Summer 8-15-2017

Perceptions of Registered Nurses on the Choice of Geriatric Nursing as a Specialty Area of Practice: A Case Study

Cirila Daaco Negad
Concordia University - Portland, ceela_negad@yahoo.com

Ed.D. Dissertations   Graduate Theses & Dissertations

Summer 8-15-2017

Perceptions of Registered Nurses on the Choice of Geriatric Nursing as a Specialty Area of Practice: A Case Study

Cirila Daaco Negad
Concordia University - Portland

Follow this and additional works at: https://commons.cu-portland.edu/edudissertations

 Part of the Educational Administration and Supervision Commons, Health and Physical Education Commons, and the Other Education Commons

Concordia University–Portland

College of Education

Doctorate of Education Program

WE, THE UNDERSIGNED MEMBERS OF THE DISSERTATION COMMITTEE

CERTIFY THAT WE HAVE READ AND APPROVE THE DISSERTATION OF

Cirila Daaco Negad

CANDIDATE FOR THE DEGREE OF DOCTOR OF EDUCATION

Julie McCann, Ph.D., Faculty Chair Dissertation Committee

Roblena Walker, Ph.D., Content Specialist

Karen Faison, Ph.D., Content Reader

ACCEPTED BY

Joe Mannion, Ed.D.

Provost, Concordia University–Portland

Sheryl Reinisch, Ed.D.

Dean, College of Education, Concordia University–Portland

Jerry McGuire, Ph.D.

Director of Doctoral Studies, Concordia University–Portland

Perceptions of Registered Nurses on the Choice of Geriatric Nursing as

Specialty Area of Practice: A Case study

Cirila D. Negad

Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor in Education in Educational Administration

Julie McCann, Ph.D., Faculty Chair Dissertation Committee

Roblena Walker, Ph.D., Content Specialist

Karen Faison, Ph.D., Content Reader

Concordia University–Portland

2017

Abstract

The progressive growth of geriatric facilities as valuable element of the health care system signified for increased services from health care workers particularly Registered Nurses (RNs). A major health care concern could be perceived due to the inadequate number of RNs providing care to elderly patients. Most studies centered on insufficiency of RNs in hospital settings while only few focused on geriatric facilities. In response to this gap, my study concentrated on perceptions of Registered Nurses on the demand for more RNs working with elderly patients in geriatric facilities with specialization in geriatric nursing. My study was a qualitative, descriptive, case study research design utilizing semi-structured open-ended interview as instrument of data collection. The samples of pilot and study participants were RNs from different geriatric facilities from one of the counties in Central Virginia. There were two RNs who participated in the pilot study while seven RNs participated in the main study. Five themes that emerged in the interview included the experiences and perceptions of RNs on their practice; factors that influenced RNs' choice of geriatric nursing specialty; rewards and benefits; struggles and barriers; and professional development programs and training. This study found there is high demand for more RNs in geriatric facilities. These RNs need to be familiar with the health problems of older adults to be able to provide suitable nursing interventions. Hence, advance trainings and academic preparations are needed.

Keywords: geriatrics, geriatric facilities, registered nurse, elderly, long-term care

Dedication

To my dear husband, Renato Negad, who has been a constant source of support, strength, inspiration, motivation, and encouragement during the challenges of my dissertation journey. Thank you for your moral and financial support and most of all, for patiently driving me to all the study and pilot sites during my collection of data.

To my eldest daughter, Abigail Negad, for your hard work, dedication, and commitment in critiquing and editing my work. Your valuable comments and insights to my work contributed for the enhancement of my dissertation. Thank you for giving me the inspiration and motivation to pursue this study in spite of all the challenges we encountered.

To my youngest daughter, Rencel Bernadette Negad, for assisting me with technical problems in my computer. Thank you for your assistance and time spent with us in spite of your busy work schedule.

To my elder sister, Ellen Brown, for the love, inspiration, and empathy shown while writing my dissertation in their home. Taking care of her during her terminal illness until she joined with our Lord on April 21, 2017 will forever be remembered. Thank you for the love, inspiration, and prayers.

This project is also dedicated to all caregivers especially Registered Nurses for the love, inspiration, and continued provision of quality care to the vulnerable population. It is my hope that this study will enhance the geriatric care services, provide efficient personalized nursing care to geriatrics, and nursing curricular enrichment that will be beneficial to students, RNs, care providers, and the elderly.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

Introduction to the Problem

As a former practicing Registered Nurse who worked in a long-term care facility for more than 10 years, I struggled with caring for elderly patients due to the shortage of Registered Nurses (RNs) to care for geriatric patients in the facilities. My colleagues and I were overworked that lead to fatigue and burn out. According to Grant (2016), overworked nurses threatens the quality of care services provided to elderly patients. Further, Grant (2016) explained that higher patient loads are linked to higher rates of RNs' turnover, which can be harmful to patients' safety. With this awareness, I resolved that there is a gap between the number of RNs working in geriatric facilities and the growing number of geriatric patients being cared for by RNs with specialization in geriatric nursing.

