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## Abstract

Nurse vacancy rates in older adult services are disproportionately high compared to other areas of nursing. This is partly because few student nurses consider it an attractive career option once qualified due to perceptions of low-status, strenuous nature of the work and impoverished care environments.

The study aimed to explore students' perceptions of incentives that could counterbalance the barriers for new graduate nurses joining this speciality.

Methods: A qualitative descriptive design using focus group interviews was carried out with six groups of student nurses (n=27) following completion of their acute care older adult placements in three hospitals. Data were analysed using thematic analysis.

Results: The barriers from students' perspectives were constructed as a vicious cycle of staff shortages and inadequate resources that created impoverished environments leading to a dissonance between ideal and delivered care.

Over one-third of students were unlikely to consider a career in older adults nursing, but the remaining students could identify incentives that may tempt them. Four main themes and eight subthemes were identified: gerontological status and leadership (Ward leadership; respected others); relational care (legitimising emotional support, care versus cure goals); quality work environment (pay as recognition, 12-hour shifts); and career-education pathways (gerontological knowledge, career progression).

Conclusion: Radical new approaches, based on student and nurse engagement, are required to incentivise a career in gerontological nursing. A combination of short and longer term strategies that include education-career pathways, a focus on relation care, and improved work conditions including financial incentives should be trialled.

## SUMMARY STATEMENT OF IMPLICATIONS FOR PRACTICE

### **What does this research add to existing knowledge in gerontology?**

Incentivising carers in gerontological nursing has to overcome negative stereotypical views and barriers related to low staffing levels, perceived sub-optimum care and a sense of care dissonance.

At an organisational level, prioritisation of older adult relational care, addressing staff recruitment and retention, dynamic ward leadership and positive mentor role models are required.

At an individual level, visible career-education pathways combined with workplace incentives (including monetary) could help attract new graduates to the field.

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

High quality nursing care for older people is fundamentally dependant on attracting and retaining high calibre and dynamic student nurses to work in older adult services once qualified.

Student nurses and early career nurses should be central to the design of interventions and strategies aimed at incentivising a career in gerontological nursing.

Making gerontological nursing an attractive speciality for students and early-career nurses is likely to require multilevel shifts in attitudes within the nursing profession and health care systems combined with pragmatic and tangible incentives.

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

Evidence based intervention to inform multidimensional strategies are required at national, organisational, ward and individual nurse level to overcome entrenched negative perceptions and real-world barriers (e.g. staffing and skill mix) to working in older adult services.

Inspiring undergraduate nursing students to develop a passion for and consider a career in gerontological nursing begins with creating enriched pre-registration learning experiences and nurturing by expert gerontological nurses.

Attracting the next generation of gerontological nurses requires political will and multiagency action to develop new models of pre-registration preparation aligned with defined post registration education-career pathways and pragmatic incentives.

## Introduction

The global shortage in nursing has a significant impact on the quality of patient care, especially in older adult services (Hayes et al. 2012, Hayes and Ball 2012, NHS 2018). The employment crisis is driven by a combination of growing population demand, retirement in an ageing nursing workforce and low levels of interest among undergraduate and early career nurses in older adult nursing (Neville et al. 2013, Roche et al. 2014). There is a considerable body of work that examines why students or new graduates do not consider a career in the speciality as an attractive option, but few studies have asked the question what could incentivise students to consider a career in gerontological nursing?

The average age expectancy in most developed world countries is now over 80 years, and it continues to increase (WHO 2018). The vast majority of older people live healthy lives free from significant disability, but increasing age is associated with a higher burden of chronic conditions including frailty and dementia (Clegg et al. 2013). The World Health Organisation (WHO 2016) identified building workforce capacity and capability to respond to the needs of an ageing population as a key priority. Yet despite repeated warnings, countries have given very little attention to growing the health care workforce with the skills and competencies to deliver high quality care to older people (Goldberg et al. 2016, Naughton et al. 2016, Schapmire et al. 2018). Older adult nursing struggles to attract and retain new graduates and early career nurses to work in these services (Howe et al. 2012, Chenoweth et al. 2010, Kydd et al. 2014).

