented the single most important factor in her working towards a career working for the elderly.

Participant 3. This participant was a female registered nurse in mid-career, her third career specialization. She stated her age as early 50s. Her work in student advising made her a potentially ideal source of information about the preconceived ideas of students entering and completing a BSN program of study. This individual identified herself as ex-military and a veteran of many years of involvement in emergency rescue and trauma nursing. Reflections on previous interview questions involving early childhood memories and parental influence in life choices and career paths, led to several deeply personal and thought provoking illuminations about herself, which she shared. It was this participant's assessment that personal trauma played a very large part in influencing career choice, but in particularly divergent ways.

For example, as she described the alcoholism and other behaviors that plagued her family relations, she stated that having witnessed various unhealthy and destructive behavioral patterns in others gave her resolve to help people try and avoid such maladies. When reflecting on her years as an emergency rescue team leader, she became very emotional while describing a particularly transformative incident when a single-car automobile crash resulted in the death of an entire family. The family was very large, was known to her throughout her childhood, and having reflected on this particular incident further described how this traumatic professional experience resulted in her nearly immediate change in career path to nursing school and work in

a hospital setting. Clearly, traumatic events and this individual's struggle to cope and recover from these experiences were transformative in moving her to a completely different specialization within the health care field. When asked if she had intentions of moving back into clinical practice and in the direction of geriatric patients, she stated that she had not made that determination; however, it was likely she would pursue work within the field that required special coping skills for working with particularly challenging individuals and situations.

Participant 4. This participant was one of only three non-nursing professionals, but rather a career administrator and interdisciplinary educator. Her background in administration closely aligned with the health care field and nursing education. She was 48. The purposeful snowball sampling that led to her selection was an expressed interest on a gerontology interest survey in working in some aspect of education or service targeting this population. This participant's expressed personal concern about the lack of training being given to nursing and medical doctors in long-term care facility settings where members of her family has been, led her to choose her current student advising role as a way of possibly influencing more students to consider less popular specializations such as critical care and senior and geriatric care.

Although the participant admitted this was not a personal mandate, she did convey that in the course of her work, often students asked about nursing specializations not heavily covered in undergraduate coursework or talked about by instructors. The participant stated that personal experiences caring for grandparents

and parents at home and in facility settings strengthened her conviction that more knowledge about this health care seeking group needed to be imparted to students of nursing because she felt the lack of this knowledge had seriously compromised the quality of care in the case of several family members. She also felt strongly that upbringing as an Asian American gave her an unbreakable attachment to family and to the respect for the elderly that she felt is lacking in mainstream American culture. Her selection of her career and her specialization within this vocation she believed was strongly influenced by her parents, both of whom were teachers.

Participant 5. This participant was a female registered nurse and a full-time professor of nursing. She stated her age as "approaching midlife." During the two primary interviews this participant described very little of her childhood, but did state that her decision early in life to pursue a career in nursing came from an unusually wide range of personalities from her childhood, none of them family members, whose influence brought her in the direction she described as "an altruistic" career path. This participant is married and has three children. She described in detail, and continued to reflect on this again and again, their family life and the influence raising her children had on her professional career, detailing many of the attributes associated with nursing, such as patience, forbearance, thoughtfulness, tenderness, and fortitude.

Participant 6. This participant was a male of 35 years old. Currently an undergraduate nursing student, he related even at this point in time he was uncertain what career or specialization path he would choose, but was seriously considering going to medical school after completing the BSN degree. He shared that he had

already acquired a bachelor degree in biology. When asked to reflect on some of the statements he had made about life with his family during his childhood and adolescence, he was unable to pinpoint any one experience or cluster of experiences that might have influenced his decision to enter this nursing program. He explained that his parents were rather young, both still worked outside the home, and that neither were in a field related to health care or medicine.

This participant is a husband and father and he stated his wife, whom is significantly older than he, remained the greatest influence and advocate for him to complete the nursing degree. When asked to reflect on associations earlier in life that might have nurtured his self-proclaimed interest in working with older patient groups, he said he was unable to think of any particular individual or circumstance that accounted for his positive feelings towards seniors and the elderly, while continuing to state that he indeed had a strong interest in working with these patient populations. When asked if he felt his parents or one sibling, a brother, or any other extended family member had influenced him concerning his choice of career or interests in adulthood, he stated "definitely not, no way was I influenced by my parents or family, only by my wife."

Participant 7. This participant was a female in her mid-60s, holds a doctorate in medical sociology, and has worked with underserved populations and taught in various nursing and medical programs. Her selection through purposeful snowball sampling was made in order to search for corroboration of widely varying statements made by younger and older nursing students participating in the study.

This participant had also worked in various foreign countries as a teacher and consultant in medical facilities and community health care development program, and therefore was able to provide a unique perspective to information gathered through the primary and secondary interviews, and when compared against the wide range of reflections made by the participants following the interviews.

When asked if she felt her undergraduate nursing students were competent to make choices regarding possible specializations to their nursing careers at the time she taught them, her response was, "From an interdisciplinary perspective, it seemed to me the students were too young and too uninformed, and misinformed, to make intelligent choices about career choice, and it was also clear some of them did not belong in nursing and would not complete their program of study."

When ask to elaborate on what made her arrive at this conclusion, she stated that although some of her students were driven and very clear on their future goals, the vast majority had simply pursued nursing as a means to obtain a well-paid job, and not because of familial or other motivators for entering the health care field. She stated she felt a lack of information about senior and elderly patients, and how they differ from younger patient age groups, and a lack of opportunity to gain meaningful exposure to these groups over the course of their undergraduate program, was the primary reason who younger nursing students lacked any vision about their future role in nursing.

This participant was one of eight who stated their own personal experiences advocating for an elderly parent with doctors and nurses during episodes of sickness

or at the time of their parent's death galvanized them to pursue work that involved helping or protecting individuals from abuses of the medical system. This participant relayed that her father had been a military doctor, and when he retired and became ill, and needed medical care, he was disappointed and saddened by the lower priority of care given to him as an elderly patient by military doctors and nurses. She relayed multiple instances when he became angry about what he believed to be neglectful and negligent actions on the part of health care personnel, simply because of his age and declining condition.

Unprompted the participant stated, "Witnessing these episodes, and my father's anger and frustration because his doctors did not give him the concern and care he himself had given patients when he was practicing medicine, made me realize for the first time just how differently elderly patients are treated by doctors and nurses." When asked if these experiences influenced her decision to work in advocacy capacities professionally after her father died, or influenced her decision to teach undergraduate nursing students, she stated emphatically,

> Yes, yes, yes! It was reason enough, because nursing schools are not teaching new nurses how differently older patients needs are, and medical schools are even worse. The medical community treats aging as a disease, an affliction, and because the end result is death, less effort is made to help patients who find themselves ailing at the end of their lives. More people have to begin doing something about this in this country!

Participant 8. This participant was a 46-year-old male who had served in the U.S. military for more than 20 years. Both of his interviews were long and full of emotionally charged dialog about the trauma of broken homes as a child, and later about the horrors he had witnessed in wars in several theaters in the Middle East. The impact of these experiences on this individual was profound and it was clear through discourse and observation how importantly those experiences had motivated his current life trajectory. This participant was passionate about family relationships, the bonds of friendship, and an outspoken intolerance for working environments that did not reflect his deeply humanitarian and altruistic mindset.

He stated he had witnessed so much suffering and death among not only fellow comrades but civilians in war zones, and these experiences had changed his world view and life purpose. "I spent half of my life involved in military operations where people were hurt and killed, and now I want to spend the other half of my life helping as many people as I possibly can," was a statement this participant made repeatedly during his interviews. He expressed an extremely heightened awareness of mortality and what he believed were true meanings of quality of life issues, and these expressions made for a very rich and meaningful reflection of many of the statements he had made during previous questioning.

When asked what childhood experiences or memories had influenced his motivation to become a nurse or to work with mentally and terminally ill elderly patients in facility settings, he stated, "No experiences directly influenced my conscious decisions as an adult, but memories of my step-mother and the compassion

she showed for me and my brother, and for others who surrounded our family growing up, was a profound motivator for moving in this direction. It was the most important memory I took with me from childhood, I loved my step-mother with all my heart," he added. When asked why he drew so much satisfaction working with patients who were obviously extremely taxing and difficult to administer to, regarding his current work as a CNA in a unit for dementia patients, he relayed this episode.

