

Balancing between familiarity and professionalism in caring for older persons: A phenomenological study from the perspective of nursing students[☆]

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ABSTRACT

Aim: To describe the meaning of caring for older persons based on the experiences of nursing students in Greece.

Background: The present study is conducted based on a caring science perspective derived from a holistic viewpoint of human beings, aiming to support the well-being of older persons. In Greece, informal caregivers play an important role in caring for older people; however, as the population ages, the need for registered nurses specialising in caring for older people is also increasing. Previous research in other countries has reported a relative lack of interest in this field, which is a threat to the quality of care. To ensure an adequate number of new-generation nurses caring for older people, nursing students' perceptions of the phenomenon of caring for older persons should be well understood and explored in a context where the number of long-term care beds and residential care facilities are low and where informal caregiving is common.

Design: Based on Descriptive Phenomenology, in line with the Reflective Lifeworld Research (RLR) approach.

Methods: A total of 12 nursing students at a university in Greece underwent in-depth lifeworld interviews online during June and July 2021 and March 2022; Interviews were transcribed verbatim and were analysed according to the principles of RLR that approaches the phenomena with openness and constant reflection. The participants were students in their fourth or fifth year of nursing education; they had previous experience in older person care and were not acquainted with the authors.

Results: The results show the essential structure of the meaning of caring for older persons, where otherness consists of intertwined demanding and rewarding elements. The essence is further conveyed by three constituents: otherness of the older person: witnessing someone's vulnerability; trustful caring: struggling with normative structures; and closeness and distance: balancing between familiarity and professionalism.

Conclusion: To ensure quality of care for older persons in the future, an understanding of how nursing students describe their experiences of caring for older persons during education is important. Balancing between familiarity and professionalism highlights the need for further reflection on professionalism and dignity and identifying the norms and values helps to highlight particularities of the context and national healthcare system. Curricula focusing on cultivating students' preunderstanding, regarding caring for older persons are required to promote a higher quality of care in the future. Caring science can contribute to a focus on a holistic perspective in caring for older people.

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Tweetable abstract: There is an ever-increasing need for educated nurses in the field of caring for older people. With the lack of interest in this field of nursing, the overall quality of care is impacted. This study describes the meaning of caring for older persons based on the experiences of nursing students in the Greek health care system.

1. Introduction

Globally, the recruitment of qualified nurses should be promoted to improve the quality of care for older persons and nurses' well-being (Lim, 2021). Across the OECD, 70% of the long-term care workforce consists of personal care workers who are not qualified or registered as nurses (OECD, 2020). In Greece, long-term care for older people is based on a mixed system comprising formal and informal care services. However, a large proportion of older people receive informal care rather than formal care services, and the presence of residential care is low within the healthcare system (Suanet et al., 2012). Deficiencies in the workforce for older person care have raised awareness of the lack of student nurses' interest in caring for older persons. According to recent findings, vacancies in sectors such as older person care and primary healthcare appear to be caused by a lack of interest in these areas by student nurses (Hunt et al., 2020).

2. Background

The present study was conducted based on a caring science perspective that permeated with a holistic view on care that views well-being and illness as inseparable and integrated into a deeper existential matrix (Dahlberg, Todres and Galvin, 2009). In the present study, caring and caring relationships are key concepts understood from a lifeworld theoretical perspective, here as characterised by respect and aimed at supporting the well-being of older persons (Galvin and Todres, 2013; Galvin, 2021). A lifeworld approach can ensure dignified care for older people, and by implementing this approach during nursing education, a thoughtful and reflective attitude towards the lifeworld of the patient can be achieved (Lindberg et al., 2018).

Longitudinal studies of nursing students' career preferences have reported that caring for older people does not align with nursing students' preferences (Hunt et al., 2020; McCann, Clark and Lu, 2010), including hesitation about working in long-term care settings (King, Roberts and Bowers, 2013). Students' exposure to older people's care within residential care environments has been found to promote hesitant attitudes towards older person care (Hunt et al., 2020); however, clinical placements have also been recognised as an important factor affecting students' socialisation and professional identity in a positive way (Clements et al., 2016; Hovey et al., 2017; McCloskey et al., 2020). Throughout their studies, education is an important determinant of the formation of nursing students' preferences. Knowledge of ageing and caring for older persons positively changes attitudes towards caring for older persons (King, Roberts and Bowers, 2013; Mohammed and Omar, 2019). These findings highlight the importance of knowledge of the complexity of caring for this age group.