Leading nurse organisations such as the Royal College of Nursing (RCN) and American Association of Colleges of Nursing (AACN) articulate positive professional views of gerontological nursing, yet negative perceptions of working with older people persist among undergraduate nurses and in the wider profession (Neville et al. 2013, 2016, Kydd et al. 2014, Rush et al. 2017). In turn, this affects career choice, vacancy rates and ultimately the quality of care delivered to older people (Hayes and Ball 2012, Chenoweth et al. 2010, Drennan et al. 2018). Future career

choices are influenced by students' perceptions of areas that hold interest, challenge and employment (Duggan et al. 2012). Care of older people can be perceived as an area of little opportunity, as depressing, thankless, non-prestigious, and in economic terms, unrewarding (Haron et al. 2013, Algosio et al. 2016). Contemporary models of gerontological nursing challenge these outdated views through delivering evidence-based high-quality care as well as offering dynamic and rewarding career pathways (Capezuti et al. 2012, Palmer 2018), but this is poorly recognised in the wider nursing workforce.

Negative views are anchored in wider problems, chief among which are ageism within society, inadequate preparation in undergraduate curricula, low nurse-patient ratios, and negative experiences during clinical placements (Neville et al. 2016, Koh, 2011, Garbrah et al. 2017). Student career preferences are formulated during experiences on clinical placements, where mentors and ward managers can reinforce negative, stereotypical perceptions of older adult nursing (Carlson and Idvall 2015). This study aimed to explore students' perceptions of a career in gerontological nursing and their views on incentives that could attract them to the speciality and overcome perceived barriers.

## Methods

The study uses a qualitative descriptive design based on thematic analysis (Nowell et al. 2017). Ethical approval for the study was provided by the University Ethics Committee (HR15/162270); all participants gave written informed consent.

### Study settings

This study was nested within a larger trial testing a dementia communication training intervention for pre-registration nurses (Naughton et al. 2018). Focus group interviews were undertaken with students recruited from one academic institution. All students interviewed had undertaken clinical placements on dedicated older adult acute medical wards (similar to acute care for elders units) in one of three academic teaching hospitals in central London.

Each of the hospitals had two to three older adult wards that admitted patients aged 65 years or older either directly from the emergency department or transfers from other wards for specialist gerontology management. The average length of patient stay was 10-14 days. The wards operated a comprehensive geriatric assessment and management model of care, defined as a multi-dimensional, multi-disciplinary



diagnostic and therapeutic process conducted to determine the medical, mental, and functional problems of older people with frailty so that a coordinated and integrated plan for treatment and follow-up can be developed (Ellis et al. 2017). The nursing philosophy was person-centred care with a focus on reablement and quality of life. During clinical placement, each student was allocated one or two nurse mentors, at least one of whom had a mentorship qualification, from the ward nursing team. The mentor(s) were responsible for student supervision and appraisal. In addition, each ward was allocated an academic link lecturer to provide student and mentor support and improve communication between clinical wards and the university.

Student nurses were either part of the graduate entry, two-year programme or B.Sc. three year programme. During their programme students receive six hours of lectures on gerontology specific content.

Fifty-one students who had participated in the intervention were eligible for recruitment following completion of their older adult placements (between 4-12 weeks duration) between July to December 2016. All interviews were completed in the final week of their placement and were undertaken with a convenience sample of 27 students. Students self-selected, but we tried to ensure representation from both programmes and the different stages of the programme. Interviews were conducted by a university lecturer (CN) using a semi-structured interview schedule to explore students' interest in pursuing a career in older adult nursing once qualified (supplemental file). The questions centred on why students would or would not pursue older adult nursing as a career. Students were then asked to consider what incentives would attract them to a career in the speciality. Focus group size varied from 3 to 7 students, interviews were conducted in a private room away from the clinical setting. Interviews lasted between 45-60 minutes and were audio recorded and transcribed verbatim.