> I move from room to room, bed to bed, changing diapers, bathing and feeding and changing bed linens and cleaning up the rooms. Some of the patients are docile, some of them pretty violent. They sometimes throw things at me, shout at me, and generally are abusive to me. But, when I've completed all the tasks, given them my time and my gentle hands to comfort them, they become quiet for a while, and before I leave the room, usually they touch my hand or arm and thank me quietly for taking care of them. There is a part of them, deep inside their minds or hearts, that remembers, and then they are very, very grateful. I leave and move on to the next room to begin the process all over again, feeling that maybe I have given them some love and their dignity back, even if it was just for 10 or 15 minutes.

When asked if that repetition and the abusive behavior did not wear on his nerves or make him irritated or frustrated, all he said was, "No, never." In response to questions about whether or not he believed certain personality types were not suited for careers in the nursing field, the participant stated he believed very strongly that many people working in residential facilities should not be allowed to be there. "We

take personality, aptitude, and suitability tests throughout our military training to make sure people are matched and suited for jobs and work environments they are predisposed to operate optimally in, but in civilian career education there is none of that." When asked to elaborate, he added, "It takes a special type of person to be a nurse, especially when administering to people who have very traumatic or difficult illnesses or diagnoses, and most nurses and many doctors, in my experience, are not suited at all for the specializations they have chosen. Medical and nursing education could prevent this, if there was more awareness among educators how important this is to patient care."

Participant 9. This participant was an Irish-American, 83-year old female professional, working as an advocate for elderly individuals in health care settings. She holds a doctorate degree in education and continues to work professionally. She was chosen through purposeful sampling for her potential to enrich the data through the vantage point of her unique ethnic background and life experience and for her 60 years as an advocate for individuals in health care settings, both in the U.S. and in various countries and health care systems throughout Central and South America. Her immigrant status, and her extensive work in multiple languages and health care systems provided a unique perspective on nursing competencies in geriatric care in the U.S.

When asked to elaborate on many of her comments pertaining to the importance of and influence of family on her attitudes and on her life work, she volunteered, "Family is everything, everything begins with family and ends with

family. I gave up on the medical system many years ago, and have concentrated on providing for and advocating for my family, the older ones and the younger ones, as a force to be reckoned with." She went on to describe in colorful detail how her parents, both Irish immigrants were prominent in their community, a borough in a large American city, and how the sense of community that was generated by immigrant families helping each other, was the most significant influence guiding her life. When asked if she felt family attachments and the theory that these provide the greatest motivator for directing people's attitudes and over time life work, she stated:

> Absolutely, no doubt watching my parents live their lives, and being a member of a large family and tight-knit community, my siblings and I grew up believing there was no distinction between us, our cousins, nieces and nephews, and the children of neighbors. This attitude has directed probably everything in my life. It certainly influenced the way I raised my children, although because we lived abroad nearly all their lives they do not retain the sense of community my husband and I had growing up. The lines between immediate and extended family, and neighbors and friends were always blurred, and on any give day there were people sitting at our breakfast or dinner table that were not members of our immediate family. Even the term 'immediate family' had no significant meaning for us, because we were all so involved in each other's lives.

This participant remains uniquely separate from other individuals interviewed, with the exception of one other sharing the same generational age group, who both shared

completely different worldviews, and attitudes about elderly, parents and family, and the influence of these on their motivations that drove their life pursuits.

Participant 10. This participant was a 29-year-old undergraduate nursing student preparing to complete her program of study and return full-time to work in a hospital or facility setting. She talked about her previous work as a CNA and her life with her grandparents and parents. She described her family as "a small one compared to most" with only one brother and a close relationship between parents and their parents, but added that she believed her family had provided a strong motivation for her to enter a field where she could help people.

When asked why she thought so few of her fellow undergraduate students had indicated to her they would not consider a career specialization in geriatric care, she said she felt the reason among all of them was the same: "Fear, that's what it is, they are all afraid of old people, of chronic and terminal illnesses, and most of all, death. They don't want to deal with such depressing things." When asked why she did not feel this way, she replied, "...because my parents took care of my grandparents, and they were around all the time. It was so natural, and there was nothing scary about them, or their health issues. They were normal people, just older." When asked if she believed her parents had influenced her to pursue a career in nursing, and whether or not she felt that influence might have been the motivator for her interest in specializing in older patients, her answer was, "Why of course, exactly. My parents or grandparents never said anything, it was just watching them all those years, taking care of each other, and it was so natural."

Participant 11. This participant was an Asian American male, retired and in his late 70s. He had lived in many countries during his lifetime and experienced health care systems from childhood through young adulthood, middle age, and finally as an elderly patient. His perspectives on the importance of family in molding an individual's worldview and mindset, including career choice and work ethic, paralleled closely the views expressed by Participant 9. Although there were differences in believe systems owing to their ethnic origins and family cultures, they agreed that family and parents in particular, provided the greatest influence in motivating their choices as adults.

Both also reflected rather extensively on the various ways in which parental or grandparental influence manifested itself, not in terms of dialog between parent or grandparent and child, but as a result of observation. This participant stated, "Many parents nowadays say one thing while doing another, and this confuses children and young adults. Parents are rarely models anymore. In my parents' day, there was less talk between parent and child, and we learned by watching our parents' actions in all aspects of our lives. When my siblings and I left home, we emulated those actions in our own lives."

When asked to reflect on differences he had noticed among the various doctor and nursing staffs that had administered to him as a patient in the various cultures he lived in over his lifetime, he was emphatic about two observations—that while Asian and South American nurses are less technically competent than American nurses, their caring and bedside manner is far superior. "American nurses don't seem to care

about the patient, because they're too busy administering drugs and filling out reports. No one has time to stand by your bed and talk to you, normally as people would in other situations. Only the CNA staff is gentle and caring and they take the time to stop their work sometimes and listen." When asked if parents or other family members had influenced his desire to leave his homeland and pursue a career not favored by his parents, as he had indicated in the previous interview his mother had wanted him to become a doctor, and refused to pay for his education unless he agreed to that vocation, he stated, "I loved and respected my mother, but I also wanted to see the world, and the only way to do that and develop a self-sustaining career was to learn foreign languages and become an international businessman, and so that is what I did. I have never regretted that decision." When asked if family life and parental influence had shaped his career, he answered the question in this manner: "My parents shaped my character I think, the man I have become over a lifetime, but it was me who chose the path to become that person."

Participant 12. This participant was a non-traditional path female nurse in her late 40s, with an extensive professional background in international business. At the time of her participation in this study she was working in a capacity to promote gerontology in undergraduate nursing programs, and also worked as a hospice nurse. This participant expressed that she did not have siblings, and had been the only child of a single-child parent, and felt this had an impact on her life as a child and her thinking as an adult. When asked to elaborate in what ways this had influenced her

thinking and decision making processes over her lifetime, she answered by sharing this story.

> My mother wasn't particularly adept at having a baby. They didn't know anything about kids, nothing at all. So, I spent a lot of time with my grandparents. When I was five or six my parents adopted an older child, maybe 12 years old. That didn't work out so well, either, and so I spent most of my childhood with my grandparents. Did this influence my life? Definitely. All those things associated with older people, gardening, canning, cooking, all those kinds of things come from my grandparents.

When asked what aspects of life spent with grandparents had influenced her the most, she replied that she considered her family rather dysfunctional, even in the present day, and that the dysfunction and many experiences, many unpleasant, associated with that dysfunction, taught her a great deal about life and in some ways made it easier for her to decide her career path. "I have very strong feelings about advocating for patients, the ones who cannot speak for themselves. I've had experiences within my own family where that did not happen, and so as a hospice nurse it is my job to see to it that patients have a voice, even when they cannot speak for themselves."