2.1. Caring for older persons in Greece

Only 17 long-term care beds are available per 100,000 inhabitants in Greek nursing and residential care facilities, whereas the ratio in Europe ranges from 400 to 1100 (Ziomas et al., 2018). Moreover, the *European Quality of Life Survey 2016* (Ahrendt et al., 2018) reported that Greece was the first European nation to have problems with the number of people providing informal care. In Greece, since the 1970 s, public policies and programmes have promoted the presence of informal regimes, mostly by family members (Ntaflou, 2021). In recent years, the profound economic crisis has had a negative outcome for society and the healthcare system. A humanitarian crisis has been prevented by the tradition of informal caregiving, including the presence of the family in

hospital settings (Stavrianou et al., 2018). Female relatives generally take responsibility for older family members. When it comes to the number of women as informal caregivers, Greece ranks as the fourth highest European country (i.e., 63.5%) (Ahrendt et al., 2018).

2.2. Nursing education in Greece

Nursing education in Greece is run at a higher education level, and after the 2018 reform (N. 4559/2018), a nursing degree has only been provided by universities. Some of them were previously provided by the former technological education institutes, with the difference being that universities were originally more focused on extended theoretical knowledge. Because of this recent reform, certain undergraduate students must complete a fifth year of education to meet the requirements of a university degree. The Greek nursing education curriculum includes courses on gerontology, ageing and older people's care (Lambrinou et al., 2009). However, due to the complexity of caring for older persons, knowledge provided in education curricula should also be reflected on-action in order to develop professional caring for older persons (Prahll et al., 2016). Acquired knowledge and the meanings nursing students attribute to caring can be understood in various ways and it is crucial to investigate student nurses' experiences, as well as students' views towards a future career involving caring for older persons. Deepening our knowledge will help to guide the development of strategies to expand and retain the workforce, as well as to promote registered nurses' engagement in caring for older persons. This is particularly vital considering the significant shortages and strong reliance on informal caregiving processes that are ongoing in the healthcare system.

2.3. Aim

The aim of the present study is to describe the meaning of caring for older persons based on the experiences of nursing students in Greece.

2.4. Study design

The current study is guided by the Reflective Lifeworld Research (RLR) approach (Dahlberg et al., 2008), which is based on the phenomenological tradition of Husserl (1970a) and the works of Merleau-Ponty (1962)/ (2002) and Gadamer (1997). A phenomenon can be described as something in the world because it is experienced and includes objective (a thing and an experience, among others) and subjective (human) perspectives (Dahlberg et al., 2008). In the present study, the phenomenon being explored is *caring for older persons* from student nurses' perspectives, specifically looking at those individuals who have previous experience caring for older persons.

Lifeworld theory was originally introduced by Husserl (1970) to describe lived experiences as part of the lifeworld. Husserl described that, in their everyday lives, human beings are imbued by a natural attitude, taking the world for granted and without critically addressing it. In the current study, natural attitude is questioned through an open approach by focusing on insiderness to guide the process to a better understanding of student nurses' experiences in caring for older persons. Bridling guided the scientific attitude and is referred to as handling the researcher's preunderstanding and allowing the phenomenon to reveal a reflective attitude itself. Bridling the researcher's preunderstanding was possible through discussions and reviewing with co-authors and seminars, which took place regularly during the whole research process.

Qualitative research investigating nursing students' experiences in caring for older people has often adopted a positivistic approach

focusing on the sociological aspects and informants' 'attitudes' (Lambrinou et al., 2009; Che et al., 2018; McCloskey et al., 2020), offering a partial view of the phenomenon. The RLR approach provides insights into the lifeworld of students who are engaging in caring for older persons by constantly reflecting on the process of understanding, hence offering a broad view of the phenomenon of caring for older persons (Dahlberg et al., 2008; Dahlberg and Dahlberg, 2019).

