

Nurse Educators and the Care of Older Persons: A Time for Cultural Change

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Faculty of Nursing
University of Alberta

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Abstract

Background: Upon graduation, nursing students continue to be ill-prepared in gerontological nursing care and lack a desire to work with older persons. Although nurse educators are expected to facilitate students' learning about how to provide appropriate older person care, they lack expertise to influence students' knowledge, skills, and attitudes. There is limited empirical evidence that elucidates the barriers and supports influencing nurse educators' development of proficiency in this area. Nursing education culture has not yet been explored for its possible influence on capacity building of educators prepared in gerontological nursing.

Purpose: The purpose of this dissertation is three-fold: (1) to identify and synthesize literature about factors affecting nurse educators' knowledge, skills or attitudes about older persons and their care; (2) to understand the culture of a university-based, pre-licensure nursing education program in a Western Canadian province in relation to nurse educators building expertise in gerontological nursing; and (3) to explore why recruitment to a focused ethnography study was successful in engaging numerous nurse educators, researchers, and administrators to volunteer within three months of study initiation.

Methods: This dissertation contains three related papers with different methods used in each manuscript: (1) an integrative review to identify the factors that affect pre-licensure nurse educators' knowledge, skills or attitudes about older persons and their care; (2) a focused ethnography to explore the cultural context of a pre-licensure nursing education program in relation to nurse educators' expertise in gerontological nursing; and (3) a critical reflection on the successful recruitment of participants to this focused ethnographic inquiry.

Findings: For the integrative review, 44 articles met the inclusion criteria. Thirteen papers reported empirical studies that addressed, in some way, factors influencing nurse educators'

preparation in older person care. The remaining articles were defined as discussion papers. More rigorous studies are necessary to expand the evidence base. The literature chronicled barriers and supports for capacity building of educators in gerontological nursing. Supports included external funding and professional regulatory frameworks. Barriers included nursing administrators' negative attitudes toward older persons; the constrained budgets of educational institutions; ageism among educators; and a lack of awareness of gerontological nursing as a specialty and of professional development resources addressing older persons and their care.

The focused ethnography offered further insight about what constrains or encourages professional development of nurse educators in older person care. Nursing education culture in one pre-licensure nursing program was characterized by a hierarchical structure among the various categories of faculty, which impeded gerontology experts' support for undergraduate educators and for curricular revision. An integrated curriculum diminished the focus on gerontology. Limited professional development opportunities and excessive workloads constrained educators from building gerontology expertise. Valuing older persons and their care influenced the likelihood that educators would pursue preparation in gerontological nursing and affected access to gerontology resources.

The critical reflection on recruitment revealed four themes contributing to successful enrollment to the focused ethnography study: laying the groundwork, recruitment plan, building rapport, and participant motivations. Understanding what motivates those who agree to participate in such research is an important contribution to the literature.

Conclusions: There continues to be a lack of educators with sufficient preparation in gerontological nursing to educate future generations of nurses to deliver quality care to older persons. Further expansion of the empirical literature on the barriers and facilitators influencing

nurse educators' expertise in older person care is needed. This dissertation research suggests that nursing education culture may influence educators' preparation in older person care. Further study of this phenomenon in other nursing academic settings is warranted. Once a robust evidence base is developed about what constrains or supports capacity building, further research could be conducted that leads to the identification and testing of strategies to prepare a nurse educator workforce adept in teaching future nurses to provide quality nursing care to older persons. There is also opportunity for future research to understand what motivates research participants to volunteer, and to identify the relative efficacy of various recruitment strategies.

Preface

This dissertation is an original work by Kelly Ann Negrin. Ethics approval to conduct the research reported in chapter 3 of this dissertation was obtained from the University of Alberta Research Ethics Board, title: “The Experiences of Nurse Educators in Establishing a Teaching Practice in the Care of Older People: A Focused Ethnography Study”, No. Pro00078597, January 30, 2018.

Designated authorship of all published or publishable papers within this dissertation complies with *International Committee of Medical Journal Editors Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals* (<http://www.icmje.org/>). Chapter 2 (paper 1) of this dissertation was published as: Negrin, K. A., Slaughter, S. E., Dahlke, S., & Olson, J. (2020). Factors affecting undergraduate nurse educators’ knowledge, skills or attitudes about older persons and their care: An integrative review. *International Journal of Older People Nursing*, 15(1). <https://doi.org/doi:10.1111/opn.12293> © 2019 John Wiley & Sons Ltd. I was responsible for conceptualization and design of the study, completing the systematic search and screening of the literature, data extraction, quality appraisal, analysis, drafting of the manuscript, responding to feedback from co-authors, and for final approval of the version of the article being published. Dr. Susan Slaughter contributed to and supported study conceptualization, design, analysis, critical revision of the manuscript for important intellectual content, and final approval of the version of the article being published. Dr. Slaughter also acted as an arbitrator for disagreements about paper retrieval. Drs. Sherry Dahlke and Joanne Olson contributed to and supported study conceptualization, design, analysis, critical revision of the manuscript for important intellectual content, and final approval of the version of the article being published.

Chapter 3 (paper 2) of this dissertation has been submitted and received peer review; it is revised and will be resubmitted to the *Journal of Professional Nursing*. I was responsible for the conceptualization and design of the study, acquisition of data, analysis, interpretation of data, drafting of the manuscript, responding to feedback from co-authors, and final approval of the version of the article being submitted. Dr. Susan Slaughter was responsible for supervision and contributed to conceptualization and design of the study, analysis and interpretation of data, critical revision of the manuscript for important intellectual content, and final approval of the version of the article being submitted. Drs. Sherry Dahlke and Joanne Olson contributed to conceptualization and design of the study, analysis and interpretation of the data, critical revision of the manuscript for important intellectual content, and final approval of the version of the article being submitted.

Chapter 4 (paper 3) of this dissertation was submitted to *Qualitative Research* and is currently being revised to submit to another journal. I was responsible for conceptualization of the article and critical reflection on the data, drafting the manuscript, responding to feedback from co-authors, and approval of the final version of the article for submission. Dr. Susan Slaughter contributed to conceptualization of the article, critical reflection on the data, revision of the manuscript for important intellectual content, and approval of the final version of the article for submission. Drs. Sherry Dahlke and Joanne Olson contributed to conceptualization of the article, revision of the manuscript for important intellectual content, and approval of the final version of the article for submission.

Dedication

First, this dissertation is dedicated to two very strong older persons, my Grandma Olga and my Nonna Maria. I grew up just a 15-minute drive from Grandma's house and right across the street from Nonna. The confluence of their lives with mine fostered my admiration and deep respect for them. My close relationships with my grandmothers contributed significantly to my drive to make a positive difference in the quality of nursing care received by older persons.

Grandma died in April 2021, 10 days shy of her 109th birthday. She was born just three days after the Titanic sank! Not many people can say that they spent 56 Christmases with their grandmother. Sadly, our 57th and last Christmas was interrupted by COVID. Grandma was the daughter of homesteaders of Polish descent who settled in Saskatchewan to build a better life. As the daughter of immigrant settlers, she endured many hardships in her early years and continued to experience difficulties throughout her life. However, Grandma pursued advanced education to become a teacher. She eventually relocated to British Columbia, married a wonderful man, raised three amazing daughters, including my mother, and continued her teaching career. She role-modelled resilience and determination, qualities I strive to emulate. In my many educational endeavors, Grandma was my advisor and my cheerleader. During our visits, she always questioned me about my studies and offered sage advice. She continued to ask about my academic achievements until she was 108. In her last year, she stopped asking. During that time, her dementia progressed, compounded by the social isolation and loneliness she endured as a long-term care resident during the pandemic. I know she would be proud of me. I honour her imprint on my life by dedicating this work to her. She would have read my dissertation from cover to cover.

In 1923, 21-year-old Maria, along with her new husband, emigrated to Canada, also in search of a more prosperous life. They were processed through Ellis Island, eventually settling in British Columbia. Nonna's life in Canada was hard and she continued to yearn for Italy until she passed away in 1997 at the age of 95. Yet, in the face of adversity, she was determined to eke out a better life for her family. She successfully raised seven children, including my father, in impoverished circumstances. In her homeland, her attendance in early elementary school was sporadic. She was required to work on the family farm from a very young age, so her formal education did not progress past the primary years. As such, she was in awe of my ability to read and write, to earn excellent grades, and to eventually attend university. When she witnessed me studying, her pride brought her to tears. Her joy in watching me learn encouraged my pursuit of graduate education. She will never know the extent to which she inspired and facilitated my academic journey. Through her reluctant emigration, I am the beneficiary of her sacrifice. Nonna, I dedicate my dissertation to you.

I also dedicate this dissertation to my mother, Marilyn. With Dad's untimely death at 45, you became a single parent to two young teenagers. You had not been in the workforce for many years but were determined to maintain our standard of living. Within several months of being widowed, you completed grade 12 studies and an adult education program in preparation for office administration work, all while grieving for Dad. Since your educational programs were delivered at the high school I attended, you graduated with me at the same ceremony. I was so proud of you as you walked across the stage. You provided me with financial support for my nursing diploma program, encouraging me to pursue education and a career "because there are no guarantees in marriage". Despite the hardship, you embodied courage and resolve. You have always been a kind, compassionate, understanding mother, and a champion of my academic

endeavors. For the many ways you have positively influenced my life, I dedicate my dissertation to you.

This dissertation is also dedicated to my husband, Glen. Without you as my partner, I strongly doubt I would be the person and the academic that I have become. We have provided encouragement and financial support to each other throughout our undergraduate and graduate programs. You were an intent contributor to discussions about my dissertation research, challenging yet encouraging my thinking. You were also a valuable proofreader when commas and semi-colons became the enemy. Most importantly, you are my impassioned spouse, my best friend, my biggest fan, and my caregiver. This dissertation would not be complete without your presence in my life.

Finally, I dedicate this work to my children, Angela and Jonathan. I am so proud of the wonderful young adults you have become. I can recall when you were young, you watched with curiosity as I laboured over my books and papers. You asked if the reason I was still in school was because “you failed”. Quite the contrary! Now as adults enrolled in post-secondary education yourselves, you realize that hard work, self-discipline, perseverance, critical thinking, resilience, courage, and passion are requisite to academic success. You tell me you are proud of me. This dissertation is dedicated to you.

Acknowledgements

First, I acknowledge my supervisor, Dr. Susan Slaughter. Thank you for your kindness and support in guiding me along the road to the completion of my dissertation. You encouraged me when the road became bumpy, and I doubted my ability to become an academic. You nurtured me to trust in myself which facilitated my independence as a scholar. You shared your knowledge and skills as both an experienced researcher and gerontology nurse expert to facilitate my understanding of both the research process and gerontological nursing. You will never know the full extent to which I value your genuine concern for my personal health and well-being. Thank you for your unwavering commitment in making time for me, day and night and on weekends and holidays, to ensure I maintained my momentum while still producing quality work. You have transcended my expectations of a PhD supervisor.

I also acknowledge my supervisory committee members, Dr. Sherry Dahlke and Dr. Joanne Olson. Dr. Dahlke, you offered your proficiency as a researcher and gerontology nurse expert. Your feedback was delivered with a positive and encouraging tone. You demonstrated your commitment to me by providing feedback even on weekends and holidays. You gently questioned and supported my thinking, especially when the work became uncomfortable. As your graduate research assistant (GRA), your mentorship in conducting research helped me develop necessary skills to conduct my doctoral research. You partially funded my GRA position with grants for your research projects from the University of Alberta Faculty of Nursing Graduate Office and Alberta Health Services. Dr. Olson, you were outstanding in providing astute and immediate comment on my work. I could also count on your responses on weekends and holidays. You shared your research expertise and vast substantive knowledge of teaching and learning to inform my work. Furthermore, I was always confident that I was in good hands

because of your record for successfully guiding doctoral students to completion of their dissertations.

To the funders, I appreciate the awards, scholarships, and training that supported my doctoral studies. I am grateful to the University of Alberta, colleagues and friends of Dr. Olive Yonge, University of Alberta Hospital Nursing Diploma Class of September 1959, and Faculty of Nursing, University of Alberta. Thank you to the Canadian Institutes of Health Research (CIHR) Institute of Aging for selecting me and sponsoring my training at their 2009 Summer Program in Aging.

To Dr. Joanne Profetto-McGrath, my previous PhD supervisor, thank you for your guidance and support during my coursework and preparation for the written comprehensive exam. As your GRA, you helped me develop the necessary research skills to conduct my dissertation research. You awarded me a Building Provider Capacity Graduate Studentship through funding from your research program. You also supported my work with funding from the Canadian Health Services Research Foundation, CIHR, Alberta Heritage Foundation for Medical Research, University of Alberta Nursing Research Fund, and Capital Health Authority. Lippincott, Williams & Wilkins helped fund my work on the development of your textbook.

I also recognize the Faculty of Nursing, University of Alberta for its culture of excellence and dedication to students. I always felt valued and welcomed by faculty and staff. Numerous exceptional nursing academics facilitated my journey. Dr. Pauline Paul, you strongly encouraged my pursuit of doctoral education in a kind and student-centered way.

Thank you, Dr. Greta Cummings, for sharing your systematic review expertise and for your contribution to my integrative review protocol. Finally, to Ms. Linda Slater, health sciences librarian, thank you for assisting in the development of my integrative review searches.

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Chapter One: Introduction

Canada, like many countries worldwide, is experiencing rapid population aging, with 18.5 % of the current population aged 65 and older (Statistics Canada, 2021). In the past 40 years, this segment of Canada's population has more than tripled (Canadian Institute for Health Information, 2017). It is predicted that this percentage will continue to rise given such factors as decreasing fertility rates and increasing life expectancy, likely reaching 25% by 2058/2059. Furthermore, the number of Canadian centenarians has increased threefold since 2001. Population aging in Canada has continued despite the COVID pandemic causing a disproportionate mortality rate for those persons over 80 years old (Statistics Canada, 2021).

Population aging means that most nurses' practice will encompass care of older persons (Baumbusch et al., 2014; McCloskey et al., 2020) whose health states can be complex due to multiple co-morbidities, geriatric syndromes, and age-related decline in intrinsic capacity (Fulmer et al., 2021; Vetrano et al., 2016; World Health Organization [WHO], 2017). Yet, evidence suggests that nurses misjudge the complexity of caring for older persons (Fox et al., 2016) and are unprepared with the necessary knowledge and skills to competently deliver this care (Abudu-Birresborn et al., 2019; Cooper et al., 2017; Dahlke et al., 2021; Fox et al., 2016). Consequently, nursing education is facing the challenge of ensuring that current nursing curricula include current evidence and best practices in gerontological nursing to better prepare nurses to provide appropriate care to this population.

Evidence does suggest a trend toward integrating more gerontology content in Canadian pre-licensure programs, but additional effort at enhancing a gerontology focus is still required (Baumbusch & Andrusyszyn, 2002; Boscart et al., 2017; Hirst et al., 2012). The WHO (2016a) noted that there continues to be deficiencies in the way health professionals are educated in

geriatrics and gerontology, recommending that healthcare education be reformed to reflect competency-based curricula. Gerontology experts in nursing and nursing organizations also highlight the need for gerontology competencies and proficiencies to underpin students' learning experiences, and, furthermore, for gerontology knowledge to be transferred to nurse educators (Boscart et al., 2017; Canadian Association of Schools of Nursing [CASN], 2017; Canadian Gerontological Nursing Association [CGNA], 2020; McCleary et al., 2009).

Nurse educators have a considerable impact on how older person care is depicted to students and on students' desire to consider gerontological nursing as a viable career path (Dahlke et al., 2020; Garbrah et al., 2017; Gibbs & Kulig, 2017). Indeed, there is a strong link between nursing educators' and students' attitudes (Gibbs & Kulig, 2017; McLafferty et al., 2010). However, there are still too few nurse educators prepared with the essential knowledge, skills, and attitudes about the care of older persons to guide student learning (Baumbusch et al., 2012; Hirst et al., 2012). Educators, whether in the classroom or in clinical practice, need requisite gerontology preparation and a genuine interest in gerontology, conveyed through interesting and innovative teaching strategies, to inspire students' positive attitudes and inclination toward a career in older person care (Fagerberg et al., 2000; Heise et al., 2012; Ironside et al., 2010; Kerridge, 2008; Koh, 2012; Kydd et al., 2014; Schrader, 2009). Unfortunately, nursing students may have negative attitudes toward working with older persons (Holroyd et al., 2009; Koh, 2012; Kydd et al., 2014) and there is overwhelming evidence indicating that few students intend to seek future nursing roles involving older persons (Gould et al., 2015; Neville et al., 2014; Stevens, 2011). Therefore, unless nurse educators are teaching about the care of older persons, nursing students will continue to graduate disinterested in gerontological nursing and ill-prepared for the population they are most certainly going to

encounter in their practice (Abudu-Birresborn et al., 2019; Cooper et al., 2017; Dahlke et al., 2021; Fox et al., 2016; McClosky et al., 2020). Indeed, students do not recognize, until they graduate, that they will be working with older persons (Dahlke et al., 2021).

Most literature that addresses the need to prepare nurses who are proficient in the care of older persons has centred on nursing students (Koskinen et al., 2015). There is limited empirical evidence on the factors affecting undergraduate nurse educators' knowledge, skills, and attitudes related to older person care (Duggan et al., 2013; Happell & Brooker, 2001; Kydd et al., 2014; Latimer & Thornlow, 2006; Negrin et al., 2020). The continued paucity of faculty with expertise in gerontology (WHO, 2016a) is an important consideration in addressing the challenge of developing a nursing workforce that is competent in older person care.

Key Terms

Focused ethnography: While focused ethnography has its roots in conventional ethnography (Creswell & Poth, 2018), it has been referred to as *micro-ethnography* (Streubert & Rinaldi Carpenter, 2011) and as *applied ethnography* (Cruz & Higginbottom, 2013; Pelto, 2013).

Focused ethnography is concerned with cultures or sub-cultures but is focused on “a discrete community or phenomenon and context” (Higginbottom et al., 2013, p. 2). An inquiry conducted using focused ethnography is led by a clearly defined purpose and research question; it is pragmatic in nature (Muecke, 1994; Wall, 2015). Focused ethnography is conducted over a short timeframe. This method of inquiry can include traditional methods of data collection found in conventional ethnography; however, participant observations are pre-selected, episodic, and purposeful (Higginbottom et al., 2013; Knoblauch, 2005; Morse, 2007; Pelto, 2013; Wall, 2015). According to Morse (2007), some researchers have omitted observation entirely from their focused ethnographies in response to the cultural contexts of their studies. Participants in focused

ethnographic research have extensive knowledge and experience related to the phenomenon of interest (Higginbottom et al., 2013) and the researcher assumes an observer-participant stance. The researcher is a member of the society under study and is considered an insider with pre-existing cultural knowledge (Knoblauch, 2005). This necessitates the need for reflexivity to ensure the researcher's background knowledge does not jeopardize trustworthiness.

Culture: Culture involves the shared “values, beliefs, attitudes, customs and behaviours” (Hall, 2005, p. 188) of a group or sub-group.

Nurse educator: A nurse educator facilitates students' learning of “all the knowledge, skills and attitudes necessary to practise nursing effectively...” (WHO, 2016b, p. 5).

Nursing education culture: Nursing education culture is a sub-culture of the nursing profession with unique “learned and transmitted lifeways, values, symbols, patterns and normative practices” (Leininger, 1994, p. 19).

Pre-licensure nursing education program: A pre-licensure nursing education program prepares students for entry to practice at the generalist level (CASN, 2015). Following completion of a pre-licensure nursing program, students must successfully complete a licensure exam, administered through a regulatory body, to be permitted to use the *registered nurse* title (Logue & Gordon, 2018).

Gerontology: “The term ‘gerontology’ was coined in 1903 and is defined as the study of social, cultural, psychological, cognitive, and biological aspects of aging” (Fassbinder, 2019, p. 407). Over time, gerontology has been recognized as a separate discipline, having subfields that interconnect with other fields such as nursing, medicine, social work, public health, political science, and psychology (Fassbinder, 2019). As such, gerontology is recognized as an interdisciplinary field of study (Hsieh & Chen, 2018).

Gerontological nursing: “Gerontological nursing is both an art and a science” (CGNA, 2020, p. 9). It involves care of older persons, centering not only on illness but on overall health and well-being (Hsieh & Chen, 2018) and is delivered in a variety of settings. Gerontological nursing is focused on the “promotion of healthy aging, prevention, assessment, and management of physiological, pathological, psychological, and sociological problems” (Hsieh & Chen, 2018, p. 53). Gerontological nursing is recognized as a specialized area of nursing and has a unique knowledge base that guides nursing practice with older persons. Gerontological nursing practice involves collaboration between nurses and older persons “and their care partners to promote well-being, optimize all abilities, and provide care and services where needed” (CGNA, 2020, p. 9). Furthermore, gerontological nursing requires the application of empirically derived and practice knowledge to facilitate older persons’ goals and anticipated outcomes (CGNA, 2020).

Older person: The definition of *older person* is context dependent,

[varying from] person to person and culture to culture...and is shaped by individual and societal perspectives. ...Older persons are unique individuals with values and beliefs, strengths and limitations, hopes and dreams, worthy of life privileges and human rights as well as holding potential to take up personal responsibilities. (CGNA, 2020, p. 9)

For the purposes of measuring trends in global population aging, the United Nations (2019) defines the older person as being aged 65 or older.

Researcher Motivation and Positionality

The focus of my dissertation was motivated, in part, by my upbringing. I was raised in a family in which my grandparents were highly revered and closely involved in my life. I learned very early on those older persons are valued members of society and must be afforded the utmost respect.

My concern about the nursing care of older persons was triggered by various experiences I have encountered in my nursing career. Beginning my career on orthopaedic and medical units where the majority of my patients were older persons, I was ill-prepared to provide comprehensive care to these patients and I witnessed ageism. There was also an absence of professional development opportunities in gerontological nursing in my workplaces. Professional development was dedicated to disease states and related nursing care, or was focused on clinical equipment, policies and procedures, or medical supplies. As I became more experienced in clinical practice, I was paired with senior nursing students completing their practica in medical-surgical nursing. I was concerned by their knowledge and practice gaps in gerontological nursing and by their lack of awareness of the complexity of the older patient. I realized that nursing students continued to graduate without the requisite preparation in older person care.

After a few years in clinical practice, and while pursuing a master's degree in nursing education, I became a nurse educator. My orientation to teaching barely addressed pedagogy and I was afforded no targeted professional development about teaching the care of older persons who comprised the majority of patients on my assigned unit. Eventually, I became a curriculum coordinator and was dismayed by the limited gerontology content in the curricula of the various schools of nursing at which I was employed. In my endeavors to revise curricula to reflect current evidence and best practices in gerontological nursing and the increasing complexity of older person care, I had limited resources at my disposal. There were no gerontology nurse experts to provide direction. Furthermore, I could not attract faculty to assist me in this work. Some educators did not recognize that specialized gerontology knowledge existed, arguing that there was sufficient content in these curricula. A number of my teaching colleagues exhibited ageist attitudes.

Certainly, many of the experiences in my journey to this research are supported in the literature. Nurses and nursing students have gaps in their preparation for providing quality care to older persons (Abudu-Birresborn et al., 2019; Cooper et al., 2017; Dahlke et al., 2019; Dahlke et al., 2021; Fagerberg & Gilje, 2007; Fox et al., 2016). Just as I witnessed, ageism has been identified within healthcare, within nursing, and among nurse educators (Baumbusch et al., 2014; Dobrowolska et al., 2019; Kagan & Melendez-Torres, 2015; Kydd & Wild, 2013; Schrader, 2009). Nursing students continue to complete pre-licensure nursing programs without adequate preparation in gerontological nursing (Abudu-Birresborn et al., 2019; Dahlke et al., 2021). Indeed, the literature demonstrates the need for expanded gerontology content in nursing curricula (Deschodt et al., 2010; Hirst et al., 2012; WHO, 2016a). There is a dearth of nurse educators with requisite preparation in gerontology, hence the absence of gerontological nurse experts to work with me in revising curricula (Garbrah et al., 2017; Garbrah et al., 2020; McCleary et al., 2017; McCloskey et al., 2020; Naughton et al., 2019; Rosendahl et al., 2020). It has been reported that nurse educators do not recognize that specialized gerontology knowledge exists (Baumbusch et al., 2014; Dobrowolska et al., 2019; Latimer & Thornlow, 2006) and lack interest in gerontological nursing (Deltsidou et al., 2010; Deschodt et al., 2010).

I am ideally positioned to be a champion for quality nursing care of older persons. As an experienced educator and novice researcher, I am interested in the role of the nurse educator in preparing students, as future nurses, to provide competent gerontological nursing care. In undertaking this research, I sought to understand the role of culture in nurse educators actualizing expertise in the care of older persons. Focused ethnography is well suited to the purpose of my research because the focused ethnographer endeavors to understand the culture or sub-culture of a group or sub-group (Higginbottom et al., 2013) and is often a part of the sub-

culture or sub-group themselves (Knoblauch, 2005). Furthermore, focused ethnography is congruent with my worldview of social constructivism. As a social constructivist researcher, I assume a relativist stance whereby multiple and subjective social realities are constructed and shared across groups or cultures and are influenced by historical and cultural norms (Creswell & Creswell, 2018; Guba & Lincoln, 1994). These ontological and epistemological perspectives predicate that, as the researcher, I will interpret meaning through a dialectical exchange with participants, the outcome of which will be “a consensus construction that [is] more informed than its predecessor” (Guba & Lincoln, 1994, p. 111).

Dissertation Overview

This dissertation is comprised of three publishable papers and a concluding chapter.

Paper 1: Factors Affecting Undergraduate Nurse Educators’ Knowledge, Skills or Attitudes about Older Persons and Their Care: An Integrative Review

Paper 1 reports on an integrative review and has *been published as*: Negrin, K. A., Slaughter, S. E., Dahlke, S., & Olson, J. (2020). Factors affecting undergraduate nurse educators’ knowledge, skills or attitudes about older persons and their care: An integrative review.

International Journal of Older People Nursing, 15(1). <https://doi.org/doi:10.1111/opn.12293> ©

2019 John Wiley & Sons Ltd. The aim of this empirical study was to identify and synthesize evidence about factors affecting nurse educators’ knowledge, skills, or attitudes about older persons and their care. This integrative review was driven by the following research question: *What is known about the factors affecting undergraduate nurse educators’ knowledge, skills or attitudes about older persons and their care?* A health sciences librarian was engaged to devise search strategies which were applied to six databases. Forty-four papers met the inclusion criteria, of which only 13 were research articles. Three themes emerged from the content

analysis: external level factors; employer level factors; and individual level factors. External funders sponsored many of the national, regional, and site-specific programs directed at building nurse educator capacity in gerontological nursing. These initiatives were often developed based upon professional regulatory frameworks. However, non-supportive nursing education administration and constrained education budgets challenged the availability of such professional development initiatives. Furthermore, educators' unfavorable attitudes toward older persons and their care impeded their pursuit of gerontological nursing preparation. Societal ageism was thought to contribute to educators' negative attitudes. Not viewing gerontological nursing as a specialty and/or lacking awareness of resources to support current best practices in gerontological nursing further constrained their preparation. Additionally, the busy workload of educators, and of gerontology nurse experts, also impeded educators from gaining preparation in older person care. This integrative review demonstrates a gap in the empirical literature about the factors influencing nurse educators' knowledge, skills, or attitudes toward older persons and their care. The integrative review informed development of the research proposal leading to Paper 2.