#### Statistical analysis

Interviews were analysed using thematic analysis as outlined by Clarke and Braun (2006). Thematic analysis focuses on describing patterns, interpreting and making sense of the data. It is recognised as a distinct method, not tied to a particular epistemological or theoretical perspective (Nowell et al. 2017).

The six-step framework involved reading and reading; initial coding was based on keywords and phrases, minor themes and higher order themes were identified in the data (Clarke and Braun 2006). Coding was undertaken independently by KOS and CN; researchers met to discuss themes and reconcile coding differences. NH reviewed the themes independently for 'sense checking'. Common and divergent themes were identified, and constant comparative method was used to test the robustness of the finding. Verbatim quotes were selected to illustrate the themes. The following steps were used to strengthen the trustworthiness of the analysis, audit trail of codes generated, initial independent coding by two researchers, meeting notes from the discussions, and sense checking (Nowell et al. 2017). The software package NINVO 11 was used to support analysis.

## Results

Five focus group and a single interview (student unable to attend focus group) were undertaken with 27 students. The majority of students were from the larger (direct entry) BSc adult nursing programme and 18% of students were from the postgraduate diploma in adult nursing programme. Students were mainly in the first year of their course (56%) and 7% were in their final year. This clinical placement pattern reflects the tendency to send students to older adults units in their first year. While, in their final year, students can request their preferred placement and as indicated in these numbers, very few elected to do their final placement on an older adult ward.

Table 1 Study population profile

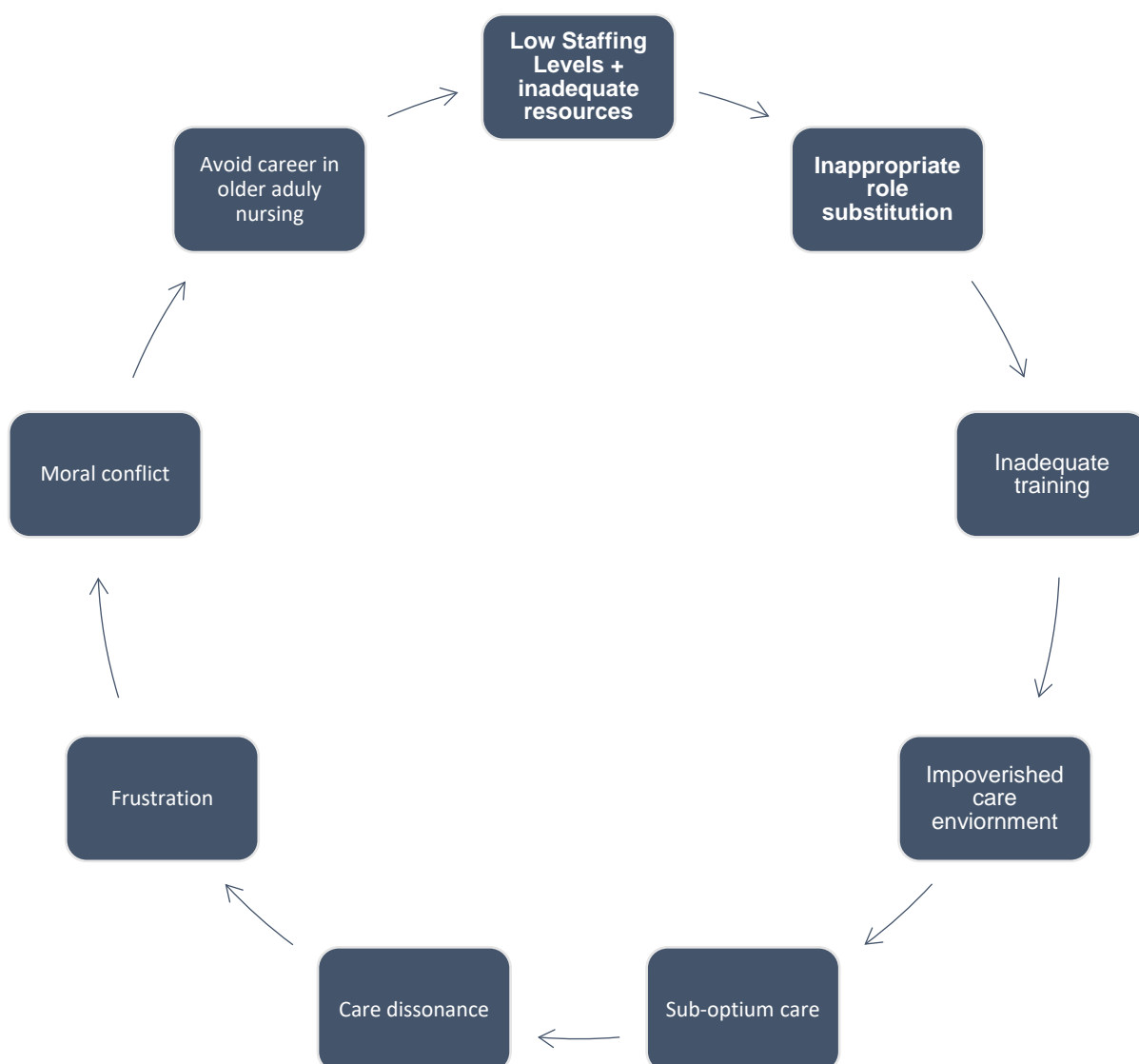
		N=27	%
Programme type	BSc.	22	81
	Post graduate Diploma	5	18
Programme year/progression point	1	15	56
	2	10	37
	3	2	7
Gender	Female	26	96
	Male	1	4