The insufficient number of RNs with specialization in geriatric nursing providing care to the elderly patients was a major health care concern due to the increasing number of aged population and their need for geriatric professionals, my study focused in this concern. In response to this gap that there were more aged population needing health care services than RNs working in geriatric facilities, my stand as a former aged care nurse motivated me to study this issue. The Licensed Practical Nurses (LPNs) and the Certified Nursing Assistants (CNAs) were working in these geriatric facilities. They were less qualified than RNs and deliver fewer care services to the elderly patients due to their limited training and educational qualifications. Despite this increasing aged population in geriatric facilities and the few RNs caring for the elderly, most studies focused on the shortage of RNs in hospital settings, and only a few studies focused on

RNs caring for the needs of elderly patients in geriatric facilities. It is in this essence that this study focused on perceptions of Registered Nurses on the choice of geriatric nursing as specialty area of practice to care for elderly patients in geriatric facilities.

The current growth in the number and proportion of older adults in the United States (US) was unprecedented in the nation's history. By 2050, it is anticipated that 89 million Americans will be of senior age of 65 years or older which was more than double the number of older adults in the United States (Ericksen, 2016). "The total population of older adults was expected to increase by 40% in the year 2000 and another 60% by the year 2025" (John A. Hartford Foundation, 2012, p. 15). The Centers for Disease Control and Prevention (2013) considered two factors on the growth of aging population in a report by. These were the longer life span of Americans and the growing aging baby boomers. With the given statistics, the demographic profile of the nation will have significant changes in the year 2030 when the last baby boomer turns 65 years old. This demographic shift will impact the field of nursing by requiring nurses to provide efficient and quality care for older adults (Vlachos, 2012).

There was increasing call for health care providers specifically RNs in different health facilities because the aging population had become a worldwide phenomenon (Bosfield, 2013). RNs worked in varied work settings such as hospitals, and other long-term care settings such as assisted living facilities and nursing homes. In the United States, there are over 60% of RNs who are working in hospitals while only 5% of RNs are working in nursing homes and assisted living facilities (US Department of Health and Human Services Health Resources and Services Administration, 2010, as cited in Shipley, 2015). There will be need for additional health care workers by 2030 to

maintain the ratio of health care workers to the aging population in the U.S. (Christensen, 2012).

The World Health Organization (2012) reported that between the years 2000 and 2050, the number of people aged 60 years and over is expected to increase from 605 million to 2 billion. Numerically, that would mean there were more people who were living longer and would become senior citizens who will need additional care services and support from different levels of caregivers and health care facilities. In a county in Virginia, age distribution increased in the population aged 65 years and older. Between 2000 and 2010, there was an increase of 57% in the senior age group and the county projected 115% increase in the same population between 2010 and 2030 (Chesterfield Planning Department, 2014). This report foretells of an increased demand for nurses to care for the aging population. The escalating demand of RNs explained the importance of determining the perceptions of RNs on their choice of geriatric nursing as a specialty area of practice.

The National Council on Aging, as cited by Grant (2016), stated that about 80% of older adults had at least one chronic disease while 68% had at least two chronic diseases. Hence, as the population ages, demand for health-care services will increase. There will be an increase in demand for nursing service providers specifically RNs due to the soaring need of health-care services for elderly population. In a study by Bosfield (2013), there were insufficient numbers of RNs practicing in geriatric settings to meet the needs of older adults. Registered Nurses were needed in a more complex and changing environment for the elderly population. My study was anchored on examining the

perceptions of Registered Nurses on their choice of geriatric nursing as a specialty area of practice.

Background, Context, History, and Conceptual Framework for the Problem

Background and context. The number of RNs working in geriatric facilities has declined due to few RNs specializing in geriatric nursing as a specialty area. The roles RNs perform are important functions in the delivery of care services for the elderly, but their work has been described as a lower status in the nursing profession (Blomberg, James, & Khilgren, 2013). The lower status of geriatric nursing causes RNs not to select this specialty area of practice. Naville, Robyn, and Goetz (2013) explained that gerontological nurses working in long-term care facilities are paid less than those in primary and acute care sections, despite their complex roles. The lack of proficient RNs specializing in geriatric care nursing poses serious threats to the care of the vulnerable aging population. Employment of lower qualified staff than RNs such as LPNs and CNAs in providing care to the elderly population poses a concern in geriatric nursing practice. Hence, this study inquired about the reasons Registered Nurses do not specialize in geriatric nursing specialty area and work in geriatric facilities. This study examined how RNs perceived their professional work in elderly care. It also explored RNs' insights as to why not many RNs chose geriatric nursing as a specialty area of practice. This study was a qualitative, descriptive, case study design focused on perceptions of RNs working in geriatric facilities in a county in east coast.