Paper 2: The Experiences of Nurse Educators in Establishing a Teaching Practice in the Care of Older Persons: A Focused Ethnography Study

Paper 2 reports on a focused ethnographic inquiry entitled, "The Experiences of Nurse Educators in Establishing a Teaching Practice in the Care of Older Persons: A Focused Ethnography Study". This paper has been submitted and received peer review; it is revised and will be resubmitted to the *Journal of Professional Nursing*. The purpose of this focused ethnographic study was to understand the experiences of nurse educators, researchers, and nursing education administrators to determine how the cultural context of a pre-licensure nursing education program in a Western Canadian province influenced nurse educators' development of

the essential knowledge, skills, or attitudes in the care of older persons. The research question was: *How does the culture of nursing education in a Western Canadian province's pre-licensure nursing program influence nurse educators' knowledge, skill, or attitudes in the care of older persons?* This inquiry was also guided by the following sub-questions:

- What facilitators and barriers do nurse educators experience in establishing their knowledge and skills in older persons care?
- What knowledge, skills and experiences do nurse educators draw upon when teaching about how to care for older persons?
- How do the values and beliefs about older persons in a Western Canadian province's pre-licensure nursing education setting influence educators' pursuit of an expert teaching practice in older person care?

Recruitment resulted in 22 participants who met the inclusion criteria. Methods of data collection included semi-structured individual interviews, observations, and field notes. Data were triangulated to enhance confirmability of the findings. Data collection and analysis were concurrent processes. Recruitment ceased when data saturation occurred. Qualitative content analysis was employed to systematically code and categorize data and develop latent themes. Quirkos® software facilitated data analysis and management. The findings include four themes: structure and hierarchy, losing gerontology, teaching challenges, and valuing older persons and their care.

A hierarchy existed between tenured/tenure track faculty and the lecturers/instructors. This hierarchical structure dissuaded faculty lecturers and sessional instructors from seeking guidance from the gerontology nurse experts. Participants described the limited gerontological theory and clinical experience offered at the beginning of the program, followed by the

inadequate integration of gerontology content throughout the remainder of the curriculum.

Participants also expressed concern that orientation of educators and activities related to professional development were focused on pedagogy and not on specialized knowledge and skills needed to teach older person care. Insufficient time and heavy workloads impeded educators from developing their knowledge and skills in the care of older persons. Some faculty did not recognize gerontological nursing as a specialty, seeing older person care as simple. Some participants reported ageism among their colleagues.

This study illuminated the cultural context of a Western Canadian pre-licensure nursing program and its influence on educators building their knowledge, skills, and developing positive attitudes about older person care. Several cultural barriers and facilitators were identified that impacted the opportunity for educators to gain expertise in gerontological nursing. The findings of this research necessitate that further research be conducted to identify strategies to overcome these barriers, followed by intervention studies to determine their efficacy.

Paper 3: Successful Recruitment in Qualitative Research: A Critical Reflection

Paper 3 is a methodological paper entitled, “Successful Recruitment in Qualitative Research: A Critical Reflection”. During the focused ethnography, I realized remarkable success in the recruitment of nurse educators, researchers, and program administrators. Numerous eligible participants enrolled within three months of study initiation. I make an argument that recruitment is an essential component of research methodology, often overlooked in the literature and in qualitative methods textbooks. The aim of Paper 3 was to critically reflect on the successful outcome of the recruitment process employed in this focused ethnography study. This paper has been submitted and is being revised to submit to another journal.

Using Gibbs' Reflective Cycle, I undertook a critical reflection on the recruitment process utilized in this focused ethnography study, drawing on data from the recruitment log and from participants' answers to two questions I posed during interviews: *What prompted you to participate in this study? Which recruitment strategy sparked your decision to volunteer?*

Four themes became apparent during critical reflection: laying the groundwork, recruitment plan, building rapport, and participant motivations. Knowing the population under study, carefully selecting inclusion/exclusion criteria, considering the use of incentives, gaining swift ethics approval, and securing gatekeeper approval facilitated successful recruitment. The use of a multi-modal recruitment plan facilitated a blanket approach to engaging participants in the study. Our research team devised two novel recruitment strategies that were highly useful, accounting for over 60% of the sample. My ability to build rapport with potential participants also facilitated timely recruitment. Finally, participants' motivations illuminated why nurse educators in this study readily volunteered. The motivations can be categorized at an individual and collective level. This critical reflection offers guidance to nurse researchers and other qualitative scientists about how to promote successful recruitment. Additional research is indicated to ascertain the relative impact of various strategies on participant recruitment.

Summary of the Dissertation

In response to the persistent need for nurse educators with expertise in gerontological nursing, this dissertation identifies facilitators and barriers that suggest a way forward. Through an integrative review of existing literature and a focused ethnography addressing the influence of culture on educators' professional development in the care of older persons, this dissertation offers additional evidence to expand the state of the science on nurse educator preparation in gerontological nursing. Additionally, this dissertation offers guidance on how to facilitate

successful recruitment for qualitative research which is an often overlooked part of the research endeavor.

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Chapter 2: Factors Affecting Undergraduate Nurse Educators' Knowledge, Skills or Attitudes about Older Persons and Their Care: An Integrative Review

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This article was published as:

Negrin, K. A., Slaughter, S. E., Dahlke, S., & Olson, J. (2020). Factors affecting undergraduate nurse educators' knowledge, skills or attitudes about older persons and their care: An integrative review. *International Journal of Older People Nursing*, 15(1).
<https://doi.org/doi:10.1111/opn.12293> © 2019 John Wiley & Sons Ltd.

Abstract

Background: Nurses are increasingly expected to provide care for older persons; however, there are too few nurse educators with expertise in older person care to ensure students graduate with the requisite competencies.

Methods: An integrative review, using Whittemore and Knafl's framework, was undertaken to identify and synthesize evidence about factors affecting nurse educators' knowledge, skills, or attitudes about older persons and their care.

Results: Forty-four articles met the inclusion criteria. All but 3 papers originated in the USA. Content analysis yielded three central themes: external level factors; employer level factors; and individual level factors. Findings demonstrated that external funding from philanthropic organizations and government agencies supported many of the national, regional, and site-specific initiatives which were, in many cases, underpinned by professional regulatory frameworks. Negative attitudes of administrators and reduced budgets of educational institutions impeded the availability of such initiatives. Negative attitudes of individual educators toward older person care and the specialty of gerontology constrained their pursuit of such learning, as did their lack of awareness of current gerontology resources.

Conclusions: The lack of educators with gerontology knowledge, skills and requisite attitudes requires a focused effort from external and professional bodies, and from educational institutions to ensure the resources are available to enhance educator expertise in gerontology. Rigorous study addressing the factors influencing educators' knowledge, skills, or attitudes toward older persons and their care is required.

Implications for Practice: Addressing the lack of nurse educator expertise in gerontology could help to ensure new nurses have the required competencies to provide quality older person care.

Keywords: nursing education, nurse educator, older person, gerontology, knowledge, attitudes, skills

Summary Statement of Implications for Practice

What does this research add to existing knowledge in gerontology?

- External funding is key to planning intentional professional development strategies for nurse educators in gerontology.
- Leaders' and individual educators' negative attitudes about older persons and their care limit the offering of professional development initiatives for nurse educators.
- Time, and the availability and awareness of professional development resources are factors determining whether nurse educators acquire the knowledge, skills and attitudes about older persons and their care.

What are the implications of this new knowledge for nursing care with older people?

- Nurse educators require support from administrators and faculty experts to acquire the knowledge, skills and attitudes the educators need to support students graduating with the ability to provide quality care to older persons.

How could the findings be used to influence policy or practice or research or education?

- External funders must develop infrastructure to support nursing education research.
- Administrators of nursing education programs must ensure they provide intentional professional development initiatives for nurse educators to acquire requisite gerontology competencies.
- More rigorous research is needed to understand the factors influencing educators' knowledge, skills, and attitudes toward older persons and their care.
- Understanding these factors could underpin future intervention studies.

Introduction

Worldwide population aging means that nurses are being called upon, more than ever, to care for older persons (World Health Organization [WHO], 2015) which is recognized as requiring specialized knowledge and skills (Touhy, Jett, Boscart, & McCleary, 2012). Yet there is a gap in nurses' knowledge about older person care and insufficient educators with gerontological nursing expertise (Cooper et al., 2017; Deschodt, Dierckx de Casterlé, & Milisen, 2010). There is a dearth of literature with an emphasis on nurse educators, although they play a central role in student learning (Garbrah, Välimäki, Palovaara, & Kankkunen, 2017; Gibbs & Kulig, 2017). Thus, little is known about the factors affecting undergraduate nurse educators' knowledge, skills, or attitudes about older persons.

Background

Population aging is caused by decreasing fertility rates and increasing life expectancy (WHO, 2015). In 2010, there were 524 million persons aged 65 or older and the WHO (2011) estimates that by 2050, this segment of the population will grow to 1.5 billion, the growth represented most in developing countries. With an aging population and increasing life expectancy, the degree of frailty and vulnerability in older persons rises (WHO, 2015). Consequently, nurses are increasingly expected to provide care to this specialized population, which requires expert nursing knowledge and skills (Touhy et al., 2012; WHO, 2015).

While nurses are providing care to an increasing number of older persons, international studies demonstrate gaps in nurses' gerontology preparation (Tavares et al., 2015; Fox et al., 2016). Internationally, there has been increased scholarship in nursing education about older person care with the goal of better preparing new nurses with the requisite knowledge and skills (Koskinen, Salminen, Stolt, & Leino-Kilpi, 2015). A significant focus of this research has been

on nursing students. A recent scoping review identified that nursing students' gerontology education is largely focused on learning outcomes--emphasizing students' attitudes toward older persons and aging--and the implementation of nursing education (Koskinen et al., 2015). While less empirical evidence has focused on the concerns of nurse educators, the shortage of gerontology-prepared undergraduate educators has been an ongoing theme in the literature (Gilje, Lacey, & Moore, 2007; Hirst, Lane, & Stares, 2012; Plonczynski et al., 2007). The global shortage of nurse educators (Broome, 2009), particularly undergraduate educators with expertise in older person care (Hirst et al.), is indeed a concern. Nurse educators significantly influence how older person care is portrayed to students and as a possible career path (Clendon, 2011; Garbrah et al., 2017; Gibbs & Kulig, 2017). Therefore, it is important to understand factors affecting nurse educators' preparation in gerontology and their attitudes towards older persons.

Method

The aim of this integrative review, which followed Whittemore and Knafl's (2005) integrative review process, was to determine the extent of the empirical and theoretical literature available to answer the review question: What is known about the factors affecting undergraduate nurse educators' knowledge, skills or attitudes about older persons and their care?

Data Sources and Search Methodology

A systematic and comprehensive literature search was undertaken to identify relevant sources that might illuminate factors affecting nurse educator's knowledge, skills, or attitudes about older persons and their care. A health sciences librarian helped to develop the search strategies. In January 2019, the following databases were searched: Medline (Ovid), CINAHL Plus with Full-text (EBSCO), Scopus, Web of Science Core Collection, Abstracts in Social Gerontology (EBSCO) and Dissertations and Theses Global (ProQuest) (see Figure 1 for OVID

MEDLINE search strategy, including search terms used). In addition, the reference lists of included papers were scanned.

Inclusion and Exclusion Criteria

Papers were included if one of their predominant aims was related to factors, measurements or enhancements to undergraduate nurse educators' knowledge, skills, or attitudes about older persons and their care. Papers were also included if they reported on undergraduate nurse educators, specifically those teaching in associate degree or baccalaureate programs which prepare students for entry to practice as registered nurses. Editorial or opinion type papers, theoretical or descriptive papers (all termed "discussion papers" for the purposes of this review), research studies, and dissertation studies were included. No date restrictions were applied, but the search was limited to English language papers. Papers were excluded if factors influencing nurse educators' knowledge, skills or attitudes about older persons and their care were not part of the findings/results or discussion sections. Review articles were also excluded in preference for primary sources.

Screening Procedures and Data Extraction

The screening process involved a series of steps. Initially, there was a broad search of the literature for papers meeting the inclusion criteria. Two independent reviewers screened titles and abstracts of papers identified in the initial broad search. Decisions about which papers to retrieve were reached by consensus; a third reviewer acted as arbitrator for disagreements. Once papers were retrieved in full-text format, both reviewers read one fourth of the papers to determine eligibility for inclusion. Once it was ascertained that consensus could be reached on this sample, the lead author conducted the remainder of the full-text reviews. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (see

Figure 2.2) illustrates the flow of the citations through the screening process (Moher, Liberati, Tetzlaff, & Altman, 2009).

Primary sources for inclusion in this integrative review were grouped according to literature type; that is quantitative, qualitative, qualitative/quantitative, mixed methods and discussion papers. Extraction tables summarized pertinent data regarding purpose, methods, analysis and results/findings of each article and facilitated data display and comparison (Whittemore & Knafl, 2005). To reduce the risk of bias and to promote reliability, all papers were read several times by the lead author who completed the extractions, with a second reviewer checking to ensure accurate and complete data extraction (Bucknall et al., 2016; Centre for Reviews and Dissemination [CRD], 2009).

Critical Appraisal

A systematic “review should be based on the best quality evidence available” and an assessment of methodological quality will contribute to the reliability of its conclusions (CRD, 2009, p. 10). Given that an integrative review often includes diverse sources of evidence, quality appraisal is complex, and a gold standard does not exist for quality appraisal within an integrative review (Whittemore & Knafl, 2005). In view of the discrepant nature of the papers in this review, two different critical appraisal tools were used, the MMAT (Hong et al., 2018) for empirical papers and the AACODS Checklist (Tyndall, 2010) for discussion papers. The MMAT tool has separate quality criteria for quantitative, qualitative, and mixed methods studies. Meanwhile, the AACODS Checklist is suitable for appraising expert opinion type papers and grey literature (Tyndall, 2010). Papers were not excluded based on the results of their critical appraisal. Broome (1993) describes that an integrative review combines empirical and theoretical data sources to explicate a thorough understanding of a particular phenomenon. Thus, papers of

lesser quality may facilitate an understanding of factors influencing nurse educators' knowledge, skills or attitudes toward older persons and their care.

Analytic Procedures

According to Whittemore and Knafl (2005), the data analysis and synthesis phases for an integrative review are challenging since diverse primary sources are being combined. Qualitative content analysis was completed whereby data were coded and categorized, with increasing levels of abstraction, to elucidate eventual themes across sources (Graneheim & Lundman, 2004; Vaismoradi, Jones, Turunen & Snelgrove, 2016).

Results

Description of the Articles

Characteristics of the 44 included articles are summarized in Table 2.1. One paper was identified as mixed methods (Baumbusch, Dahlke, & Phinney, 2014). Ten papers, including five dissertations, were quantitative (Abbott, 1995; Bennett-Murray, 1996; Bergman, 1990; Detherage, 1986; Enright, 1990; Hanson & Waters, 1991; Otten, Wickman, & Al-Majid, 2011; Plonczynski et al., 2007; Ryden & Johnson, 1992; Tyson, 1992). Two papers used both qualitative and quantitative methodologies; however, their authors did not declare using a mixed methods approach (Ironside, Tagliareni, McLaughlin, King, & Mengel, 2010; Krichbaum, Kass, Wyman, & Van Son, 2015). One paper was qualitative (Schrader, 2009). Thirty discussion articles comprised the majority of the papers (Barba & Gendler, 2006; Batchelor-Aselage, DiMeglio, Aaron, & Dugger, 2014; Blais, Mikolaj, Jedlicka, Strayer, & Stanek, 2006; Edelstein, Cheung, Voss, & Kass, 2011; Egerton, McConnell, Corazzini, Kitzmiller, & Crook, 2010; Fagin, Franklin, Regenstreif, & Huba, 2006; Franklin et al., 2011; Ganley & Sheets, 2009; Gray-Miceli et al., 2014; Hancock et al., 2006; Hertz et al., 2005; Hollinger-Smith, 2003; Holtzen,

Knickerbocker, Pascucci, & Tamajan, 1993; Jeffers & Campbell, 2005; Krichbaum, Kaas, Mueller, & Wyman, 2010; Lange, Wallace, Grossman, Lippman, & Novotny, 2006; Latimer & Thornlow; 2006; Maas, Conn, Buckwalter, Herr, & Tripp-Reimer, 2009; Mass, Strumpf, Beck, Jennings, Messecar, & Swanson, 2006; McCleary, McGilton, Boscart, & Oudshoom, 2009; Miller, Coke, Moss, & McCann, 2009; Miller, Van Son, Caartwright, & Allen, 2010; Plowfield, Raymond, & Hayes, 2006; Souder et al., 2006; Tappen & Brower, 1985; White, Cartwright, & Lottes, 2012; Wilson, 2010; Young et al., 2006; Yurchuck & Brower, 1994; Yurchuck & Kee, 1991). Only three of the papers originated outside of the United States of America (USA), two from Canada and one from Israel. Results of the critical appraisal of the empirical papers using the MMAT ranged from papers meeting between 3 and 5 (out of 5) of the criteria. Discussion papers scored between 4 and 6 (out of 6) using the AACODS Checklist.

Factors Affecting Nurse Educators' Knowledge, Skills, or Attitudes about Older Persons and Their Care

Qualitative content analysis yielded three themes: external level, employer level, and individual level factors influencing nurse educators' knowledge, skills, or attitudes about older persons and their care. An explication of these main themes and associated sub-themes is presented.

External Level Factors

External level factors are those influences peripheral to the academic setting. External level factors include the sub-themes of external funding for capacity building initiatives, professional nursing organizations and their frameworks, and societal influences.

External Funding for Capacity Building Initiatives. Funding that targeted gerontological nursing enhanced educational initiatives involving such strategies as workshops;

knowledge exchange institutes; development of current, evidence-based and ready-to-use resources; exposure to expert role models and mentoring; exposure to older persons and care settings; collaborations with clinical partners; faculty retreats and other meetings; sponsorship to attend conferences and certification; simulation exercises; online and in-person networking, and advanced degree programs. Three quarters of the papers, especially those originating in the USA, acknowledged external funding for national, regional and institution level initiatives from philanthropic organizations such as the John A. Hartford Foundation (JAHF), government, nursing, and other agencies (Abbott, 1995; Barba & Gendler, 2006; Batchelor-Aselage et al., 2014; Bergman, 1990; Blais et al., 2006; Edelstein et al., 2010; Egerton et al., 2006; Fagin et al., 2006; Franklin et al., 2011; Ganley & Sheets, 2009; Gray-Miceli et al., 2014; Hanson & Waters, 1991; Hollinger-Smith, 2003; Ironside et al., 2010; Krichbaum et al., 2010, Krichbaum et al., 2015; Lange et al., 2006; Latimer and Thornlow, 2006; Mass et al., 2006; Mass et al., 2009; McCleary et al., 2009; Miller et al., 2010; Otten et al., 2011; Plowfield et al., 2006; Ryden & Johnson, 1992; Souder et al., 2006; Tappen & Brower, 1985; White et al., 2012; Wilson, 2010; Young et al., 2006; Yurchuck & Brower, 1994; Yurchuck & Kee, 1991). In part, this funding was directed at building educator capacity in gerontological nursing and enhancing the gerontological focus in undergraduate and graduate curricula. The JAHF funded Building Academic Gerontology Nursing Capacity (BAGNC) is a national initiative to assist emerging gerontological nurse leaders to gain the necessary knowledge and skills through funding support, mentoring, professional development plans, and networking with experts (Fagin et al.; Franklin et al.; Souder et al.). Mass et al. described how a JAHF funded regional consortium of 17 schools of nursing worked to support the development of faculty with programs of research in gerontology, preparing these scholars for future faculty positions. Plowfield et al. described how

the JAHF funded their institution to develop an undergraduate gerontology course, including teaching strategies for educators.

Government funding was also a main source of monetary support. Abbott (1995) described how government policies like state Community College legislation provided funding to build educator expertise in gerontology through training and hiring of qualified personnel. Furthermore, Hollinger-Smith (2003) explained how the United States Department of Health and Human Services funded continuing education for nurse educators. McCleary et al. (2009) acknowledged the Canadian Institutes of Health Research which funded an initiative to facilitate gerontology teaching and curriculum enhancement.

Professional Nursing Organizations and Their Frameworks. Authors of ten of the papers described how initiatives funded by philanthropic organizations were delivered in conjunction with professional nursing organizations which offered additional funding, guidance, or administration of these programs. The involvement of professional nursing organizations ensured that initiatives met the needs of the profession and were in compliance with the guiding frameworks for nursing (Barba & Gendler, 2006; Batchelor-Asselage et al., 2014; Blais et al., 2006; Fagin et al., 2006; Franklin et al., 2011; Gray-Miceli et al., 2014; Lange et al., 2006; Latimer & Thornlow, 2006; Souder et al., 2006; Wilson, 2010). For instance, the American Association of Colleges of Nursing (AACN) has collaborated with the JAHF on national initiatives to build educator capacity in gerontological nursing (Gray-Miceli et al.; Latimer & Thornlow; Wilson). Similarly, the American Academy of Nursing administers the JAHF funded BAGNC program (Fagin et al.; Franklin et al.; Souder et al.).

Moreover, authors of 14 of the papers describing funded programs in the USA and in Canada declared how their initiatives were underpinned by professional frameworks like the

AACN Essentials of Baccalaureate Nursing Education (2008), the AACN/Hartford Institute for Geriatric Nursing (2010) Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults, and the Nursing Best Practice Guidelines from the Registered Nurses Association of Ontario (2002) (Barba & Gendler, 2006; Batchelor-Aselage et al., 2014; Egerton et al., 2010; Ganley & Sheets, 2009; Gray-Miceli et al., 2014; Hertz et al., 2005; Lange et al., 2006; Latimer & Thornlow, 2006; McCleary et al., 2009; Miller et al., 2009; Otten et al., 2011; Souder et al., 2006; Wilson, 2010; Young et al., 2006).

Societal Influence. Societal context can influence development of educators' gerontology expertise. Societal ageism is such an influence. Societal ageism, involving stereotyping and discrimination against persons due to age (Butler, 1969), can impact educators' attitudes about older persons and their care, thus influencing whether gerontology expertise is developed (Latimer & Thornlow, 2006; Schrader, 2009; Tappen & Brower, 1985). Yet, Detherage (1986) explained how an aging population within society calls for nurses with competence in gerontology.

Employer Level Factors

Employer level factors influencing nurse educators' knowledge, skills or attitudes toward older persons and their care include funding, time and professional development resources, and leaders' attitudes.

Funding. Faculty development requires funding. Minimal funding from academic institutions due to budgetary constraints is a significant barrier to educators building gerontology expertise (Edelstein et al., 2010; Otten et al., 2011; Souder et al., 2006). Limited funding means that some educators are not paid their salary when attending professional development activities that could facilitate a stronger knowledge base (Baumbusch et al., 2014) or that deans/directors

of nursing may not approve release time or funding for professional development activities (Edelstein et al.). This translates into educators being responsible for developing their own expertise in gerontology, contributing to educators feeling stressed and counterproductive (Baumbusch et al.; Edelstein et al.). Edelstein et al. described how employers may not believe funds for professional development are needed, making the assumption that educators are already prepared for their teaching roles, or employers may rank educators' learning needs as low priority (Baumbusch et al.). Furthermore, smaller universities, often challenged by budgetary constraints, may have limited funding for faculty research in gerontology (Lange et al., 2006). Notwithstanding budgetary constraints faced by academic institutions, four papers did mention deans/directors providing funding for professional development (Edelstein et al.; Ganley & Sheets, 2009; Krichbaum et al., 2010; Lange et al.).

Time and Professional Development Resources. Time and lack of professional development resources, including access to gerontology experts, are barriers to educators' enhancement of their competence in gerontology. Gray-Miceli et al. (2014) described how lack of time impacts on educator preparation. The teaching context, involving heavy workloads and curriculum priorities, means educators are challenged to find time for professional development (Barba & Gendler, 2006; Bennett-Murray, 1996; Detherage, 1986; Edelstein et al., 2010; Egerton et al., 2010; Hollinger-Smith, 2003; Miller et al., 2009; Otten et al., 2011). Even if leaders do support such activities (Edelstein et al.), educators may not be able to participate due to competing demands on their time.

A scarcity of resources addressing gerontological knowledge and teaching strategies was mentioned as a barrier to professional development (Gray-Miceli et al., 2014). Batchelor-Aselage et al. (2014) described how a lack of appropriate gerontology textbooks impeded educators'

enhancement of their knowledge and teaching. Additionally, faculty support by knowledgeable educators teaching the theory component of courses with gerontology content was inconsistently available to educators such as sessional faculty, who may have limited knowledge and skills in older person care (Baumbusch et al., 2014). A school of nursing's gerontology experts can raise the profile of gerontology within a faculty and help to create innovative teaching resources for educators with less gerontology knowledge and teaching skills (Jeffers & Campbell, 2005; Souder et al., 2006). However, those expert faculty championing gerontology through various initiatives within their educational work setting can also be challenged to find time to drive these initiatives given their busy workloads (Hertz et al., 2005). Additionally, when gerontology initiatives involving collaborations across institutions are developed, they are difficult to sustain given faculty workloads and time commitments (Young et al., 2006).

Leaders' Attitudes. Leaders' attitudes toward older person care created a context that was considered by the authors of three papers as a barrier to educators' developing competence in gerontology. Negative attitudes of a school's administration may be embodied in a limited gerontology focus within the school (Barba & Gendler, 2006). Bennett-Murray (1996) found it troubling that administration and chairpersons had more negative attitudes toward older person care than full professors. Because administrative leaders set the tone for faculty members, administrators' perceived devaluing of older person care affects employees, often causing faculty resistance to curricular innovation, faculty development, and the exploration of values related to older persons (Bennett-Murray; Hancock et al., 2006).

Individual Level Factors

Nurse educators must take responsibility for maintaining competence in their areas of teaching practice. However, individual level factors can influence educators' professional

development in older person care. The following influences are elaborated below: educator attitudes toward older persons, their care, and the settings within which this care is received; financial and work-related commitments; and awareness of gerontology as a specialty with specialized resources.

Attitudes. Attitudes toward older persons, their care, and the settings within which this care is received is a factor influencing educators' attaining the requisite gerontological knowledge and skills. Regardless of a professional imperative to demonstrate this expertise, educators' negative attitudes may result in resistance to altering their interest in and values about older persons, and to learning about older persons and their specialized nursing care (Schrader, 2009). This lack of excitement for older persons and their care can be a barrier to curricular innovation and a higher profile of gerontology within schools of nursing (Jeffers & Campbell, 2005). In one instance, faculty resistance was overcome by actively involving those faculty seen as "blockers" in faculty development initiatives (Tappen & Brower, 1985).

Attitudes were associated with level of educational preparation (Bennett-Murray, 1996; Detherage, 1986) with doctorally-prepared educators exhibiting more positive attitudes toward older persons (Detherage). Furthermore, those educators with a higher level of gerontological knowledge indicated a greater interest in pursuing further knowledge (Plonczynski et al., 2007; Ryden & Johnson, 1992). This is a concern since less educated instructors, who often teach clinical courses, may be less likely to pursue further knowledge.

Ageism (Bennett-Murray, 1996; Latimer & Thornlow, 2006; Tappen & Brower, 1985) and the reality of their own advancing age also influenced educators' pursuit of gerontology expertise. This mindset meant that educators were uncomfortable about death and dying (Bennett-Murray), an important component in gerontological nursing education. Educators viewed long term care

(LTC) settings to be associated with deficits, dependence, and loss, and to not be clinically challenging (Ironsides et al., 2010; Schrader, 2009). These negative attitudes sometimes originated in an educators' own nursing education (Schrader) or because their lack of experience in LTC rendered them unaware of how to maximize these settings for student learning (White et al., 2012). Additionally, Ryden and Johnson (1992) found that management and leadership skills in nursing homes were lesser valued than the same skills in community or in acute care settings. Schrader found that perspectives about LTC were more positive if educators had gerontological expertise.

Financial and Work-Related Commitments. Financial and work-related commitments are factors influencing nurse educators' professional development in gerontology. The cost of continuing education, without reimbursement from their employer, can cause educators to forgo this necessary learning (Edelstein et al., 2010). In addition, gerontologically-prepared nurses not wanting to leave a well-paying job is a barrier to recruiting them as new educators. Leaving a lucrative job is also a barrier to nurses enrolling in master's degree programs specializing in gerontology in preparation for faculty roles (Ganley & Sheets, 2009). Additionally, while maintaining one's clinical practice is associated with sustaining expertise, positive attitudes and perceptions toward older persons, and credibility in gerontology (Baumbusch et al., 2014; Bennett-Murray, 1996; Franklin et al., 2011), this proved to be a struggle given educators' busy teaching loads (Barba & Gendler, 2006; Bennett-Murray; Edelstein et al.; Hollinger-Smith, 2003). Despite their busy teaching loads, some educators did demonstrate their commitment to enhancing their gerontology expertise through independent reading, and attending workshops and conferences (Ryden & Johnson, 1992).