### Career in older adult nursing

Students were asked directly how many people would consider taking a nursing post in older adult services once qualified. Only 4-5 students (18%) would actively consider it, about one third felt they definitely would not consider it and the remaining students felt that they may consider it under certain circumstances.

The themes in the data broadly fitted under barriers and incentives. In relation to barriers, our findings aligned with published studies in the literature (Algozo et al. 2015, Koh 2012, Neville et al. 2013), thus we have provided only a summary here. Students described a 'vicious cycle' that instilled or re-enforced negative views of older adult nursing in acute care as a career (Figure 1).

Figure 1 Vicious cycle of barriers in older adult nursing as a career choice



During placement, students observed periods of staff shortages, nurse role substitution and inadequate resources compared to other clinical placements. These

factors were compounded by a lack of staff training and a view that some staff on these wards were ‘burnt out’ creating an impoverished care environment and sub-optimal patient care. For students, this created a sense of care dissonance and moral conflict, whereby they recognised older patients required high quality care but these persistent problems prevented them from delivering such care. Inevitable, many students wanted to avoid this emotional conflict and feared they could not ‘stick’ with older adult nursing as a career.

I know full well that I could give them the time that they deserve, but then at the same time, I hate seeing maybe people not doing that. So that’s why I’m very 50/50. There’s a huge part of me that would want to do that because I know I could deliver it well, but then there’s another part of me that doesn't want to do that.’ (Interview 1, F4)

#### Incentivising older adult nursing

Despite these barriers, the majority of students had enjoyed their placements and recounted positive experiences whereby they had formed therapeutic relations with their patients, and they believed their presence had made a difference to the quality of care provided. Interviewees went on to discuss what could incentivise them to consider a career in old adult nursing. Four main themes were identified: gerontological status and leadership, prioritised relational care, improved work conditions, and career-education pathways. Each of the major themes was divided into two subthemes (Table 2).

Table 2 Incentivising older adult nursing themes and sub-themes

Theme	Subtheme 1	Subtheme 2
1.0 Gerontological status and leadership	1.1Ward Leadership	1.2 Respected others
2.0 Relational Care	2.1 Legitimising emotional support	2.2 Care versus cure goals

3.0 Quality of work environment	3.1 Pay as recognition	3.2 Twelve-hour shifts
4.0 Career-Education Pathways	4.1 Career Progression	4.2 Specialist Gerontological Knowledge

### 1.0 Gerontological status and leadership

Participants' views of older adult nursing were influenced by the perceived status and prioritisation of the speciality within the wider hospital. Students drew their conclusions based on disparities in staffing levels and resources on the older adult wards compared to their other placements on cardiac, oncology, or surgical wards.