3. Methods

3.1. Participants

Twelve undergraduate nursing students (10 women and 2 men) participated in the present study. All students were purposively included based on their ability to describe the phenomenon of 'caring for older persons'. Their ages ranged from 22 to 52 years, and they were in the fourth or final year of their undergraduate studies. Their previous experiences with older persons varied because it was acquired either through their six-month internship in healthcare settings or clinical placements as part of their obligatory courses; however, some students had completed both their internship and course-based placements. Their clinical settings varied from nursing homes and residential care units to hospitals. The participants were selected in accordance with the principles of convenience sampling (Merriam and Tisdell, 2015) based on their experience of the phenomena and willingness to participate. Nursing students were not acquainted or related with the authors in any way because they were affiliated with a third-party institution.

3.2. Data collection

Lifeworld in-depth interviews, according to (Dahlberg et al., 2008), were performed in two phases. The interviews were meaning oriented and guided by the principles of openness, reflection and a bridling attitude (Dahlberg et al., 2008). Eight participants were initially interviewed between June and July 2021, and another four participants were interviewed during the spring period of 2022. The participants were recruited through the researcher's announcements in their online university courses and emails with a description of the research process. The researcher did not previously contact or was not affiliated with the students and professors or the course leaders, who acted as gatekeepers. Because of COVID-19 restrictions, a videotelephone software programme was used during the interviewing process. Each interview lasted for 30–80 min and was recorded for verbatim transcription.

The interviews focused on the phenomenon of *caring for older persons* and started with the question, 'Could you tell me your experiences in caring for older persons (as a student nurse)?' This question aimed to provide openness and create a background for the phenomenon under investigation. The researcher then posed further questions based on the experiences of each nursing student. Follow-up questions included 'Could you please elaborate/explain more on that?' 'Why is that?' and 'What do you mean by that?' These open-ended questions allowed the interviewees to reflect with openness towards the phenomenon while simultaneously encouraging them to share more information on their lived experiences.

3.3. Analysis

Data analysis was performed with an open, reflective and bridled attitude based on descriptive phenomenological analysis that was consistent with the RLR principles (Dahlberg et al., 2008). Based on lifeworld descriptions derived from in-depth interviews, the analysis was carried out constantly, moving between meanings and particularities of the entire research data. This movement structure between the whole—the parts—the whole options to describe the essential meaning of the phenomenon.

The analysis was initiated by repeatedly reading through the

interview transcripts to grasp an understanding of the phenomenon of *caring for older persons* as nursing students. Attention was paid to maintaining a 'bridled' phenomenological attitude characterised by openness in searching for new meanings emerging from the participants' lived experiences (Dahlberg et al., 2008). Moving on to the parts of the data material, a search for meanings of the investigated phenomenon took place. Initially, the text of each interview was divided into smaller segments, forming meaning units. Subsequently, clusters of meaning were created through interconnected meanings. Continuing the abstraction, a search for an essential phenomenal structure was carried out. The essential structure contributed to an abstract description of the relationships between the meanings (Dahlberg et al., 2008; van Wijngaarden et al., 2017). Thereafter, the analysis proceeded by identifying constituents, here described as variations and nuances of the phenomenon. The constituents are illustrated with quotations (Dahlberg et al., 2008; van Wijngaarden et al., 2017). Below we have provided a figure highlighting an example of the analysis that led to the constituents of the essential meaning:

3.4. Trustworthiness

In phenomenology, objectivity and validity are mostly highlighted as being open, reflective and sensitive to the phenomena. The present study has been guided by openness, a reflective attitude and bridling of the researcher's preunderstandings (Dahlberg et al., 2008). The idea of 'bridling', according to Dahlberg et al. (2008), lies in approaching phenomena with sensitivity and an open attitude, restraining one's preunderstanding that could include personal beliefs, assumptions, theories and so forth while approaching phenomena 'as a whole'. In the current study, this was achieved through constantly asking reflective questions during the analysis to avoid taking for granted what is unknown. The research team is a joint coalition of researchers from different countries and with experiences from different health care contexts. This has contributed to reflections in which the researcher's preunderstandings have been extensively discussed, but it has also contributed to broadening the perspective through the research process.