Awareness of Gerontology as a Specialty with Specialized Resources. A lack of awareness of gerontological nursing as a specialty, with its associated specialized resources, acts as a barrier to faculty pursuing added knowledge and skills in this area (Bennett-Murray, 1996; Latimer & Thornlow; 2006; Miller et al., 2009; Ryden & Johnson, 1992). In part, this may be due to educators often coming to teaching through a medical-surgical background and/or to a lack of formal education in gerontology. This has resulted in educators believing that adult health content within nursing curricula satisfactorily addresses content in older person care (Holtzen et al., 1993; Tappen & Brower, 1985). Educators may more clearly recognize their need for specialized knowledge when they are responsible for a course that is concentrated with gerontology content (Ryden & Johnson). Furthermore, educators' pursuit of specialized gerontological knowledge and skills may also be negatively impacted by their commitments to their own specialties (Jeffers & Campbell, 2005; Tappen & Brower). Using low tech resources and a lack of awareness of evidence-based, high-tech resources and even professional competencies (e.g., AACN, 2008; AACN/Hartford Institute for Geriatric Nursing, 2010; Canadian Gerontological Nursing Association [CGNA], 2010) also impacted educators' professional development in gerontological nursing. Moreover, educators who were aware of some of these resources admitted to rarely using them, although no explanation for this was offered. Educators voiced the need for gerontology resources that are easy-to-use and readily obtained (Ironside et al., 2010). The rationale was that ease of access would facilitate faculty overcoming their lack of preparation and enhance their interest in gerontology, while not significantly impacting on their workloads (Egerton et al., 2010; Miller et al.).

Discussion

Based on the results of this integrative review, one of the key findings is that there is a dearth of rigorous research about factors influencing nurse educators' knowledge, skills and attitudes about older persons and their care. Only 14 of the 44 papers were empirically based. Furthermore, most of the data represented only one country (USA). In order to address the educator shortage, international research efforts must be mounted to understand the influencing factors and devise suitable interventions addressing professional development of nurse educators in gerontology.

Another important finding from this review is that funding from philanthropies, governments, and universities is essential to support research about factors influencing educator expertise in gerontology and to influence educators learning about the aging population. It is remarkable that over half of the papers acknowledged philanthropies such as the JAHF as a main source of support. Governments can also be a source of funding for faculty development initiatives. However, citing budgetary challenges in universities and governments which do not prioritize knowledge acquisition in gerontology, Souder et al. (2006) contend that external funding from non-profit agencies is necessary.

Another notable finding is the important influence that professional frameworks have on faculty development. Authors of fourteen articles revealed how their initiatives were based, in part, on such documents. While those who spearhead faculty development initiatives appear to be well aware of the necessity of such documents, it is interesting that many educators may not have the same awareness (Boscart, McCleary, Huson, Sheiban & Harvey, 2017). Nurse leaders in education, administration, and research must collaborate to ensure such frameworks are

embedded in nursing curricula to raise their profile with nurse educators (Negrin & Dahlke, 2019).

Another noteworthy finding was the influence of societal factors on capacity building. Worldwide population aging ought to act as an imperative for nurse leaders to ensure educators have the requisite professional competencies to educate future nurses. Strikingly, Whall (1996) suggested, over 20 years ago, that if the profession, especially in light of an aging population, does not address nurses' gerontological knowledge gap (Burbank, Dowling-Castonovo, Crowthier, & Capezuti, 2006; Cooper et al., 2017; Roethler, Adelman, & Parsons, 2011), they would be ignoring an entire age group, constituting ageism (Ordinelli, 2008).

The influence of the attitudes of administrators and individual educators on professional development in gerontology is also an important finding of this integrative review. Since leaders set the tone for a school of nursing's culture, negative attitudes of leadership could result in their resistance to support educators' professional development (Bennett-Murray, 1996; Hancock et al., 2006). Educators, sensing this negativity, could be more likely to devalue gerontology and, hence, to not seek upgrading of their knowledge and skills. Negative attitudes may also lead to educators' resistance to taking an interest in or valuing this specialty, ultimately resulting in limited curricular innovation and a low profile of gerontology (Jeffers & Campbell, 2005; Schrader, 2009). With evidence that nurses may overestimate their knowledge about gerontology and believe that education in older person care is not needed (Roethler et al., 2011) and, similarly, that older person care is "simple and custodial" (Fox et al., 2016, p. 70), there is a clear need for targeted initiatives to address educators' attitudes about gerontological nursing. With their influence on student learning, educators' negative attitudes could be perpetuated in their students (Clendon, 2011; Garbrah et al., 2017; Gibbs & Kulig, 2017; Happell & Brooker, 2001).

Nurse educators need professional development initiatives to overcome their negative attitudes towards older persons. These negative attitudes are due, in part, to their increasing age; prior nursing education; negative experiences in clinical settings specializing in older person care; societal ageism; lack of gerontology preparation; the low status of gerontological nursing within the profession, and the belief that gerontological nursing does not require specialized competencies (Bennett-Murray, 1996; Detherage, 1986; Latimer & Thornlow; 2006; Miller et al., 2009; Plonczynski et al., 2007; Ryden & Johnson, 1992; Schrader; 2009; Tappen & Brower; 1985; Yurchuk & Kee, 1991). Represented within this review are national, regional and local enterprises that served to enhance educators' knowledge, skills, and attitudes. Notably, such professional development activities are crucial to ensure a gerontological focus because curricular enhancement does not happen serendipitously; rather, it relies on faculty members' knowledge and a keen interest in older persons and their care (Lange et al., 2006).

Finally, time and professional development resources were key factors in building educator' gerontology expertise. Employer mandated workloads and resulting resistance by administrators to provide release time acted as a powerful barrier to educators' professional development. Because faculty preparation is key to undergraduate curricular revision and innovation in gerontology (Lange et al., 2006) and also central to ensuring students' positive attitudes toward older persons (Gibbs & Kulig, 2017; Mezinskis & Purdon, 1995), administrators of nursing programs must advocate for professional development funding within their academic settings. Limited professional development initiatives within schools of nursing also acted as a significant barrier. This lack of intentional learning opportunities caused educators to feel solely responsible for their professional development and, without employer-based resources or reimbursement, educators could be motivated to forgo continuing education in gerontology. As

such, administrators must demonstrate that educators' professional development in gerontology is a priority if they wish to offer undergraduate nursing programs that are responsive to the needs of older persons.

While professional development is an employer responsibility, individual educators share in this responsibility. Findings from this review suggest that educators are not aware of current gerontology resources and competency documents. More experienced faculty members and faculty experts in gerontology could share current resources with educators who lack this knowledge. Even so, employer support is needed to ensure faculty experts have time for peer support (Hertz et al., 2005).

Limitations

This integrative review included only papers published in English, although articles published in other languages may have been suitable for inclusion. Similarly, had the authors chosen to search grey literature, this may have resulted in the inclusion of additional papers. Choosing not to exclude papers with lower quality ratings may have biased the results of this review. Finally, most of the papers were discussion articles reporting the results of funded initiatives. The authors of these papers may have been motivated to focus, more heavily, on positive results which could have biased this review.

Conclusion

A dearth of educators prepared in gerontology continues to be an international concern in nursing education. Although this integrative review highlights a number of papers that illuminate strategies to advance educator expertise, a rigorous evidence base is required to inform future research about interventions addressing educators' gerontology preparation. Interventions supported by external funding and professional frameworks are necessary for nurse leaders in

administration, education, and research to mount a systematic professional development plan to ensure educators are equipped to prepare new nurses in older person care.

CONFLICTS OF INTEREST: The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS: KN was responsible for conceptualization and design of the study, acquisition of data, analysis, interpretation of data, drafting of the manuscript, responding to feedback from co-authors, and final approval of the version of the article being submitted. SS was responsible for supervision and contributed to conceptualization and design of the study, analysis and interpretation of data, critical revision of the manuscript for important intellectual content, and final approval of the version of the article being submitted. SD and JO contributed to conceptualization and design of the study, analysis and interpretation of the data, critical revision of the manuscript for important intellectual content, and final approval of the version of the article to be submitted.

FUNDING: None

ACKNOWLEDGEMENTS: The authors wish to acknowledge Dr. Greta Cummings for her contributions to the protocol for this integrative review. The authors also wish to acknowledge Ms. Linda Slater, health sciences librarian, for her assistance with the systematic review searches.

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Table 2.1: Characteristics of Eligible Articles

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Abbott (1995; Dissertation) USA	To examine the impact of policy (from state legislation and professional education boards) on curriculum and instruction in higher education (Associate Degree Nursing Programs in California Community Colleges).	Quantitative (Case study design using a quantitative questionnaire)	Supports: Budget allocation associated with state Community College legislation to offset cost of faculty preparation through training or hiring	All quality criteria met for quantitative descriptive studies ^b
Barba & Gendler (2006) USA	Describes schools of nursing/community collaborations to develop undergraduate clinical learning experiences in gerontology	Discussion	Supports: Grant monies from John A. Hartford Institute for Geriatric Nursing/American Association of Colleges of Nursing (AACN) and others; initiative involved collaboration between education/community to develop ACE unit to support staff/student/formal and informal faculty development; strong administration/faculty support; professional guidelines for gerontology content in undergraduate nursing programs; those gaining increased expertise served as mentors to overcome faculty resistance; expanded teaching resources Barriers: faculty workload with increased BSN enrolment; faculty resistance to curricular change	5 ^a Objectivity only partially met

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Batchelor-Aselage, DiMeglio, Aaron, & Dugger (2014) USA	Describes AACN/John A. Hartford Foundation (JAHF) partnership with the American Academy of Nursing (AAN) to fund Geropsychiatric Nursing Collaborative (GPNC) to develop and disseminate core competencies in geropsychiatric nursing and curricular materials to faculty	Discussion	Supports: JAHF/AACN funding for 4-year GPNC to develop core competencies for geropsychiatric nursing and disseminate resources to faculty; influence of AACN Essentials of Baccalaureate Nursing Education requiring faculty to be academically/experientially prepared in areas they teach Barriers: textbooks not adequate to address core competencies; lack of expertise may influence awareness of areas for improvement within educators' courses	5 ^a Objectivity only partially met
Baumbusch, Dahlke, & Phinney (2014) Canada	To explore knowledge and perceptions of clinical instructors about older people nursing care	Mixed Methods	Supports: Level of interest, comfort, and knowledge of educators supports whether content is integrated; desire to receive better support for gaining gerontology knowledge/skill; clinical experience with nurse educators in practice scoring higher on knowledge about and caring for older persons, and perceptions about older people Barriers: Lack of clarity by sessional instructors regarding in-class gerontology content and not paid to attend classes; no structured support for professional development from university; development of educators is a low priority; inconsistent support for clinical educators from	All quality criteria met for mixed methods studies ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Bennett-Murray (1996; Diissertation) USA	Describe and analyze attitudes of nursing faculty toward the elderly and willingness and commitment to incorporating geriatrics/gerontological nursing in undergraduate nursing programs at 5 New York area schools of nursing. Also to examine undergraduate curricula for the inclusion of geriatric/gerontological nursing	Quantitative survey	theory educators; conferences offered at same time as teaching responsibilities Supports: Level of educational preparation with full professors more positive and committed gerontology Barriers: Lack of preparation fosters lack of awareness that gerontological nursing lacks substantive content; unwillingness to include gerontology in curriculum due to time constraint, lack of clinical availability, lack of preparation in gerontology, ageism and facing emotions/reality of advancing age; negative attitudes of school of nursing administration	All quality criteria met to quantitative descriptive studies ^b
Bergman (1990) Israel	To evaluate a 2-year project preparing 20 teachers from 10 basic nursing schools to teach geriatrics, measuring attitudes, knowledge, and professional contributions in	Quantitative (Pretest- posttest design with control group)	Supports: Funding from non-profit association; more years since graduation meant more time in geriatric nursing practice; successful initiative increased teacher's knowledge scores, professional contributions, number of hours of classroom teaching and incorporating learning experiences related to older people, clinical practice time, and creation of resources for teaching older person	Criterion 3.1 for quantitative non-randomized studies not met ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	gerontology/geriatrics guide initial implementation of the geriatric course, evaluate project		content; attitudes toward older persons may be influenced by culture/religion of educators	
Blais, Mikolaj, Jedlicka, Strayer, & Stanek (2006) USA	Describes how two schools of nursing developed strategies to incorporate gerontological content into their BSN curricula	Discussion	Supports: JAHF/AACN funding of cross-school collaboration to develop strategies to integrate gerontology content into curricula using innovative strategies for professional development and curricular change; strong commitment from faculty, curriculum committee and university; faculty champions to facilitate faculty recognizing importance of learning about older people Barriers: time to develop faculty buy-in	6 ^a
Detherage (1986; Dissertation) USA	Examine faculty-related factors associated with the incorporation of gerontological nursing content in the undergraduate curriculum	Quantitative (Exploratory descriptive)	Supports: heightened perception of need for gerontology content in curriculum positively influenced by educators' positivity toward older person care, increasing age of educators, educators attending gerontology classes, conferences, and workshops; more positive attitudes toward older persons in those faculty with doctoral degrees, current teaching/geriatric clinical practice or history of geriatric clinical practice; external influences toward inclusion of gerontology content included population aging, community/societal needs, grant money, availability of appropriate clinical sites	All quality criteria met for quantitative descriptive studies ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Edelstein, Cheung, Voss, & Kaas (2010) USA	Describes 5-years of JAHF funding to develop Minnesota Centre of Geriatric Nursing Excellence and their Faculty Learning about Geriatrics program (FLAG) including 5-day summer institute, year-long mentorship with development of geriatric nursing education project for participants' home schools. Goal to broaden faculty geriatric nursing expertise through enhanced teaching and academic leadership skills and content knowledge through collaboration with geriatric experts.	Discussion	<p>Barriers: time; priorities of the curriculum</p> <p>Supports: JAHF funding; dean's approval and release time; multiple innovative professional development strategies; initiative provided opportunity for networking with experts; FLAG participants became champions to bring learning back to their home school faculty</p> <p>Barriers: daily demands on faculty taking precedence over FLAG activities despite deans/directors' approval of time; cost of continuing education without reimbursement; minimal funding from academic institutions</p>	6 ^a
Egerton, McConnell, Corazzini,	Describes Duke Geriatric Nursing Education Virtual	Discussion	Supports: AACN, Institute of Medicine and National League for Nursing standards for complex care of older people as driver for this initiative;	5 ^a Objectivity only partially met

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Kitzmilller, & Crook (2010) USA	Learning Community (Geroi-VLC), an online inquiry network to allow nurse educators to borrow/share/collaborate among instructors, to meet demands faced by educators to develop learner-centered online instruction focused on evidence-based care		Duke University School of Nursing's Center of Excellence in Geriatric Nursing Education (CoE-GNE) promotes networking of educators to develop innovative gerontological nursing education; through CoE-GNE, developed self-governing/self-organizing online network (Gero-VLC) to share resources and network with experts; Gero-VLC offers CONNECT to facilitate national collaborations through asynchronous online forums/blogs/Wiki project space and CONTRIBUTE to publish their work in a repository Barriers: time and space	
Enright (1990; Dissertation) USA	To study the effect of an integrated nursing program (the complete curricular design; effect of grade level) on the attitudes of nursing students toward the aged. Also comparing faculty scores with students' pre- and post-scores	Quantitative survey	Supports: Length of time faculty had been teaching at the specific level, extent of experience with the integrated curriculum, and relationship of level coursework to total nursing major related, to some degree to educators' attitude/knowledge/values scores related to older persons and their care Barriers: extent of experience with curriculum did not change number of professional development/resources offered to faculty; administration's assumption that educators are prepared in gerontology yet preparation falls to individual educators causing them to feel stressed and counterproductive, leading to deletion of	All quality criteria met for quantitative descriptive studies ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Fagin, Franklin, Regenstreif, & Huba (2006) USA	Explains JAHF funded Building Academic Geriatric Nursing Capacity (BAGNC) initiative and the various components like the JAHF Centers of Geriatric Nursing Excellence (HCGNEs), scholars program, coordinating center and evaluation program. Specifically focuses on HCGNEs and their purpose/goals/outcomes (common and distinct)	Discussion	<p>content and destruction of enthusiasm for gerontology</p> <p>Supports: Hartford Foundation influencing growing recognition of need for expanded gerontology training for nurse educators; JAHF funded Building Academic Geriatric Nursing Capacity (BAGNC) initiative with components like the JAHF Centers of Geriatric Nursing Excellence (HCGNEs) developed at successful applicant schools, involving training/leadership development of future faculty (e.g., doctoral and post-doctoral students), collaborations between education/community, development of regional school consortiums, faculty training/leadership seminars with exposure to leaders in geriatrics; Hartford Nursing School Geriatric Investment Program (NSGIP [managed by American Academy of Nursing Coordinating Centre]) supports geriatric endeavors at successful applicant schools; BAGNC Scholars and Fellows program involves funding for doctoral candidates and post-doc faculty to redirect teaching/research to geriatrics; other philanthropies also involved in providing support/grants for faculty development</p>	5 ^a Objectivity only partially met
Franklin, Archbold, Fagin, Galik,	Offers review of results (and impact for future of geriatric nursing) of	Discussion	Supports: JAHF funded Building Academic Geriatric Nursing Capacity (BAGNC) at the American Academy of Nursing (AAN) to increase	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Siegel, Sofaer, & Firminger (2011) USA	JAHF funded Building Academic Geriatric Nursing Capacity (BAGNC) at the American Academy of Nursing (AAN) to increase scholarship, research, leadership, institutional collaboration.		scholarship, leadership, institutional collaboration in geriatrics, and establish Centers for Geriatric Nursing Excellence (CGNEs). One goal of BAGNC to increase expert faculty through scholarships/fellowships to doctoral and post-doctoral students as future geriatric nursing leaders (teaching, leadership, research); involves mentorship, development of leadership, professional development plan, and networking with emerging nurse leaders in geriatrics; additional funding through Donald W. Reynolds Foundation; faculty maintaining a clinical practice in geriatrics facilitates maintenance of expertise and credibility in gerontology Barriers: curricular innovation impacted by faculty discomfort with gerontological knowledge base, overloaded curriculum, and student disinterest in older person care	
Ganley & Sheets (2009) USA	Describes a university's initiative to create a master's geriatric clinical nurse specialist/nurse educator program, funded by non-profit foundation, to address need for geriatric nursing faculty	Discussion	Supports: Grant by Gordon and Betty Moore Foundation for master's program initiative to build capacity of faculty/clinical nurse specialists with gerontology expertise; initiative offered tuition assistance through loan; initiative offered at convenient times; additional university funding offered; expert faculty teaching the program Barriers: Marketing and recruitment of nurses for program (multiple strategies implemented for	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	shortage geriatric clinical nurse specialists		recruitment along with face-to-face recruitment to overcome barrier); practicing nurses with good paying jobs reluctant to return to school and with little return on investment for advanced degree	
Gray-Miceli, Willson, Stanley, Watman, Shire, Sofaer, & Mezey (2014) USA	Describes background and process for the development of the Geriatric Nursing Education Consortium (GNEC) evidence-based curricular materials and dissemination through national Faculty Development Institutes (FDIs). Initiative part of commitment to enhance undergraduate curricula through education of faculty at baccalaureate nursing programs across the US.	Discussion	Supports: Funded by JAHF and administered by American Association of Colleges of Nursing [AACN]; in collaboration with Hartford Institute for Geriatric Nursing [HIGN]; GNEC (taught by expert faculty to promote faculty development, gained faculty support through advisory board and working committees, leveraged nursing community expertise to develop resources and FDIs; a variety of resources offered; participants became champions for gerontology at home institutions; national nursing and interdisciplinary organizations focused in gerontology drawing attention to need for faculty development in older person care Barriers: barrier that this kind of program would not be accepted; curriculum full; time/resources scarce	6 ^a
Hancock, Helfers, Cowen, Letvak, Barba, Herrick, Wallace,	Describes how gerontology content was incorporated into a curriculum with successful classroom	Discussion	Supports: Initiative involved faculty workshops, short teaching sessions at faculty meetings, internal/external expert consultants to support curricular innovation, "Lunch Bunch" for faculty to share strategies of teaching	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Rossen, & Bannon (2006) USA	and clinical teaching strategies		Barriers: resistance of educators	
Hanson & Waters (1991) USA	Describes outcomes of a 4-year project with 6 geographically dispersed ADN programs partnered with one or more nursing homes or other LTC agencies in their locale	Quantitative (Pretest- posttest design)	Supports: National funding for project from W.K. Kellogg Foundation; project resulting in capacity building through hiring of more qualified faculty from LTC agencies, increased faculty knowledge, increased faculty with gerontology certification, increased geriatric teaching materials; initiative challenged educators' stereotypes with greater value placed on nursing home learning experiences	Criterion 3.1 and 3.2 for quantitative non-randomized studies not met ^b
Hertz, Koren, Rossetti, Munroe, Berent, & Plonczynski (2005) USA	Describes a grassroots collaboration of faculty from a Midwestern school of nursing to facilitate gerontological nursing best practices.	Discussion	Supports: Faculty with interest in gerontology formed Geriatric Interest Group (GIP) promoting best practice and faculty/student interest; GIP involved a gerontology research project (including dissemination) funded by Sigma Theta Tau; institution's scholarship mission; GIP members acted as resource to other faculty for teaching resources; additional funding from external source to augment undergraduate curriculum through development of learning modules Barriers: Overwhelmed with tasks as productivity of the group increased; group members challenged to find mutually convenient meeting times; some conflict among members related to limited experience with collaboration	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Hollinger-Smith (2003) USA	Describes federal agency funded initiative for three innovative continuing education programs directed at faculty and advanced practice nurses interested in becoming nurse educators	Discussion	Supports: Health Resources & Services Administration ([HRSA] through its Division of Nursing, Bureau of Health Professions Health Resources and Services Administration) funded initiative for faculty development; Mather Institute on Aging (a non-profit) developed an online learning community to deliver the continuing education involving web-based learning, clinical experiences in long term care, and a summer intensive; participants to act as champions for gerontology in home schools Barriers: Heavy teaching loads	6 ^a
Holtzen, Knickerbocker, Pascucci, & Tamajan (1993) USA	Describes process of developing a set of behavioral objectives to direct gerontology content in undergraduate nursing curricula	Discussion	Supports: Gerontology Interest Group (faculty with differing levels of knowledge, also included gerontological practitioners from clinical agencies) of University of Oklahoma College of Nursing to drive curricular revision; partnering with clinical agencies provided for collective of lecturers in gerontology Barriers: many faculty lack formalized preparation in gerontology (most self-taught and become nurse educators through their med/surg background) yet charged with planning/pioneering gerontology in curriculum;	5 ^a Accuracy only partially met
Ironside, Tagliareni, McLaughlin,	Presents findings from a national survey investigating how	Quantitative survey/ Qualitative	Supports: Survey part of project called Fostering Geriatrics in Associate Degree Education which broadens JAHF geriatrics nursing education by	Criterion 4.2 for quantitative

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
King, & Mengel (2010) USA	gerontological nursing care is taught in associate degree (AD) nursing programs	interviews and focus groups	<p>focusing on preparation of students in AD programs; faculty requesting more “ready-to-use”/easily obtained strategies/materials; faculty requesting resources that guide integration and learning activities</p> <p>Barriers: Faculty using low-tech resources, drawing on students’ technological competence; faculty unfamiliar with newer geriatric resources (e.g., those developed by JAHF, AACN baccalaureate competencies/curricular guidelines) and those that were familiar rarely used them; faculty less familiar than students with websites/online technologies; faculty recognized assessment tools “out there” but not integrated in their courses; long term care (LTC) setting negatively affected educators’ enthusiasm for older person clinical experiences (LTC seen as having limited RN role models and focused on deficits/dependence/loss</p>	<p>descriptive studies not met^b</p> <p>All criteria for qualitative studies met^b</p>
Jeffers & Campbell (2005) USA	Describes how Mennonite College of Nursing at Illinois State University engaged college constituents (faculty, students, community) to change how baccalaureate	Discussion	<p>Supports: Received funding from JAHF to enhance student learning in geriatrics, gaining access to resources and opportunities; strong nursing home partnership for clinical; administrators and lead faculty enthused about curricular integration; focus on organization’s culture/ social component to facilitate need for change (to promote shared purpose, meaning and</p>	<p>5^a Objectivity only partially met</p>

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	students are educated in care of older people and increase students' excitement for geriatric nursing		<p>common language; facilitator of project encouraged faculty involvement; student award in gerontology demonstrated to faculty a valuing of excellence in nursing care of older people; prizes to recognize faculty commitment to project; small faculty work groups to develop learning resources, share expertise, contribute to culture change; flexibility within project to accommodate faculty workloads</p> <p>Barriers: Despite existing activities prior to funding, limited widespread innovations with limited number of faculty involved due to no faculty with geriatric specialization, no stand-alone geriatric elective, limited clinical experience for students, lack of faculty/student excitement about older person nursing care, faculty commitments to their own specialties,</p>	
Krichbaum, Kaas, Mueller, & Wyman (2010) USA	Describes process of designing, implementing and evaluating the initial year of the Faculty Learning about Geriatrics (FLAG) program, established by the Minnesota Hartford Centre for	Discussion	<p>Supports: Funded by JAHF and established through MHCNE; FLAG program involved 1-week summer institute and year-long mentorship to facilitate capacity building of geriatric expertise at participants' home schools and development of an education project for faculty and doctoral students; FLAG facilitated continuing education in geriatrics and teaching geriatrics; participants required dean/director approval and release time; had modest travel stipend and free registration for</p>	5 ^a Objectivity only partially met

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Krichbaum, Kaas, Wyman, & Van Son (2015) USA	Gerontological Nursing Excellence (MHCGNE) and funded by the JAHF, and designed to assist upper Midwest and tribal college faculty (from the MHCGNE's Upper Midwest Geriatric Nursing Alliance) to develop expertise in teaching, academic leadership and geriatric nursing To evaluate, using 5 years of evaluation data, the Facilitated Learning to Advance Geriatrics ([FLAG], previously Faculty Learning about Geriatrics) program, established by the Minnesota Hartford Centre for Gerontological Nursing Excellence (MHCGNE) and funded by the JAHF	Quantitative (Pretest-posttest design)/ Qualitative survey	summer institute; program offered variety of resources to promote participants' professional development in gerontology; program promoted socializing/networking among participants and experts/mentors; presentations from national experts; comprehensive website developed to offer resources for teaching geriatrics Supports: Funded by JAHF and established through MHCGNE; FLAG (workshop and year-long mentoring and education project) significantly improved teaching self-efficacy and rated highly by participants for facilitating their achievement of program goals related to knowledge acquisition and teaching effectiveness; program offered resource files and FLAG website, chatroom Gero-Share to connect to FLAG faculty and peers; participants received free registration, travel stipend, required support from dean/director with release time for year-long mentoring; resources and techniques energized nursing education	Criterion 3.1 for quantitative non-randomized studies not met ^b All criteria for qualitative studies met ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	to determine participants' achievement of objectives, satisfaction with program and teaching self-efficacy		experiences for faculty and increased their confidence (through expertise) to proponent of geriatrics; facilitated ongoing networking; facilitated transfer of learning to home schools; facilitated faculty dissemination of education projects (through newsletter, conference presentations, publications)	
Lange, Wallace, Grossman, Lippman, & Novotny (2006) USA	Describes a funded initiative to develop gerontological nursing education excellence, and scholarship and collaboration among faculty at undergraduate and graduate level universities, specifically describes implementation of this initiative at a small New England university	Discussion	Supports: Initiative funded by John A. Hartford Foundation in collaboration with AACN for curricular enhancement through faculty development/connection with aging resources; project director guided the initiative; sub-committee struck with nearly all faculty eventually involved; committee work visible through regular emails, monthly reporting, publicly recognized faculty contributions; AACN and John A. Hartford baccalaureate competencies and curricular guideline documents used to plan a 5-day workshop for faculty lead by 3 nationally recognized gerontology experts; existing clinical expertise of faculty harnessed; based on perceived success of first year, faculty received financial support to attend conferences and development of further workshops; funding facilitated faculty desire for more knowledge (through certification, attending conferences); current resources identified through workshops and housed in accessible	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Latimer & Thornlow (2006) USA	Describes lessons learned from a John A. Hartford Foundation of New York 4-year grant to the American Association of Colleges of Nursing (AACN) to enhance gerontology in curricula and new clinical learning opportunities in 20 baccalaureate and 10	Discussion	<p>faculty resource room; through agency affiliations, developed Gerontology Advisory Board to identify new clinical opportunities and mentor faculty; more positive faculty attitudes lead to recognition of importance of gerontology knowledge; faculty able to leverage additional funding (through dean and development office) to attend workshops, write articles and textbook chapters, present at conferences; initiative resulted in culture change with enhanced collaboration among faculty around research/funded projects on aging</p> <p>Barriers: faculty at smaller universities often have limited resources to conduct larger-scale research projects</p> <p>Supports: Funding from JAHF of New York to the AACN; early appointment of champion to mentor and overcome resistance; engage full faculty early to promote buy-in; expert guest lecturers like faculty members with gerontology expertise from other departments; use of faculty consultant; teaching packets; one-on-one instruction to promote comfort with web-based gerontology modules; workshops with best evidence resources, myth-breaking sessions, encouragement and support for enhanced interest; one-on-one support of faculty to include content tele web conferences; problem-based learning</p>	5 ^a Objectivity only partially met