This participant had worked extensively overseas in various cultural environments, and so her comparisons of American attitudes toward aging and those held by citizens of other countries held the potential for deep reflection. When asked if she believed American society in general, and the medical community specifically

were handling the aging population challenge in a positive manner, her response was an emphatic, "Oh no, not at all!" When asked to elaborate, she stated:

> People tend to live in denial, and Americans especially. They think they're not going to die. People think that they are not going to get old, and we're healthier and I think (as a nurse) I can pump you full of drugs and you are going to be good for another 10 years or more, and you will not age so quickly, and I'm going to help you manage your chronic disease. I'm going to do all those kinds of things and in doing so I'm buying into this mass denial that someday we're all going to get old and die. It's mass denial of epic proportions. That sounds ominous, but it's just my opinion based on my experience as a daughter, and as a nurse.

When asked how other cultures she had experienced first-hand might compare, she added that in many cultures and societies, people embrace aging, "...while in America the entire process is ignored and denied. Nurses and nurse educators are no different, they are all part of society, and they continue to ignore it, too, the fact that we'll all get old, sick, and then we'll die." At the close of the interview, this participant shared that although many of her opinions she felt were rather negative and pessimistic, she also stated that she believed attitudes towards the elderly, particularly those who were ill, and the issue of dying and death, were gradually changing.

As a hospice nurse this participant related that she sees people die on a regular basis. When asked how she deals with traumatic events, she responded, "...on an

individual basis, depending upon the trauma, but death does not have to be traumatic, even though it is the final step. And, we know so little about it, after all these thousands of years. We talk about it endlessly in school, but really we know nothing about it beyond the clinical stages. When you're with a patient who is dying, you tell them it's okay, you tell them to stop worrying about anything, it's okay to let go, we'll all be okay, and they hear you, and that gives them permission to leave. I believe, even if they are unconscious they hear that, and it makes things better for them, and for all of us."

Participant 13. This participant was a 24-year–old female nursing student who took part in a gerontology interest survey and indicated she would like to share her thoughts and beliefs about the significance of gerontology to her nursing education. "I am new to nursing but have been a caregiver since I was a teenager," she shared. "Because of my years as a caregiver, I have grown to dislike residential facilities and other medical care facilities, and that's why I prefer to work in home health situations."

The participant was referring to programs recently created to support the elderly, and especially those suffering from chronic and terminal illnesses, to remain and die in their homes. "The home is a natural setting, and it's easier to administer to patients in a natural setting than in a clinical setting. There are many nurses who would disagree with me about that, but this is how I have experienced giving patient care. The patient is happier, and so I am happier for them, too."

This participant shared that she comes from a single-parent family, with one older sibling, a brother. When asked if her mother or brother have influenced her in her career pursuits, she said that her older brother had not, but that most definitely her mother's work, that of a life-long caregiver, had inspired her to become a nurse and care for others. "My Mom never said much about her work, and never encouraged me to do it, in fact, she often mentioned there were easier professions out there, but watching her year after year, it grew on me as a natural thing to do." When asked why the appeal of working with older patients was more attractive than specializations many of her peers planned to enter, she remarked, "That might be ok for them, but I get more satisfaction when I'm working with people who seem to appreciate what you do for them more. I think young people, certainly children, take life and their good health for granted, and so they are not as grateful when you help them. Older people know what is coming, and so they have a deeper appreciation for the help that they receive."

Participant 14. This participant was a 28-year-old female, a doctoral level nursing student, and a practicing nurse in an East Coast state. During her visit to the location of this study, she volunteered to participate because she wanted an opportunity to share her thoughts and feeling about geriatric nursing and gerontology as a professional vocation. The work experience of this participant was the most extensive within the health care field, having begun as a caregiver at 15 followed by many years of service as a CNA in both hospital and long-term care facilities, and

hospice care, followed again by a bachelor's degree in nursing, then a master's and currently a doctorate.

When asked if family had played a part in her choice of a career and further specialization, and her answer was emphatic, "Absolutely my parents, aunts and uncles, and others in my family have been a source of constant support and advice every step of the way. When asked what type of work she hoped to do once she had obtained her doctorate, she conveyed that remaining in the area of direct care delivery was her goal. "I want to be qualified to direct facilities, or groups of facilities, and make certain that residents receive the very best quality of care. I also want to influence changes that need to be made in the way in which we reach patients and their families, help nurture family advocates, and community-based support when patients do not have families to advocate for them in clinical settings."

The certainty of conviction about what she intended to do over her career was rare among reflections to responses made by other participants of similar age, and when asked why she felt that might be, she offered, "...family might be the reason, my parents, especially my mother, was very motivated as a teacher, and that made me motivated to be successful at anything I decided to do with my life." She stated she believed validation from family members, especially parents, was an important factor in her capacity to grow in her chosen field, and suggested that more parents need to actively guide their children in directions that interest them and areas where they seem to have talent.

"In my part of the country people are simple and straightforward, farmers mostly, and you don't achieve anything without hard work, and I suppose that is why I have been so drive all my life to be the best I can for the patients, and for other nurses I serve with," she offered as a conclusion to her reflection. "We're all in this together, health care professionals, patients and their families, just everyone, and I wish more people realized this."

Participant 15. This participant was a Mexican male of 35 currently completing his master's degree and clinical rotation in family counseling and therapy in the U.S. When asked to reflect on events or people in his life that he believed were instrumental in motivating him towards a career in a health related field, his response was immediate: "In Mexico family is everything. I see that here in the States too sometime, but just as often not, and that is why there is such a need for family counseling."

This participant stated he has seven brothers and sisters, and that he is the youngest by many years. His mother is deceased, and suffered for many years with chronic illnesses before she passed away. His father is still living, and he reflected often about the close bond he continues to maintain with his father. "My father has always been there for me, and allowed me to be lazy about reaching any career goal for a very long time. Now that I have found a field what I want to devote myself to, he is very supportive in that, too."

When asked what motivated him to pursue his current studies, and why he did so in the U.S., he explained that coming from a large family, and one that maintains

such happy and loving relationships, even as adults, he had become increasingly dismayed by the number of American friends he had who came from broken and dysfunctional homes. "I want to help people understand that with work and commitment, they can have the happy and supportive family I have always had."

This participant also explained that he is a gay man, and that life in America he believes will give him a better chance of finding happiness than were he to stay in Mexico, in a region where discrimination against gay and lesbian people remains the norm. "I recently married my American partner, and I am very happy about my future here, something that would have been nearly impossible for me to achieve in my home country."

When asked about the quality of care in hospital and other health care settings in Mexico, and when asked to compare them, his reflections paralleled those made by Participant 9, someone who had lived throughout the Americas their entire life.

> When my mother was very ill and dying, I was with her and my father every day. I went to spend time with her in the hospital, and stayed with her at home, too, because all of my brothers and sisters had already grown up and left home. Looking back on it now, and having experienced care in hospital settings here in the States, the care my mother received was loving and adequate, but I believe the care provided by American-trained nurses and aids is technically better.

When asked to define "technically better," the participant explained that he believed advanced in technology, drugs, and equipment, medical procedures and especially

surgical procedures had improved patient outcomes. He further clarified by stating he believed what he described as "low tech patient care situations" were more patient-oriented in Mexico, because he believed nurses and other health care providers were given more one-on-one time with each patient.

This participant concluded by stating: "When a patient is going to get better and eventually leave the hospital and the care of nurses, it's not so important, but in situations where the patient is not going to get better, and is going to die where they are, then they seem to get lost among all the technology, the procedures, and efforts to save them, when what they really need is people around them who accept the inevitability of their situations and have time to hold their hand and sit with them."

Conclusions

The results of this interpretative phenomenological analysis provided a multiplicity of answers representing various viewpoints to the questions of whether or not nursing students who exhibit an interest in serving older patient populations are drawn to programs offering gerontology content at the undergraduate level, or do they enroll already knowing what specialization they will move towards.

A secondary question posited at the outset of the study and addressed in the second series of interviews with all 15 participants—asking whether or not enriched geriatric curricula influenced a significant number of nursing students to pursue gerontology as a specialization—remained unanswered, because participants identified as undergraduate nursing students were generally unable to express

opinions owing to their self-declared lack of knowledge regarding their programs of study.