By presenting the result as both a structure of meaning and by presenting quotations, van Wijngaarden et al. (2017) argue that validity can be achieved. In the current study, the variety of participants contributed rich descriptions of the phenomenon, making it possible to describe the phenomena through the essence and constituents. Results are always contextual, but transferability can be possible by presenting the results on an abstract level (the essence), which has been possible in the present study.

3.5. Ethical considerations

The research followed the principles of the World Medical Association's Declaration of Helsinki (WMA, 2013). Regarding the access and registration strategy of volunteers to participate in interviews, permission and approval were requested from the University of Ioannina to provide a brief description of the research project and answer possible questions to those interested. Before the interview, each participant was invited to an online meeting where they could ask questions related to their participation. They were also given a memorandum and were informed that their participation was voluntary and could be terminated at any time and that the data would be treated confidentially. The data were held safely and locked away, and no identifying data were transcribed in writing. Data analysis and presentation were based on concealed informants' identities. Written informed consent was obtained from all study participants. The study was approved by the University of Ioannina Research Ethics Committee (ref. number: 4001/25-01-2021), by the Swedish Ethical Review Authority (ref. number 2023-02102-01) and by the INNOVATEDIGNITY Ethical Scrutiny and Advisory Board.

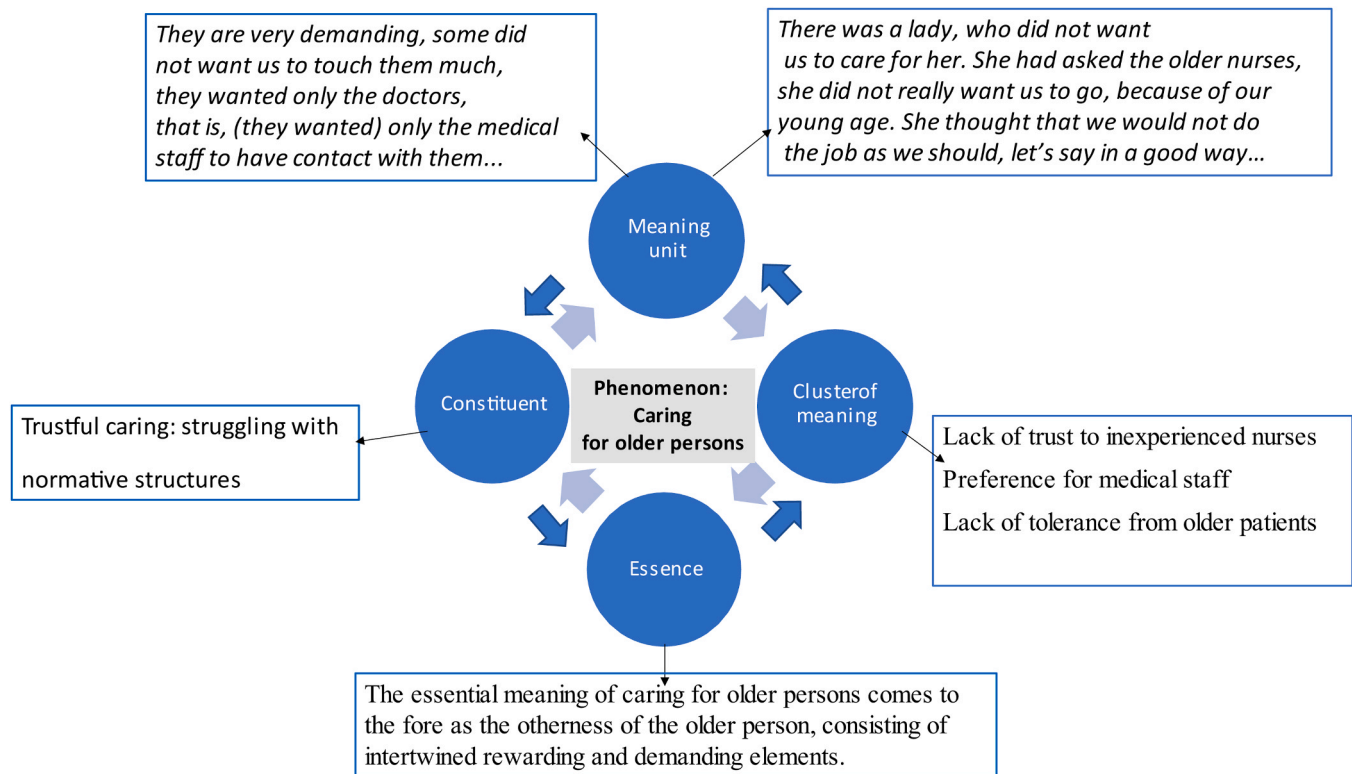


Fig. 1. Example of analysis focusing on the constituent *Trustful caring: Struggling with normative structures*.