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	graduate schools of nursing		<p>program, completion of continuing education units to gain expertise; formed a geriatric interest group; orientations for new faculty; gerontology bulletin board with short sessions on gerontology topics; library space devoted to gerontology; monthly newsletter on geriatric activities and end of semester updates on geriatric activity; recruitment of gerontology faculty and encouraged certification of existing faculty; local geriatric specialist to mentor faculty; got dean support for time/opportunities (funding seminars, conferences, further knowledge/certification) for training; encouraged faculty to become involved in networks of experts; faculty award to recognize faculty development which signals university commitment; resources to help faculty integrate content into courses (John A. Hartford Foundation Institutes for Geriatric Nursing, AACN, Association for Gerontology in Higher Education); featured grant recipients on AACN website to encourage others to use their resources and replicate, develop, expand work</p> <p>Barriers: faculty ageism; lack of acknowledgement of gerontology as a specialty</p>	
Maas, Conn, Buckwalter,	Describes research development and regional consortium	Discussion	<p>Supports: University of Iowa College of Nursing and the regional consortium (Regional Training Core Consortium) strategy initiated by the Iowa</p>	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Herr, & Tripp- Reimer (2009) USA	strategies to assist schools worldwide to enhance their gerontological research output		Gerontological Nursing Interventions Research Centre(GNIRC) research training core (RTC); included 17 schools of nursing committed to increasing faculty output in gerontological nursing research; consortium offered support from mentors for junior faculty (i.e., for undergraduate and graduate programs); support included monthly meetings, review of manuscripts and research proposals, strategic planning for research/education, involvement of faculty research and gerontology organizations (conferences and networking, presentations and assuming leadership positions), key publication series on Advances in Gerontological Nursing, other gerontological research intensive activities, external funding to recruit doctoral/post-doctoral students; encouraged support of dean for added research resources; nominate faculty/students for awards; recruit and support existing strong faculty, recruit/protect new gerontological nurse scientists; Web page and listserv to facilitate communication with faculty and areas of research interest listed; cross-school collaboration on research grants; John A. Hartford Centre for Nursing Excellence funding for additional grants, mentoring, increase schools in consortium, stipends for senior faculty to teach summer scholars seminars; schools with less research infrastructure offered additional support	

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Mass, Strumpf, Beck, Jennings, Messecar, & Swanson (2006) USA	Describes strong mentoring as a key part of the John A. Hartford Foundation's initiative on Building Academic Geriatric Nursing Capacity (BAGNC) and the Hartford Centers of Geriatric Nursing Excellence (HCGNE). Outcomes of the 5-year initiative of a multitude of programs and initiatives are described to support faculty, students, and practicing nurses to become educators, clinicians and scientists	Discussion	<p>Barriers: site liaison key as turnover of this position interfered with communication and involvement of site's faculty; schools with less research infrastructure and where research not a high priority; schools with small number of gerontological faculty</p> <p>Supports: JAHF funding provided for BAGNC and HCGNEs; mentoring of participants by gerontological nurse scientists and educators; HCGNEs facilitated recruitment/retention of gerontological nursing faculty; development of BS to MS/PhD fast track programs; protected time for faculty to mentor and conduct aging research; funding for additional mentorship through regional consortiums; joint mentorship across HCGNEs or with schools with less geriatric research capacity; ongoing professional development such as research scholars programs (summer seminars; workshops), interdisciplinary research residencies for faculty/students, outreach to schools beyond the Centers for networking, partnerships with university hospitals and clinics to transfer research into practice, monthly lunchtime seminars featuring research and clinical practice for faculty/students (called group and institutional mentorship), monthly forum where research proposals/manuscripts/presentations critiqued, new</p>	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
McCleary, McGilton, Boscart, & Oudshoorn (2009) Canada	Describes Knowledge Exchange Institute for Geriatric Nursing to build faculty expertise and curricular enhancements in gerontology	Discussion	<p>partnerships for faculty collaboration; external funding from clinical agencies for agency partnerships and added mentoring</p> <p>Barriers: difficulty sustaining mentoring activities especially in schools without geriatric specialists</p> <p>Supports: Funding from National Institute for Health and Care Excellence (NICE) and the Canadian Institutes of Health Research for a 2-day institute for knowledge transfer to nurse educators, provide state of the science resources including best practice guidelines, enable email to link participants for questions/advice/new resources, create knowledge transfer champions at home institutions and provincially/nationally, a Geriatric Nursing Education publicly-accessible wiki to promote knowledge exchange among participants and beyond; participants worked in small groups to map their content and discuss how to integrate content based on American Association of Colleges of Nursing competencies; turnover of faculty reframed as opportunity to build capacity by hiring faculty with expertise</p> <p>Barriers: any of the resources shared at the institute had been unavailable or unknown to participants; turnover of clinical instructors; practice settings where educators teach have not</p>	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
			adopted current practices; securing funding for time for clinical instructors to learn new knowledge; need to gain support of deans/directors to fund inexperienced faculty	
Miller, Coke, Moss, & McCann (2009) USA	Describes resources to increase student and faculty interest/ knowledge about gerontological nursing	Discussion	<p>Supports: Gerontology resources that are readily available (as not to increase faculty workload) which increases faculty interest/knowledge; Hartford Institute for Geriatric Nursing website (ConsultGeriRN.org) provides evidence all in one place; Try This assessment tools/guidelines are free/easy and disseminated through faculty meetings; Web files accessible through college, individual consultation; used AACN geriatric competencies/guidelines reinforcing that educators must be competent in specialized knowledge/skill of their field; used American Journal of Nursing articles (nursingcentre.com); tool kits included in resources; presentations at faculty meetings by faculty experts</p> <p>Barriers: Faculty who do not recognize their need for gerontological content, lack of time</p>	4 ^a Objectivity and Coverage only partially met
Miller, Van Son, Cartwright, & Allen (2010) USA	Describes Gerontological Nursing Education Curriculum (G-NEC) initiative in a baccalaureate school of nursing to address need	Discussion	<p>Supports: Funded by the Health Resources and Services Administration; G-NEC is a 4-hour workshop (called Threads for the Tapestry: Weaving Care of Older Adults into the Curriculum) presented at 11 schools of nursing; taught by a skilled educator with expertise in</p>	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	for education through increasing faculty knowledge and gerontological content in participating schools		gerontological nursing; CD-Rom (organized around 9 competencies, including awareness [ageism, demographics, normal aging, sensory changes]) contained comprehensive set of specific ready-to-use teaching strategies, learning activities, and competency demonstrations re older adults; used train-the-trainer methodology; free, inexpensive teaching resources; evidence-based websites highlighted; facilitator role modelled teaching strategies (enhanced faculty interest); resources centrally-located, inexpensive; created GeroNursingEd.org website as a repository of ready-to-use teaching resources including standalone courses and learning activities, media and links	
Otten, Wickman, & Al-Majid (2011) USA	Describes a remediation plan to address faculty competency in theory/practice to become knowledgeable in geriatric nursing in order to meet California's Board of Registered Nursing (BRN) guidelines	Quantitative (Pretest-posttest design)	Supports: Geriatric Nursing Education Consortium (GNEC) Institute (developed by JAHF Institute for Geriatric Nursing and AACN) to facilitate faculty meeting theoretical component; clinical component required at least 48 hours in clinical setting; Hospital Association of Southern California (HASC) funding for 8 faculty to attend an Institute; survey using AACN competencies helped to identify learning needs and resulting continuing education initiatives; faculty champions through GNEC facilitated support for curricular revision; California BRN practice standards for	Criterion 3.1 for quantitative non-randomized studies not met ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Plonczynski et al. (2007) USA	To measure faculty knowledge/pursuit of knowledge, attitudes, and learning needs related to older adults, and to determine what gerontological content exists in a nursing program in the Midwestern US.	Quantitative (Cross-sectional design)	educators impetus for ongoing professional development; AACN and JAHF Institute for Geriatric Nursing geriatric competencies and curricular guidelines used to ensure continuing faculty development Barriers: Faculty resistance to being involved in “one more activity”; limited educational and travel funds due to tightened budgets in universities in California Supports: Faculty who were older and with graduate degrees had more knowledge; educators’ increased knowledge in the field of gerontology an indicator of pursuit of knowledge in their field	Criterion 3.1 and 3.4 for quantitative non-randomized studies not met ^b
Plowfield, Raymond, & Hayes (2006) USA	Describes a JAHF funded educational framework for development of an undergraduate gerontological nursing elective course and innovative	Discussion	Supports: JAHF grant to support development of framework; innovations in teaching enhanced faculty engagement with gerontology content; multitude of innovative teaching strategies used Barriers: Limited expertise of faculty impacted provision of content/student interest	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	teaching/learning strategies to support the course			
Ryden & Johnson (1992) USA	Presents results of a survey to assess the level of interest and expertise of pre-licensure RN and practical nurse faculty who teach students about the care of older people in order to develop continuing education program in geriatrics for nursing faculty	Quantitative survey	<p>Supports: Minnesota Area Geriatric Education Centre, funded by the HRSA; survey demonstrated that faculty who taught a course in gerontology had significantly higher level of perceived expertise; developed their knowledge, skill through own reading or attendance at conferences, workshops; faculty with more knowledge in geriatrics were slightly more interested in enhancing their gerontology knowledge</p> <p>Barriers: lack of formal education in gerontology; lack of recognition of gerontology as a specialty; need for specialization more clearly recognized by administration/faculty only when responsibility for a course is at risk; limited number of faculty subscribed to gerontology journal; limited number of faculty certified in gerontology; junior faculty with limited power to advocate for curricula change; low status of management/leadership skills in nursing homes versus acute care or community</p>	Criterion 4.4 for quantitative descriptive studies not met ^b
Schrader (2009) USA	To explore nurse educators' personal perspectives on career options in long term care	Qualitative	<p>Supports: perspectives about LTC positively influenced by gerontology expertise, visiting LTC sites and meeting with staff</p> <p>Barriers: negative experiences with older people and LTC in their education (LTC as custodial care</p>	Met all quality criteria for qualitative studies ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Souder, Kagan, Hansen, Macera, Mobily, & White (2006) USA	Describes findings from five JAHF Centers for Geriatric Nursing Excellences' (CGNE) efforts to enhance capacity in geriatric nursing with curriculum development central to their goal	Discussion	with losses in aging; negative views of growing old; encouraged not to choose gerontology by educators, family, friends, other students); perspective that LTC not clinically challenging and some feel overwhelmed due to lack of expertise; influence of students' negative attitudes on educators; fear/discomfort about aging; societal ageism mentioned; no interest in changing their interest/values despite professional responsibility to do so	
			Supports: Funding from JAHF and AACN to further expand curricula; HCGNEs curricular activities and interdisciplinary learning a benefit to faculty; employed consultant and used content mapping for revisions; developed geriatric nurse certificate program to prepare regional faculty in geriatric nursing and web-based course delivery; implemented continuing education activity in aging process to healthcare faculty; created BSN to PhD fast-track programs to deal with shortage of doctoral prepared faculty; web-based independent study modules for faculty learning and teaching; consortiums and regional coalitions to link centers with other schools (especially those without geriatric experts) for curriculum review and revision based on Hartford Foundation competencies; coalition members with expertise in	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Tappen & Brower (1985) USA	Describes a 3-year federally funded project, “Enhancement Grant”, at the University of Miami to include gerontology in an	Discussion	<p>gerontology developed teaching materials for faculty without gerontology preparation; one CGNE received HRSA funding for onsite classes, preceptored clinical experience, web-based modules, attendance at Web-CT institute; a champion within faculty to engage other faculty, lead curricular innovation and assist in evaluation of outcomes; faculty development workshops; use of curricular guides (AACN and Hartford Institute Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing, Essentials for Baccalaureate Education for Professional Practice for content/teaching strategies; ongoing communication with faculty/administration about importance of gerontology content</p> <p>Barriers: Federal or school of nursing derived funding often not available; teams of committed faculty members may not be available to mentor doctoral students; continued struggle to convey importance of geriatric nursing</p> <p>Supports: Federally-funded grant provided for faculty teaching resources, included outside expert/consultant to raise faculty consciousness/attitudes toward aging; arrangements made for faculty seen as “blockers” to attend gerontology meetings/conferences;</p>	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	integrated nursing curriculum		initiative included faculty workshops with highlights posted in faculty newsletter; lead to committed group of supportive/interested faculty Barriers: faculty resistance to initiative, especially at outset; expressed myths/ageism; faculty with feelings that their own specialties required attention and that adult health content sufficiently addressed aged care; outcome less gerontologizing than expected	
Tysen (1992; Dissertation USA)	To design, implement and evaluate a faculty development program in gerontological nursing at New York City Technical College (NYCTC)	Quantitative (Pretest-posttest design)	Supports: Workshop successful in helping faculty to clarify attitudes to aging patients, learn about normal aging and pharmacologic concerns of older people as well as current gerontology theory and practice; overall benefit was increased knowledge (statistically significant) with misconceptions altered, personal and professional enhancement; variety of educational approaches used; 8 workshops taught by nurse/consultant with expertise in gerontology, involved didactic learning experiences, sharing of experiences, conferences, clinical practice in the environment of care; workshop successful in that objectives responded to real needs of faculty, teachers were effective, important topics covered, handouts and other resources, encouraging active participation	Criterion 3.1 for quantitative non-randomized studies not met ^b

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
White, Cartwright, & Lottes (2012) USA	Describes the 3-year Enriching Clinical Learning Environments Through Partnerships (ECLEP) program, a partnership between LTC nurses and clinical nursing faculty in nursing homes and assisted living to give students optimal learning experiences in these placements	Discussion	Supports: Funded by the Northwest Health Foundation for Oregon Health & Science University School of Nursing to build capacity of 4 long term care (LTC) facilities to become enhanced learning sites; partnerships between faculty with expertise in gerontology and expert staff using expertise of staff while providing them with professional development; included professional development workshop for faculty/staff, a 2-day train-the-trainer program (faculty, lab staff, and staff participated), and a fidelity simulation lab workshop for staff; facility staff acted as Clinical Education Liaisons (CELs) facilitating access to facility, acted as role models, connected students to residents; clinical faculty also participated in the learning; fostered networking of faculty and staff; program included workshops and resources and offered faculty support and a peer network; faculty sharing of research with discussion among staff/faculty; faculty experts learned considerably from the CELs about LTC and LTC nursing, their understanding of the value of LTC and how it could be used for clinical teaching; gave faculty stronger position to advocate for LTC settings being used among peers and to develop appropriate learning activities	6 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Wilson (2010) USA	Describes the Geriatric Nursing Education Consortium (GNEC) initiative to augment geriatric content in undergraduate nursing courses and educate faculty in teaching gerontology and revising curricula	Discussion	<p>Barriers: clinical faculty having little LTC experience and not knowing how to use LTC settings effectively</p> <p>Supports: GNEC (administered by the American Association of Colleges of Nursing [AACN], in collaboration with Hartford Institute for Geriatric Nursing, funded by the JAHF, operated in collaboration with the Hartford Institute for Geriatric Nursing at New York University); offering faculty development institutes to provide knowledge, improve faculty attitudes, recognize/integrate content into curricula, guide teaching colleagues in revising curricula; module based institutes designed by experts and based upon the Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care (AACN, 2000); modules included didactic and clinical content and ready-to-use teaching materials; faculty required to show commitment to train other faculty in their home institutions and revise curricula (commitment required from dean for these activities); pairs of faculty from each institution attended an institute (pair would be stronger champion team at their home institutions); multitude of resources based on best evidence; initiative successful resulting in development of a</p>	<p>4^a</p> <p>Accuracy and Objectivity only partially met</p>

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Young, Swanson, Richards, Wallhagen, Archbold, Spool, & Flaherty-Robb (2006) USA	Describes efficacy of JAHF funded Centers for Geriatric Nursing Excellence (HCGNE) in extending their impact in education, practice and research through partnerships including collaborations with education, providers, and government	Discussion	<p>stand-alone course in geriatrics; presentations at faculty meetings, supporting other faculty with curricular development and sharing resources</p> <p>Supports: funding from JAHF to support HCGNEs; coalitions among HCGNE facilitate leadership for geriatric initiatives and additional funding and linkages/partnerships with other universities, providers, government; partnerships promote electronic knowledge dissemination, cross-discipline collaborations for innovative practice; coalitions work to integrate core competencies in baccalaureate curricula, and communicate and share educational materials electronically; retreats to facilitate faculty development; critiquing of content and development of educational materials; Web-based “Best Practices” Knowledge Center at one HCGNE and university (partnership) to meet gaps in geriatric competencies and develop resources; partnerships with providers promote research translation and promote faculty awareness that staff can be a valuable resource for their teaching practice</p> <p>Barriers: Lack of independent funding challenges coalition activities; competition within the partnerships when vying for students and faculty; sustaining partnerships can be time-consuming</p>	5 ^a

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
Yurchuck & Brower (1994) USA	To determine if qualified faculty are teaching gerontological nursing to undergraduate students	Discussion	Supports: 3-year grant received by Southern Regional Education Board and the Southern Council on Collegiate Education for Nursing to survey if students being taught by faculty qualified in gerontological nursing; survey revealed some continuing education programs in existence for faculty; faculty interest a support since only 6% of faculty were not interested in expanding their gerontological nursing knowledge; Faculty Preparation for Teaching Gerontological Nursing project involved, among other activities, a workshop developed to target those faculty in need of enhancing gerontological nursing knowledge Barriers: Determined that educators had limited preparation in gerontological nursing (especially at the graduate degree level) or clinical experience with older people; lack of perceived need for master's/doctorally prepared gerontological specialists limit efforts to recruit them	6 ^a
Yurchuck & Kee (1991) USA	Describes a funded faculty development workshop in gerontological nursing as part of the Faculty Preparation for Teaching Gerontological Nursing	Discussion	Supports: Southern Regional Education Board and the Southern Council on Collegiate Education in Nursing multi-site grant to increase faculty preparation and gerontological content in nursing curricula; grant involved workshop targeting faculty with little preparation in gerontology; workshop involved simulation to explore ageism and attitudes toward aging, visits to older person	4 ^a Accuracy and Objectivity only partially met

Author/Year/ Country	Purpose	Design	Findings/Conclusions	Critical Appraisal a=AACODS b=MMAT
	project at eight schools of nursing in the Southern region of the US		settings, clinical observation, written resources, and discussions. Barriers: Over-estimating of gerontology knowledge; faculty interest in program hampered by views of gerontology as requiring less expert knowledge.	

Critical appraisal tools and range for scoring:

a = AACODS Checklist (Tyndall, 2010) (rating of 0-6)

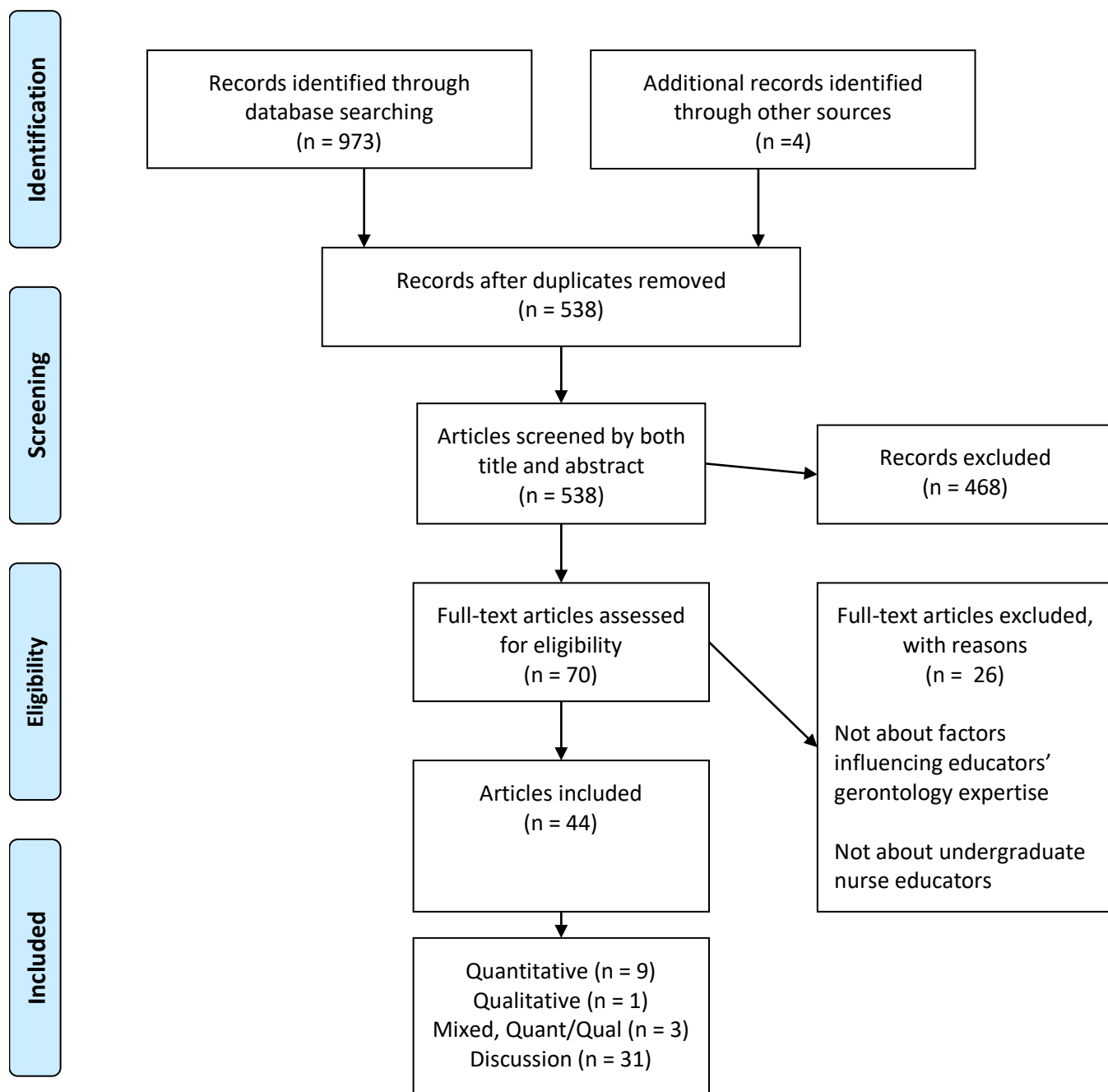
b = MMAT (Hong et al., 2018) (presentation of ratings for each criterion)

Figure 2.1: Ovid MEDLINE Search Strategy

Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>

1. exp Education, Nursing, Baccalaureate/ or exp Students, Nursing/ or Schools, Nursing/
2. (nursing adj2 (student* or school* or education)).mp.
3. 1 or 2
4. Geriatrics/ or geriatric nursing/ or exp health services for the aged/ or Ageism/
5. (gerontolog* or geriatric* or aging or ageing or elder* or seniors or ageis* or (old* adj2 (adult* or people or person* or patient*))).ti,kf.
6. 4 or 5
7. 3 and 6
8. faculty, nursing/ or (faculty or instructor* or educator* or preceptor*).mp.
9. 7 and 8
10. exp Organizational Culture/ or Health Knowledge, Attitudes, Practice/ or exp “Attitude of Health Personnel”/
11. (culture* or environment* or knowledge or skill* or competenc* or practice or perception* or attitude* or view* or belief* or influenc*).ti,ab,kf.
12. 10 or 11
13. 9 and 12
14. remove duplicates from 13

Note. This figure illustrates the Ovid MEDLINE search strategy that was used to retrieve papers for review related to factors affecting undergraduate nurse educators’ knowledge, skill, or attitudes about older persons and their care. This search strategy was modified, as required, for each database that was searched.

Figure 2.2: PRISMA Flow Diagram

Note. The PRISMA flow diagram (Moher et al., 2009) illustrates the flow of citations through the phases of the integrative review of factors affecting undergraduate nurse educators' knowledge, skill, or attitudes about older persons and their care.

**Chapter 3: The Experiences of Nurse Educators in Establishing a Teaching Practice in the
Care of Older Persons: A Focused Ethnography Study**

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This manuscript has been revised and will be resubmitted to the *Journal of Professional Nursing*.

Abstract

Background: Nurse educators influence students' career decisions. Gerontological nursing is not desired by new graduates. Nurse educators lack expertise in older person care which can influence students' views. The education culture may affect educators' developing expertise in gerontology.

Purpose: The study explored the cultural context of a Canadian pre-licensure nursing education program in relation to nurse educators' expertise in gerontological nursing.

Methods: A focused ethnography sampled 22 nurse educators/researchers/administrators who participated in interviews and/or observations conducted from March 2018 to December 2018. Content analysis of interview transcripts and fieldnotes occurred concurrently with data collection.

Results: Themes characterizing the culture were: Structure and Hierarchy, Losing Gerontology, Teaching Challenges, and Valuing Older Persons and Their Care. Participants felt: a hierarchy limited gerontology experts' support for undergraduate educators and curriculum; the integrated curriculum diminished the focus on gerontology; limited professional development opportunities and excessive workload constrained educators from building gerontology expertise; and valuing older persons and their care influenced access to gerontology resources.

Conclusions: The culture of a pre-licensure nursing program impacted educators building gerontology expertise. Capacity building of educators in gerontology will develop nurse graduates with an appreciation for older persons and their care. More research is needed to understand how to overcome barriers to educators developing expertise in gerontology.

Keywords: culture, focused ethnography, gerontology, nurse educator, nursing education, older person

Highlights

- Nursing education culture did not support educators learning about older person care
- A faculty hierarchy compromised educators' development in older person care
- Gerontology experts on Faculty does not ensure expertise of undergraduate educators
- Having gerontology experts does not guarantee a curriculum focus on older persons
- Intentional strategies are needed to promote faculty expertise in older person care

Introduction

In 2020, the global population 60 years and older slightly exceeded 1 billion or 13.5% of the total world population. This number is expected to increase to 2.1 billion by 2050 (World Health Organization, 2020). With population aging, most nurses will be caring for older persons, yet nurses underestimate the complexity of older person care (Fox & Reeves, 2015) and do not have the requisite knowledge to appropriately address the needs of this population (Cooper et al., 2017). A Canadian study found that nurses hold negative attitudes toward older persons and their older person care (Dahlke et al., 2021). This prejudice against older persons was initially referred to by Butler (1969) as *age-ism*. While the evidence that ageism exists among nursing students is inconclusive, nursing students' negative attitudes toward older persons have been documented with few students anticipating future roles focused on gerontology (Naughton et al., 2019). Nursing faculty play a key role in fostering students' attitudes toward the care of older persons. Kydd, Engström et al. (2014) specified that researchers and teachers in gerontology in the authors' study site, a university in United States (US) known for "research and education in geriatrics and gerontological nursing," were dedicated to older person care (p. 187). Conversely, a Canadian study found that educators do not have gerontological nursing preparation nor a genuine interest in older persons to inspire students toward a career in older person care (Baumbusch et al., 2014). Gerontological nursing experts have highlighted the need to transfer gerontological knowledge to nurse educators and to ground learning experiences with gerontological competencies (Boscart et al., 2017). Much of the literature addressing the need for a nursing workforce adept in caring for older persons has focused on nursing students (Koskinen et al., 2015). Few empirical studies examine the factors affecting nurse educators' knowledge and skills in older person care (Negrin et al., 2020).