The seven themes that emerged during the course of data analysis provided a roadmap to conclusions drawn in Chapter 5, while the personal anecdotal reminiscences and reflections contributed by each participant at the close of each interview provided information that enriched the empirical data interpreted by the researcher when drawing conclusions based on the whole body of information. This analysis has provided the foundation for the conclusions drawn and recommendations made for further inquiry into the motivators for decision making among undergraduate nursing students and their instructors and advisors.

Chapter 5: Conclusions and Recommendations

According to Smith and Osborn (2007, p. 53), the aim of phenomenological analysis, "is to explore in detail how participants are making sense of their personal and social worlds." They emphasize that the interpretative element of analysis essential in *interpretative* phenomenological studies comes not from the recounting of the experiences themselves, but from an evolving evaluation of the weight given by each participant to their importance in their current lives.

Recognizing this subtle distinction within this qualitative approach to data analysis is essential in empirical research of this nature, because it provides the researcher with a measure by which careful analysis can evaluate the intensity of experiences or recollections of experiences powerful enough to impact decision making in the lives of students of nursing and other health care professions.

Clearly, the information retrieved from 30, in-depth interviews and subsequent anecdotal reflections of the 15 nursing students and other individuals comprising this sample group characterizes this definition of qualitative data analysis. How some participants interpreted identical or similar experiences in completely differing ways, added a dimension of analysis and reflection not anticipated at the outset of this study. The revelation of this unexpected anomaly was illuminating.

Role of the Researcher

As the researcher, the primary challenge in analyzing this data has been to identify and categorize the convergent themes presented in Chapter 4, while establishing significant identifiable commonalities among widely differing memories

and recollections of pivotal personal experiences that seem to indicate motivators among nursing students for showing interest in gerontology, or determining to pursue this area of nursing as a career specialization. In the collective, this data provides several answers to the question: Are students who exhibit an interest in serving the elderly drawn to educational programs offering early exposure to gerontology, or are they already inclined along a path to serve the elderly?

Firstly, the data suggests those identifying gerontology as a desired specialization entered the undergraduate program with this mindset, and were primarily middle career, nontraditional students. Secondly, the data also suggests younger respondents entered their nursing program with no thought whatsoever to potential later specializations, were not seeking entrance based on curriculum content or potential exposure to any particular career specialization within the nursing field, but rather in pursuit of stable employment and transportable job skills. They exhibited little interest or skill in evaluating their own program of study, or their level of competencies as they completed the degree.

Overall, both age groups expressed a desire to complete the program in order to obtain licensure and a position in nursing. Only the older nursing student participants; however, expressed clearly defined goals involving future specialization choices or career planning beyond completion of the baccalaureate and licensure. It was evident from the interview encounters that the older nursing students, in general, had more prior experience working in caregiver or clinical settings than did the younger students, and this difference in experience placed responses into two

categories primarily based on age. The conclusion drawn from this comparison is that student age at the time of entrance into a nursing program is significant in terms of an individual's capacity for self-direction in meeting requirements and maximizing opportunities within the formal education experience. Whether or not older students represent better programmatic outcomes in terms of competencies and perform more proficiently in their first nursing position following licensure was a determination that was beyond the scope of this study.

Conclusions Drawn from Seven Prominent Themes

A synthesis of the seven themes identified and analyzed suggests maturity and personal life-altering or traumatic experience as the two primary motivators fueling an expressed desire to work with the chronically and terminally ill, especially elderly suffering from these afflictions. This conclusion is corroborated by studies of middle career and non-traditional students entering the health care field (McLaughlin, Moutray, & Moore, 2010; Price, 2008).

These individuals exhibit clarity and resoluteness in moving toward their stated goals of working with traditionally underserved patient groups (Auerhahn, Mezey, Stanley, & Wilson, 2012; Stone & Barbarotta, 2011; Voelker, 2008). These non-traditional students showed negligible-to-no recollection of having been influenced toward any particular specialization by instructors or exposure to course content or practicums during their undergraduate nursing education.

Younger participants, conversely, were less likely to be driven by any particular personal motivator and more apt to be led in the direction of nursing

specializations promoted in the course materials or instructors to those specializations perceived by nursing students as providing higher pay and more rapid career advancement (Kloster, Hole, & Skar, 2007; Simkins, 2008). What was clear from the responses of participants to questions about whether or not instructional materials or instructors in particular, seemed to promote some specializations over others, was that specializations focused on younger patient groups were covered in detail, while gerontology remained a virtually neglected subject over the course of their time in the program.

Some expressed a range of influential experiences helping them to form opinions about possible future specializations, namely instructors they particularly liked, out-of-classroom practicum work, or guest speakers who stimulated their interest in a particular area of nursing. Several participants were insistent that some of the instructors promoted their own previous field as the optimum specialization for their students, to the neglect of other specializations in nursing. The participants who expressed this concern were all middle-aged, non-traditional students.

While seven of eight of the participants who were undergraduate nursing students stated their choice of nursing as a career path was influenced to some degree by personal experience or familial influence before entering the program, four stated they entered nursing with the intention of specializing in geriatric nursing, because of life-changing events that had occurred as adults. These four individuals stated they were motivated by individuals and experiences other than those exposed to in their nursing program of study.

Therefore, these findings in the whole suggest strongly a correlation between lived experience and age-maturity as factors creating positive motivators for specialization. In the context of this study, these motivators point directly to an altruistic desire to serve what these participants perceive as challenged and/or underserved patient groups.

Conversely, this conclusion strengthens the validity of findings from earlier studies that have identified a profound lack of knowledge among traditional track, young nursing students about the widely established differences in needs among various patient age groups, a phenomenon not existing among respondents in the non-traditional track classification (Rich & Nugent, 2010; Nibert, Young, & Britt, 2008; Reed, Beall, & Baumhover, 2006; Thornlow, Latimer, Kingsborough, & Arietti, 2006).

Whether this difference represents a diminished desire to help people in a health care environment on the part of younger nursing students, or younger nurses, or is simply further evidence that more information in this content area and its relationship to specializations for advanced practice nursing is needed at the undergraduate level, will require further inquiry.

Even in the case of Participants 6, 8, 12, and 14, where specific knowledge pertaining to direct care for geriatric patients was not yet obtained, the desire to serve patients in particularly challenging circumstances, and other patient groups perceived as unpopular as a career specialization, appeared to be the motivator moving these

individuals forward toward their professional goals. How these motivators might be artificially replicated in an undergraduate educational experience remains unclear.

Identifiable motivators influencing choice. A multilayer analysis of the data collected for this study suggests preexisting, personal motivators are more influential in determining a nursing student's predisposition toward career specialization than course content or instructional influence. This conclusion reinforces recent findings from studies that have evaluated nursing student retention and outcomes, and curriculum structures and efficacies and found the majority of accredited undergraduate programs deficient in gerontology focus and content (Harahan, & Stone, 2009; Keating, 2011; Lauder, Watson, Topping, Holland, Johnson, Roxburgh, & Behr, 2008; Auerhahn, Mezey, Stanley, & Wilson, 2012).

What these and many similar studies do not examine; however, is how age and maturity, and significant and sometimes traumatic experience create strong motivators among non-traditional pathway nursing students for selecting gerontology or other less sought after specializations, prior to their enrollment in baccalaureate nursing programs (Eshbaugh, Gross, & Satrom, 2010; Forbes & Hickey, 2009).

While an amalgam of experiential information provided by this diverse sample has highlighted this little-noticed attraction for elderly people among middle-aged, non-traditional track and some younger nursing students, it has not clarified empirically the existence of a combination of magical ingredients that make up what Ebersole and Touhy (2006) likened to the quintessential geriatric nurse.

A majority of the participants defined some of these elements in the context of their own life stories and the motivators they have identified as propelling them along a path toward this specialization. The most common examples of these elements included descriptions of experiencing debilitating health and death in those close to them, experiencing horrific accidents or war and conflict situations in the case of military veterans, police officers, paramedics, and firefighters, and traumatic or near-death experiences individual participants lived through themselves.