Resources aren't given to elderly, they're given to other aspects of nursing and it's not given to the elderly. (Interview 4, F 8)

The single biggest factor in attracting students to the speciality as newly qualified staff nurses was better nurse-patient ratios to reflect the complexity and dependency of this patient cohort.

You just need more staff. If you had more staff it's not going to be as hard work physically. You've actually got two people to a patient that needs two people to wash, - instead of having to make do with just the one person. I think that's a big thing, definitely [interview 3, F1].

This creates a 'wicket problem' whereby nurse vacancies can't be addressed unless nurses are attracted to, recruited and retained in the vacant posts. New graduates are the main source of new employees, but they are unlikely to take posts on chronically understaffed wards when there are choices elsewhere.

### 1.1 Ward Leadership and teamwork

A key consideration for students, especially as they neared graduation, was selecting the 'right' ward for their preceptorship year (first year after graduation). Participants spoke of 'strong, supportive ward managers' 'well-run units' and 'positive team atmosphere' as decisive factors in selecting their first staff nurse job. Older

adult ward managers who were seen as progressive and innovative can attract new graduates.

I think having good quality leaders in older persons is an essential. I mean, it's an essential everywhere, but if we're trying to recruit people it's an essential. So having a ward manager who is good at leading, who understands the challenges of the ward,....very good at interacting with everybody in the whole multi-disciplinary team' [ Interview 6, M1]

## 1.2 Respected others

The opinion of 'respected others' especially senior nurses and mentors significantly influenced students' decisions on career choices. When mentors (mostly from other wards) voiced their personal misgivings about older adult nursing this tarnished students' views prior to commencing their placements. In contrast, strong role models and a cohesive team atmosphere on older adult wards helped to dispel negative perceptions.

Just the level of support you're going to have ...the days I've been better I've felt really like we were working as a team, people that need help are asking for help, I feel I can ask for help if I need it [Interview 3, F3].

## 2.0 Prioritised relational care

The most positive aspect of gerontology nursing from participants' perspective was spending therapeutic time with older people. They valued providing emotional support through listening, 'being with' 'bringing a smile to a patients face', these interactions aligned with interviewees views of high quality care and attracted them to this field of nursing.

You're kind of like a friend to them. You're not just caring for them medically but physically, psychologically and socially and that's how you can provide holistic care.' (Interview 2, F2)

Participants commented on how tasks such as medication administration and documentation took priority over emotional care and how little time qualified nurses had to spend with patients. They were also critical of inappropriate role substitution that removed nurses from direct care giving.

There are some jobs [ patient observations, nutrition, 'knowing the patient'] that need to be shifted back from HCA [health care assistant] and back to the nurses [Interview 2, F1 ]

## 2.1 Legitimising emotional support

Giving equal status to emotional care was seen as vital to delivering the standard of nursing care that participants aspired to. 'Knowing your patient' was a phrase that was used repeatedly and was seen as a core nursing duty. One interviewee suggested this could be 'mandated' with specific time allocated to prevent other tasks taking priority.

I think, not that this would happen, some of your hours are involved in just engaging with the patients and doing fun stuff.....I feel like there should be allotted time for you to do activities with patients and do stuff with patients instead of having to do meds [medication], having to do documentation; having that fun aspect to it because it's not only good for us, it's going to be immensely good for the patients as well [Interview 3, F1]

## 2.2 Care versus cure goals

By the end of clinical placement, participants, especially students at a later stage in their programme, began to appreciate the different therapeutic goals and complexity of care for older people. Some interviewees could see beyond a 'technical cure model' to a 'care focused' model that aimed to support the older person's priorities and preferences for quality of remaining years.

Inevitable students experienced conflicts in emotion when older patients transitioned to care homes despite wanting to return to their own home, around end-of-life care and witnessing family grief. Students found such experiences emotionally demanding and they also saw the impact on ward staff. Students reflected there was a need for better psychological support for staff and students to support resilience, emotional well-being and reduce burnout.