Nursing education is a sub-culture of professional nursing with unique “learned and transmitted lifeways, values, symbols, patterns and normative practices” (Leininger, 1994, p. 19). Based on Strouse’s (2012) focused ethnography of professional nursing culture, a study from the US suggested that nursing faculty act as “professional culture brokers” in facilitating the socialization of students to the culture of nursing (Strouse & Nickerson, 2015, p. 10). An Australian study revealed that although academic culture in nursing education is characterized as the “pursuit of scholarship and critical inquiry” (Thompson & Clark, 2013, p. 1432); effective leadership is required to foster a culture of scholarship. Hawks described the need for faculty in schools of nursing to implement empowering teaching behaviours that facilitate a better culture for their students and for themselves (Hawks, 1999). Melnyk and Davidson (2009) described the facilitators and barriers to creating an innovative culture in nursing education: requirements of governing bodies; lack of vision for innovation; and being entrenched in the status quo.

Nursing education culture has also been explored in relation to its influence on teaching and student success. Two studies based in Turkey inquired into nurse educators’ and students’ perceptions of nursing school culture, respectively. They found that the “instructor-student relationship forms the core of education” and predicates student achievement, satisfaction, and willingness to continue their study program (Kantek & Baykal, 2009; Kantek et al., 2015, p. 1211). There is a lack of research related to how nursing education culture impacts educators and their professional development. There is also limited empirical evidence about the experiences of educators in developing their gerontology teaching practice. Most of the literature about the barriers and supports for educators to advance their gerontology expertise is comprised of discussion papers (Negrin et al., 2020). Some of the reported barriers include time/workload and scarcity of resources (Boscart et al., 2017; Gray-Miceli et al., 2014); lack of faculty expertise in

gerontology (Batchelor-Aselage et al., 2014); minimal funding for continuing education (Edelstein et al., 2011); faculty not recognizing their need for, or being unfamiliar with, newer gerontology resources (Ironside et al., 2010; Miller et al., 2009); and faculty attitudes toward older persons and their care (Schrader, 2009). Studying the culture of nursing education could offer additional insights about the barriers and facilitators affecting capacity building in older person care.

Purpose of the Study

This study aimed to understand the cultural context of a pre-licensure nursing education program in relation to capacity building of nurse educators with the requisite knowledge, skills, or attitudes for the care of older persons. The research question was: How does the culture of nursing education in a Western Canadian province's pre-licensure nursing program influence nurse educators' knowledge, skills, or attitudes toward older persons and their care?

Methods

Research Design

A focused ethnographic inquiry was conducted. Focused ethnography is characterized by inquiry into a specific issue, in a specific setting, with a specific group (Cruz & Higginbottom, 2013; Holloway & Galvin, 2017). Such research is time-intensive, conducted within a specific timeframe, with episodic visits to the field (Knoblauch, 2005).

Setting and Participants

Educators, researchers, and/or administrators, who worked in the university-based, pre-licensure nursing program in Western Canada were recruited by KN if they were able to inform on the phenomenon of interest and were willing to be interviewed and/or observed.

Sample and Recruitment

The inclusion criteria for this study specified that participants be educators, researchers, and/or administrators employed within the Faculty of Nursing at the Western Canadian university study site. Specifically, inclusion criteria required that participants be nurse educators who taught care of older persons or who had an interest in building a future teaching practice in this area, researchers with a program of research in gerontological nursing and who worked with pre-licensure nursing students, and nursing education administrators. Volunteers were also included if they did not teach gerontological nursing or if their programs of research were not focused on older persons. The sampling strategies were convenience, purposive to achieve maximum variation (teaching gerontology or not, researching in gerontology or not), and snowball. Recruitment comprised short presentations at faculty meetings with circulation of a sign-up sheet for faculty to request additional study information; emails; posters; mailbox distribution of flyers; newsletter notices; and a faculty conference poster presentation. With these recruitment strategies, 210 potential participants were approached and 22 consented to interviews and/or non-participant observations. Ten of the 12 participants approached accepted second interviews. Two participants declined second interviews citing lack of time. Sampling continued until data saturation was achieved (Streubert & Rinaldi Carpenter, 2011).

Data Collection

Semi-structured interviews and 18 hours of non-participant observation were completed by KN concurrently with data analysis from March 2018 to December 2018. One-on-one interviews of approximately 60-minute duration were conducted using a semi-structured interview guide (see Table 3.1), which was pilot tested with a nurse educator not associated with the research. Interviews took place in settings convenient for participants at either the university

or at participants' clinical placements. Field notes were written immediately following interviews (Streubert & Rinaldi Carpenter, 2011). Digitally recorded interviews were transcribed and reviewed with participants during second interviews.

Unstructured non-participant observation (Creswell & Creswell, 2018) of teaching was conducted in classroom, lab, and clinical settings. KN also observed a curriculum meeting in which the care of older persons was discussed, thereby "participat[ing] in the daily life of the members" of this culture (Wolf, 2012, p. 299). As Knoblauch (2005) indicates, the researcher role in focused ethnography is characterized as "field-observer" rather than as participant (p. 7). Fieldnotes were recorded during and directly following observations (Streubert & Rinaldi Carpenter, 2011). Questions were asked that arose from the observations to ensure that the observation data provided an *emic* perspective or "'insiders' view" whereby the researcher explores the experiences, attitudes, values, and perceptions of their participants without immediately attempting to align participants' perspectives with a particular framework (Holloway & Galvin, 2017, p. 6).

Data Analysis

The analysis focused on specific "situations, activities and actions" (Knoblauch, 2005, p. 10). To facilitate the goal of a focused thick description and to enhance the study's validity (Roper & Shapira, 2000), data sources were triangulated, including interview transcripts, fieldnotes from interviews, and fieldnotes from observations. Quirkos® software was used to analyze and manage the data for coding and categorizing. Memoing was used to record reflections during data collection and analysis (Roper & Shapira, 2000).

Initially, data were reviewed multiple times by KN and SS, recording notes/memos in the margins of the text, to explore the data (Creswell & Poth, 2018). After signing a confidentiality

agreement, a colleague not involved with the study also reviewed and coded select transcripts. Qualitative content analysis was conducted (Graneheim & Lundman, 2004; Vaismoradi et al., 2016). Using this method, all authors were involved in coding, sub-categorizing and categorizing of data, as well as developing abstract themes. Following Miles and Huberman (1994), relationships among the themes were graphically represented (see Figure 3.1). Data were saturated after second interviews and observations when participants offered no new information (Streubert & Rinaldi Carpenter, 2011).

Validity and Reliability/Rigour

Cruz and Higginbottom (2013) describe how rigour is promoted within ethnographic studies through the process of reflexivity. Qualitative researchers strive to create transparency in how “the researcher, methodology, and tools of data collection [affect] the process of research and the research findings” (Cruz & Higginbottom, 2013, p. 42). Greater confidence in the validity of the findings can be achieved through the researcher’s reflection about their own position and how this could influence the research (Al  x & Hammarstr  m, 1994). This was especially true for this research team, given their extensive background in nursing education. KN maintained a reflexivity journal as an audit trail for key decisions made throughout the research process (Streubert & Rinaldi Carpenter, 2011).

Trustworthiness includes the criteria of credibility, transferability, dependability, and confirmability (Graneheim & Lundman, 2004; Guba, 1981). Credibility was maintained through KN and SS reading, re-reading, and reflecting on the data, and the involvement of all authors in the analysis. Member checks were not conducted given the controversy around their usefulness (Thomas, 2017). Transferability was achieved through purposive sampling and thick description, including participant quotations. Decisions during data collection and analysis were recorded,

also promoting transferability. Fieldnotes facilitated dependability of findings. A reflexivity journal, promoting an audit trail, and data source triangulation contributed to confirmability. Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines directed the development of this article (Tong et al., 2007).

Ethical Considerations

The University's Health Research Ethics Board approved this study (Pro00078597). Informed written consent was obtained at the beginning of each initial interview or observation. Confidentiality was promoted by removing identifying information from transcripts and fieldnotes, assigning pseudonyms, separately storing the link between the participants' data and their identifying code, and securing all data in a locked office on a password protected computer.

Findings

Sample Characteristics

The majority of the 22 participants comprising the sample were female, had between 11-20 years of nursing experience, were tenure-track professors, and did not have any specialization in gerontology. Participants had clinical practice experience in a variety of areas with the most common being acute care of adults, home care, and long-term care. Likewise, these were the most common settings of nursing education experience (see Table 3.2).

Themes

Four themes describe how the culture of nursing education was associated with capacity building of educators to be competent in older person care: Structure and Hierarchy, Losing Gerontology, Teaching Challenges, and Valuing Older Persons and Their Care (see Figure 3.1). Categories elaborated each theme at a more manifest level (Graneheim & Lundman, 2004).

Structure and Hierarchy

Participants described a hierarchy within the Faculty of Nursing that acted as a barrier to building teaching capacity in gerontology. Tenure-track faculty, including the experts in gerontology, were at the top of this hierarchy depicting a divisive structure that impeded the accessibility of gerontology experts to educators in the undergraduate program. The categories of The Great Divide and Limited Accessibility to the Experts illustrate Structure and Hierarchy.

The Great Divide. While some participants viewed the Faculty's tenure-track gerontology experts as a strength, other participants described the existence of a hierarchical division between the tenure-track faculty and the undergraduate educators. The latter were primarily faculty lecturers with long-term renewable contracts and sessional instructors with short-term contracts. Drew frowned and sighed: "We have a division in this Faculty...an unfortunate division [and it's] been around for a long time" (Fieldnote, June 5, 2018). Sophia, a tenure-track participant without expertise in gerontology, stated: "...my observation, and certainly my experience coming to work here...years ago from a different Faculty, was that there is a great divide between faculty lecturers and tenure-track [faculty]." Dana underscored this point, describing the tenure-track professors "up here", placing one hand horizontally above the other (Fieldnote, May 23, 2018). Tenure-track professors were portrayed as being in "silos" (Keira) and "cliques" (Micah), not mixing with the faculty lecturers and sessional instructors. This division, participants surmised, was a lost opportunity for educators to benefit from the expertise of the tenure-track gerontology experts. Drew speculated about the experts' potential role in capacity building of educators: "...I think we have a brilliant opportunity to do this"; however, Emma, a sessional instructor, explained: "...a lot of clinical faculty...feel like they are not really welcomed."

Limited Accessibility to the Experts. Although, some participants were aware of gerontology experts on Faculty who could be potential resources for them, accessing them was difficult. Ava stated: “I don’t know who they are...I don’t know how to access them.” Maria confirmed:

It would be a great benefit to have someone introduced into our groups...a great support and resource if we had someone that we knew that specialized in [gerontology]...that maybe we could reach out to if we did have questions.

Moreover, participants described how accessing the gerontology experts was particularly difficult because these experts often did not teach within the undergraduate program. Participants suggested that if gerontological experts taught courses focused on gerontology, they could offer visible leadership to other educators. Connie explained: “[Experts are]...not often assigned in undergraduate courses, so that might have been what I would have considered an obstacle, is not being able to access the expertise that’s just right outside my door.” Ava added: “They’re too busy to access because...they’re all tenured faculty with a teaching load, [mostly in graduate courses], with research programs. We don’t want to bother them....” Bobbie, a tenure-track faculty, offered another perspective: “Several of the faculty that do have this expertise are quite willing to [guest lecture], but they have to be asked, right? ...I do get asked to do guest lectures.” Bobbie then conceded “...[faculty lecturers and sessionals] feel like they’re not supposed to ask.... And it could be that they’ve asked in the past and gotten ‘no’ for an answer.”

Drew proposed a solution to accessing the gerontology experts: “...you have one of the three that are certified in gerontological nursing...assigned to faculty development in gerontology.” Zoe thought: “...the faculty with the gerontology focus, the tenure-track faculty...should rise up and say...‘this is a commitment on [our] part...we want more active

involvement in the undergraduate program.’’ Although several participants asserted that gerontology experts should take more responsibility to teach in the undergraduate program, it is unknown if the experts did offer their expertise and how it was received. Likewise, it is unknown how often the experts were asked for assistance.

Losing Gerontology

Participants described the limited gerontological theory and clinical experience at the beginning of the program, followed by integrating gerontology throughout the remainder of the curriculum. Participants also expressed concern that orientation and activities related to professional development were focused on pedagogy and not on specialized knowledge and skills needed to teach content in older person care. Dana confirmed that “[gerontology] got lost” in this program and this impacted educators’ gerontology preparation. The categories of Curriculum Isn’t Supportive and It’s All About Pedagogy elucidate this theme.

Curriculum Isn’t Supportive. Participants reported that care of older persons had always been placed early in the undergraduate program. “We continue to put our students in long-term care settings in their first year,” said Drew. Keira elaborated:

... [long-term care] placements are great to help students learn about basic hygiene and things of that nature...you need to start the students somewhere and you cannot send them for their first clinical placement in the most acute units in the system.

Participants expressed that beginning with older person care helped students to consolidate foundational skills such as communication and basic psychomotor skills. Nora verified:

“...relationships, communication development, those are things that are done... early in the undergraduate program because they are foundational....”

Other participants expressed their concern about the placement of older person care early in the program, believing this signalled that older person care was “easier...less acute” (Nora). Marnie was also concerned when she heard an educator in a meeting describe their course involving care of older persons: ““Students will be in long-term care and sub-acute because its easy, basic, simple...because we don’t want to overwhelm.”” It is ironic that an initial clinical placement in long-term care was not considered overwhelming for students. Placement of gerontology early in the curriculum signified to faculty that care of older persons did not require specialized knowledge and skills. This aspect of the curriculum structure led educators to also dismiss their need to develop knowledge and skills in the care of older persons.

Beyond students’ initial experiences with older persons early in the program, specific gerontology knowledge and skills were intended to be integrated throughout the program. This was a worry for participants like Connie:

...I would say that our curriculum isn’t supportive because geriatrics is supposed to be integrated. So, I think that that’s also a challenge in that it’s not given specific attention, and so that’s probably why [educators] become very limited in the number of resources that we have.

Furthermore, participants were concerned that the integrated model did not permit a consistent focus in older person care. While gerontology was supposed to be threaded through the program, the older person care lens got lost in favour of a focus on medical/surgical nursing skills and other specialized areas of nursing. These “technical” or “hard skills” (Rosa) took precedence over gerontological knowledge and skills. Participants described a need for a focus on aging later in the program alongside the focus on technical skills in students’ senior learning experiences.

The early placement and capricious integration of gerontology in the curriculum were disincentives for educators to learn about gerontology.

It's All About Pedagogy. Participants described how pedagogy had always been the focus of orientation and professional development. The specialized content knowledge and skills required for their teaching assignments, such as care of older persons, were never included. Given the emphasis on teaching during orientation, new hires prioritized pedagogical knowledge and skills in preparation for their teaching assignments. As Jamie stated: "I don't know that I...pulled through as much of the gerontology piece that I probably should have as a newer instructor." Yet, Zoe explained how program administrators tried to hire "qualified" candidates into vacant positions: "If we know we have in the coming term some gaps in community health, I'll be...looking for those with the community health background, mental health, ...med-surg...."

The role of faculty navigator, which focuses entirely on supporting educators in their teaching role, is also evidence that pedagogy was privileged over capacity building in gerontology or other speciality areas. Emma, a faculty navigator, confirmed the emphasis of this role:

...to help with development of teaching strategies...to basically help with the transition of being a clinical expert to a novice educator. Most people who are hired work in the clinical setting and so have lots of knowledge in that area but are not teachers.

With pedagogy being the focus in professional development activities, any specialty content was assumed to pre-exist. Newly hired instructors were assumed to be clinical experts with the requisite knowledge and skills.

Teaching Challenges

The theme Teaching Challenges includes the difficulties educators faced in building a teaching practice in gerontology. The categories of I am an Island, They Don't Know What They Don't Know, and Just Surviving illustrate the challenges educators experienced in capacity building in gerontology.

I Am An Island. Participants' feelings of isolation were summarized by Nora who stated: "It does often feel like I'm my own little island." Participants felt alone, describing the self-directed nature of their professional development in gerontology with limited resources to develop their proficiency. The theme, I am an Island, included participants' concerns about a lack of systematic faculty development, especially for sessional instructors.

Some believed that the Faculty of Nursing had abdicated its responsibility for professional development by making it the sole responsibility of individual faculty. Participants described how leaders needed to be accountable for the expertise of their educators, mandating educators to gain further preparation in gerontology, and offering the funding to do so. As Ava stated: "I'm hearing the employer say, 'You're all professionals here. That is your accountability'. Okay, fine, but then provide us with the funding to get the courses."

Perceived limited professional development resources offered by the Faculty of Nursing meant faculty had to seek out resources on their own. Tyler stated: "It's all self-directed; whereas, if we were a more evidence-based Faculty, we would have platforms for educators to access." Some participants described how they did not even know that many of the gerontology resources existed. As Connie explained: "If you're not connected into gerontological nursing, you may not be aware of some really rich resources."

Even so, participants did identify some supports within the University and Faculty that facilitated their professional development and did enhance their preparation in gerontology. Specifically, professional development funds assigned by the University were identified as being a facilitator of educators acquiring knowledge and skills in older person care. Connie stated: "...in some ways, the employer does provide...financial resources. And then educators have their funds, so they can purchase extra books and things like that." Yet, other participants were concerned that funds were insufficient and would have appreciated paid time for continuing education.

Stability in teaching assignments was also identified as a means of furthering expertise in gerontology. Recent changes in the University's hiring practices were viewed positively. Lane described how their work on securing multi-year contracts for non-tenure-track educators resulted in educators being able to spend more time to develop expertise in their assigned content area, such as older person care.

Finally, another participant described how colleagues on their teaching team often supported each other's professional development. Although these faculty members were not gerontology experts, the team were "on the same page" (Ava) through online networking, garnering specialized knowledge and skills to inform their teaching.

They Don't Know What They Don't Know. Nineteen participants (86%) had no specialized gerontology education or certification. Several explained that not knowing about the existence of specialized gerontology knowledge and skills impeded faculty members becoming adept in older person care. Sophia emphasized: "You have to know when you don't know." Ava described how even some experienced lab educators did not know the normal vital sign ranges for older persons versus younger persons: "Some lab instructors don't know that there is a

difference. So [in clinical practice], I have to say to the students that there are different norms.” Furthermore, Corey stated: “If [the educator] doesn’t know there is something going on for that [older person], they don’t know the signs, it could really be a problem. They might miss something, or they might do something inadvertently.” Even more concerning, Emma highlighted how members on their teaching team had neither theoretical preparation nor practical experience to teach older person care: “I don’t know if anybody specifically has geriatric experience.” These comments underscore the potential safety concerns to older persons due to educators’ lack of knowledge.

June, a new educator, described how those creating the teaching assignments, and the educators themselves, relied on their clinical background with older persons, believing that their experience with older persons was sufficient. As June explained: “I’ve had many years of experience working in this population.... I didn’t really have to go really in-depth [in theoretical preparation], but I just kind of read over the literature.” Indeed, educators without preparation in gerontology were responsible for teaching content that they were not competent to teach. As Virginia explicated: “As a sessional, I was put in courses...just to fill a course at the time because the need was there. Somebody had to teach it.” Jamie explained that as a relatively new educator, they did not think about gerontology:

I think as a new instructor, I was focusing on...can I make sure that they’re safe in their practice, ...generally know the policy and procedure, be familiar with the meds.... I don’t know that I necessarily thought about...the gerontology piece that I probably should have.

Notably, educators used general standards of practice, including the Canadian Association of Schools of Nursing ([CASN], 2017) competencies document and the Faculty’s student evaluation documents, to ensure they “covered” (Keira) what students were expected to

learn. As Keira described: "...the CASN documents on what is needed from new graduates is helpful in guiding you to...prepare our students to at least know that." Participants did not appear to realize that gerontological nursing competencies and dedicated entry-to-practice standards existed.

Finally, Nora emphasized: "I don't know that someone who doesn't have any background or interest in the care of older adults should be teaching those courses." Clearly, participants were concerned about educators' preparation to teach older person care.

Just Surviving. The category of Just Surviving refers to educators' expressed feelings of insufficient time to prepare to teach or attend professional development sessions in gerontological nursing due to heavy workloads. This category also includes educators' sense that they were "wing[ing] it" (Virginia); that is, teaching without being fully prepared, especially in situations of being hired at the last moment or teaching something for the first time. As Jamie confirmed: "It is like surviving your first couple of years of teaching."

Participants recognized that heavy workloads and a lack of time made capacity building in gerontology difficult. Angela, a tenure-track educator, referenced the portfolio of research, teaching, and service stating, "It's a huge time [commitment], it's that everything piles up, you know?" Drew substantiated that: "...no matter what position we're in in this Faculty, we all have heavy workloads..."

Participants talked about the lack of time they had to become familiar with gerontology content. They mentioned feeling like they were just one step ahead of the students. Jamie stated: "...newer instructors, I think they're just focused on surviving and teaching and making sure the students have a good experience, but maybe not to the level that they could get to." Connie explained:

One of my biggest challenges was time because sometimes you're in the course and you're...a week ahead of the students...if I'd had more time it would have allowed me more opportunities to explore and find more [gerontology] resources.

Furthermore, some participants admitted they were teaching without preparation in gerontology. This was especially problematic when they were teaching something for the first time. Virginia explained: "...we sort of just have to wing it...and the first time is rough." June added: "I was learning right along side the students." June further admitted: "I don't even think I opened a book to read about [gerontology]."

To add to the challenge of a heavy workload, some educators were hired at the last moment. Keira explained:

Sessional[s] [are] a different situation...sessionals are hired, and that sounds horrible to say...but a week before. We have a limited choice in who we hire...we hire who is available.... That's why...energy ought to be spent in providing some targeted education for these faculty.

The self-directed nature of professional development, not knowing that gerontology requires specialized knowledge and skills, and feeling stretched for time, impacted educators' developing the requisite preparation in older person care.

Valuing Older Persons and Their Care

Participants described how ageism in society, the healthcare system, the nursing profession, and nursing education affected educators valuing older persons and their care. Ageism was thought to impede educators seeking opportunities to enhance their knowledge and skills about older persons. Two categories summarize participants' views. Having a Senior Moment addresses their perceptions about stereotypes. Care Complexity reveals their

appreciating (or not) the complexity of older person care and the specialized knowledge and skills required to provide this care.

Having a Senior Moment. Participants cited several instances of devaluing older persons in the Faculty of Nursing. Nora elaborated: “I hear ageism sometimes...in a meeting or somebody says something like they’re forgetting because of their age, or...a ‘senior moment’, one of my least favorite things to hear....” Furthermore, during an observation, Rosa referred to older persons as “often being plagued with bowel and bladder issues” in her attempt to highlight normative changes in aging (Fieldnote, November 7, 2018).

Participants also witnessed a lack of appreciation for older persons’ quality of life. Nora stated:

...a big part of challenging some of that stigma too is around challenging our own assumptions about what it means to age well and live well, and that you can be a person with dementia with multiple chronic conditions, living in long-term care and still have a good quality of life and live well. ...I think in nursing, we can be a bit judgmental.

On a more positive note, Connie discussed the client population in the older person setting they were assigned to: “Now we do consider these individuals well elderly; however, most of them do have chronic health conditions....” Keira also added: “Some people will have...polypharmacy and multiple...chronic conditions, but they’re still healthy within these chronic conditions, right?”

Some participants described how the media both reflects and reinforces ageism, translating into a lack of respect for the value of older persons in society. Ava commented, “I think it’s the mindset that to be young, ...I mean look at...the media’s [portrayal of older people].” Drew added: “We continue to have huge issues in the way that [nursing education]

prepares nurses to care for older people, and I think we have sort of endemic ageism in healthcare, for sure, and...within nursing.”

While there was evidence of negative attitudes toward older persons within the Faculty, participants also reported positive views. Ellen asserted: “There is a commitment to the older adult...within our teaching team. ...I haven’t heard any immature, negative, ignorant comments ever.” Likewise, during observations of several educators in the lab or classroom settings, they demonstrated valuing older persons by carefully and accurately highlighting differences in the assessment of older persons, spending significant time profiling normative changes associated with aging and how skills should be modified considering these changes (Fieldnotes, October 1, November 1, November 7, 2018). Drew expressed hopefulness for less ageism within the Faculty: “You know our Associate Dean is a gero nurse by background, so...for our undergraduate program...I’m hoping we’ll see some change.” Lane added: “So I think we are in the middle of a...culture change, and we are becoming more positive about aging and older people because we have healthier older people.”

Although some participants recalled instances of ageism within the Faculty, others recounted situations demonstrating that older persons were valued and respected. This valuing of older persons has the potential to positively impact educators’ seeking out resources to build their gerontology teaching practice.

Care Complexity. Nursing education has not traditionally recognized older person care as a complex area of nursing requiring specialized knowledge and skills. Nora stated: “You do also hear [educators] saying things like, and [staff] in clinical environments too, that they [will] go to work in a long-term care environment or something when they need to slow down.” Marnie confirmed: “[There is a] pervasive attitude in nursing that the care of older people is not

challenging or valued, even in nursing education.” Keira described how gerontology was integrated within medical-surgical courses: “The assumption is that our faculty who teach the courses in med-surg, that [just] because they are experienced in med-surg, they can teach gerontology.” Notably, Bobbie described how the view of gerontology not being challenging affected educators becoming proficient in older person care: “[It] is stopping some of us from reaching out for these wonderful resources, asking for assistance.” Marnie recalled a faculty meeting where faculty were asked to develop a description of their research to attract students for research mentorship. The faculty member overseeing the mentorship program stated: “If [your] area is in aging or older people, [you] need to gloss it up. Let’s face it, geriatrics is not very attractive to students.” Marnie contended that this devalued older person care within the Faculty of Nursing.

Some participants valued the gerontological nursing specialty, articulating required knowledge: “These seniors, they come in and they’re so multi-system and so complicated, they take forever to try and figure them out. It’s really quite a challenge,” described Rosa. Tyler explained the complexity of the older person this way: “They don’t come in with diabetes. They come in with diabetes, delirium, dehydration, depression. That’s a very different level of complexity than the disease-oriented stance that we often take in healthcare.” Keira further described the knowledge and skills required in gerontology:

...certainly, polypharmacy...and absorptions and changes in aging [related to medications]...as well as those normative changes in aging...dehydration can happen so fast...the whole issue of communication...infections that can create dementia problems and changes...like urinary tract infections will change their cognition level. Or an event

could trigger that they won't be able to go home again...[meaning] social considerations as well as the physical ones. So, your assessment needs to take into account these things.

Educators who valued the complex nature of older person care recognized that they needed resources to gain the necessary specialized knowledge and skills. Some participants mentioned resources garnered through gerontology and/or professional nursing websites as supports for educators' gerontology knowledge base and for providing teaching strategies and tools. Ava identified a valuable source to support developing their competency in care of the older person: "I know about [the Seniors' Care Research Unit] and I know about the Hartford [website]." Bobbie confirmed: "There's a lot of our undergraduate faculty that have just signed up for [the Seniors' Care Research Unit] website, and what they do is they get these up-to-date resources through that Research Unit..." Yet, Bobbie admitted it was by word of mouth that educators found these resources.

Some participants devalued gerontology, seeing it as not challenging and not requiring specialized knowledge and skills; however, most valued care of older persons for its complexity and recognized the need for specific preparation. This valuing (or not) of specialized gerontology knowledge and skills impacted educators' pursuit of resources to build their capacity in gerontology.