4. Results

In this section, the essential meaning is clarified, followed by the meanings that further constitute the phenomenon, with its variations and individual nuances.

The essential meaning of caring for older persons comes to the fore as the otherness of the older person, here consisting of intertwined rewarding and demanding elements. Caring for older persons is a rewarding process that emphasises the humanising aspects of caring. Genuine communication, in both verbal and nonverbal forms, is considered an important element in caring. Dignified care is achieved when otherness can be put aside and when caring communion provides prerequisites for feeling at home. Empathy and compassion evolve as essential parts of caring.

The otherness of the older person challenges initiatives to a close relationship, and a shared vulnerability is present when overcoming otherness is limited. Perceiving older persons as a homogenous group contributes to missed opportunities in the caring relationship. Caring for older persons is an act of balancing familiarity and professionalism. In many aspects, preconceptions of older persons as different and particular create a void that affects caring, creating a distance. The dependency of older persons, resulting in a great need for caring, contributes to the view of caring as demanding. Caring is challenged by age and gender, contributing to the manifestation of the preconceptions of otherness.

The following description of caring for older persons highlights the phenomenon and tensions between the rewarding and demanding aspects of caring for older persons from the student nurses' perspectives. The essential meaning is further conveyed by the following constituents: *Otherness of the older person: witnessing someone's vulnerability; trustful caring: struggling with normative structures and closeness; and distance: balancing between familiarity and professionalism.*

4.1. Otherness of the older person: Witnessing someone's vulnerability

Caring for older persons is a unique process that differs from other types of caring. Older persons are perceived as a homogenous group different from themselves, and when compared with younger patients, they are perceived as more vulnerable and dependent. The vulnerability of older persons becomes a core issue in the caring process. This is experienced either as part of physical dependency based on the specific nature of the older person's bodily needs or as emotional needs that constitute substantial parts of caring.

Ageing and becoming frail and being dependent on performing everyday tasks are experienced as a factor contributing to a feeling of unease in several aspects of an older person's life, and recognising this vulnerability inflicts fearful emotions affecting the relationship with older persons. The loss of personal space is described as an important aspect of caring that emphasises the vulnerability of older persons and contributes to a sense of emotional homelessness. Examples of this loss are imposed loss of a previous home setting or daily routine when becoming a part of a residential care setting (e.g., a nursing home) or when there is a need to be hospitalised for extensive periods.

These people, like all of us, used to have their own routines. Suddenly, they come to live in another place, outside of their common routine, which they usually need to share with other people in an unfamiliar environment. (Participant H)

Because of the vulnerability that describes older persons and dependency they entail, caring for older persons is experienced as a demanding process. Regardless of the care setting, caring for older persons might require the delivery of fundamentals of care, such as being supportive in meal situations and when conducting bodily tasks. These require certain skills and particular attention that do not violate personal space and integrity.

In general, we should always ask them about anything we need to do with their bodies, in their spaces, regarding their health. And when it is time to help him, we should ask them without trying to limit them. (Participant Γ)

The otherness of caring is described as older persons' vulnerability being witnessed, which leaves nursing students with a feeling of insufficiency and entails a weight on their shoulders. Simultaneously, perceiving the older persons as 'other' and as a homogenous group contributes to missed opportunities in the caring relationship.

I find (caring for older people) difficult, especially when compared with caring for middle-aged or young adults. Because some (older) people are not very willing to cooperate, they quit; I mean, they want to quit themselves. (Participant B)

4.2. Trustful caring: Struggling with normative structures

Caring for older persons means the ability to create a trusting environment. When trust is lacking, the caring relationship between the older person and nursing student is affected, enhancing feelings of mistrust. Not being trusted contributes to a sense of insecurity, particularly when mistrust is related to a younger age or a lack of experience. This reflects nursing students' vulnerability as new professional caregivers, indicating their insecurity when caring for older persons.

