Involving students in the challenges of caring for older people

Abstract
Students acquire nursing knowledge and values through occupational socialisation during varied work-based placements. Such experiences not only influence their career paths but, crucially, their orientation towards older people in practice. This paper draws on research exploring nursing students’ experiences of working with older people during a pre-registration course. It aims to show how understanding their perceptions might assist in meeting the future challenges of elder care. The author reveals that reformed nurse education, service modernisation and changing roles have modified traditional views of nursing older people but not overturned them. Nurses in age-specific and non-acute areas were more likely to practise and encourage a person-centred approach, this being consistent with students’ ideals.

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Although older people are already principal users of UK health services (Leathard 2000), demographic change and accompanying patterns of morbidity mean that working with them will acquire increased significance for nurses in most settings. The diverse, complex needs of this group necessitate a skilled response from service providers (Department of Health (DH) 2001a).

Nurses’ attitudes towards older people have long reflected society’s perceptions (Davies et al 2000), in that they are inclined to correlate ageing with inevitable ill-health and believe that caring for older people requires only rudimentary skill (Akid 2001, Mullally 2002). Lack of leadership and role modelling, together with under-resourced physical environments and inadequate education, contribute to difficulties in recruiting to age-specific areas and retaining staff in mainstream settings where older patients predominate (DH 2001b).

Course experiences influence nursing students’ career decisions (Marsland and Hickey 2003, Rognstad et al 2004) and the nature of their experience of placements with older people affects whether working with them is considered an option. Repeated exposure to what Nolan et al (2002) termed ‘impoverished’ environments, staff’s ageist attitudes and delivery of care that students feel unacceptable is discouraging. This is compounded if students are socialised into regarding the work as routine and uninteresting (McLafferty and Morrison 2004).

Yet practice settings and their purposes differ markedly, as does their effect on students’ encounters with older people and what they are liable to learn from them. This article draws on research exploring students’ experiences of working with older people to demonstrate that understanding their perceptions of what happens during placements is an important step in identifying what can be done to meet the challenges of elder care.

The study
UK nurse education aims to provide a skilled, flexible labour force capable of meeting the
needs of a changing society. The central concept of the ‘knowledgeable doer’ continues to emphasise preparation for practice through workplace experience, however, post-Project 2000 programmes have been criticised for dedicating insufficient time to clinical placements, leaving students ill-equipped to function once qualified (Carlisle et al 1999, Gerrish 2000, Nursing and Midwifery Council (NMC) 2004). Raising academic standards is also alleged to have placed nursing above its vocational station, producing staff who consider themselves above aspects of direct care with which older people frequently need help (BBC 2004).

The stimulus for this study arose from my work in nurse education, where I manage a module concerning older people and have a longstanding interest in students’ experiences of related practice. Despite research having been conducted on the overall process and outcomes of post-Project 2000 courses (Luker et al 1996, Macleod Clark et al 1997), none concentrated on this area.

Methodology and method
Selecting a methodological ‘home’ for the study was difficult, due to the complexity of underpinning concepts and, sometimes, their presentation. The approach taken drew on hermeneutics, informed by phenomenological tradition. The term ‘hermeneutics’ derives from Greek mythology, where Hermes interpreted messages transmitted from the gods to mortals, and is associated historically with the interpretation of texts. Phenomenology is grounded in a European philosophical movement, one school of which was concerned with the interpretation of phenomena as experienced (Holloway and Wheeler 2002).

Philosophical hermeneutics offers a basis for research, has no set protocol (Steeves and Kahn 1995) and aims to provide an understanding of events, rather than describing them. Key to my commitment to older people nursing, it recognises that the researcher’s own experience not only drives the research process but also provides a basis for understanding the experiences of others. This means that the researcher’s preconceptions and personal insights can be used positively, provided that quality indicators are adhered to. My prior thoughts and biases regarding ageing and health, nursing older people, nurse education and research were thus made explicit when writing up.

An audit trail was also developed to enable others to understand the context for judgements made (Koch 2006). This involved providing a detailed account of the study’s performance, including extracts from a reflective research diary which I kept from the outset (Alabaster 2004).

Following ethical approval, a sample of nine female and one male second year students aged between 22 and 42 years was recruited from a single site. Criteria for selection were that they had worked with older people and would do so again during the study’s duration.

Data were collected in two phases using loosely structured interviews and were supplemented by field notes, biographical details, material volunteered by a participant and my research diary.