One thing I've been thinking about a lot in this field was the lack of clinical supervision, which I think would benefit the nurses and the staff in turn so much in this field, where it's dealing with lots of death particularly and difficult



illnesses and things. I think nurses can burn out quite easily in this field. So I think more support. [Interview 1, F 1]

### 3.0 Quality of work environment

The quality of the work environment was a central theme in student interviews. Students, similar to staff, worked 12-hour shifts on large wards with high levels of patient dependency and acute illness. Nurse-to-patient ratios reflected that of general medical or surgical wards (NICE 2014), but frequent staff shortages made the work environment more challenging. Students describe feeling greater levels of physical and emotional tiredness compared to other placements. Increasing the number of registered nurse on the wards was seen as fundamental to improving the quality of the care and work environment. Students held variable views on the role of pay and shift patterns as incentives to break the cycle of staff shortages.

#### 3.1 Pay as recognition

For some students, offering extra pay would make no difference, if it meant compromising on their standards of nursing care. Others recognised that it had a place as an incentive for new graduate nurses to work in this area. They viewed it as both a pragmatic benefit and a visible indicator of being valued by the organisation.

People are motivated by money – I'm going to be very honest – so perhaps that has something to do with it. If you're working on an older persons' unit, maybe people would be more motivated if they were paid more money.'

[Interview 1, F6]

#### 3.2 Twelve-hour shifts

Twelve-hour shift patterns proved a controversial talking point as an incentive. Some participants took a patient viewpoint and felt that 12-hour shifts had a detrimental impact on patient care as it decreased continuity of care and contributed to exhaustion.

If I could change anything, I would get rid of long days for continuity of care. I think if you're seeing that patient five days a week, as opposed to three days a week, you know that patient better. [Interview 2, F3].

For others, 12-hour shifts facilitated a better work-life balance.

I'd rather do 12-hour shifts to get my hours done, looking at it from the student nurse perspective, because you want to get them done as quickly as you can. But if you could - I'd rather do less, but then it means that you've got to do more days, doesn't it? [Interview 3 – F1]

#### 4.0 Career-education pathways

Many of the interviewees were in the first year of their programme and were concerned with consolidating the 'basics' of nursing. But students at a later stage, especially those who were about to graduate, were more conscious of careers and developing within a specialist field.

#### 4.1 Specialist gerontological knowledge

By the end of clinical placements, participants had a better understanding of the complexity, acuity and unique knowledge and skills required to provide effective care for this group of patients.

As a newly qualified or newly registered nurse, it's a good place to consolidate your skills, and there was so much variety in the ward. Patients come in with lots of different comorbidities; they're under lots of different specialities so if you really want to learn about different specialities...[Interview 6, M1]

The opportunity to develop specialist knowledge through academically recognised postgraduate programmes was viewed as an incentive and increased the credibility of older adult nursing as a speciality. However, many participants were not aware of such courses, unlike emergency nursing or intensive care courses.

[Final year student, wanted to complete a master] Doing a specialist course, doing dementia training, doing other forms of training, that for me would feel as though I'm improving as a nurse and that would make me stay. If I felt as though I was remaining static and it was just I was doing the same thing every

day, and I don't feel I'm learning anything, then that would make me leave  
[Interview 6,]

#### 4.2 Career Progression

Participants, especially those in their final year, were focused on their first staff nurse job. They were attracted to areas where they could see career progression opportunities, e.g. clinical nurse specialist, advanced nurse practitioners or nurse consultant roles. Some had spent time with specialist nurses, and it had influenced how they visualised their careers developing.

'They've got their own little points to get to and it might be that they want to become a senior staff nurse, or they maybe want to specialise in dementia or something like that, but if they felt like they had more places to go then maybe they would feel a little bit more like, 'Yes, I do want to stay in this job role.

[interview 1, F4]

By and large, participants were unaware of career pathways in older adult nursing; the exception was a student who had an opportunity to work with specialist older adult nurses.

I was working with clinical nurse specialists and they were specialising in older persons. So that was a good opportunity for me to see that actually, you know, these are all nurses that have worked in older persons' care but there is career progression there, and there are opportunities to learn and opportunities to specialise, whereas often it's viewed as oh, this is just ward work and not...yes, the opportunities aren't, I don't feel, they're not advertised or they're not spoken about enough [interview 6, M1].