In Greece, for example, because most of them (nurses) are older, people who are 23, 25 or 27 years old are not considered as equal, that they are (thought as) not good enough, that they do not have enough experience, so mainly, the older ones (patients), when they see these people are afraid, they think something will go wrong; they don't trust them. (Participant K)

The lack of trust is related to norms such as authority, gender and age. These aspects affect not only the situation, each in its own way, but also when they add challenges to the caring process. Older persons sometimes demand the presence of a physician to feel secure and well-treated, evoking feelings of rejection and doubt in nursing students and putting them in a position to ask for the support of a physician or senior nurse when caring for an older person.

Gender plays an important role; that is, feelings of shame and unease might be present when caring is performed by nurses of a different gender, and this is mostly experienced by older women. The need for the performance of bodily tasks consists of an inseparable part of caring and enhances shared vulnerability between the older person and nursing student.

We said before that they may need to have a shower. Sometimes, they are ashamed to have their bodies naked, or if there is a difference, let's say, regarding gender. Old ladies will hardly do this with a male nurse. (Participant H)

Gender stereotypes and preconceptions seem to reinforce or weaken trust while caring. Conversely, a male caregiver represents greater authority and physical strength, which further compromises care. Moreover, attributing caring to women as being a characteristic of nurturing caregivers means that there is a preconception that older persons trust female nurses when it comes to their care (i.e., performance of close bodily tasks):

It is about how the older person perceives this and how the nurse herself has grown up in a society that raises her as the 'woman who will provide care'. Whether it's children, the elderly or whatever. But I mean, even there, there is a perception that a woman is trusted more because the household is a female task. (Participant B)

The age gap between the student nurse and older person with gender- and profession-based stereotypes consists of barriers that enhance tensions and bring to the fore the preconceptions of the older person. It also contributes to a void between those involved in caring, separating them from each other in a way that challenges dignified care.

4.3. Closeness and distance: Balancing between familiarity and professionalism

Professionally caring for older persons is both contrasted with and understood with personal experiences and family bonds that are representative of Greek society. Recalling caring for grandparents as part of informal caregiving within their families immediately before nursing students' professional experiences acts as a reference to caring for older persons. Referring to older patients as grandmothers (*γιαγιάδες*, *giagiádes*) or grandfathers (*παππούδες*, *pappoúdes*) highlights the diffused border between formal and informal caregiving, as well as the close relationship between care and kinship in the Greek context:

Because I grew up with both my grandmother and grandfather in the same house, I was not unfamiliar with the everyday life of an older person in the house. What was it like to take care of the elderly? It was like taking care of my grandparents. (Participant H)

Older people (especially women) also viewed nursing students like their children or grandchildren, and this behaviour was welcome for nursing students. All of these findings elaborate on the complexity of caring formed between the caregiver and older person.

Given that an informal caregiver is not always available to provide a sense of safety and ease, the nurse comes to the fore as the only provider of emotional support for many older persons in both hospital and residential care settings. A need for a person-centred approach that focuses not only on the physical aspects of caring, but also on emotional existence, is highlighted as a fundamental part of caring, both rewarding for the older person and caregiver:

But through conversation, a person, even if you don't give them a piece of advice, can feel calmer, less burdened, and more relaxed. And you've definitely done them good, and you've also done yourself good, because you'll listen to a person and you might learn something from them. (Participant K)

Attentiveness towards the older person's readiness to engage in a relationship is required. Nonverbal communication is highlighted as an important element in the development of reciprocity and closeness. A holistic perspective is important for hearing older persons and meeting their individual needs. Responding to each person's needs is considered crucial and as forming an important element of dignity in caring for older persons:

Whether in the context of dementia or not, it also needs a lot of discussion, a lot of talking, which is, let's say, a part that is like psychological support. It is something that we nurses should do as well, not necessarily done by psychologists. Because I think this is a part of caring ... Because they need to feel safe, they need to feel as comfortable as possible. (Participant B)

Communication, patience and compassion are important elements in every aspect of care, whether it consists of bodily tasks, daily conversations or more personal confessions. Caring for older persons is described as fulfilling and rewarding because they tend to express their gratitude and respect. The meaning of caring for older persons in these elements consists of a significant part of the students' experience.