Significant Finding No. 1. Motivators influencing career decision making among nursing students can be identified, and they are formulated gradually throughout childhood, adolescence, and young adulthood, creating a woven layering of memory-reflection-evaluation of pivotal individuals and experiences that merge to propel the individual along one career trajectory and specialization within that career. This conclusion supports attachment theory as the causal link connecting lived experience and life decisions that reflect personal values. This interpretation, based on these findings, broadens the traditional interpretation of familial attachment to encompass an attachment also to significant non-familial individuals and powerfully traumatic or transformative, pivotal experiences impacting individuals in adulthood.

Recommendation. Further grounded theory inquiry into relationships between students reporting non-familial individuals as significant influences in adult memory, and students attributing powerful or traumatic experiences, and career choice may provide more clearly defined parameters for establishing an expanded definition of attachment and its potential value in identifying and replicating positive motivators

within nursing programs of study for students open to the idea of considering an early career specialization in gerontology.

The body of anecdotal comments provided by all 15 participants in Chapter 4 adds support to this primary significant finding of this research—that motivators for career decision making in adulthood, in fact, can be identified through interpretative phenomenological analysis and that these motivators are created not by one transformative event, but rather along a timeline encompassing childhood, adolescence and young adulthood that forms a grounding for all decision making in the life of the individual, whether or not they are conscious of this at all times.

The data detailed this linear process where motivation in any current period of an individual was formed not by one pivotal individual, or single experience, but rather through a layering of experiences folding together over time to point the individual in one particular direction based on decisions that represent both conscious and subconscious choices.

***Supplemental finding*:** How powerful this complex matrix was in guiding decision making for these participants in the present; however, appeared directly proportional to the amount of reflection they each performed on a regular basis to nurture insight to achieve what Beaumont (2009) identified as a more useful kind of wisdom for navigating life intelligently.

Linking attitudinal dispositions and career choice. Findings from extensive research into attitudinal dispositions among nursing and other health care professionals has provided evidence of a solid link between an individual's personal

beliefs and prejudices—and an awareness of those beliefs and prejudices—and their ability to separate those dispositions from workplace demeanor and communication, particularly within the nurse-patient relationship (Sochalski & Weiner, 2011; Thornlow, Latimer, Kingsborough, & Arietti, 2006). An inability to achieve this separation of personal and professional demeanor has been found to be both widespread and to significantly compromise quality of patient care, particularly in the case of seniors or elderly in palliative care and long-term residential settings (Armstrong-Esther, Sandilands, & Miller, 2006; Treharne, 2006).

The reason for this phenomenon occurring in a setting where its presence compromises quality of care, according to Bardach & Rowles, 2012, is a lack of basic education about the extraordinary prevalence of ageism and negative stereotyping of elderly patients, particularly high among nurses, and the corrective measures—and the will—to prevent it. This phenomenon appears to increase in intensity when the unintended recipients are those individuals of all ages suffering from debilitating or terminal illnesses, in compromised positions, and particularly those without personal advocates external to the health care team (Nelson, 2004; Swanlund & Kujath, 2012).

Although the majority of nursing programs provide training in the socio-psychological aspects of palliative and hospice care, the majority continue to marginalize research aimed at identifying the role of personal, familial, and cultural prejudice toward older adults (Hebert, Moore, & Rooney, 2011; Vogel, 2011). Recent studies have established evidence of a casual link between ambivalent or negative attitudes on the part of nursing staff toward older patients, and in particular, patients

suffering from mental afflictions or debilitations, and childhood experience, although more research in this area is needed to create implementation models for enriching coursework to increase awareness and reprogram the attitudinal dispositions of individuals who continue to practice ageism in the workplace (Abu Hasheesh, AboZeid, El-Said, & Alhujaili, 2013; Vogel, 2011).

Significant Finding No. 2. Negative attitudinal dispositions appear to be more prevalent among participants who expressed ambivalence about seniors and the elderly owing to a self-proclaimed lack of contact with this segment of the population throughout childhood, adolescence, and even young adulthood, and who attributed their choice of career and decision making in adulthood to other influences other than those they identified as attachments to any particular set of values or traditions.

Recommendation. More blended-model research with an emphasis on qualitative inquiry focusing on this subgroup may identify specific motivators for their detachment from commonly shared familial and other relational influences, and provide further clues to the conundrum surrounding older adults and the increasingly pervasive societal disposition towards the aging process as a disability.

Creative options for recruitment. The majority of the participants in this study said they were not recruited to any particular nursing program, but rather enrolled in the school most geographically convenient to where they were living. This finding corroborates the conclusions of studies focused on recruitment practices and policies at nursing schools in the U.S. and worldwide (Goodin, 2009; Gross & Eshbaugh, 2011; Oulton, 2006). And, despite the protracted shortages being reported

in nursing in many regions, including the geographical home of the school of nursing from which participants for this study were selected, many newly minted BSN nurses find themselves waiting in line for positions in the area of their choosing, while many posts in less desirable specializations of nursing go unfilled (Oulton, 2006).

The recollections shared by the participants provided a convincing argument for the premise that individuals destined to serve the elderly in professional capacities come to nursing and other health care educational programs already inclined toward this specialization.

The data analyzed also gave form to a number of dispositional types, pivotal personal experiences, and to age as three major determinants that generate an affinity toward older adults, especially those facing special challenges such as chronic or terminal illness. If this assessment of the data is accurate, it may point to a need for changes in recruiting targets as a means of refocusing efforts within educational programs to increase the number of individuals attracted to nursing programs who have already exhibited a desire to work with older populations (Kloster, Hole, & Skar, 2007).

This data may also point to at least a partial solution to one challenge facing nursing programs, which is to increase interest among undergraduate nursing students about pursuing a specialization in geriatric nursing beyond initial licensure (Aday & Cambell, 2006; Auerhahn, Mezey, Stanley, & Wilson, 2012). Diversity remains another important factor in increasing the enrollment of individuals based on

characteristics that may accurately predict specialization interest in candidates before enrollment in a program of study (Heller, Oros, & Durney-Crowley, 2013).

Significant Finding No. 3. Self-reporting of recruitment practices and policies at the school of nursing in which participants were enrolled reflects the prevailing method of attracting academically qualified individuals to nursing programs at the majority of the nation's accredited nursing programs—passive selection of the most qualified applicants, predominantly regular track students under 30 years of age, from a disproportionately larger and more diverse enrollment application pool.

Recommendation. More blended-model research targeting non-traditional, middle-career track applicants and particularly those expressing an interest in selecting geriatrics as a vocational specialization, may identify markers that can help nursing programs devise methods for recruiting more qualifying individuals expressing a desire to work in senior and elderly, palliative, and end care settings—the least sought after specializations within nursing in the current period.

Four Themes Supporting Conclusions of the Study

The seven themes that emerged from the data analysis phase of the research were further synthesized into four primary strands of information, which provided scaffolding for the formation of the three primary conclusions drawn in this study. These conclusions have answered the four-part research question at the center of this inquiry to a reasonable level of fidelity, and the documentation and analysis of data provided through the 30, in-depth interviews, according to Janesick (2011) and

Saldaña (2009), codifies the plethora of experiential, subjective information into a body of verifiable and reliable data.

Research Question (Parts 1-2). The first two elements of the four-part primary research question of the study—are students of nursing and social work who exhibit an interest in gerontology drawn to educational programs offering early exposure to this field, or are they already inclined along a path to serve the elderly owing to life experiences that predate their involvement in a program of study—has been answered in the affirmative. A preponderance of the responses collected in this study suggests that students exhibiting a self-declared affinity for this specialization and for the patient group it serves, came to this nursing programs already predisposed to do so.

Research Question (Parts 3-4). The second two elements of the four-part primary research question of the study—do markers exist within the memories, hearts, and minds of nursing students that motivate them in that direction, and can these be clearly identified through a process of interpretative analysis of recollections and reminiscences of significant life experiences—has been answered in the affirmative to a reasonable level of accuracy.

Supplemental recommendation. However, further inquiry utilizing a larger, more geographically diverse sample of nursing students from more than one nursing school could provide further corroboration of the findings of this study and lend weight to some information gathered during this study that may be interpreted as misinterpreted or outlier data. Inquiry targeting specific prior professions of nursing

students identifying themselves as middle-career, non-traditional students (i.e.: military, medical, nonprofit sector, international, or representing at-risk or underserved populations), may provide evidence of factors providing unusually powerful motivators for pursing a new career in health care, and targets for strategic recruitment of predisposed individuals.