## Discussion

Our study explores what could incentivise student nurses to work in gerontology nursing once qualified. Students' views were formed based on comparisons between their older adult acute care clinical placement and other ward placements. Their views provided a valuable and critical insight into this specialist field. In this study, central to incentivising a career in gerontological nursing was the quality of the older adult care environment (nurse staffing levels, supportive ward leadership and team dynamics). Positive care environments were characterised as those where nurses were enabled to prioritise patient relational care. Pragmatic incentives that improved work conditions (pay and shift patterns) were important, as were visible education-career pathways to progress from novice to an expert gerontological nurse.

The majority of students enjoyed their placement and could articulate the value of relational aspects of care including spending time with patients that off-set some of the challenges they encountered (Kydd 2014, Mattos et al. 2015). During placement, students were acutely aware of inadequate nurse staffing for the level of patient acuity and dependency. This led to a sense of care dissonance, the gap between good quality care and the care that was delivered. Such experiences fundamentally influence students' career choices (Fagerberg et al. 2000, Gillespie 2013, Andrews et al. 2005, Wareing et al. 2017). In addition, respected others such as ward mentors have a significant influence on career choice. Despite years of projecting a positive discourse on older adult nursing, there are still widely held negative perceptions within the profession (Hanson et al. 2014, Henderson et al. 2008, Kydd et al. 2014).

Vacancy rates in older adult acute care hospital wards are high, and there is a reliance on overseas nurse recruitment and agency nurses to plug workforce gaps (Hayes and Ball 2012, Chenoweth et al. 2010). There is now substantial evidence that better nurse-patient ratios and a stable workforce improve patient outcomes (Atkin et al. 2014, Drennan et al. 2018), but there are no specific recommendations on optimum safe nurse staffing levels for acute care older adult wards. In this study,

students recognised the impact of inadequate staffing levels on the quality of patient care and the emotional and physical impact on staff including tiredness and emotional disengagement from patients. This was the biggest barrier to taking up a post in this setting once qualified.

One argument is that students should not be sent to such wards, that care of older adults in community or rehabilitation settings may provide a better person-centred learning experience. There is no evidence for this assumption, staff levels in all older adult settings are problematic, and with over one-third of acute inpatient beds occupied by older people, it is not practical or advisable to exclude older adult acute care wards from student clinical rotations. The solution is to define evidence-based staffing levels for acute care older adult wards and to build gerontological capability in the nursing workforce which starts with preregistration programmes (Hayes and Ball 2012, Grabach et al. 2017, Alzheimer's Association 2017)

There is tension between increasing service demand for nurses in aged care yet diminishing interest among nursing students to pursue a career in this sector (Carlson and Idvall 2015, Neville et al. 2013, 2016). This disparity has been well documented for over two decades, and while there have been small innovative projects in pre-registration education to stimulate interest, there is no evidence of impact on student nurse intention to work or recruitment in older adult services (Alushi et al. 2015, Koehler et al. 2016, Koskinen et al. 2015, Brown et al. 2008, Robinson et al. 2008, Rodgers et al. 2011).

Undergraduate nursing programmes are highly structured and regulated by national nursing boards. In many countries, the focus is still on preparing students to work in acute hospitals initially. As care delivery shifts to a community focus, undergraduate nursing curricula need to reflect new primary and intermediate models of care, especially for older adults (Imison et al. 2017). There is a need for innovation to promote gerontological knowledge and skills as a core part of undergraduate programmes coupled with high quality gerontological experiences (Gabrath et al. 2017, Annear et al. 2016, Koskinen et al. 2015, Tenhunen and Fitzgerald 2014, Mattos et al. 2015). Student clinical placements are vital to influencing career decisions. Greater vision and flexibility is required to design a diverse and

sequenced (from first to final year) gerontological related experiences across acute, community, intermediate and long term care settings, including working with specialist teams and nurses in advanced practice roles to illustrate new models of gerontological care as well as career pathways.