The participants’ anonymity was protected by allocating pseudonyms.

Since this was not designed as a comparative study, the second phase of interviews aimed to clarify issues that arose from the first. Discovery that participants were scheduled for an age-specific placement between interviews offered the potential for enrichment.

Bespoke computer software aided data management during detailed analysis. This process involved extracting significant data segments and categorising them, as inspired by Love’s (1994) features of significance.

Results
Seven non-hierarchical, interactive and interdependent themes were identified which affected each other in terms of the participants’ overall experience and were, in turn, reconstructed by this (Figure 1). Three issues pertaining to participants’ perceptions of older people nursing cut across these themes.

All participants had interacted with older relatives and/or had encountered members of the client group during employment in care, hospitality, or retail sectors prior to the nursing course. By the time of first interview they had worked with older people during various placements and, in some cases, while undertaking paid support work to enhance their bursaries. Their diploma-level course encouraged consideration of humans as bio-psycho-social beings whose care should be personalised. Although it reflected an integrative life-cycle approach, and thus had no dedicated older person nursing module, an age-specific placement was included in the final year.

Participants’ experiences of older people nursing were rooted firmly in life, course and service contexts. Their upbringing, hopes for later life, the course’s philosophy and staff encountered contributed to values they applied:

‘That’s what it’s all about – looking after older people – a bit of respect and dignity that everyone should have. I just hope that one day someone will do that for me and my relatives.’ (Beverley)
Respect was the cornerstone of participants’ approach to a client group they felt to be disadvantaged. They connected preserving dignity and adult integrity with giving respect by coming to know individuals, acknowledging their life histories, helping them to keep up outward appearances and demonstrating commitment where cure was impossible. While participants saw forming relationships as mutually beneficial and provided moving examples of ‘being there’ for individuals, they had difficulty managing emotional labour when faced with situations beyond their control and where student status prevented them acting as advocates.

**Structural context of care**

Participants’ attempts to treat older people as individuals were supported by their school’s theoretical stance but often obstructed in practice. Staff generally viewed such patients’ needs collectively and met these through a routine approach to workload management. Correspondingly, caring for older people was presented negatively as ‘basic’, arduous and monotonous:

‘You start doing your washes and then there’d be breakfast. And then it would be dinner time, and then you do your toilet runs and change your pads after dinner and then its the commodes. And then it would be time to hand over. You knew exactly what you were doing from one day to the next. Mundane.’ (Helen)

In addition, personal care was assigned to unqualified staff whose priorities were task-orientation and speed. Regular consignment to the support worker role meant that participants worked alongside these individuals, while qualified nurses were distanced from this activity:

‘They all seem to be in the office doing administration. That seems to be the most important part of their job now, whereas I thought it was going to be caring... as a student I probably spend more time with the auxiliaries than I do with the registered staff.’ (Annie)

Participants had expected nursing to have a strong interpersonal focus and were disillusioned by the reality of practice. They relished contact with older people but felt exploited in ‘being used to do the basic care’ and ‘our student role going out the window’ as a result. This was attributed to staff shortages and some nurses deeming that a student’s sole purpose was to work. Participants believed that if they did not deliver personal care no one else would but felt their ideals were compromised:

‘We tend to become task-orientated rather than patient-centred. Rather than looking at the patient and saying, well this person needs this particular input, we say all those people need that amount of input just to keep the wards ticking over rather than what the patients actually need.’ (Ian)

Being with unqualified staff and adopting standardised working patterns made care plans completed by nurses who had little apparent involvement with patients seem redundant. Participants adapted by personalising care where possible but older people’s dependence, relentless rounds of what they termed ‘conveyor belt care’ and the staff’s drive to achieve visible results when working under pressure led to physical labour being rated highly. They soon discovered that interaction for its own sake was not considered real work and was taken as laziness:

‘Looks like you’re doing nothing but you’re not. You are talking to that patient and getting to know them. You feel like all eyes are on you and you say to yourself, “I gotta get up and do something.” You’ve got to be seen to be doing.’ (Claire)

Participants conformed because they thought life would otherwise be made difficult for them, though they continued to act according to their principles by conversing during care delivery or by undertaking outwardly acceptable activities, such as adjusting pillows, close to patients with whom they wished to talk.