5. Discussion

The present study has shown that caring for older people is closely related to the otherness of the older person. We found that the essential meaning is described as the otherness relating to an act of witnessing vulnerability in the caring process, which leads to one's view of caring as demanding. Normative structures tend to affect the caring process, reinforcing or weakening trust within the caring relationship. At the same time, there is a constant balancing act between familiarity and professionalism in the caring process, creating a distance can involve a possibility in the caring relationship that comes to the fore, both as a demanding and rewarding experience for the nursing students. An

overall impact on the caring experience of new professionals is mostly related to insecurity induced by health system deficiencies that affect their future perspectives in caring for older persons.

The contextual perspectives of seeing older persons as family members bring to light the aspects of intimacy in caring, showing how this can be rewarding. Family bonds with grandparents are important for nursing students and are related to the particularity of the Greek context (i.e., the retention of strong family bonds along with high presence of family caregiving). Research in southern European contexts (Marchetti et al., 2021) has highlighted similar aspects regarding reciprocity and mutually beneficial aspects in the relationship between nursing students and older adults. Intimate bonds can coexist with caring relationships but can also be viewed critically. Research indicates that being cared for by healthcare professionals with formal education contributes to the well-being and sense of security of older persons (Ernst Bravell et al., 2021), and specific competencies held by registered nurses are of particular importance for older persons and next of kin (Claesson et al., 2021). Informal caregiving is associated with reduced workforce attachment, higher poverty rates and a higher incidence of mental health problems; in addition, informal caregiving is mainly performed by women in Greece, with the gender imbalance being > 70% (OECD, 2019). The above findings can be viewed in relation to informal regimes of caring in the Greek context to further understand how caring relationships should be defined in professional settings and through educational interventions.

The act of witnessing a vulnerable person and complexity and frailty that come with old age are described as demanding experiences with uncomfortable and undiscovered aspects. The following barriers are connected to stereotypes of authority: gender- or profession-based and age gap. Compared with younger patients, caring for older persons is described as demanding because of issues of vulnerability and dependency. Research has shown that larger generation gaps increase difficulties related to stereotypes (Mohammed and Omar, 2019; Hunt et al., 2020); however, views towards caring for older persons can be transformed towards a more positive attitude through educational interventions focusing on patient-centred care, advocacy and empathy (Brown and Bright, 2017). Additionally, nursing students' gender plays a role in how they describe caring for older persons, here depending on the gendered norms and values of each society, where women are viewed as nurturing caregivers (Ayoğlu et al., 2014; Mohammed and Omar, 2019). As a gendered profession with very low participation by men—84% of nurses in Europe are women (WHO, 2020)—it is important to further explore how gendered norms affect and form nursing students' experiences in their profession and in relation to caring for older persons, here keeping an eye to higher male representation in the future. In the present study, normative structures are particularly present with intimate care, indicating students' experiences of being mistrusted as new professionals because of either their young age or gender bias. These aspects can be crucial for the well-being of all individuals involved and should be further highlighted in research.

Feelings of empathy towards older persons are present and related to a strong sense of moral obligation towards caring for older persons. A previous study revealed that moral emotions are also related to the vulnerability of aged individuals (Stenbock-Hult and Sarvimäki, 2011). On the other hand, witnessing vulnerability and frailty in old age is described as a demanding experience that can cause a sense of alienation towards older persons. Heidegger's (1927)/ (1962) concept of 'at-homeness' was improved by Svenaeus (2011) to include how humans make sense of being in the world, particularly during alienation and sorrow. In the present study, there are situations in which the nursing students describe feelings of unease or emotional homelessness from their perspectives and associations with older people. These situations refer to intimate care. Saarnio et al. (2019) describe how at-homeness can be enabled through a caring relationship by giving respect to the older person during intimate situations and in communication.

From the nursing students' perspectives, caring for older persons is

perceived as complex (Hunt et al., 2020; King, Roberts and Bowers, 2013; Mohammed and Omar, 2019). Demanding aspects of caring have led nursing students to not consider engaging professionally in older person care. However, in the present study, the reward of caring for older persons comes before the demanding aspects, and hesitation towards working in the field is attributed mainly to the system's deficiencies and unrewarding work contexts, rather than older persons themselves. A tension exists between the fulfilment of caring for older persons and professional insecurity and demands required when caring for older persons.