History of nursing practice. The development and evolution of the nursing practice is linked to historical perspectives throughout the ages. There were dramatic changes in the nursing practice to respond to the societal needs and influences. The

4

history of nursing practice helps us to better comprehend societal issues that affect the nursing profession. According to Donahue (1991), as cited by Egenes (2009), understanding the history of nursing "allows nurses to gain an appreciation of the role of the profession played in the healthcare system of the United States" (p. 2). Every nurse functions in different health care settings in a variety of roles such as caregiver, communicator, teacher, patients' advocate, leader, manager, researcher, and change agent. Berman, Snyder, Kozier, and Erb (2016) emphasized that the scope of nursing practice includes promoting of wellness, preventing illness, and caring for the dying.

The history of nursing revealed a pattern of recurrent issues that confronted the profession. These issues were maintenance of standards for the profession, autonomy for nurses, and maintenance of control of professional nursing practice. Women, leaders, and religious groups were the early caregivers in various communities. Berman et al. (2016) asserted that religious orders instilled in nurses the values of compassion, devotion to duty, and hard work. Wars created and increased the need for nurses and medical specialties.

During the years that immediately followed the end of war, despite the acute nursing shortage, nurses were paid far less than elementary teachers. In fact, a study conducted by the California Nurses Association (1946) found that most of the staff nurses were paid only slightly more than hotel maids and seamstresses (Egenes, 2009). The work of RNs in elderly care was described as boring, low status in nursing, not challenging, and with a heavy workload (Blomberg, James, & Kihlgren 2013; Martin, 1996; Naville, Robyn, & Goetz, 2013). In the history of nursing practice, there were visionary leaders who made notable contributions to improve the status of nursing.

5

Among these leaders were Florence Nightingale, Lilian Wald, Lavinia Dock, Margaret Sanger, and Mary Breckenridge (Berman et al., 2016). Florence Nightingale was considered the founder of Modern Nursing. She developed nursing education, practice, and administration. Nursing professionalism was credited to Florence Nightingale. She was an accomplished political nurse who reformed hospitals and implemented public health policies. In the contemporary world, nurses are instruments of caring and healing that provide sustenance, comfort and safety of individuals, groups, families, and communities.

Conceptual framework for the problem. A conceptual framework draws on concepts from various theories and research findings to guide a research project (Green, 2014). This study was framed on Nel Noddings' Theory of Caring and Jean Watson Human Caring Theory. This framework assisted the researcher to ensure the research project has coherence and focused on the research questions. The conceptual framework is critical in research to clarify and develop deeper understanding of the research design, methodologies, and findings in a research project. As a former practicing nurse in the geriatric nursing, my concern was the scarcity of RNs in geriatric nursing specialty area of practice to provide the health care services to elderly population. Working with aged population was special because I worked as a member of a health team collectively taking care of elderly residents. In addition, because elderly residents were afflicted with long-term conditions, I knew them better and their conditions. Geriatric nurses have specialized skills than nurses in hospital or other settings (Ericksen, 2016). In caring for the elderly patients, specialized skills are needed such as assessment of patients' mental and cognitive status, understanding patients' acute and chronic health issues, organizing

and administering medications, patients and family education about personal safety and disease prevention, case management and treatment planning, advanced life support, and hospice care (ExploreHealthcare.org, 2015). These specialized skills allowed them to focus on the care needs of the elderly residents using case management approach.

The researcher sought to understand the subjective interpretations of the participants' perceptions, feelings, thoughts, and emotions in a world of multiple realities (Drew, 1989). This qualitative case study focused on the perceptions of RNs on their choice of geriatric nursing as specialty area of practice. A distinctive feature of a qualitative case study is an in-depth description and understanding of the case being investigated (Creswell, 2013). The researcher sought to uncover the perceptions of RNs on their choice of geriatric nursing as specialty area of practice.

Statement of the Problem

Today, people are living longer and have chronic health problems. This qualitative case study focused on the perceptions of RNs on their choice of geriatric nursing as a specialty area of practice. The Bureau of Labor and Statistics (2011) reported that the demand for RNs, those who are able deliver nursing care services on the aging population, is expected to increase due to the soaring number of longer living adults with functional disabilities, consumer preference for home care nursing services, and advances in medical care services. The nature of aged care nursing is both complex and ambiguous but RNs with geriatric competencies and training will be able to share their skills and best practices to enhance the quality of care needed for older adults. This study attempted to examine, describe, and interpret perceptions on selection of RNs'

specialization in geriatric nursing area of practice from the perspectives of RNs already working in the chosen elderly care facilities.