We need a radical rethink on incentives to break the vicious cycle of barriers to careers in older adult nursing (Howe et al. 2012, Baldwin 2013). Gerontological nursing has to compete with better resourced, better staffed and technologically focused specialists that have come to typify modern nursing (Algozo et al. 2016, Straughair et al. 2012). The global shortage of nursing means older adult nursing is an active career choice and currently, few students on graduation consider a career in older adult nursing (Haron et al. 2013, Rush et al. 2017).

Multifaceted and contextually responsive nurse recruitment and retention strategies are required that are based on better quality workforce data (Buchan et al. 2018). The study herein points to the benefit of engaging with students to co-design interventions that address barriers to recruitment and incentives to retain nurses in the speciality. Higher education institutes working with clinical partners can design exciting education-career pathways from novice to expert gerontological nurse to address the lack of clear gerontological nurse career pathways.

This is a longer-term strategy, and more immediate incentives are required to reduce vacancy rates, of which monetary incentives are among the most powerful (Seitovirta et al. 2017, Buchan et al. 2018). The money spent on managing nurse turnover (including agency nurse costs) (Roche et al. 2014) could be channelled into specialist payment for nurses on older adult wards. Such payments could be linked to staff professional development to achieve higher level gerontological competency and role expansion. Other considerations are work-pattern flexibility, a critical review of 12-hour shifts, and access to affordable housing especially in high-cost cities such as London.

#### Research and policy implications

A combination of immediate and longer-term incentives could attract and retain a much larger number of early career nurses to address chronic nurse vacancy rates in older adult nursing (Haron et al. 2013, Algozo et al. 2016). Better planning and

sequencing of pre-registration gerontological learning and experiences could help stimulate greater interest in this field among students (Chai et al. 2019). But converting interest into recruitment and retention posts reflected 'is likely to be related to planned, and sequenced, multi-policy intervention- so called "bundles" of linked policies, rather than single interventions' (Buchan et al. 2018, p 15). Gerontological undergraduate preparation needs to be seen as part of wider strategies on gerontological nurse recruitment and retention that combine education-career pathways with pragmatic incentives (WHO 2016, Naughton et al. 2016, Goldberg et al. 2016, Capezuti et al. 2012, Palmer 2018).

The effectiveness of such strategies needs to be judged by their impact on nurse sensitive outcomes for older people, older adult experience, staff well-being and economic cost-effectiveness to inform nursing workforce development and policy (Drennan et al. 2018). This type of integrated approach requires multiagency collaboration between education institutions, clinical partners, national nursing boards, health workforce planners and older adult representative groups.

#### Study limitations

This was a convenience sample of student nurses and captured a snapshot of views on career incentives in gerontological nursing. Further research is needed on how student views change throughout their programme and their early career. Several factors may have influenced students' views (variable duration of clinical placement, post-graduate versus direct entry, previous life experience) that were not explored due to small size.

#### Conclusion

Older adult nursing is among the most skilled and complex of any of the specialities and offers tremendous personal and professional rewards, but it is being dragged down by a legacy of inadequate staffing, low resources and negative stereotyping within the wider nursing profession.

National workforce strategies to build gerontological capacity and capability requires multiagency cooperation to develop dynamic and exciting education-career pathways from undergraduate to higher level advanced practice and to recruit and retain talented early-career nurses to this speciality. In the short term, other incentives including financial are likely to be required to add momentum to a positive-

counter narrative that challenges the entrenched stereotypical image of older adult nursing. The views of student nurses are central to redesigning preregistration programmes to reflect new models of health care and developing effective strategies to recruit and retain early-career gerontological nurses.



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Supplemental file

**Questions specific to exploring incentives for a career in older adult nursing**

[Questions at the end of a longer interview]

Would any of you consider this field of nursing as a career?

[ record number definitely yes, may be, no ]

Why would you/ would you not consider a career in this field

Is there any thing that would help entice you into this area of nursing?

[probe- education, career pathway, money, flexible shift pattern]

How could we make older adult nursing more attractive to undergraduates as a career?