The above issues should be addressed when describing caring for older persons among new professionals regarding their career perspectives. Recent research has focused on identifying how nursing students and other healthcare professionals could be encouraged to engage professionally or obtain positive attitudes towards caring for older persons (Chonody et al., 2014; Duyan et al., 2016). However, qualitative findings are limited, and further research could be beneficial in describing the nuances and fine lines of what it means to care for older persons as newly graduated nurses, especially in a society in which bonds between formal and informal caregiving remain 'blurred'.

6. Limitations

In the present study, one limitation is social desirability; therefore, the participants in this study might have already been positively situated towards older persons in general. The references toward future perspectives in this research were mostly directed at deficiencies in the health care system and a general lack of opportunities. Further research focused on future career perspectives is recommended to explore how nursing students' views may be directed at a possible future in caring for older persons.

7. Conclusion

The purpose of the current study was to describe the meaning of caring for older persons from the perspective of nursing students. Understanding how nursing students describe their experiences of caring for older persons during education is crucial to ensure quality of care for older persons in the future. We have highlighted specific needs and possibilities in a context in which informal caregiving factors act as primary references to what constitutes caring for older persons for nursing students. Balancing between familiarity and professionalism and considering the older person regarding aspects of otherness reflect the need for further insights on professionalism, dignity and norms and values that define the context and national healthcare system. The caring experience of nursing students is also associated with insecurity that is induced by demanding parts of the caring process and deficiencies in the health system, which affects their current and future views on caring for older persons. However, despite the complexity of caring for older persons and the norms that affect students' experiences, the students appear as positively situated towards caring for older persons, with the aspects of reward and fulfilment prevailing.

The results have pertinent implications for caring for older persons in different contexts. The abovementioned issues are important to raise a discussion on the perception of caring for older persons for nursing students in the first stages of their careers and generally regarding their career perspectives. Educational interventions can benefit from positive insights derived from the student's experiences to reinforce future engagement in the sector. However, because qualitative findings are limited, further qualitative research could be beneficial in describing nuances and fine lines in caring for older persons by new professionals. Attention should be given to systemic healthcare deficiencies, with an eye to future reforms addressing both the complexities of caring for older persons and the well-being of nurses. Formal educators should also develop curricula focusing on cultivating students' preunderstanding, norms and values regarding caring for older persons in health care

settings. Caring science can contribute to acknowledging a view in which a holistic perspective on caring for older persons can be a core matter in nursing education.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Author contributions

Lamprini Maria Xiarchi: Conceived and designed the analysis; Collected the data; Contributed data or analysis tools; Performed the analysis; Wrote the paper. **Lina Palmér:** Conceived and designed the analysis; Specify contribution in more detail; Collected the data; Specify contribution in more detail; Contributed data or analysis tools; Specify contribution in more detail; Performed the analysis. Specify contribution in more detail; Wrote the paper; Specify contribution in more detail; Other contribution; Specify contribution in more detail. **Kristina Nässén:** Conceived and designed the analysis; Specify contribution in more detail; Collected the data; Specify contribution in more detail; Contributed data or analysis tools; Specify contribution in more detail; Performed the analysis; Specify contribution in more detail; Wrote the paper; Specify contribution in more detail; Other contribution; Specify contribution in more detail. **Fiona Cowdell:** Conceived and designed the analysis; Specify contribution in more detail; Collected the data; Specify contribution in more detail; Contributed data or analysis tools; Specify contribution in more detail; Performed the analysis. Specify contribution in more detail; Wrote the paper; Specify contribution in more detail; Other contribution. Specify contribution in more detail. **Elisabeth Lindberg:** Conceived and designed the analysis; Specify contribution in more detail; Collected the data. Specify contribution in more detail; Contributed data or analysis tools; Specify contribution in more detail; Performed the analysis; Specify contribution in more detail; Wrote the paper; Specify contribution in more detail; Other contribution; Specify contribution in more detail.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.nepr.2023.103695](https://doi.org/10.1016/j.nepr.2023.103695).

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