Further explanation of the four thematic strands adds clarity to the rationale for the conclusions drawn and identified. A peculiarity of the literature surrounding geriatric nursing and the long-standing deficiency in adequate preparation in this area is that it fails to address what many studies have recommended—that more qualitative research be carried out to understand the underlying motivations behind the persistent lack of focus on gerontology education in undergraduate nursing programs.

Significant attachments as powerful motivators. An analysis of the data supports attachment theory as the major variable in identifying motivators among individuals pursuing nursing and other health care professions as a career objective. The majority of participants provided information that established a predetermined family member role as insignificant in providing this influence: Some reported parents or one parent, a grandparent or another adult relative, or an elder sibling as the member who provided the most inspiration or guidance in the participant's growth and decision making leading to their current circumstances and career trajectory. Several participants identified non-family significant adult relationships as the most influential in their pasts, but did not all agree that any particular emotional attachment

to these individuals existed in the present. Religious belief appeared to play no part in either persuasion.

These findings in the aggregate establish a stronger link between childhood and adolescent experience and adult decision making, including the election of altruistic vocations as an individual's life work, than has been established in earlier studies (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001; Brhel, 2013; Lun, 2011; Middleton & Loughead, 1993). The data provides plausible extrapolation for supporting the premise that nursing students are motivated in their career pursuits by early lived experiences and emotions connected with those recollections, and familial relationships formed early in life and reaching into the present day (Tziner, Oren & Caduri, 2014).

The several participants who disagreed with this premise shared almost identical rationales for their positions that exposure to elder care situation in adulthood, not earlier family influence, cultivated their affinity for older people. Therefore, it is likely this difference in perceptions about the significance of family ties, in adult decision making, does not represent outlier findings.

Supplemental recommendation. This anomaly does; however, invite more inquiry to ascertain how prevalent this disposition is in the general population, and specifically among students pursuing careers in nursing and health care related fields. Further study may also strengthen the correlation between familiarity to elderly individuals in caregiving situations and a desire to serve this underrepresented patient population.

Exposure to target populations. While an analysis of the data established the tendency among the majority of participants to attribute motivators for decisions made in their adult lives about career paths to individuals and events from their childhoods, it also highlighted a persistent inability among younger participants to recall significant memories of events or people who had influenced them in any particular aspect of their lives. The tendency among several of these participants to marginalize or completely disregard the influence of family in adult life decision making reinforced the conclusion drawn by Brhel (2013) and Mjelde-Mossey (2008), that a growing lack of intergenerational bonding was due to changes in family and social structures, and the weight of importance given to them by younger individuals.

More research into this growing phenomenon might provide valuable clues as to the most pedagogically sound methods for intensifying positive interaction between nursing students and seniors and elderly beyond current programmatic requirements, while also adding to the growing body of information supporting the need for enriched learning environments (Brown, Nolan, Davies, Nolan, & Keady, 2008). Two categories of exposure analyzed in Chapter 4 reflected an evolving sense of personal identity and belonging in not only American society, but in other countries, as well.

The first type involved either occasional or constant contact with grandparents or elderly relatives, neighbors or family friends in childhood and adolescence. The second type encompassed contact and exposure to older individuals through social, workplace, or neighborhood contact after the participant left the family home and

lived on their own as an adult. The first type of contact cannot be replicated in a coursework setting. Owing to the growing presence of seniors and elderly in the general population and ostensibly among patients in clinical and hospital settings; however, nursing educators have an obligation to increase opportunities for student contact with seniors and elderly individuals outside direct care environments that have traditionally generated ageism and negative stereotypical images of elderly people (Auerhahn, Mezey, Stanley, & Wilson, 2012; Azzaline, 2012; Bardach & Rowles, 2012).

Fear and other anomalies driving behavior. The universal emotion of fear represents a significant factor in decisions about specialization within nursing, as well as performance and competency when practicing nurses administer to terminally ill patients, according to Braun, Gordon, and Uziely (2010). Their findings illustrated a disturbing correlation between personal attitudes about death and professional attitudes toward care of dying patients among oncology nurses, in particular. Lacking adequate training and the acquisition of appropriate coping skills, this overlapping was found to compromise quality of care in instances where nurses were afraid of death and transferred these negative feelings to patients, further compromising the nurse-patient relationship and ultimately, the well-being of the dying patient.

The well-documented, pervasive fear of aging, illness and death in society and its significant deterrent to engaging young nursing graduates in geriatric care was acknowledged by a majority of the participants. Although five of the seven undergraduate nurses who participated in the study said they intended to engage in

work with the elderly at some point in their careers, with only two stating they had no interest in this specialization, the remaining eight participants expressed their personal beliefs and concerns that fear of aging, chronic and terminal illnesses, and dying was the most significant source of fear fueling negativity and ageism in nursing and in society at large (Dunn, Otten, & Stephens, 2005; Hebert, Moore, & Rooney, 2011; Vogel, 2011).

The literature on attitudinal dispositions in nursing and related medical fields supports this assessment of the data in this study, with multiple studies recommending further qualitative research be carried out in order to identify the sources of specific personal triggers and develop best practices for reversing this phenomenon among individuals enrolled in nursing and related health care licensure programs (McGuire & Klein, 2008; Simkins, 2008; Swanlund & Kujath, 2012; Treharne, 2006; Wang, Liao, Jao, Chen, Lee, Lee, & Yen, 2009).

Kubler-Ross and Kessler (2007) believed attitudes about not only death but also the process of aging and dying improved when they are based not on stereotypical judgments and denial, or fear, but on a more pragmatic acceptance of the natural processes of aging, illness, and ultimately the recognition of one's own mortality. Further exploration of methods for instilling this philosophy in newly licensed nurses may create greater partnership between caregiver and care receiver in geriatric care situations.

Workplace dispositions toward the elderly. The literature on attitudinal dispositions of health care workers toward elderly patients presents a complex

assortment of rationale for both positive and negative feelings towards this health care seeking population (Bleijenberg, Jansen, & Schuurmans, 2012). What this growing body of data does not identify is a basis for the continuation of the phenomenon of stereotyping and ageism among both early and late career nurses and nurse educators, given all that has been learned about the causes of negative stereotyping and ageism in health care settings (Kagan & Melendez-Torres, 2013; Lookinland & Anson, 2008).

Participants on the whole responded positively when questioned about their own personal attitudes regarding older people in general; however, when asked to describe their feelings about older people in a hypothetical clinical care situation, the majority of younger respondents admitted they did not feel comfortable considering a career specialization in geriatric care long-term. It is significant to note that the several respondents who expressed this view also showed ambivalence about older people in general, or admitted they knew very little about them as a health care seeking group beyond general stereotypes, which they admitted, were not positive ones. When all participants were asked if this prejudice concerned them, the overwhelming acknowledgement was that it did, and in some cases significantly.

Studies have clarified age and maturity, not always mutually exclusive constructs, as important factors in determining clear distinctions between those who maintain a positive attitude towards elderly individuals and those who do not (Armstrong-Esther, Sandilands, & Miller, 2006; Treharne, 2006). More inquiry needs to be done in this area to identify why so many undergraduate nursing students

younger than 35 show so little knowledge of aging adults, and how nursing curriculum might be enriched to provide more knowledge of this growing patient population.

Participants identified as nursing student advisors and faculty echoed this predisposition, with several admitting they had worked in elder care facilities and knew from experience how ageism was perpetuated in those environments. The two participants who were elderly and not health care professionals provided thought-provoking insight into the patient perspective when describing nurse and caregiver dispositions from the elderly patient care receiver point of view.

Much has been written about the attitudinal disposition of nursing and other health care staff in clinical and residential settings (Sochalski & Weiner, 2011; Thornlow, Latimer, Kingsborough, & Arietti, 2006). The data collected and analyzed in this study would appear to replicate findings from earlier studies that have highlighted an area of particular concern for nursing educational researchers as they attempt to cope with the need for better outcomes and higher competencies for nurses working with elderly and terminal patients (Swanlund & Kujath, 2012; Shoshana, Bardach, & Rowles, 2012).