Limited exposure to registered nurses also meant that learning opportunities were lost, leading participants to describe themselves as ‘being trained to be support workers’:

‘There’s a lot that the staff nurses are not showing you with the patients. We are unable to go on drugs rounds because we are busy doing other basic nursing skills.’ (Gillian)

Despite appreciating keenly that providing personal care contributed significantly to older people’s well-being and was meaningful to them, participants believed that preoccupation with this prevented their achieving competence in other areas:

‘As a student I need to learn ... it doesn’t bother me how many times I put someone on a commode. But I still need to learn ... skills, which as a qualified nurse I’m gonna have to be doing on my own.’ (Debbie)

They nevertheless spoke of believing it natural to sacrifice personal development to meet patients’ needs.
Participants’ experiences

Participants perceived that nurses in mainstream, non-age-specific settings disengaged from older people whose ongoing dependence and chronicity classed them as ‘difficult’. It was implied that some used their status to avoid personal care on the grounds that ‘I don’t do that anymore’ and transformed more willingly into ‘those registered nurses that sit in the office’. Participants described how unqualified staff took cues from this attitude and delegated to students ‘the unpopular jobs with the unpopular patients’. They found it hard to accept that staff who were reputedly compassionate could behave in this way.

However, most participants were quick to point out that nurses usually worked diligently and used strategies such as delegation to contain their workload, as illustrated by the following reference to a patient with communication difficulties:

‘The staff tend to walk away and ignore her because they haven’t got the time. I can understand this to some extent but, actually, nobody makes the effort because it would be hard work, wouldn’t it?’ (Helen)

Patient contact uncovered hidden needs and generated more work which could include dealing with challenging psychosocial issues. In mainstream care, participants also encountered nurses who shared openly that their chief aim was to move older people on. In these circumstances age-specific wards seemed portrayed as places to which older people were to be dispatched as quickly as possible. Participants learned from an early stage that nurses in these settings represented an occupational underclass:

‘I do think there’s a lot of stigma towards nursing older people. Lots of people don’t like it because they think it is too hard. My preceptor was newly qualified and said that all her friends were telling her, “When are you going to get a proper job?” They think that to work on an elderly ward is not proper nursing as such.’ (Claire)

Unsurprisingly, most participants had misgivings about their upcoming age-specific placement. Only those who had already undertaken similar placements envisaged meeting expert nurses with commitment to a specialty. All but two found their experience exceeded expectations and were impressed with the quality of care delivered by teams who regarded older people positively. Although the type of work was as predicted, the staff’s cohesive approach meant that it was perceived as less onerous than if performed elsewhere:

‘It was geared towards the care of the elderly person. I just found that, even though I was dreading it, it was hard work but it was hard work in a different type of way.’ (Janice)

The common observation that nurses in most age-specific and rehabilitative areas were ‘geared’ towards older people reflected their approach of combining personal care delivery with administration as a matter of course, addressing problems with other disciplines, setting realistic aims and appreciating that recovery could be prolonged.

Paradoxically, this approach increased workload but was offset by wards having an explicit purpose. The nurses’ ready acceptance of the physical and emotional labour involved in caring for older people was attributed to their making a positive employment choice, ‘knowing what they were letting themselves in for’, and developing the skills ‘to get the best out of the patient and give the patient the best’:

‘I thought it’d be the same as the general wards, where it’s, “Oh, a stroke. Oh God.” Because it’s such hard work. But on this ward there were ten strokes. Not a murmur. Because that’s what they’re there for.’ (Claire)
Despite some criticism of care and situations where staffing levels were judged inadequate, participants concluded that places to which older people were ‘sent’ were likely to be better for them. Where nurses worked humanistically and collaboratively, they felt encouraged to do the same and gained more satisfaction. This was reinforced by their course stage enabling them to be more involved with nursing teams and a sense that, where elders were valued as people, staff and students were treated similarly. The experience led one participant who eschewed the idea of being ‘stuck on an elderly unit’ to consider employment there. For most, however, any positivity was overshadowed by the cumulative effect of previous placements.

Discussion and conclusion

While not generalisable, this study presents a detailed account of pre-registration students’ experiences. Its findings demonstrate that, although nursing is evolutionary and conducted against a backdrop of unrelenting change, current perceptions of older people nursing resemble strongly historic views (Baker 1978). Service imperatives, realignment of roles and reformed nurse education have, however, added dimensions to these views. Students’ activities thus depend on how thoroughput and workload are managed; together with the way older people’s needs and student function are defined in the workplace.