Discussion

This focused ethnography, conducted in Canada, illuminated the cultural context of a pre-licensure nursing education program in relation to nurse educators' perceptions of their knowledge, skills, and attitudes necessary to teach the care of older persons. Participants identified a hierarchy within the Faculty, resulting in gerontological experts being inaccessible to the undergraduate educators. The perceived limited gerontology content throughout the

curriculum was thought to suggest that care of older persons does not require specialized knowledge. The focus on pedagogy for the professional development of inexperienced educators was considered problematic given gaps in nurses' knowledge related to gerontology (Cooper et al., 2017; Dahlke et al., 2019). Devaluing older persons and the complexity of their care were thought to obstruct capacity building of educators in gerontological nursing.

Structure and Hierarchy

A novel finding of this study was the perceived hierarchical division within the Faculty of Nursing with tenure-track faculty, including gerontology experts, at the top and not mixing with faculty lecturers nor sessional instructors who were at the bottom. A South African study of nursing education culture also found silos and divisiveness which led to mistrust, ineffective communication, and sharing information in silos (Masimula et al., 2021). A hierarchy among higher education faculty, in general, has been explored with a study from the United Kingdom (UK) in which casual academic staff questioned their own legitimacy in the eyes of students and believed that they would be viewed as more legitimate upon securing a permanent position (Read & Leathwood, 2020). Furthermore, a US study examined perceptions of university faculty titles. Faculty members attached lower status to educators with the term *teaching* attached to their title, such as *Associate Teaching Professor*. *Instructor* and *Lecturer* titles were perceived to have even lower status (Morling & Lee, 2020). While none of the participants in our study used the term *power* in describing the perceived hierarchy, Miller and Struve's (2020) study about non-tenure-track (NNT) faculty teaching diversity courses, described how tenured/tenure-track faculty held power over NNT academic faculty. More research is needed to further understand the nature of the hierarchy described by participants in our study. A perceived power gradient could lead to more serious divisions.

Another novel feature of the hierarchy within the study site was the inaccessibility of tenure-track/tenured faculty experts in gerontology. The nursing literature does not address instances of inaccessibility to gerontology experts and how this affects capacity building of other faculty. While Tavaras et al.'s (2021) study of older person care in Portuguese baccalaureate nursing programs suggested that the development of gerontology content in nursing curricula did not require experts in gerontology, most nursing literature supports the need for having gerontology experts on Faculty. Studies have found that Faculties without expertise in gerontology limits meaningful learning activities in nursing curricula, as well as capacity building of educators due to limited mentoring opportunities (Garbrah et al., 2017; Garbrah et al., 2020; McCleary et al., 2017; Naughton et al., 2019; Rosendahl et al., 2020). However, we found that it is not enough to merely have gerontology experts employed within a Faculty of Nursing. They must be accessible to their colleagues. In a Finnish study, the authors reported the positive influence of gerontology experts on the attitudes of faculty toward older person care (Garbrah et al., 2020). A Canadian study found that faculty need support to learn how to integrate older person care content into curricula (Dahlke et al., 2021).

Losing Gerontology

Gerontology content was considered lacking in the Faculty of Nursing's undergraduate program, with limited content at the beginning of the program followed by haphazard integration in the remainder. Care of older persons was usurped by a focus on other specialty areas (Dahlke et al., 2020). When gerontological nursing does not feature as prominently in nursing curricula as other specialties, it suggests a devaluing of older persons and their care (Kagan & Melendez-Torres, 2015). Some participants saw the early placement of gerontology as problematic (Dahlke et al., 2020; Kalogirou et al., 2021), signalling that care of older persons was less demanding and

did not require specialized knowledge and skills (Fox et al., 2016; Garbrah et al., 2017; Naughton et al., 2019). Others saw early placement as appropriate for learning nursing fundamentals (Kalogirou et al., 2021). Still others indicated that gerontology should feature more prominently throughout the curriculum (Kydd, Touhy, et al., 2014). In a scoping review of gerontological nursing education, self-study was a common practice (Koskinen et al., 2015). Self-study may have reflected educators' perceptions that older person care is easy and can be self-taught (Dahlke et al., 2020). In our study, participants' perceptions that gerontology did not require specialized knowledge and skills was a barrier to their seeking learning opportunities about older person care.

Researchers have debated the integrated versus stand-alone approaches to gerontology in pre-licensure nursing curricula (Hirst et al., 2012; Kalogirou et al., 2021; Koehler et al., 2016; Tavares et al., 2021). In a Canadian study of gerontology content in nursing and social work programs, nursing schools having integrated content were considered to have “paltry” offerings about care of older persons (Hirst et al., 2012, p. 11). A study of one nursing program's curricular content found that only 5% of courses claiming integration actually included content on gerontology (Plonczynski et al., 2007).

The focus on pedagogy over gerontology content for the professional development of new educators was a concern for participants. Nurses who were hired into sessional positions were assumed to be experts in their clinical areas; however, research demonstrates that there are gaps in nurses' knowledge about older person care (Cooper et al., 2017; Dahlke et al., 2019; Fox & Reeves, 2015). A UK study explored the transition of the expert nurse to novice academic and described how nurses may experience “feelings of inadequacy and insecurity related to teaching

within the university sector” (Harper-McDonald & Taylor, 2020, para. 4). This may, in part, explain why we found that the Faculty focused on pedagogy for novice educators.

Teaching Challenges

Participants described feeling isolated and responsible for their own professional development but without adequate resources in older person care. A Canadian study concluded that inconsistent support for professional development acted as a barrier to educators building their older person teaching practice (Baumbusch et al., 2014). Empirical and discussion articles have described how limited funding hampers faculty development in gerontology (Edelstein et al., 2011; Gray-Miceli et al., 2014; Otten et al., 2011).

Another identified teaching challenge was new educators being unaware of the specialized knowledge and skills required to work with older persons. A US study reported that educators’ lack of expertise in psycho-geriatric nursing impeded their ability to improve course content (Batchelor-Aselage et al., 2014). Miller et al. (2009) also described a barrier to building faculty expertise in gerontology was lack of awareness of specialized knowledge and skills in older person care. Plonczynski et al. (2007) explained that faculty who had more knowledge about gerontology were more inclined to seek out additional information. Given reports of gaps in practicing nurses’ knowledge of older person care (Cooper et al., 2017; Dahlke et al., 2019; Fox & Reeves, 2015), the newly hired educators in our study were likely unaware of specialized gerontological nursing knowledge.

Ironically, participants in our study who mentioned they used competencies and standards documents did not seem to be aware that specialized gerontological proficiency documents existed (Ironside, 2010; Kalogirou et al., 2021; McCleary et al., 2017). While those responsible for faculty development may be aware of professional frameworks, many educators are not

(Boscart et al., 2017). Gerontology competencies and standards must be embedded into nursing curricula to improve educators' awareness of these documents (Moody et al., 2021; Negrin & Dahlke, 2019; Negrin et al., 2020).

Participants felt they were just surviving in their teaching due to limited time and heavy workloads. Others have discussed workload issues impacting faculty development in gerontology (Gray-Miceli et al., 2014; Miller & Struve, 2020; Negrin et al., 2020). Without adequate preparation in gerontology, participants identified stress when hired at the last minute or teaching gerontology content for the first time. A study based in Sweden and Thailand described the importance of strategically hiring educators prepared to teach older person care (Rosendahl et al., 2020).

Valuing Older Persons and Their Care

Participants shared their own perceptions of older persons, instances of ageism within the Faculty (Dahlke et al., 2020; Koskinen et al., 2015), and what they thought contributed to educators' valuing (or not) of older persons. Both explicit and implicit ageism in nursing education and among nurse educators is well documented (Baumbusch et al., 2014; Dahlke et al., 2020; Dobrowolska et al., 2019; Kagan & Melendez-Torres, 2015). However, Wilson et al.'s (2017) critical review of reviews uncovered inconclusive evidence of nurse educators' ageism. Lange et al. found positive attitudes among faculty which lead to their recognizing the importance of knowledge and skills related to older persons (Lange et al., 2006). Such was the case in our study in which participants described faculty members valuing older persons.

However, participants also voiced concerns about their colleagues devaluing older persons and their care. Educators not appreciating gerontology as challenging was seen as a barrier to their learning about older person care. Although Deltsidou et al. (2010) found that

some Greek educators did recognize gerontology as complex and requiring specialized preparation, other educators believed gerontological nursing was neither challenging nor a specialty (Fox et al., 2016; Negrin et al., 2020; Rush et al., 2017). Latimer and Thornlow (2006) also described pre-licensure nurse educators not acknowledging gerontology as a specialty. In our study, participants who understood the complex nature of older person care were able to articulate some of the knowledge required in gerontological nursing, some available resources such as the “Hartford website” (Hartford Institute for Geriatric Nursing, <https://hign.org/>), and furthermore, recognized their need for additional resources. Ryden and Johnson (1992) and Wagner et al. (2013) also found faculty with more gerontological knowledge demonstrated interest in acquiring more knowledge about the specialty.

Recommendations

In this study, participants were concerned about the hierarchy among the various categories of faculty and inaccessible gerontology nurse experts. This hierarchy impeded faculty development in gerontological nursing. A hierarchy experienced within nursing programs must be addressed by nurse administrators, perhaps in the form of faculty meetings or professional development activities inclusive of all faculty. A sustained hierarchy could result in tension among faculty within the culture of a nursing program. Al-Jubouri et al. (2021), in a study that explored incivility among nursing faculty, concluded that “educational levels and academic positions” (p. 385) were influential in faculty participants’ ratings of incivility in nursing education.

A formal mentoring program and intentional faculty development strategies in care of older persons, developed and delivered by the employer and involving gerontology experts, are recommended in order that contracted sessional and contracted faculty lecturers are familiar with

and linked to experts to build their capacity in care of older persons. This would facilitate educators approaching gerontology experts for support and experiencing the modelling of positive attitudes toward older persons, their care, and the specialized practice of gerontological nursing. Intentional professional development activities in gerontology would have the added effect of supporting educators in building their capacity in care of older persons so they do not experience development of their gerontology practice as their sole responsibility. Targeted faculty development in gerontology would be especially valuable for those newly hired faculty, often nurses from clinical practice, assigned to teach courses with older person content since the literature documents gaps in nurses' knowledge about care of older persons (Cooper et al., 2017).

Furthermore, participants strongly believed that a recognized and consistent focus on gerontology in the curriculum was required. They specifically thought that experts must be actively involved in developing this content within baccalaureate curricula and in teaching or guest lecturing in the courses related to older persons. Gerontological nurse experts on Faculty must be assigned the responsibility of ensuring baccalaureate curricula have adequate classroom and clinical experiences and are based on current gerontological nursing standards and competencies (Boscart et al., 2017) to ensure students are prepared to care for this specialized population. This would also ensure up-to-date content on older person care within baccalaureate curricula and enhance the profile of gerontological nursing among faculty. As participants suggested, this enhanced focus would likely result in more resources for faculty to develop their teaching practice in older person care.

Areas for Future Research

Since focused ethnography is context-specific, this study could be replicated in additional sites to ascertain the impact of other nursing education cultures on faculty development in

gerontological nursing. Furthermore, since there are few empirical studies that inquire about nurse educators building a gerontology practice, other studies that seek to understand the barriers and facilitators are necessary.

Limitations

Several limitations should be noted. Although there was careful attention to the criterion of transferability, focused ethnography is context-dependent. The study was conducted in only one nursing school in Canada; therefore, findings may not be generalizable to other nursing education programs. Had document analysis been included, this extension of data triangulation would have enhanced the confirmability of the findings; however, key curricular documents were inaccessible due to curriculum revision. Participants who volunteered for our study likely felt strongly about the topic and, thus their perceptions may not be representative of other faculty members.

Conclusion

This research contributes a deeper understanding of the culture of education in a pre-licensure nursing program in Western Canada related to capacity building of nurse educators in older person care. The cultural norms, including an established hierarchy within the Faculty, influenced experts' relationships with their colleagues, hindered their ability to build capacity in gerontology among faculty, and limited their impact on the curriculum. Well-defined gerontological content was absent from the curriculum. Professional development activities related to gerontology were lacking with some unaware of the need to develop their teaching practice in gerontology. Supporting educators' professional development and valuing of older persons and their care will ensure that new nurses graduate with an appreciation for older persons and the highly specialized care that they require.

Declaration of Competing Interests

None

Authorship Contribution Statement

Kelly A. Negrin: Conceptualization and design of the study; Acquisition of data, Analysis, Interpretation of data, Drafting the article and revising it critically for important intellectual content, Final approval of the version of the article being submitted. **Susan E. Slaughter:** Supervision, Conceptualization and design of the study, Analysis and interpretation of data, Revising the paper critically for important intellectual content, Final approval of the version of the article being submitted. **Sherry Dahlke:** Conceptualization and design of the study, Analysis and interpretation of the data, Revising the article critically for important intellectual content, Final approval of the final version of the article being submitted. **Joanne Olson:** Conceptualization and design of the study, Analysis, Interpretation of data, Revising the article critically for important intellectual content, Final approval of the version of the article being submitted.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgements

None

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Table 3.1: Sample Interview Guide for Individual Interviews

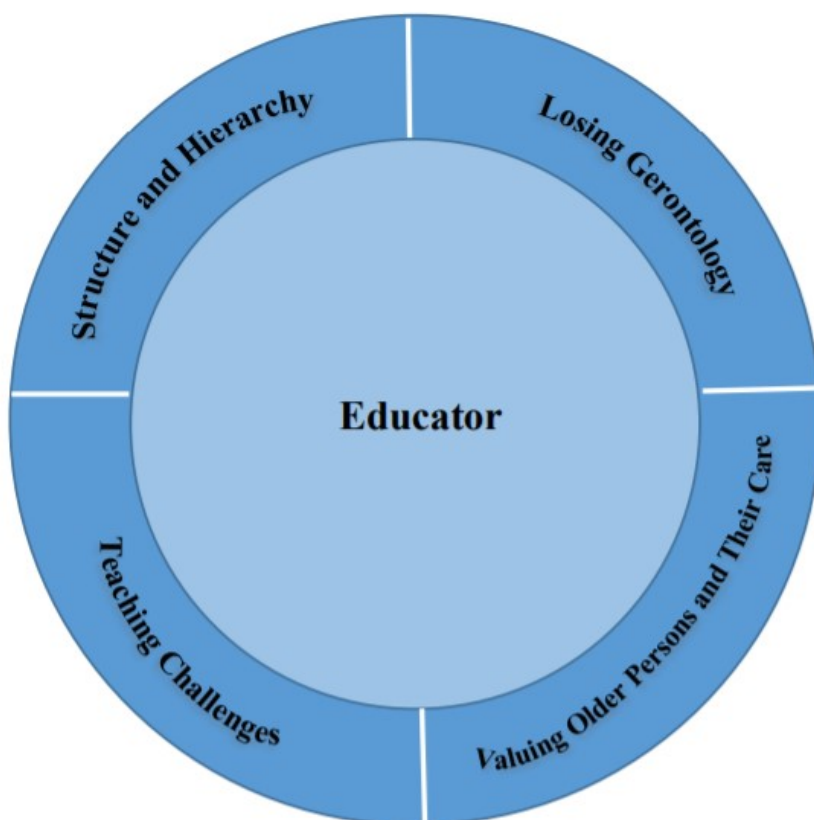
Question Number	Interview Questions for Gerontology Participants	Interview Questions for Participants Not Teaching/Researching in Gerontology
1.	Please tell me about some of your experiences teaching about the care of older persons (or working in gerontological nursing research with pre-licensure nursing students).	Please tell me about some of your teaching experiences (or research experiences) with pre-licensure nursing students.
2.	Describe a typical day in your role as a nurse educator (or as a nurse researcher) working with pre-licensure nursing students.	Same
3.	What kinds of tasks do you find difficult or rewarding/enjoyable in your job?	Same
4.	Please describe a rewarding experience you have had in teaching older person care (or working in gerontological nursing research with pre-licensure nursing students).	Please describe a rewarding teaching (or research) experience you have had working with pre-licensure nursing students.
5.	Please describe a challenging experience teaching about the care of older persons (or working in gerontological nursing research with pre-licensure nursing students).	Please describe a challenging teaching (or research) experience you have had working in pre-licensure nursing students.
6.	Tell me about your experiences developing your teaching practice in older person care.	Tell me about your experiences developing your teaching practice.
7.	Tell me about what supports you in developing a teaching practice in care of older persons.	Tell me about what supports you in developing your teaching practice.
8.	Tell me about some challenges you faced in developing your teaching practice in older person care and explain how you dealt with them.	Tell me about some challenges you faced in developing your teaching practice and explain how you dealt with them.
9.	Please tell me about your experiences in recruiting faculty to teach older person care in your program.	Same

Question Number	Interview Questions for Gerontology Participants	Interview Questions for Participants Not Teaching/Researching in Gerontology
10.	Tell me about a challenging/rewarding experience in recruiting for teaching positions in gerontology and explain how you dealt with the challenge.	Same
11.	Tell me about what happened when you were first assigned to teach a course with content in care of older persons within the undergraduate program?	Tell me about what happened when you were first assigned to teach a course in the undergraduate program?
12.	Please provide an example of a typical classroom lesson related to care of older persons.	Please provide an example of a typical classroom lesson.
13.	Please provide an example of a typical clinical day with your students who are working with older persons.	Please provide an example of a typical clinical day with your students.
14.	Please give me an example of how faculty are supported to develop a teaching practice in gerontology.	Please give me an example of how faculty are supported to develop their teaching practice.
15.	What would I see if an educator in your program was interested in developing a teaching practice in gerontology?	Same
16.	If I were sitting in a meeting within your program, how would faculty refer to older persons? How do faculty refer to teaching about the care of older persons?	Same

Table 3.2: Participant Characteristics, n=22

Characteristic	n	%
Gender		
Female	21	95.6
Male	1	4.5
Position		
Administrator	1	4.5
Professor Emeritus	1	4.5
Contracted Clinical Instructor	4	18.2
Contracted Faculty Lecturer	7	31.8
Tenure-Track Professor	9	40.9
Primary Domain of Practice		
Educator	13	59.1
Mostly Research	2	9.1
Mostly Administration	3	13.6
Combination of Domains	4	18.2
Experience as an Educator		
0-10 years	7	31.8
11-20 years	10	45.5
21+ years	5	22.7
Gerontology Education/Certification		
No Education/Certification	19	86.4
Specialized Education and/or Certification	3	13.6
Highest Degree		
Baccalaureate	2	9.1
Master's	8	36.4
PhD	12	54.5

Figure 3.1: Affect of Nursing Education Culture on Capacity Building of Educators in Gerontology



Chapter 4: Successful Recruitment in Qualitative Research: A Critical Reflection

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This manuscript was submitted to *Qualitative Research* and is being revised for submission to another journal.

Abstract

Background: Recruitment to qualitative research is an important methodological consideration; however, recruitment strategies and considerations are under-communicated in qualitative research articles and methods textbooks. A robust recruitment plan enhances trustworthiness and overall research success. Although recruitment has recently received increased attention in the qualitative methodology literature, a more nuanced understanding is required.

Purpose: The purpose of this paper was to explore why recruitment for our focused ethnography prompted numerous nurse educators, researchers, and administrators to volunteer within three months of study initiation.

Methods: Using Gibbs' Reflective Cycle, a critical reflection was conducted on the recruitment log and participant interview data from a focused ethnography study.

Findings: Reflection on the recruitment log and participant interview data, addressing their motivations to volunteer, revealed four themes contributing to successful enrollment: laying the groundwork, recruitment plan, building rapport, and participant motivations. New recruitment strategies accounted for over 60% of our sample.

Conclusion: Our article offers guidance to qualitative researchers pursuing successful recruitment. Additional research is required to evaluate the relative influence of various strategies on participant recruitment.

Keywords: Recruitment, multi-modal recruitment plan, successful recruitment, recruitment strategies, qualitative research, Gibbs' Reflective Cycle, critical reflection

Introduction

Recruitment is foundational to research methodology. Enrollment of participants to research can be formidable (Kristensen & Ravn, 2015; Price et al., 2020; Spratling, 2013); yet it is an important factor in research outcomes (Felsen et al., 2010; James et al., 2014; Newington & Metcalfe, 2014). Furthermore, recruitment influences the trustworthiness of qualitative research (Jessiman, 2013). Unfortunately, the process of recruitment is underreported in qualitative research studies and often overlooked in textbooks devoted to qualitative methods (Kristensen & Ravn, 2015). Recently, recruitment has received increased attention in the qualitative methodology literature (e.g., Giorgi, 2021; James et al., 2014; Price et al., 2020; Turner & Almack, 2017); however, the recruitment process merits further consideration to facilitate a greater understanding of how recruitment is planned and enacted.

The methodology literature contains articles chronicling recruitment difficulties in qualitative research (e.g., James et al., 2014; Thomas et al., 2007; Turner & Almack, 2017), but reports of successful recruitment are limited. Persons' motivations to participate in research have received some attention in the literature, but these accounts are largely anecdotal and from the perspective of the researcher (e.g., Clark, 2010; Newington & Metcalfe, 2014; Price et al., 2020). There is a dearth of literature on why individuals volunteer for research, from their own viewpoint. Furthermore, while authors address recruitment in particular populations (e.g., Coyne et al., 2016; Fletcher et al., 2020; James et al., 2014; Lindsay et al., 2021; Lysaght et al., 2016; McCormack, 2014; Porter & Lanes, 2000; Price et al., 2020), recruitment of nurse educators is absent from published articles. Without a comprehensive representation of the recruitment process in the literature, researchers lack guidance in achieving recruitment success (Acrury & Quandt, 1999; Boxall et al., 2016; Marks et al., 2017).

As noted by Kristensen and Ravn (2015), a more “critical and reflexive perspective” of recruitment is necessary for the success of research studies (p. 734). Preparing a detailed recruitment plan can be challenging because it is predicated on the reactions of others; yet preparation for recruitment is essential (Kristensen & Ravn, 2015). Part of this planning is knowing the target population which helps to determine the kinds of recruitment techniques to employ (Coyne et al., 2016; Namageyo-Funa et al., 2014). For example, in a phenomenological study of older widows’ home care experiences, researchers planned to recruit using targeted intermediaries, namely those agencies that had well-established relationships with the target population (Porter & Lanes, 2000). This successful recruitment strategy was chosen based upon the researchers’ knowledge of their target population and their review of existing literature on recruitment of older persons.

Being familiar with the population under study is also important in ascertaining the inclusion/exclusion criteria that will address the research question. Kristensen and Ravn (2015) reported that narrowly defined selection criteria can negatively affect recruitment. In one of their studies, these authors were seeking to achieve a sample of eight categories of persons based upon gender, and family and employment status. They found that given their narrowly defined selection criteria, they were challenged to attract informants for some of their pre-determined categories. Broader selection criteria can result in the timely identification of a sufficient number of eligible volunteers (Price et al., 2020).

The use of incentives can also facilitate recruitment but must have ethics board approval. Kelly et al. (2017) found that monetary incentives were more likely to motivate individuals to volunteer for research than non-monetary inducements. Broyles and colleagues (2011) were successful in recruiting nurses to focus groups for healthcare research by advertising a monetary

incentive and by providing food to entice participation. Others have chronicled how non-monetary incentives can function as effective motivators (Coyne et al., 2016; Ferguson & Wynne, 2021).

The interval between submission of an ethics application and its approval by a research ethics board also impacts recruitment. Research ethics boards evaluate research proposals to mitigate harm to potential subjects or participants (Haggerty, 2004). Several authors have chronicled their challenges in obtaining expeditious ethics approval which slowed their ability to commence their research (Coyne et al., 2016; Newington & Metcalfe, 2014).

Once ethics approval is received, the researcher must gain entrance to the field. Recruitment cannot begin without the expressed approval of gatekeepers or those who control access to potential participants (Acrury & Quandt, 1999; Namageyo-Funa et al., 2014). Gatekeepers can be either obstructive or supportive of the research. Thomas et al. (2007) drew on a number of their research studies, concluding that gatekeepers who are supportive of a research endeavor and enthused to aid researchers can positively impact recruitment. According to Marland and Esselment (2019), gaining access to research participants who are in positions of authority can be especially difficult to obtain because they may be “insulated by layers of staff” who also serve in a gatekeeping capacity (p. 686).

Following gatekeeper approval, recruitment of participants is launched. Passive or indirect methods of recruitment, such as flyers, posters (Fleming et al., 2015), and newsletters (Porter & Lanes, 2000) are commonly used. Active or direct strategies, which involve person-to-person interactions, have been compared with passive recruitment strategies (e.g., Fleming et al., 2015; Kristensen & Ravn, 2015; Marks et al., 2017; Namageyo-Funa et al., 2014). Some

researchers advocate using a multi-modal approach to recruitment involving the use of both active and passive strategies (Broyles et al., 2011; McCormack, 2014).

Successful recruitment is also predicated on the researcher's ability to establish rapport with potential participants. Building trust, exhibiting confidence and respect, and establishing credibility are necessary in establishing rapport (Boxall et al., 2016; Jessiman, 2013).

Additionally, if the researcher is known in the institution or in the population they are endeavoring to sample from, this could aid recruitment (Coyne et al., 2016; Eide & Allen, 2005). A researcher's flexibility in accommodating participants' schedules can also facilitate report and eventual enrollment (Marland & Esselment, 2019; Spratling, 2013).

Participants' motivations to volunteer for research also affect recruitment. Altruistic individuals may be more inclined to volunteer for research (Newington & Metcalfe, 2014).

Altruism is reflected in participants' desire to help others, to make a difference to existing knowledge, and to change practice (Clark, 2010; Coyne et al., 2016; Peel et al., 2006).

Furthermore, if participants are interested in the research topic or consider the research question to be important, they are more inclined to enroll (Clark, 2010; Keightley et al., 2014).

Conversely, persons who believe they are too busy or think their insights would not make a significant contribution to the research are unlikely to participate (Coyne et al., 2016; Giorgi, 2021; Kristensen & Ravn, 2015).

Early on, it became apparent that recruitment for our study was successful. We sought to ascertain a more comprehensive understanding of the reasons for our success. The aim of this article is to present a critical reflection on the successful outcome of the recruitment process employed in our recent focused ethnography study. We define successful recruitment as follows: enrolling a sufficient number of participants meeting the inclusion criteria to achieve data

saturation in a relatively brief time frame and recruiting participants who are candid and able to effectively express their thoughts.

The Exemplar: A Qualitative Research Study

This critical reflection is based on a focused ethnography study conducted to examine how a nursing education culture influenced nurse educators in building expertise in gerontological nursing. The full findings of the study will be published separately. Following ethical clearance by a Western Canadian university's research ethics board (Study ID – Pro00078597) and informed written consent, 22 nurse educators, researchers, and administrators were recruited to the study within three months. Convenience, purposive (including maximum variation), and snowball sampling were used. A multi-modal recruitment plan involved several strategies: short presentations at two faculty meetings with circulation of a sheet for attendees to request additional study information; an email to faculty outlining the study and requesting volunteers; posters; a flyer placed in faculty mailboxes; a faculty e-newsletter notice; and a faculty conference poster presentation. The 22 participants were interviewed, and some were also observed. Of the 22 participants, 12 were purposively sampled for second interviews. Of those 12, two declined, resulting in 10 second interviews. Interviews were audio-recorded and transcribed. Confidentiality was maintained through the assignment of pseudonyms. To help us understand the surprising success of our recruitment for this study, the following questions were added after several initial interviews: “What prompted you to participate in this study?” and “Which recruitment strategy sparked your decision to volunteer?”