Further Recommendations

This study attempted to answer the interconnected and multifaceted question—are individuals who exhibit an interest in gerontology drawn to educational programs offering early exposure to this field, or are they already inclined along a path to serve the elderly owing to life experiences that predate their involvement in a

program of study and—do markers exist in memory that motivate them in that direction, and can these be clearly identified.

Purpose of the study. A synthesis of seven themes identified and analyzed from data collected through 30, in-depth interviews with 15 nursing students and other individuals closely associating with nursing education, suggests familial attachments, maturity, and traumatic or transformative experience, as the primary three motivators fueling an expressed desire to work with older patients. Conclusions also suggest motivators are identifiable and may be artificially replicated, and that strategic recruitment may also provide a solution for meeting geriatric nursing shortfalls. The purpose of the study has been to understand this complex phenomenon and to add to the body of knowledge surrounding nursing students' motivations and preferences for career specialization.

Goal of the study. The goal of the study has been to understand what elements might lead to new ways of increasing interest in the field of gerontology and specifically in direct care to elderly patients. Improvement in the numbers of BSN graduates electing to pursue early careers in geriatric direct care would provide a systemic remedy to the real-world problem of inadequate numbers of qualified nurses with adequate competencies to serve this high needs patient population.

APPENDIX A

Informed Consent

INFORMED CONSENT

Project Title: Identifying Motivators Among Individuals Selecting Gerontology as a Career Specialization

Researcher: Harold W. Smith Doctoral student New Mexico State University 575-646-5804 / hwsmith@nmsu.edu

Advisor: Dr. Pamela Schultz Head of Nursing School of Nursing, CHSS 575-646-2208 / pschultz@ad.nmsu.edu

Purpose for this Consent Form: This form will provide you with the information you need to make an informed decision about voluntarily participating in this research project. It will explain the purpose of the research and how it will be carried out, what will be asked of you as a participant, and the protocols that are in place to protect your privacy and ensure confidentiality of any information you share.

Project Description: As a researcher I want to understand what types of lived experiences may influence a nursing or social work student's affinity for, or aversion to, working with elderly individuals, and how these naturally acquired feelings about this age group—through daily life experiences—might create an inclination either towards or away from selecting gerontology as a career specialization. I will evaluate this information to determine if some of this naturally acquired knowledge based on rich personal experience, might be replicable to a classroom experience in a formal education setting aimed at inspiring individuals who do not share these types of experiences, to consider geriatrics as a possible career path.

You are invited to participate in two (2), approximately 90-minute interviews, one following the other within a 1~2-week span of time. You, the researcher, and an identified research assistant only, will be present in the room, which will be located in a quiet area of the College of Health and Social Services building on the University's main campus, not readily accessible to others.

The interviews will be in a relaxed and private setting. In the first interview, I will read an opening statement, and as the interview progresses, five (5) questions that will loosely guide the interview. These questions will ask you to share your lived experiences, upbringing and family involvement, social and familial values, and your personal disposition towards various age groups. In the second interview, I will read

an opening statement, and as the interview progresses, ask five (5) questions that focus on examining what participants identify as naturally occurring vs. programmed stimuli that have influenced their interest in and affinity for, or their indifference

about or aversion to the idea of working with elderly people as a professional calling.

Exclusion Criteria: I will select six (6) individuals who have indicated on a gerontology interest survey they have an interest in geriatric care and career paths, and six (6) individuals who have indicated they have no interest in geriatric care and career paths. No attempt will be made to identify or differentiate participants as to age, gender, background and level of education, ethnicity, or any other defining characteristic during the process of participant selection. Five participants in each group will be interviewed, with one additional individual serving as an alternate participant for each group.

Risks: There are no discernible physical, psychological, social, or economical risks to you beyond those normally associated with daily living, as a result of your participation in this study. However, if you should feel the need to speak with a counseling professional during or following your participation in this study, you may contact, free of charge, the New Mexico State University Counseling Office at Garcia Annex, Room 100 / Tel: 575-646-2731, or at counsel@nmsu.edu.

Benefits: There are no direct benefits to you for participating in this study. However, the results of this inquiry may increase understanding about how the naturally occurring life experiences of some people impacts their feelings of affinity or dislike towards elderly people, and how these experiences might be replicated in nursing and social work curriculum, or classroom settings, so that others may benefit from that knowledge.

Voluntary Nature of Participation: Your decision to participate in this research must be completely voluntary. If you do not wish to participate in this study, your decision will not result in any penalty or loss of benefits to you to which you are otherwise entitled. If you agree to participate, and at a later date decide to end your participation, you may withdraw at any time without penalty or loss of benefits to you to which you are otherwise entitled.

Confidentiality: Any information obtained about you from this research, including your name and contact information, the voice recordings of your answers to questions in the two, 90-minute interviews, the researcher's notes, or research assistant's field notes, or the written transcriptions of those interviews, will be kept strictly confidential.

The researcher will keep your name and contact information during the data collection process so that it is possible to contact you to schedule the two, 90-minute interviews in which you will participate. These two personal identifiers will be kept separate from the data collection process and the data records and there will be no physical connection between your name or contact information and the data at any time before, during, or following the study. Your name and contact information will be kept electronically on a separate password-protected memory drive in a locked

cabinet in a locked home office accessible only to me for the duration of 3 years, as required by federal regulations, and then it will be destroyed by electronic erasure.

Assigning you a pseudo name and number prior to the two, 90-minute interviews will protect your confidentiality, and only these two indirect identifiers will be used throughout the data collection, recording, transcription, coding and analysis processes. The researcher and the research assistant have both been certified in human subjects protection protocols issued by the National Institutes of Health, and the research protocol for this study has been approved by the New Mexico State University Institutional Review Board, the body that approves and monitors all research involving human participants at this university. The research assistant has signed a confidentiality agreement preventing them from divulging any information about the participants or the data collected during this study.
The results of this study will be published as a dissertation in partial fulfillment of my doctoral degree, in journal publications, for presentations at conferences, and for use in informing best practices for nursing and social work curriculum development; however, no personal identifiers of participants will ever be connected with the data, or with the results of this study.

New Information: Any new information obtained during the course of this research project that might impact your level of comfort or willingness to continue your participation in the study, will be provided to you if or when it become available.

Contact Information: If you have any questions about this research project or your involvement in it, please contact me, or my advisor using the contact information provided at the top of this consent form. If you have questions or concerns regarding your rights as a research subject, please contact the Office of Research Compliance at New Mexico State University, at (575) 646-7177, or at ovpr@nmsu.edu.

Please remember that your participation in this research project is completely voluntary, and as the researcher, I want you to feel completely safe and comfortable sharing your experiences and thoughts on the subject matter under investigation. I have read and understand the information presented in this Informed Consent document, and all my questions have been answered. I affirm that I am over 18 years of age and that I freely consent to take part in this study.

Participant Name (Signature) Date: _____

Harold W. Smith (Signature) Date: _____

A copy of this signed Informed Consent document will be given to you to keep for your records.

APPENDIX B

Letter of Introduction to the Study

LETTER OF INTRODUCTION TO THE STUDY

Purpose of this Letter

This letter is an invitation to participate in a study entitled: Identifying Motivators among Individuals Selecting Gerontology as a Career Specialization, which will explore why some students are drawn to geriatric nursing or social work as a career pathway, while other students are not.

Purpose of the Study

The purpose of this study is to understanding the life experiences of individuals who exhibit a natural affinity for seniors and the elderly, and the life experiences of those who do not, with an aim to identifying a diversity of experiences that may decrease or increase a person's interest in pursuing academic study, professional training, or a career specializing in gerontology.

What You Will Be Asked to Do

You are invited to participate in two (2), approximately 90-minute interviews, one following the other within a 1~2-week span of time. You, the researcher, and an identified research assistant only, will be present in the room, which will be located in a quiet area of the College of Health and Social Services building on the University's main campus not readily accessible to others. The interviews will be in a relaxed and private setting. In the first interview, you will be read an opening statement and four (4) open-ended questions that will loosely guide the interview, asking you to share your lived experiences, upbringing and family involvement, social and familial values, and your personal disposition towards various age groups in relation to career options within the health care profession. In the second interview, you will be read an opening statement and then asked four (4) questions that focus on examining what you identify as naturally occurring vs. programmed stimuli that have influenced your interest in and affinity for, or aversion to, the idea of working with elderly people as a long-term professional goal. In both interviews, if you do not feel comfortable answering some or any of the questions, you will not be required to do so.