Older people’s needs sit uneasily in an acute-focused, integrated service model (Latimer 2000). Participants’ initial impression that nurses ‘don’t care’ for older people in a practical sense, due to the nature of status-specific work, and don’t care about them by problematising their existence because meeting their complex needs was not seen as consistent with the aims of a fast-paced service. This was overturned in part by growing workplace experience.

Nurses in non-acute and age-specific settings followed a ‘with person’ approach (Hunter 2002), respected older people, centred care on them and shared their expertise. Conversely, those in mainstream settings adhered to a ‘with institution’ model to manage the burden of meeting need while working within service constraints. Students’ reading of general nursing reflects the messiness of its competing demands (Parker 2004) and nurses’ growing involvement in managing patient flow (Allen 2004).

Far from being ‘too posh to wash’ (BBC 2004) students understand the fundamental value of giving older people personal care and have no qualms about delivering it but also need to achieve wider employment-level competence. Service modernisation is redefining nursing, removing personal care from its sphere of interest and delegating this to unqualified staff who operate under distant supervision (DH 2005, Allen 2001). This will further limit students’ exposure to role models who are able to provide older people with the help they need and value. It also supports policies based on labour substitution and task-orientation (Mulholland 2005).

Striking similarities are evident between participants’ accounts and Baker’s (1978) seminal description of the ‘routine geriatric’ style of nursing, where staff treated older people as less than adult and delivered standardised care according to an unvarying, task-based timetable. Routines continue to influence everyday practice, emphasising physical care, inhibiting communication with older people and affecting adversely their quality of care, particularly where unqualified staff dominate (Daykin and Clarke 2000). Contributory factors include ageism, knowledge deficit (Courtney et al 2000), the staff’s inability to confront their own beliefs or attitudes towards age-related problems (Tonuma and Winbolt 2000) and their ‘tuning out’ difficult behaviour (Beck 1996). When coupled with a task-oriented approach, the nature and repute of elder care result in its devaluation.

Although this study also found that students learn routines that can be helpful in regulating activities and that personalised care can be nested within these, their constant movement between placements and ambiguous positions in nursing teams makes practising such routines difficult. Their attempts to treat older people as individuals and form relationships based on respect are similarly undermined.

The structural context of care remains the most significant factor here (Persey and Luker 1995, Nolan et al 2002) and, contrary to McKinlay and Cowan’s (2003) assumption, supernumerary status post-Project 2000 does not leave students ignorant of workplace constraints. Participants intended to avoid employment in areas where conditions were restrictive and staff observed to be stressed. Rather than opting for areas such as intensive-care because technical work offers status and excitement (Hirst and Lane 2005), they anticipated that the skill mix there would give beginners more support and allow them to work with patients one-to-one, with less likelihood of ending a shift feeling that they had not done everything possible for a patient. It is suggested that, since students appear to embrace an ethic of caring, they might not need to be taught to value older people per se. Instead, nurses and educators should assist them in translating this into practice by, for example, being open about problems faced when working.


July vol 19 no 6 2007 nursing older people 27
in restrictive environments and exploring ways of managing these while remaining true to ideals for older people nursing. This would also help make emotional labour explicit (Smith 1992, Smith and Gray 2001) and support the idea that interpersonal contact is a legitimate activity.

Older people nursing has progressed but this progress may be concealed from students because placements vary. Students do not automatically view elder care as ‘basic’ in pejorative terms (McLafferty 2005) but unless exposed to an alternative, they are liable to equate working with older people as less than nursing, ‘heavy’ and internalise general occupational values. Put simply, they will continue to learn that older people nursing involves ‘the wrong sort of hard work’.

**Implications for practice**

Work-based experience is crucial in shaping students’ orientation towards nursing older people. It is influenced by several interconnected factors, including service and workload organisation, perceptions encountered and the staff’s knowledge and skill. The results of this study suggest that nurses committed to working in age-specific or non-acute areas are more likely to demonstrate a positive approach towards ageing and chronicity, work in partnership with older people, consider personal care as integral to their role and encourage students to support person-centredness. Their effectiveness as role models relies, however, on recognising that their everyday work involves the use of accrued expertise. It also means being able to share this by accepting students as learners, working alongside them and involving them actively in all dimensions of nursing activity.

Students need to learn how to remain true to their ideals while managing the realities of practice. Nurses could aid this process by reflecting openly on the personal challenges of caring for older people, exploring strategies used and perhaps acknowledging their own limitations.

They might also re-evaluate nursing’s core values and question how they can apply these when a combination of drivers is changing the nature of nursing itself.