The Process of Critical Reflection

A critical reflective analysis, using Gibbs' (1988) Reflective Cycle, was conducted. Gibbs' (1988) Reflective Cycle involves a structured critical appraisal of an experience. Our

critical reflection began with the descriptive phase. We started by carefully examining our recruitment efforts, objectively detailing what occurred during this process. Additionally, we explored and recorded how we felt about our recruitment experience, from which we made value judgements about our experience. Our feelings of surprise, excitement, and satisfaction were associated with our successful recruitment. In making a value judgement, we determined that we enacted a reasoned approach to recruitment, resulting in an appropriate plan that heightened our chances of success. In the evaluative phase, an appraisal of what went well and what could have been improved was conducted. We considered what factors contributed to our success and what might have been amended. We explored potential obstacles we faced prior to enrollment, the recruitment strategies used, the researcher's possible influence, and participants' motivations for volunteering. Subsequently, analysis of the experience occurs when the person endeavors to make sense of the situation, bringing in external ideas to determine the meaning of the experience. Part of analysis includes consideration of whether others' experiences were mirrored or were significantly different. In the analysis phase, we compared and contrasted our findings with the recruitment literature. After our analysis, we drew conclusions about the recruitment experience. Gibbs' (1988) describes how, following the development of conclusions, an action can be devised to address what the person might do differently should they encounter similar experiences in the future. We developed an action plan to guide future recruitment, including the continued use of a multi-modal approach, incorporating the new strategies developed for our focused ethnography, yet predicated on the population under study.

This critical reflection used data from the recruitment log (Lindsay et al., 2021; Porter & Lanes, 2000) and participant interviews. The recruitment log included documentation of the recruitment plan and any changes that occurred, the effectiveness of each recruitment strategy,

and decisions made throughout the process. Our reflection also included exploring the influence of the recruiter on engaging volunteers for our study. Data that revealed participant motivations to volunteer for the study were mined from interview transcripts. A combined critical reflection on both data sources culminated in themes explaining our successful recruitment.

Influences on Recruitment

Successful recruitment for our focused ethnography was realized. Twenty-two individuals who met the inclusion criteria agreed to participate within three months of study initiation. This was a sufficient number of participants to reach data saturation. Successful recruitment was also evident in the broad range of participant roles (educator, researcher, administrator), in the breadth of their perspectives, and in their forthright and articulate comments. Upon reflection, four themes became apparent: laying the groundwork, recruitment plan, building rapport, and participant motivations.

Laying the Groundwork

Qualitative research design is understood to be emergent; that is, the researcher must be flexible in making decisions as the design evolves (Jessiman, 2013); however, advanced planning is still required (Loiselle et al., 2011). In laying the groundwork for recruitment, our research team devised a multi-modal recruitment plan. Such an approach was deemed necessary to access our sample and to complete recruitment in a timely manner given that the principal investigator (PI), a PhD candidate, had a fixed timeline to complete their dissertation research.

Laying the groundwork for recruitment also included understanding the population under study, namely nurse educators, nurse researchers, and administrators from a university pre-licensure nursing program in Western Canada. The PI is a nurse educator with 30 years of teaching and administration experience in several pre-licensure nursing programs. As such, they

were aware of how educators accessed information and the values they held (or not) about nursing research. The PI was also mindful that contracted clinical instructors spent most of their time off campus working with students in their clinical teaching placements. Therefore, the recruitment strategies also had to align with how this group of educators accessed information.

Selection criteria for participation in the focused ethnography were broad and likely played an important part in successful recruitment. We planned to recruit participants if they were educators, researchers, and/or administrators who worked with pre-licensure nursing students in the study site. Faculty members who were recruited also had to be able to inform on the phenomenon of interest: the experiences of nurse educators in building their gerontology teaching practice.

Next, ethics approval was sought from the research ethics board of the university and was received two weeks after submitting our application. Amendments submitted to the research ethics board after recruitment commenced were also approved in a timely manner, enabling the expansion of the recruitment plan. In preparing our initial ethics application, we included a detailed description of the recruitment strategies we had planned. We also considered whether to offer incentives as a means to promote recruitment. While we did not offer an incentive to enroll in our study, we did provide a gift card to participants after their first interview and these details were also outlined in our ethics application. The gift card was not intended to be advertised at the outset of recruitment and involved a minimal monetary amount, thus mitigating concerns about coercion. This small token was meant to convey gratitude for participants' engagement.

Following ethics approval, we approached gatekeepers. The Vice Dean of the Faculty of Nursing and the Associate Dean, Undergraduate Programs were sent brief emails containing

essential study information. Timely approval was secured from both. As such, gatekeepers did not impede initiation of recruitment.

Recruitment Plan

The PI was then able to commence recruitment. Several passive strategies were initially enacted that, individually, produced varied success (see Table 4.1). Succinct and visually appealing posters, including selection criteria and the researcher's contact information, were placed in strategic locations within Faculty of Nursing workplace: inside the photocopy rooms, outside faculty offices, at the department assistants' desks, and at refreshment stations/lunchrooms. The PI visited these poster sites periodically to ensure that the posters had not been removed or become obscured by other announcements. Posters led to one participant. Flyers, which were placed in faculty mailboxes, failed to attract any participants. An email to all faculty members was disseminated through the assistant to the Associate Dean, Undergraduate Programs. This strategy was moderately successful in that four persons volunteered. The study was also advertised in the e-newsletter for faculty teaching in the pre-licensure program. This strategy resulted in engaging one additional faculty member.

Likewise, active strategies were included in the recruitment plan, garnering greater collective success than the passive strategies (see Table 4.1). First, the PI presented the research project at meetings for tenure-track and contracted faculty. The five-minute presentations were appropriately concise yet informative. A unique and highly successful adjunct strategy was the development and circulation of a sheet for attendees to provide their contact information indicating their desire for additional study information. The sheet was distributed during the presentations and collected at the end. We ensured that this document specifically indicated that by adding their names, faculty were only requesting additional information about the study and

were not indicating their desire to participate. This was also emphasized in the presentations. Prompt follow-up emails included a succinct information sheet containing contact details for the researcher. The PI received email responses or phone calls from 10 of the 17 persons who signed the sheet. Those 10 were successfully enrolled in the study. Two additional faculty members who signed the sheet approached the PI in the workplace, indicating that they also wished to participate. The PI sent a follow-up email to the five faculty who did not respond to the initial email. Three individuals were no longer interested, one stated they were too busy to participate, and one was no longer available. Originally, our research team had been concerned that the circulation of the sheet, while the PI was in the room, might be considered coercive. By carefully outlining this strategy in our research ethics board application, stressing how we intended to eliminate the potential for coercion, we received approval for this strategy.

Another unique active strategy, not part of the original recruitment plan, presented itself when the PI's poster, representing their focused ethnography research proposal, was selected for presentation at a faculty conference. They were aware that some of the target population would be attending the conference. As a means of recruitment, the PI and another research team member devised a creative strategy that involved offering viewers of the poster a research information letter and inviting them to participate in the study. An amendment application was promptly approved by the research ethics board. Additionally, the PI sought permission from the conference organizers to recruit participants during the poster presentation. Timely permission was granted. This conference poster presentation strategy resulted in two additional participants.

An active strategy that was also employed, and that occurred organically, was snowball sampling. The PI did not originally plan to ask participants to nominate other faculty they thought would be able to inform on the phenomenon of interest. However, during the PI's initial

interviews, participants requested additional information letters and flyers to disseminate to colleagues they thought may be interested in the study and could offer important insights about the research topic. Another amendment application to the ethics research board led to approval of this new strategy. Snowball sampling resulted in two more participants. With the addition of snowball sampling and the poster presentation, the PI demonstrated flexibility by amending the recruitment plan as opportunities arose. This enhanced the multi-modal recruitment plan and fostered successful enrollment of participants.

Building Rapport

Upon reflection, it was evident that the PI's actions to build rapport with potential participants positively influenced recruitment. Not knowing the faculty members might have been a barrier to recruitment; however, the PI overcame this potential obstacle with careful attention to building trust and confidence, demonstrating respect, establishing expertise, and displaying confidence in interactions with potential volunteers. During the presentations to faculty, the PI used eye contact, smiled, and used humor to facilitate trust. To earn both trust and confidence, they emphasized that research ethics board approval and gatekeeper support had been secured. Furthermore, they endeavored to develop trust through an explanation that the sign-up sheet being circulated was not meant to pressure attendees into participation. It was emphasized that a faculty member's signature only indicated their request for more study information and did not signal that they were volunteering for the research. Demonstrating respect for faculty members' time, the PI ensured presentations began and ended within the predetermined period. To inspire confidence, they also underscored their content expertise, and past teaching and research experience.

While recruiting during their conference poster presentation, the PI also endeavored to establish credibility with a clear, appealing, and informative poster and through a confident, explicit, and concise presentation of the poster. They emphasized their nurse educator and research background during interactions with conference attendees. When engaging with those who viewed the poster, they offered the information letter and invited attendees to participate in the study. To establish trust and respect with visitors to the poster, it was stressed that accepting the information letter did not indicate an agreement to volunteer.

During all encounters with potential volunteers, the PI emphasized a willingness to be flexible in scheduling interviews and observations at convenient times and locations for participants. This flexibility, which demonstrated respect for would-be volunteers' time, likely fostered participants' willingness to volunteer for the study.

Participant Motivations

While the PI's successful rapport building influenced recruitment, participant motivations also impacted study enrollment. Critical reflection on participants' motivations prompting them to volunteer for the study revealed their wish to help others (including the researcher), their interest in the topic, and their view that the research was important. Another motivation was their belief that they had valuable insights to share about our topic. A perceived need to affect professional development policy within their workplace also persuaded participants to volunteer. Finally, the novel opportunity to participate as a nurse educator in research was also a motivator.

Helping a graduate student to achieve their goals motivated participants to enroll in our study. Jamie stated: "I think it's important to help support the people that are doing master's or doctoral work. I know, having done master's work, it's difficult to find research participants for

studies.” Echoing Jamie’s statement, Sophia said: “I just think it’s good to support people...it’s always hard to recruit people, so I figured...I should be collegial.”

Participants were also inclined to participate if they were interested in the topic. Corey explained: “I was really excited about your topic area, gerontology, because it is the area that I have linked myself with in my nursing practice.” Lane’s interest was piqued because they saw the research a means to enhance teaching in their focus area:

Whenever I see efforts to study gerontology and to ensure that students, in particular, have a positive view about older people and appropriate information to care for well and ill older people, I’m really interested and happy to participate, so...I applaud the study. I’m glad you’re doing it.

Additionally, participants were motivated to volunteer for our study because they saw the research as important. Bobbie volunteered “because of the importance of the topic.” Corey concurred: “I think it’s a really important topic area and so that’s part of the reason. I thought, wonderful, let’s have some more research in this area.” More specifically, participants saw our research as an important means to facilitate change in their nursing program. Participants expressed their concerns that their pre-licensure nursing program was not adequately preparing students to provide optimal care to older persons due to curriculum deficits and ageism. By making their views public, participants were drawing attention to these deficiencies to underscore the need for educational practice change. Jamie explained: “I think that there’s value in what you’re doing...Our population is aging...and just looking at how we educate our younger generations about the elderly and how to care for them is important.” Bobbie agreed: “I thought, well, I’ll talk to you and if any of this helps in terms of informing our curriculum and doing our best, that’s good.”

Furthermore, Bobbie saw that by having their concerns about ageism within the nursing program included in our study, our research might lead to positive change in how students were educated about older persons. Bobbie said:

Ageism is a terrible problem in healthcare...and it affects the care we give older adults.

So, we need to do something and one of the best ways is to think about our nursing students and how they're prepared.

Micah was also motivated to participate because of the negative attitudes about older persons and their care being conveyed, perhaps not intentionally, to the nursing students within the program:

"I remember looking at [your advertisement] and thinking...this is really important. I see this kind of antipathy. I see this assumption that care of the elderly is boring and so-called basic nursing."

Nora offered a solution to address ageism within the program, suggesting that our research could make a positive contribution:

It's important for us to be instilling...the value in the care of older adults with students from the very beginning. And so, if there's ways that we can be doing that better, then I think it would be great to find out.

Believing they had important insights to contribute to the research also motivated faculty to participate in our study. Sophia believed they could provide an understanding of gerontological nursing education in the context of the pre-licensure curriculum. They stated: "[Gerontology is] not a target of the research I do, but in my administrative position, I look across the whole program. So, I figured maybe I'm helpful in that respect." Furthermore, Nora articulated that because their research focus aligned with our topic, they might make a valuable contribution to our research: "I'm such a new assistant professor and I wasn't sure, at first, if

you'd be able to learn too much from me. But then I thought, well, my work is in the area of older adults."

Additionally, some participants volunteered to facilitate capacity building of educators with expertise in the care of older persons. Nora illustrated this view:

The care of older adults is important and needs to be instilled at the undergraduate level.

How are [educators] prepared to do that?... There's some work to be done around that, right? [Educators' preparation] sort of feels slightly self-taught.

Furthermore, Zoe stated: "There's no purposeful, intentional [professional development] activity." By expressing the necessity for policy change around professional development, they hoped to draw attention, through our research, to the need for a deliberate faculty development strategy in the care of older persons.

Finally, one nurse educator participant expressed that the reason they chose to volunteer for the study was because they had never been asked to take part in research about nurse educators and nursing education. Virginia revealed: "I have never really seen people doing research on nurse educators. I've never been asked to participate in this kind of research and so I thought I would volunteer." This may reflect the participant's curiosity about being involved in a research study.

Discussion

Critical reflection on recruitment for our focused ethnography study revealed that our success was predicated on carefully laying the groundwork for recruitment, a multi-modal recruitment plan, the positive influence of the researcher/recruiter, and participant motivations to volunteer.

Laying the Groundwork

Laying the groundwork for recruitment is essential. This finding is corroborated in the literature (Kristensen & Ravn, 2015; Neufeld et al., 2001; Newington & Metcalfe, 2014; Ward et al., 2009). Planning for recruitment acknowledges its complexity and facilitates enrollment (Kristensen & Ravn, 2015; Neufeld et al., 2001; Newington & Metcalfe, 2014; Ward et al., 2009). In building our foundation for recruitment, we identified several factors that positively influenced engagement of volunteers for our study.

Although the development of a multi-modal recruitment approach was a key element in laying the groundwork for enrolling our participants, an initial recruitment plan may not include all eventual strategies used to recruit participants. Jessiman (2013) argued that because qualitative research is inherently iterative, this affords researchers the flexibility needed to amend their recruitment as barriers arise. While we did not encounter barriers to recruitment, the qualitative nature of the study allowed us to amend the recruitment plan as new opportunities arose.

Despite qualitative studies affording researchers flexibility in their recruitment efforts, careful planning is still necessary, including knowing the target population (Boxall et al., 2016; Coyne et al., 2016; Namageyo-Fuma et al., 2014). Based on their prior research with the Latino population, Lindsay et al. (2021) developed a multi-modal recruitment plan to engage Latino fathers, an underrepresented group in paediatric research. They realized greater success in using direct methods of recruitment, such as in-person recruiting and snowball sampling. Coyne et al. (2016) endeavored to recruit oncology nurses to a qualitative, clinically based study. The researchers' background in oncology nursing guided them in selecting successful recruitment strategies, such as verbal and written information provided at conveniently timed recruitment and

information sessions. Our research team's familiarity with the population under study facilitated the selection of recruitment strategies that were successful in reaching the those we wished to recruit.

Broad inclusion criteria also facilitated recruitment for our focused ethnography research. James et al. (2014) conducted a phenomenological study, initially experiencing slow enrollment of young persons with type 1 diabetes. These researchers found that in order to recruit a sufficient number, they were compelled to expand their original selection criteria to encompass other geographical areas. Price et al. (2020) also experienced low recruitment for their qualitative study of patients' experiences in attending emergency departments with different models of service delivery. Reflecting upon their recruitment challenges, these authors concluded that they would have realized greater success in enrolling patients had their initial selection criteria been less restrictive.

We received speedy ethics approval for our study and for subsequent amendments. This was a distinct advantage that facilitated prompt initiation of recruitment. The literature chronicles instances of lengthy ethics approval processes that obstructed recruitment. From their qualitative study, Coyne et al. (2016) considered the challenges of recruiting oncology nurses to their research. They described how, out of their three study sites, one site took five months to grant ethics approval, yet their study had to be completed in 12 months. Marks et al. (2017) characterized obtaining ethics approval for their qualitative study as difficult and time intensive. Likewise, in Newington and Metcalfe's (2014) qualitative study of research teams' experiences with recruitment, participants reported that more rapid ethics approval would have accelerated recruitment for their studies. Conversely, James et al. (2014) expected that obtaining ethics approval for their qualitative study would be challenging; however, with minor amendments,

they were granted approval within four months. The need to submit amendments to the original protocol can further delay research ethics board approval (Samir et al., 2021).

The use of incentives to enroll in research can facilitate recruitment; however, this strategy can be viewed as coercive and must have the approval of research ethics boards (Jessiman, 2013). We addressed incentives as part of our ethics application. Festinger et al. (2005) and Namageyo-Fuma et al. (2014) realized successful recruitment and retention of persons with substance use disorder when using monetary incentives. Kelly et al. (2017) found that monetary incentives were more effective than non-monetary enticements in motivating persons to volunteer for research. However, Ferguson and Wynne (2021) explained that when recruiting clinicians and students for focus groups, food, and branded merchandise, like pens, can prompt participant engagement. Coyne et al. (2016) utilized food to encourage engagement in their focus groups. We did not offer an incentive; however, we provided a small thank-you gift card after initial interviews. This gift card was well-received by recipients and may have fostered participant retention for second interviews and observations. Distribution of a gift card received research ethics board approval.

Other sources of potential coercion must also be considered. We contemplated the potential for coercion in the development and implementation of our novel strategy of conducting presentations about our research to faculty while circulating a sign-up sheet with the PI present. Indeed, Haggerty (2004) noted that the presence of the researcher during recruitment encounters with prospective participants has the potential to indirectly pressure individuals to volunteer. We overcame the possibility that the PI's presence in the room during circulation of the sign-up sheet causing undue influence through careful attention to the purpose being described to attendees and outlined again on the sign-up sheet. These approaches to avoid

coercion were detailed in our submission to the research ethics board and this novel recruitment strategy was approved.

The potential for coercion could also involve gatekeepers. In a focused ethnography study to understand experiences with teamwork and job satisfaction of healthcare professionals, the researchers were concerned about coercion in accessing prospective participants (Dahlke & Stahlke, 2020). At one of two study sites, the manager's enthusiasm about the research led to their creation of a list populated with the names of staff members who were then assigned times to meet with the researchers during the initial information session. Staff perceived this as coercive. The researchers endeavored to rectify the situation with the manager and staff by re-emphasizing ethical research principles. Likewise, Thomas and colleagues (2007) and Namageyo-Funa et al. (2014) confirmed that gatekeepers can influence potential participants to believe they are obligated to volunteer, calling into question the ethics of the recruitment process. Other than disseminating study information, the gatekeepers in our study remained uninvolved in the recruitment process.

Our research team successfully collaborated with gatekeepers to obtain permission to approach potential volunteers for our study. Marks et al. (2017) also described working in cooperation with a gatekeeper to gain timely access to the population they were endeavoring to sample. Similarly, Turner and Almack (2017) described how they gained gatekeeper approval for their study, surmising that their success was due, in part, to the first author's well-established professional relationship with key decision-makers in the study sites. Meanwhile gatekeepers created barriers to accessing participants in other studies (e.g., Lysaght et al., 2016; Namageyo-Fuma et al., 2014).

Having the backing of other key players in an organization is also vital to accessing research participants. During recruitment for their qualitative study of inpatient nurses, Broyles et al. (2011) found that gaining the support of nurses and nurse administrators within the organization facilitated recruitment. Likewise, a supportive culture in which research is valued facilitates successful recruitment (Higgins et al., 2010; Keightley et al., 2014). Despite the PI having no prior relationships with gatekeepers at the university, they were still able to gain the support of individuals within the study site. This could be, in part, due the university's research-intensive culture (Higgins et al., 2010; Keightley et al., 2014).

Recruitment Plan

The literature outlines how passive or indirect strategies for recruitment, such as flyers, posters, emails, and newsletters, have been both ineffective (Broyles et al., 2011; Eide & Allen, 2005; Lindsay et al., 2021; Marks et al., 2017) and effective (Fleming et al., 2015; Price et al., 2020; Spratling, 2013). None of our participants reported being motivated by flyers, yet we had some success in using posters, emails, and an e-newsletter advertisement, all accounting for 27% of the sample (see Table 4.1). It is possible that the passive strategies we implemented had more influence than we realized. Fleming et al. (2015) argued that those who are exposed to study information numerous times may be more likely to volunteer for research. It could have been that participants' exposure to our flyers heightened their awareness of our study, although this strategy was not reported as the trigger for enrollment. As such, the numbers of participants we recruited per strategy (see Table 4.1) may not accurately represent the actual influence of individual strategies.

Along with passive strategies, we also employed active, face-to-face recruitment strategies. The efficacy of such approaches has been described in the literature, with many

authors chronicling success in using a variety of active strategies. While Price et al. (2020) had limited success in the recruitment of emergency department patients when depending on hospital staff to approach potential participants, Lindsay et al. (2021) were successful in recruiting for their child health studies by using in-person interactions between the research staff and potential volunteers. Likewise, Broyles et al. (2011) described how face-to-face on-site recruitment by the research team was essential in their enrollment of inpatient nurses to healthcare research. Similarly, Peel et al. (2006) realized enrollment success by utilizing physicians and hospital consultants to recruit patients during face-to-face medical consultations.

One active strategy we employed was snowball sampling. We added this strategy to our original multi-modal recruitment plan and had some success in its use, as have others. This approach resulted in additional participants who added important insights to Kristensen and Ravn's (2015) studies. Snowball sampling through social media proved valuable for Leighton et al. (2021), who endeavored to recruit nursing students to their quantitative research. Likewise, Lindsay et al. (2021) reported that in three of five of their child health studies involving Latino fathers, snowball sampling was the most successful approach used during recruitment. However, Acrury and Quandt (1999) and Sharma (2017) warn that snowball sampling can result in a non-representative sample of the population under study. Being aware of this limitation in using snowball sampling, we also employed maximum variation sampling to ensure that participants expressed a wide variety of perspectives and that the sample was representative of the target population.

Our face-to-face recruitment strategies also included two unique active approaches that facilitated the recruitment of over 60 percent of our sample: the conference poster presentation and the presentations to faculty during which sign-up sheets were circulated for attendees to

indicate their interest in further information. Regarding the faculty presentations, Acrury and Quandt (1999) promote “addressing a gathering of site members” (p. 129) as a means of recruitment, but we contend that rather than the actual presentations per se, it was the use of the sign-up sheet that facilitated the overwhelming response. Having the names of prospective participants gave the PI permission to reach out to each person, via email, following the meetings. During this contact, they further explained the study and next steps were discussed if the person decided to become a study participant. McCormack (2014) asserts that there is a need for advances in participant recruitment. We believe that these two unique strategies contribute to that advancement.

Our focused ethnography involved a multi-modal recruitment plan, the combined use of both passive and active strategies. Researchers caution against relying on a single strategy when initiating recruitment (Marks et al., 2017; Namageyo-Funa et al., 2014). Several authors have recommended using a combination of active and passive strategies (Broyles et al., 2011; Fleming et al., 2015; McCormack, 2014). In their successful recruitment for an ethnographic study, Davies (2011) placed leaflets in mailboxes in addition to following up with face-to-face door knocking. Namageyo-Funa and colleagues (2014) found that using flyers and posters alone did not result in sufficient participant numbers for their qualitative studies. This necessitated that these authors add active recruitment methods, such as presentations, to their passive approaches which facilitated timely enrollment. Furthermore, Fleming et al. (2015) recommended using multiple recruitment strategies to promote blanket coverage as well as strategies specifically targeting the population under investigation. Consistent with Fleming et al. (2015), we included a combination of passive and active strategies to facilitate comprehensive exposure of the population to our study information.

Building Rapport

When researchers establish rapport with potential participants, successful recruitment is more likely to occur (Felsen et al., 2010). As Spratling (2013) discovered in their study of children and adolescents, “parent and participant rapport with the researcher is essential” (p. 64). A number of important factors facilitate rapport building: being trustworthy, credible, respectful, and flexible. Lindsay et al. (2021) reported that trust in the researcher was important in their endeavors to recruit Latino fathers to child health research. Boxall et al. (2016) found that a confident, experienced, and credible researcher promotes trust and increases the likelihood of successful recruitment. In disability-related research, Lysaght et al. (2016) found that researcher credibility was a factor in employers’ inclination to volunteer. Engaging face-to-face with potential participants provides an opportunity for the researcher to establish trust and credibility. Jessiman (2013) built trust with potential participants by presenting concise study information at professional meetings. A researcher’s flexibility in scheduling participants for interviews or focus groups can also facilitate participant recruitment (Broyles et al., 2011; Lindsay et al., 2021; Marks et al., 2017; Spratling, 2013) and demonstrates respect for participants’ time. Research participants (academics, political staff, and journalists) identified researcher flexibility in scheduling interviews as vital to their decision to volunteer (Marland & Esselment, 2019). Researchers being known or having personal contacts in an organization can also act as facilitators to recruitment (Eide & Allen, 2005).

Our successful recruitment can be attributed, in part, to the PI’s ability to build rapport with potential participants. They did so by establishing trust, credibility, respect, and expertise, and by projecting confidence. In turn, this fostered potential participants’ confidence in the researcher. The PI also demonstrated respect by being flexible in scheduling data collection.

Although they were unknown within the study site, successful rapport building mitigated this possible obstacle.

Participant Motivations

Participant motivations can forecast a person's inclination to volunteer for research. The literature offers anecdotal accounts about persons' motivations for research engagement, leading to a call for empirical evidence (Clark, 2010). Although researcher and clinician perspectives about recruitment are beginning to appear in the literature (Newington & Metcalfe, 2014), there is a dearth of reports from the participant's viewpoint. Understanding participants' experiences with recruitment can inform modifications to the recruitment plan (Lindsay et al., 2021). Our critical reflection on participants' perspectives about their motivations to volunteer for our study makes an important contribution to the recruitment literature.

Tarpey (2006) argued that individuals volunteer for research for personal reasons and social interest. Advancing Tarpey's (2006) position, Clark (2010) categorized their respondents' motivations as either individual or collective level mechanisms, emphasizing that the two can overlap. Clark (2010) found that participants' individual supporting mechanisms included, for example, a subjective interest in the focus of the study and a curiosity about participating in research. Motivations at the collective level included, in part, representation, political empowerment, and the opportunity to inform change. All of these motivations were represented in our data.

In our focused ethnography study, a motivator was our participants' wish to assist a graduate student in their dissertation research. In accord, Peel and colleagues (2006), who asked their study participants about their reasons for volunteering, reported that participants expressed their desire to help others, including the researchers. Peel et al. (2006) maintained that this was

an example of participants' altruistic comportment. Tarpey (2006) asserted that altruism reflects a social interest in helping others. Altruism has been described in the literature as a value that prompts individuals to volunteer for research (Bower et al., 2009; Jessiman, 2013; Newington & Metcalfe, 2014).

The literature confirms that successful recruitment is also more likely if a person is interested in the topic (Kristensen & Ravn, 2015; Newington & Metcalfe, 2014), either as individuals or as members of a group (Clark, 2010). Our participants were drawn to our study because our research was focused in their subject areas. From an altruistic perspective (Tarpey, 2006), they were also interested in our research because they imagined that our research findings could positively impact nursing students and the care of older persons. Furthermore, participants may also have been attracted to our study because of their overall interest in research and their valuing of scientific inquiry (Fletcher et al., 2020; Keightley et al., 2014). Higgins et al. (2010) described how the culture of nursing in the clinical setting reflects a valuing of nursing work over research. These authors identified this cultural norm as a barrier to clinical nurses being engaged in research. Since our study was conducted in a research-intensive university setting, it could be that participants possessed an inherent interest in and a valuing of research, although this was not expressly stated.

Furthermore, participants regarded our topic as important (Keightley et al., 2014; Kristensen & Ravn, 2015). Their perceptions that our research was important can be understood at the collective level and further demonstrates participants' altruism. Volunteers expressed that the importance of our research was due to its focus on older persons and gerontological nursing education. Specifically, participants stated that their concern for older persons was, in part, ignited by ageism and the negative views about this population expressed within their workplace,

nursing education as a whole, and the healthcare system. Participants expressed the view that care of older persons must be more positively portrayed within their nursing program.