If you agree to participate in this study, you will be sent an Informed Consent document, which you will read and sign, and bring to your first scheduled interview. At any time during your process of consideration of participating in this study, or following your decision to participate in this study, or following your decision not to participate in this study, if you have any questions or concerns, please contact the individuals or offices listed in the Contact Information section at the bottom of this Letter of Introduction to the Study.

Risks of Participation

There are no discernible risks to you beyond those normally associated with daily living, as a result of your participation in this study. However, if you should feel the need to speak with a counseling professional during or following your participation in this study, you may contact, free of charge, the New Mexico State University Counseling Office at Garcia Annex, Room 100 / Tel: 575-646-2731, or at counsel@nmsu.edu.

Benefits and Incentives

There are no incentives provided, or benefits to you personally for participation in this study. However, the results of this inquiry may increase understanding about how the naturally occurring life experiences of some people impact their feelings of affinity or dislike towards elderly people, and how these experiences might be replicated in a nursing or social work education curriculum or classroom setting, so that others may benefit from that knowledge.

Voluntary Nature of the Study

Your decision to participate in this research must be completely voluntary. If you do not wish to participate in this study, your decision will not result in any penalty or loss of benefits to you to which you are otherwise entitled. If you agree to participate, and at a later date decide to end your participation, you may withdraw at any time without penalty or loss of benefits to you to which you are otherwise entitled.

Confidentiality

Any information obtained about you from this research, including your name and contact information, voice recordings of your answers to questions in two, 90-minute interviews, the researcher's notes, or research assistant's field notes, or the written transcripts of those interviews, will be kept strictly confidential.

Your name and contact information will be collected by the researcher only for the purpose of contacting you to schedule your participation in the two 90-minute interviews. These two personal identifiers will be kept separate from the data collection process and the data records and there will be no physical connection between your name or contact information and the data at any time before, during, or following the study. Your confidentiality will be protected by assigning you a pseudo name and number prior to the two, 90-minute interviews, and only these two indirect identifiers will be used throughout the data collection, recording, transcription, and analysis processes.

The researcher and the research assistant are both certified in human subjects protection protocols issued by the National Institutes of Health, and the research protocol for this study has been approved by the New Mexico State University Institutional Review Board, the body that approves and monitors all research involving human participants at this university.

The results of this study will be published as a dissertation in partial fulfillment of my doctoral degree, in journal publications, for presentations at conferences, and for use in informing best practices for nursing and social work education curriculum development; however, no personal identifiers of participants will ever be connected with the data, or with the results of this study.

Contact Information

If you would like to participate, and/or have questions about this research project, please contact the researcher, Harold Smith, at 575-680-6413, or at hwsmith@nmsu.edu, or his advisor, Dr. Stephen Rice, at 575-646-2502, or at srice@nmsu.edu. If you have questions or concerns regarding your rights as a research subject, please contact the Office of Research Compliance at New Mexico State University, at (575) 646-7177, or at ovpr@nmsu.edu.

Thank you.

APPENDIX C

Gerontology Interest Survey

Gerontology Interest Survey

Q1: Descriptive Text

Greetings. As you know, NMSU is a research institution. If you are doing this part of a class assignment, note that you can print the last page of the survey to give to your instructor as evidence of your participation. Thanks, and remember, your participation is strictly voluntary and anonymous.

Q2: How would you rate your interest in working in the field of aging?

- o No interest
- o Some interest
- o Indifferent/Uncertain
- o Strong interest
- o Very strong interest

Q3: Have you taken any courses since completing high school that covered the aging process, the older population, or services and facilities for older adults?

- o Yes
- o No

Q4: Have you volunteered or had any experience working in a facility or community setting with older adults?

- o No
- o Yes

Q5: How likely do you think it is that you will be employed in a geriatric setting working with geriatric patients after graduation.

- o Very unlikely
- o Unlikely
- o Unsure
- o Very likely
- o Almost certain

Q6: What percentage of the U.S. population over the age of 65 is living in a skilled or long-term care facility today?

- o 40%
- o 30%
- o 25%
- o 10%
- o 4%

Q7: Would you be interested in learning more about the aging process and/or older adult care?

- o Yes
- o No

Q8: How important do you think it is that all students in nursing, public health, or social work receive training in geriatrics?

- o Very important
- o Somewhat important

- o Neutral
- o Low importance

Q9: What is your gender?

- o Female
- o Male

Q10: Please Specify your race.

- o American Indian or Alaska Native
- o Asian
- o Black or Aftrican American
- o Native Hawaiian or other Pacific Islander
- o White
- o Other, please specify (open-ended answer)

Q11: Please specify your ethnicity.

- o Hispanic or Latino
- o Non-Hispanic or Latino

Q12: How old are you, Please enter your age in years?

_____ years old

Q13: Is your family involved with healing an elder?

- o Yes
- o No

Q14: Do you now or have you in the past had an elder relative or close family firend living with your family?

- o Yes
- o No

Q15: What is your area of study currently?

- o Nursing
- o Public Health Science
- o Social Work

Q16: Would you be willing to talk with someone about this survey in person

- o Yes
- o No

Q17: If you answered yes to Question 16, please enter your name and contact phone number below.

Thank You Page

Thank you for participating! If completing this survey meets a course requirement, you can print this page and turn it in as proof of completion and participation.

APPENDIX D

Interviews 1 & 2 Invitation Statements and Open-Ended Questions

Interview 1: Invitation Statement and Open-Ended Questions

The first interview will explore participants' lived experiences, upbringing and involvement with extended family, social and family values, and personal dispositions towards different age groups. In order to guide the conversation across these core topics, an opening invitation statement and four follow-up open-ended questions will be asked to motivate the participant to share information pertinent to each of these four areas.

Opening Invitation Statement: Thank you for agreeing to participate in this study, and for sharing your thoughts about some of your lived experiences, your upbringing and your involvement in extended family, social and family values, and your personal disposition towards different age groups. Please tell me whatever you feel comfortable sharing about your upbringing. After you have shared your thoughts with me on this subject, I will ask you four questions during the remainder of the interview. You do not have to answer any question that you would rather not answer.

Question 1: What types of experiences during your upbringing do you remember as being pivotal in developing your feelings about the older generation and particularly your grandparents or other elderly people you have known?

Question 2: Growing up at home did your parents ever talk about social and family values, and did they have expectations about how your personal values would develop?

Question 3: Do you remember when you began to form opinions about people older than you, your parents, grandparents, elderly neighbors, or others you came into contact with during your adolescence?

Question 4: Do you recall any experiences you have not yet mentioned that influenced your feelings about people in general, or particular age groups of people in particular?

Interview 2: Invitation Statement and Open-Ended Questions

The second interview will focus on examining what participants identify as naturally occurring vs. programmed stimuli that have influenced their interest in and affinity for, or aversion to older people, and particularly seniors, the elderly, or individuals suffering from degenerative illnesses.

Opening Invitation Statement: Thank you for agreeing to participate in this study, and for sharing your thoughts about some of your lived experiences. Please tell me whatever you feel comfortable sharing about some of the pivotal moments throughout your life when you experienced events or people who affected your feelings about older people, and particularly seniors, the elderly, or individuals suffering from degenerative illnesses.

After you have shared your thoughts with me on this subject, I will ask you four questions during the remainder of the interview. You do not have to answer any question that you would rather not answer.

Question 1: What role have these experiences played in your choosing to enter the field of nursing, social work, or health care?

Question 2: Have you participated in any K-12 or post secondary school projects or programs, extracurricular activities, part-time jobs, volunteering, or other activities that were focused on older adults?

Question 3: How have you been influenced by your current nursing and health programs of study to consider a career path in geriatric care or social work, or another vocation involving older adults and the elderly?

Question 4: If asked by your teachers, mentors, and career counselors, what suggestions would you give them about providing information, formal instruction, practicum's, or training that would help you decide on a career path within nursing or social work?

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