Furthermore, participants were drawn to our study because of their concerns about curriculum deficiencies in preparing students to provide quality care to older persons. Their “wider social interests and experiences” (Clark, 2010, p. 404) prompted participants to view our research as important, relevant to them, and of significance to society (Keightley et al., 2014; Kristensen & Ravn, 2015; Lysaght et al., 2016; Newington & Metcalfe, 2014).

Furthermore, at both the individual and collective levels, our participants indicated that they had important insights to contribute to the research (Clark, 2010; Kristensen & Ravn, 2015; Tarpey, 2006). Participants indicated that given their research and administrative roles, they might have been able to contribute to our study in meaningful ways. Additionally, at the collective level and suggesting an altruistic stance, participants wished to share their perspectives to potentially facilitate meaningful change in gerontological nursing education to the benefit of both students and older persons (Clark, 2010; Coyne et al., 2016; Neufeld et al., 2001; Newington & Metcalfe, 2014; Tarpey, 2006).

Based on participants’ concerns about their professional development in older person care, the desire to fuel political empowerment, a collective mechanism (Clark, 2010), may have been a motivator. Participants described how they were impeded from developing their expertise in older person care due to their employer’s lack of a purposeful strategy for their professional development. By having their concerns made public through our research, participants’ intent may have been to foster empowerment of faculty to “act within discourses that they wanted to be part of” (Clark, 2010, p. 412). Tarpey (2006) contends that the desire to affect change can also be for personal reasons, namely seeking to “hav[e] a voice” (p. 13). Our volunteers may have

wished to have input into deliberate strategies to develop their teaching practice in older person care and to influence the educational environment affecting their own careers.

One of our participants voiced their desire to participate because they had never been approached to volunteer for research about nursing education, nor had they noticed recruitment materials advertising for nurse educators to enroll in research. This could reflect an individual supporting mechanism, namely the participant's curiosity about the novel endeavor of being involved in a research study (Clark, 2010). Seen through the collective lens of representation (Clark, 2010), it could be that this participant was implying they were part of an under-researched population and, thus, wished to have nurse educators' voices represented in the literature. In a qualitative study about refugees, Omata (2020) noted that some groups of refugees were concerned that they were not being studied, prompting an absence of their perspectives from the discourse. Omata (2020) contended that being part of an under-researched population can be a motivator to volunteer for research. Only one of our participants may have implied they were part of an under-researched group which may possibly have prompted their engagement in our study.

Our findings have implications for research and education. We recommend that researchers consider a multi-modal recruitment plan to facilitate participant engagement. The comprehensive manner in which we approached recruitment, using a variety of active and passive strategies, yielded successful enrollment of participants. We propose that researchers base their multi-modal recruitment plan on knowing the population from which their sample is to be drawn and on a review of the recruitment literature to ensure their plan is evidence-informed. A research team comprised of experienced researchers who are knowledgeable about recruitment strategies would also support successful enrollment. Our flexibility in adding strategies to our

recruitment plan, as opportunities presented, strengthened our original multi-modal approach as did our creativity in developing novel strategies to attract volunteers. Hence, to promote successful recruitment, qualitative researchers are encouraged to approach participant engagement with flexibility and creativity. Additionally, our experience emphasizes that rapport building is essential for researchers during the recruitment process. Furthermore, inquiring about our participants' motivations to volunteer for our study suggests that researchers may gain further guidance in identifying appropriate recruitment strategies by considering a person's motivation to engage in research. As such, faculty who teach research courses at the undergraduate and graduate levels must provide learning opportunities that specifically address recruitment. An added focus on recruitment would enable researchers, especially novice scientists, to be better prepared and more confident in the recruitment phase of their research studies.

Finally, we agree with Kristensen and Ravn (2015) that next steps ought to include an enhanced focus on recruitment in qualitative methods textbooks and in research articles. Likewise, we agree with Jessiman (2013) that journal editors and authors of textbooks ought to consider the reporting of recruitment as an essential criterion for judging the trustworthiness of a study. More attention to the process of recruitment in the research literature would provide further guidance to researchers in their recruitment endeavors (Boxall et al., 2016; Marks et al., 2017). The inclusion of participants' motivations in volunteering for our study underscores the importance of understanding how central to recruitment these motivations are. Development of an evidence base about participants' reasons for volunteering, from their perspectives, would extend the literature and provide further guidance to researchers. Moreover, this literature would be further enriched by studies inquiring into the motivations of persons who are members of

distinct populations, presuming that those from different populations may have varied intentions for engaging in research. Finally, building a research base on the relative influence of particular recruitment strategies on the enrollment of participants would inform researchers in selecting approaches that are more likely to lead to recruitment success.

Strengths and Limitations

This article contributes to the methodological literature by identifying strategies that optimize recruitment in qualitative research. Two novel recruitment strategies were introduced, accounting for a large proportion of our sample. We address an identified gap in the literature: reporting the *participants'* perspectives in being recruited for research. Gibb's (1988) Reflective Cycle offered a structured approach for our critical reflection on the process of recruitment.

As with all research, there are limitations to be reported. We did not inquire about all of the recruitment strategies to which participants were exposed; thus, reports of the strategy triggering a decision to participate in the study may not be the only recruitment approach contributing to their choice to engage. Finally, since the recruitment process is, in part, dependent on the population under study, it is possible that our recruitment plan, or its individual strategies, may not be applicable for other populations.

Conclusion

This critical reflection offers valuable insights for researchers into the elements that may promote successful recruitment. Laying the groundwork to achieve successful recruitment for our focused ethnography study involved developing a multi-modal recruitment plan; knowing the population under study; identifying broad selection criteria; achieving swift ethics approval; and gaining the support of gatekeepers. A flexible multi-modal recruitment plan, including both active and passive strategies, was advantageous. Two novel active strategies contributed

significantly to successful recruitment. Likewise, the PI's flexibility in scheduling data collection, along with their ability to establish rapport with potential participants, positively influenced enrollment. Importantly, participant motivations inspired their engagement in our study. Chronicling successful strategies for recruiting participants to qualitative research, and specifying participants' motivations to volunteer, make an important contribution to the recruitment literature. More evidence-based research is needed to formally evaluate the impact of specific strategies on the recruitment process.

Conflict of Interest: The authors declare no conflicts of interest.

Author Contributions: KN, SS, SD, and JO contributed to the conception of the article, and drafted or revised the manuscript. KN and SS completed critical reflection on the data. All authors gave approval for the final version of the article to be published.

Funding: None

Acknowledgements: None

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Table 4.1: Recruitment Outcomes by Strategy, n=22

Recruitment Strategies	n	%
Active		
Recruiting attendees at a conference poster presentation	2	9.1
Snowball sampling	2	9.1
Presentations to faculty including a sign-up form for attendees to request additional information	12	54.6
Passive		
Posters	1	4.6
Flyers placed in faculty mailboxes	0	0
Email to faculty	4	18.2
E-newsletter advertisement	1	4.6

Chapter 5: Summary, Recommendations, and Conclusions

In this final chapter of my dissertation, I begin by summarizing the findings and identifying implications for research, education, administration, and practice. Next, I describe the strengths of my research, while acknowledging its limitations. After that, I present my plans for dissemination of the findings and how I will build upon this work in my future research. I end by discussing the overarching conclusions of this dissertation research.

Summary of Findings

Several key findings were identified through my dissertation work. Paper 1 revealed that limited empirical evidence exists related to the barriers and facilitators that influence nurse educators gaining expertise in older person care. However, existing empirical evidence did chronicle some barriers that constrained and facilitators that supported educators in gaining the requisite knowledge and skills in older person care. A number of discussion papers reported on various professional development initiatives that served as supports for educators' professional development. In light of budgetary constraints within the study site, Paper 1 revealed that additional funding for educators' professional development ought to be sought from governments agencies, from nursing associations, and from philanthropic organizations whose mandates are to affect change in the health care of older persons. It is noteworthy that three quarters of the 44 articles included in the integrative review, of which most were based in the United States, cited philanthropic funders, such as the John A. Hartford Foundation, as a main support for a host of professional development initiatives offered at the national, regional and institution levels. Despite these efforts, a paucity of nurse educators with expertise in older person care is a persistent concern in nursing education which has significant implications for the quality of nursing care afforded this population.

Paper 2 revealed that participants' experiences were mixed about whether the culture within their workplace reflected a valuing of older persons and the specialty of gerontological nursing. Participants believed the gerontology nurse experts within the Faculty of Nursing did not have sufficient involvement in the professional development of their peers, nor in curricular revision. This is a significant finding. It suggests that the employment of gerontology nurse experts within a school of nursing may not guarantee that capacity among educators has been built nor that pre-licensure curricula reflect current evidence and best practices, as well as evidence-informed placement and alignment of this content. Participants expressed that gerontology content was currently lost within their integrated curriculum. It was surmised that educators' enhanced contact with these gerontology nurse experts would foster a more collegial culture as opposed to the divisive structure that characterized the current culture within the Faculty.

Nurse educators were not encouraged nor supported by senior administration to pursue professional development in gerontological nursing. Participants asserted that within their cultural context, they were expected to be solely responsible for their own professional development. Without adequate resources or time to prepare to teach, participants expressed that they were "just surviving". Furthermore, professional development initiatives were not targeted to specific specialty knowledge and skill; rather, pedagogy was privileged. While some funding did exist for professional development endeavors, participants believed that the availability of additional funding was required for external educational activities focused on care of older persons, the offering of intentional educational sessions within their workplace, and the adjustment of their workloads to afford them time to engage in such events. Participants envisioned that these proposed supports could promote more positive attitudes about older

persons among their colleagues, some of whom expressed ageist attitudes. Updated resources, including current gerontological nursing standards and competency documents, were thought to be key to enhancing the educators' appreciation for the complexity involved in caring for the older person. Some participants described experiences with colleagues who were not aware of their own knowledge and skills deficits in gerontological nursing, which participants characterized as troublesome.

Paper 3 addressed recruitment. Given the rapid recruitment I experienced for this focused ethnography study, I sought to expand the recruitment literature by conducting a critical reflection on this successful recruitment experience. Pre-planning, broad selection criteria, and swift ethics approval fostered prompt and successful recruitment as did a recruitment plan that incorporated both active and passive strategies. Two unique active strategies were developed for this study and accounted for over 60% of the sample. Notably, being creative in developing new recruitment strategies that were appropriate for the population I wished to sample, rather than only employing tried-and-true strategies, was beneficial. Building rapport with potential participants also contributed to successful enrollment. Participants' motivations for volunteering included an altruistic orientation, curiosity about participating in research, an interest in the topic, a belief that the topic was important, a perception that their insights could make an important contribution to the research and influence practice change, and a desire to influence policy within their workplace.

Implications for Research

This dissertation has implications for research. It demonstrates that there continues to be a need for rigorous inquiry concentrated on the factors influencing educators' knowledge, skills, and attitudes toward older persons and their care. Furthermore, this dissertation expands the

evidence base by identifying how culture creates the conditions to support or constrain capacity building. This study could be replicated in other nursing academic settings to fully explicate the role of culture in supporting or impeding progress in gerontological nursing. Additionally, this work offers clues about strategies that could be implemented to overcome barriers to capacity building of educators with gerontological nursing expertise. To further extend the literature, these strategies ought to be tested to determine their efficacy in addressing nurse educators' preparation in gerontological nursing.

Paper 3 specifically offers valuable insights for researchers into the strategies that led to rapid and successful recruitment in this focused ethnographic research. Additional research is required to identify successful population-dependent recruitment strategies for qualitative research. Furthermore, expanding the literature on recruitment could include additional research inquiring into participants' motivations to volunteer, from their own perspectives.

Implications for Education

This dissertation work also has implications for nursing education. For nurse educators to be knowledgeable, skilled, and genuinely interested in the care of older persons, they must be aware of and have access to professional development resources to enhance their preparation and teaching of gerontological nursing. These resources could include the educational materials accessed through the Hartford Institute for Geriatric Learning website (<https://hign.org/>), the Canadian Association of Schools of Nursing's *Entry-to-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing* (2017), the Canadian Gerontological Nursing Association's *Gerontological Nursing Standards of Practice and Competencies* (2020), the World Health Organization's *Nurse Educator Core Competencies* (2016) and, for nurse educators who are also employees of member healthcare facilities, resources accessed through

the Nurses Improving Care for Healthsystem Elders (NICHE) website (<https://nicheprogram.org/>). Gerontology resources must be readily available and ready to use so busy educators are more likely to incorporate these professional development activities into their schedules. Given the insidious nature of ageism, resources addressing ageism and education sessions on ageism offered by the employer are a necessary component of educators' learning.

Implications for Administration

My work also suggests that administrators of nursing programs approach external and internal funders to secure financial resources to develop academic staffs' capacity in gerontological nursing. A dedicated effort by visionary leaders of nursing schools to approach and solicit funds from philanthropic organizations, governments, professional bodies, and from educational institutions is required to ensure building nurse educator expertise in gerontology is prioritized and supported. Administrators must ensure that intentional learning sessions for faculty be developed and implemented within the workplace. Adjusting workloads so faculty can attend external and internal professional development events is also recommended. Furthermore, reorganization of gerontology nurse experts' research, teaching and service portfolios is required to afford them the time to mentor their colleagues' and guide their professional development activities. This may also serve to bridge the divide between tenured/tenure track faculty and other categories of educators. Another benefit of adjusting gerontology nurse experts' workloads is that space would be made for their active involvement in the revision of pre-licensure nursing curricula. Gerontology nurse experts' participation in curricular revision would ensure inclusion of best practices that are underpinned by current evidence, standards, and competencies in gerontological nursing.

Furthermore, senior administrators within faculties of nursing must foster a culture in which older persons and their care are valued. Certainly, offering enhanced opportunities for professional development in gerontology would demonstrate that administrators value older persons and their care, and recognize gerontological nursing as a specialty. Supporting an enhanced focus on gerontology within nursing curricula would also signal that senior administrators are committed to improving the quality of nursing care provided to older persons. Furthermore, culture change must necessarily include administrators openly declaring that ageism among faculty will not be tolerated and encouraging faculty to address negative attitudes when encountered among their colleagues.

Implications for Practice

There continues to be a shortage of nurses adept in providing older person care. Until pre-licensure curricula are revised to reflect current evidence and best practices in older person care and there are nurse educators willing and able to engage students in learning about gerontological nursing, administrators and clinical nurse educators in healthcare settings ought to anticipate that new nurses may not be sufficiently prepared to provide this specialized care. This suggests that, as a temporary solution, orientation of new nurses could include activities that augment their knowledge and skills in gerontological nursing. Given the increasing complexity of the older person as client, nurses ought to be afforded ongoing opportunities for professional development to ensure their practices reflect current evidence and the competencies necessary for excellence in gerontological nursing.

Strengths and Limitations

In each of the components of this dissertation research, there were both strengths to be noted and limitations to be acknowledged. The integrative review identified and synthesized

existing literature addressing the barriers and facilitators influencing capacity building of nurse educators in gerontological nursing as well as strategies to advance educator expertise. This made an important contribution to the literature. However, several limitations should be noted. Since the integrative review excluded those articles not published in English and grey literature, the findings may be missing additional empirical evidence about the barriers and facilitators to capacity building of nurse educators in the care of older persons. These additional findings may have added valuable background knowledge to inform the subsequent focused ethnography research. Furthermore, the decision was made to include some lower quality papers as well as discussion type papers; this decision may have biased the findings, again impacting the knowledge base that underpinned this study.

This focused ethnography research expands the evidence base addressing the barriers and facilitators influencing capacity building of nurse educators prepared in gerontological nursing. Strengths of the research include offering novel insights into how nursing education culture fosters or constrains professional development of educators in older person care. However, this method of inquiry is context-dependent and, as such, the transferability of the findings to other nursing education cultures ought to be considered cautiously. Additionally, most volunteers for my study were passionate about the topic; therefore, their perceptions may not be representative of other faculty members.

Although another strength of this research was the recruitment process which facilitated rapid enrollment of a sufficient number of articulate participants meeting the inclusion criteria to achieve data saturation in a relatively short time, there were some limitations as well. I did not ask participants to specify all of the recruitment strategies that they encountered in the process of deciding about whether to enroll in the study. Hence, their reports of the particular strategy that

prompted them to volunteer may not have been the only strategy influencing their decision.

Although I was successful in recruiting nurse academics, my recruitment strategies may not work when endeavoring to recruit participants from other populations.

Future Directions

Building on this dissertation research, I plan to continue disseminating the findings. Along with my supervisory committee, I will publish the papers comprising Chapters 3 and 4 in peer-reviewed journals. I also plan to present my research at academic conferences directed at aging, gerontological nursing, nursing education, and health research. I will be in a position to engage in discourse on topics related to my focused ethnography and research methodology. I have also been invited to present my research at a chapter meeting of the Richmond/Vancouver Chapter of the Gerontological Nurses Association of British Columbia (a conjoint group of the Canadian Gerontological Nursing Association).

My planned program of research will build on this dissertation research. Since focused ethnography is context-specific, I will conduct similar research to ascertain the impact of other nursing education cultures on faculty development in gerontological nursing. Furthermore, since there are few empirical studies that inquire about nurse educators building a gerontology teaching practice, I envision undertaking studies to identify strategies to prepare educators for their teaching role in older person care. These strategies would be measured and, if determined to be effective, could be implemented to enhance nurse educators' gerontology preparation.

I also plan to conduct a qualitative secondary data analysis (SDA) study by re-examining the data collected in this focused ethnography. The SDA will be guided by a new research question inquiring into the perspectives of nurse educators about their role in facilitating students' preparation for and interest in gerontological nursing. The purpose of this SDA fits well

with the aims of the parent study and is closely aligned with my research focus. Understanding how nurse educators experience their teaching role in older person care would make a valuable contribution to the literature. Furthermore, findings from this SDA may inform professional development strategies directed at preparing nurse educators with current evidence and best practices to facilitate students' ability to provide quality care to older persons.

There are few studies that explicate motivations for volunteering for research from the participant's perspective. It was encouraging that nurse educators, researchers, and administrators in this study articulated an interest in older persons and their care, and in the advancement of gerontological nursing education. As such, I plan to engage in a second research focus to understand why participants, particularly nurses, volunteer for research. This would expand the state of the science on recruitment, serving to guide researchers, especially novice scientists, in this important component of research methodology. I also plan to undertake research that seeks to identify the relative efficacy of various recruitment strategies.

Conclusion

This dissertation addressed the persistent lack of nurse educators prepared in gerontological nursing and explored what motivates participants to engage in such research. Too few educators with the requisite knowledge and skills in this specialized area of practice means that new nurses continue to be unprepared to provide appropriate care to older persons, a population that most registered nurses will inevitably encounter no matter where their career takes them. This dissertation systematized and expanded existing literature about the factors that constrain and facilitate meaningful progress on this issue. Through this focused ethnography, shared patterns of behaviour, "values, beliefs, attitudes [and] customs" (Hall, 2005, p. 188; Sapir, 1926/1999) of a group of nurse educators, researchers, and administrators in one pre-licensure

nursing program in Western Canada were revealed. This nursing education culture was found to influence educators building their expertise in gerontological nursing. Future research is warranted to study the described phenomenon within nursing education cultures beyond one type of institution. Furthermore, the critical reflection on recruitment conducted within this dissertation suggests that participants' motivations for volunteering are an important consideration for researchers planning recruitment to research studies.

Future research is indicated to develop a fulsome evidence base to address the barriers and facilitators influencing educators' gerontological nursing preparation. Strategies could then be designed to enhance nurse educators' knowledge, skills and attitudes about older persons and their care. These strategies could then be tested for their efficacy. Until we can better prepare a nurse educator workforce to teach quality nursing care of older persons, there will continue to be a growing population of older persons who do not receive the excellent nursing care they need and deserve.

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Appendix A: Ethics Approval

Notification of Approval

Date: January 30, 2018
 Study ID: Pro00078597
 Principal Investigator: [Kelly Negrin](#)
 Study Supervisor: [Susan Slaughter](#)
 Study Title: The Experiences of Nurse Educators in Establishing a Teaching Practice in the Care of Older People: A Focused Ethnography Study
 Approval Expiry Date: Tuesday, January 29, 2019

 Approved Consent Form: Approval Date Approved Document
 1/30/2018 [Information Letter Version 6.docx](#)
 1/30/2018 [Consent Form_Version 4.docx](#)

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities or resources of local institutions for the purposes of the research.

Sincerely,

Anne Malena, PhD
 Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix B: Participant Information Letter

March, 2018

Dear Prospective Participant,

Study Title: The Experiences of Nurse Educators in Establishing a Teaching Practice in the Care of Older People: A Focused Ethnography Study (Pro# 00078597)
Investigator: Kelly Negrin, BSN, MSN, PhD candidate
Phone No.: (604)-499-4170
Email: negrin@ualberta.ca

Information Letter to Faculty and Administrators

This information constitutes part of the informed consent process for this study. The letter outlines what the study is about and what your participation would involve. Please take some time to read this letter carefully.

What is the research study about and what do I hope to learn?

I am interested in understanding the influence of pre-licensure nursing education culture on capacity building of nurse educators with gerontology expertise. I initially became interested in this topic when, as a staff nurse in acute care, I confronted my own knowledge and skill deficits related to the care of older people. Later, as a nurse educator, I became interested in nurse educators' roles in preparing new nurses to competently care for older people. With population aging, we know that nurses must have adequate knowledge and skill to provide competent care for older people. Pre-licensure nursing programs have a key role in ensuring gerontology competencies and proficiencies underpin students' learning experiences with older people. I will explore the culture of nursing education and the facilitators and barriers that enhance or hinder capacity building of nurse educators with expertise in gerontology.

What will you do?

You will *complete* a brief demographic information form, be *interviewed* for about an hour about your experiences in working with students as they learn to care for older people and conduct research with older people, and/or your experiences in building the capacity of educators with gerontology expertise. With additional permission, you will be *observed* during classroom sessions or key meetings when I will take notes and ask you questions at the end of each observation. The audio-recorded interview will take place in a private setting, convenient for you. If you also agree, as the study progresses, you may be asked to provide feedback on the preliminary study findings.

How will information be kept private?

Your identity will be known only to me. Numerical codes will be used to identify participants. Only myself and my PhD supervisor will have access to the information you provide in the interview(s) and observations; my supervisor will only see de-identified data. Digital recordings and transcripts will be stored securely for five years and then will be destroyed. Results of this study will be reported in published journal articles and at professional nursing conferences. Your name will not appear in any reports of this research.

Do you have to participate in this study?

You are not obligated to participate in this study and you may refuse to answer any interview questions. You are also permitted to verbally request that I withdraw your data, in whole or in part, from the study up to 2 weeks after data has been collected. Your refusal to participate or decision to withdraw from the study will not have any consequences for you or your work.

What are the benefits of participation?

Although there is no financial incentive to participating in this study, you may be glad to know that your participation will contribute to building a nursing workforce that is knowledgeable and skilled in the care of older people.

What are the risks of participation?

There is a chance that you could feel discomfort in sharing experiences that are distressing to you; however, you are under no obligation to share such experiences.

Who can you contact if you have questions about the study?

- If you are interested in participating or have questions about the study, please contact Kelly Negrin at 604-499-4170 or at negrin@ualberta.ca
- Alternately, you can also contact my PhD supervisor, Dr. Susan Slaughter, at 403-289-7021 or at susan.slaughter@ualberta.ca
- The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

Appendix C: Consent Form

CONSENT FORM

Part 1 (to be completed by the Principal Investigator):

Title of Project: The Experiences of Nurse Educators in Establishing a Teaching Practice in the Care of Older People: A Focused Ethnography Study

Principal Investigator: Kelly Negrin, BSN, MSN, PhD(c)

Phone Number: (604) 499-4170

Co-PI: Dr. Susan Slaughter, PhD, RN, GNC(C)

Phone Number: (403) 289-7021

Part 2 (to be completed by the research subject):

Yes No

Do you understand that you have been asked to be in a research study?

☐ ☐

Have you read and received a copy of the attached Information Sheet?

☐ ☐

Do you understand the benefits and risks involved in taking part in this research study?

☐ ☐

Have you had an opportunity to ask questions and discuss this study?

☐ ☐

Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your employment?

☐ ☐

Has the issue of confidentiality been explained to you?

☐ ☐

Who explained this study to you? _____

I agree to be interviewed: YES ☐ NO ☐

I agree to be observed in meetings: YES ☐ NO ☐

I agree to be observed teaching students: YES ☐ NO ☐

Signature of Research Subject _____

(Printed Name) _____

Date: _____

Signature of Witness _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _____ Date _____

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT

Appendix D: Sample Interview Guide for Individual Interviews

Question Number	Interview Questions for Gerontology Participants	Interview Questions for Participants Not Teaching/Researching in Gerontology
17.	Please tell me about some of your experiences teaching about the care of older persons (or working in gerontological nursing research with pre-licensure nursing students).	Please tell me about some of your teaching experiences (or research experiences) with pre-licensure nursing students.
18.	Describe a typical day in your role as a nurse educator (or as a nurse researcher) working with pre-licensure nursing students.	Same
19.	What kinds of tasks do you find difficult or rewarding/enjoyable in your job?	Same
20.	Please describe a rewarding experience you have had in teaching older person care (or working in gerontological nursing research with pre-licensure nursing students).	Please describe a rewarding teaching (or research) experience you have had working with pre-licensure nursing students.
21.	Please describe a challenging experience teaching about the care of older persons (or working in gerontological nursing research with pre-licensure nursing students).	Please describe a challenging teaching (or research) experience you have had working in pre-licensure nursing students.
22.	Tell me about your experiences developing your teaching practice in older person care.	Tell me about your experiences developing your teaching practice.
23.	Tell me about what supports you in developing a teaching practice in care of older persons.	Tell me about what supports you in developing your teaching practice.
24.	Tell me about some challenges you faced in developing your teaching practice in older person care and explain how you dealt with them.	Tell me about some challenges you faced in developing your teaching practice and explain how you dealt with them.
25.	Please tell me about your experiences in recruiting faculty to teach older person care in your program.	Same

- | | | |
|-----|---|--|
| 26. | Tell me about a challenging/rewarding experience in recruiting for teaching positions in gerontology and explain how you dealt with the challenge. | Same |
| 27. | Tell me about what happened when you were first assigned to teach a course with content in care of older persons within the undergraduate program? | Tell me about what happened when you were first assigned to teach a course in the undergraduate program? |
| 28. | Please provide an example of a typical classroom lesson related to care of older persons. | Please provide an example of a typical classroom lesson. |
| 29. | Please provide an example of a typical clinical day with your students who are working with older persons. | Please provide an example of a typical clinical day with your students. |
| 30. | Please give me an example of how faculty are supported to develop a teaching practice in gerontology. | Please give me an example of how faculty are supported to develop their teaching practice. |
| 31. | What would I see if an educator in your program was interested in developing a teaching practice in gerontology? | Same |
| 32. | If I were sitting in a meeting within your program, how would faculty refer to older persons? How do faculty refer to teaching about the care of older persons? | Same |
-

Appendix E: Demographic Information Form

Name:

Telephone:

Email:

Primary domain of nursing practice:

- ☐ Education
- ☐ Research
- ☐ Administration

I have specialized education or CNA Gerontological certification (or similar credential) in gerontology.

- ☐ Yes
- ☐ No

Years of nursing experience:

- ☐ 0-1 year
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21+ years

Highest degree completed:

- ☐ Bachelor's
- ☐ Master's
- ☐ PhD

Years employed in nursing education:

- ☐ 0-1 year
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21+ years

Nature of clinical nursing experience with older people:

- ☐ Primary care
- ☐ Home care/community
- ☐ Acute care of adults
- ☐ Specialized acute care for older people
- ☐ Long term care
- ☐ Palliative/hospice care
- ☐ None

My program of research includes projects related to nursing care of older people.

- ☐ Yes
- ☐ No

Nature of teaching experience related to older people:

- ☐ Primary care
- ☐ Home care/community
- ☐ Acute care of adults
- ☐ Specialized acute care for older people
- ☐ Long term care
- ☐ Palliative/hospice care
- ☐ None