Purpose of the Study

The purpose of my study was to explore, examine, and describe the perceptions and experiences of Registered Nurses on their choice of geriatric nursing as a specialty area of practice. Exploring, examining, and describing the perceptions and experiences of RNs related to their experiences as aged care nurses will inform geriatric nursing field around issues related to the recruitment and retention of RNs in geriatric facilities. Hence, the study aimed to describe the perceptions of RNs related to their practice as geriatric nurses.

Research Question

Main Research Question: What are the perceptions and experiences of the RNs related to caring for elderly in geriatric facilities?

Relevance and Significance of the Study

The study was timely and relevant to the current situation in the geriatric field due to shortages of Registered Nurses in this specialty and the growing aging population (Virginia Nurses Association, 2011). I determined the research questions for this study due to my interest in Registered Nurses caring for the elderly patients. As a former practicing head nurse in geriatric facility, I was motivated and inspired to pursue this study. This qualitative case study was relevant to the nursing profession to examine nursing care for the increasing number of older adults. It was further hoped that this study was significant in providing valuable insights to the problems associated with shortages in the number of Registered Nurses in geriatric facilities caring for older adults.

This study was significant because geriatric facilities need more registered nurses who have selected other nursing specialties (Bosfield, 2013). This shortage presented a healthcare problem because of the high demand for geriatric nurses and the low number of nurses selecting this specialty area of practice. According to Centers for Disease Control and Prevention (2010), RNs are needed to help promote health and prevent the occurrence of disease processes among older adults.

Definitions of Terms

For this study, definitions of the key terms used operationally were as follows:

Age wave. Fey (2013) defined the age wave as the aging of citizens and future aging of the workforce.

Assisted living (AL). Assisted living communities were for people who needed help with daily activities but did not require nursing home care. Typically, these communities provided help with meals, bathing, dressing, housekeeping, and other needs. Services were either included in the rent or provided at an additional charge (Seniors Guide, 2016).

Baby boomers. "Individuals born in United States between mid-1946 and mid-1964" (Hogan, Perez, & Bell, as cited in Colby & Ortman, 2014, p. 2).

Geriatric. Defined by the Administration on Aging (2011) individuals who were 65 or more years of age. Synonymous terms used in this study included elders, elderly, older adults, aged, and senior citizens.

Geriatric nursing. "Nursing care of people 65 years of age or older" (Bosfield, 2013, p. 24).

Gerontology. "The study of people who were 55 years of age or older, regardless of health status" (Bosfield, 2013, p. 24).

Long-term health care facilities. "Health care facilities where the focus of care was the older adult. Facilities were also known as nursing homes, skilled nursing facilities, and geriatric facilities" (Bosfield, 2013, p. 24).

Nurse. A graduate of a nursing program who had undergone a period of training and was certified to function in the capacity of Registered Nurse (RN), License Practical Nurse (LPN), and Certified Nursing Assistant (CNA; Drake, 2014). I focused on the RNs for this study.

Nursing home. A private institution for patients with chronic illnesses who don't need to be hospitalized and can't be cared for at home. Most nursing homes have nursing aides and skilled nurses on hand 24 hours a day (*Nursing Homes: Medline Plus*, 2017).

Older adults. "People 65 years of age and older" (Bosfield, 2013, p. 25). Le Money, Burke, and Bauldoff (2011), as cited by Bosfield (2013), stated that the "older adult could be divided into three periods: the young old (aged 65 to 74), the middle-old (aged 75 to 84), and the old-old (aged 85 and older)" (p. 25).

Perception. A method of seeing, receiving, selecting, organizing, interpreting, and giving meaning to any stimuli in the environment (*Perception,* n.d.).

Quality of life. Bosfield (2013) illustrated quality of life was based on the individual perception of the meaning of his/her earthly existence.

Registered Nurse. A nursing graduate from a nursing degree program, successfully passed a state licensure examination, and possessed an authorized registered nursing license to practice his/her profession (Bosfield, 2013).

Assumptions of the Study

Assumptions are characteristics of a qualitative research. In pursuing the objectives of this study, I held the following assumptions:

- Multiple realities existed in this study–the researcher's, those of the participants being studied, and the reader or audience interpreting the outcomes of this study.

- Multiple perspectives of RN participants were included in this study.

- The inclusion criteria of the RN participants were appropriate including their geriatric nursing experiences.

- The researcher expected the participants to provide honest and truthful responses to the interview questions.

- The RN participants manifested caring attitudes in the delivery of services to geriatric patients.

- The participants expressed commitment to care for the elderly.

- As a researcher, I assumed that a qualitative case study methodology was the best possible tool for answering the research questions.

Delimitations and Limitations of the Study

I acknowledged certain delimitations and limitations intrinsic in conducting this study. This qualitative study was delimited to a small number of participants done in three selected geriatric facilities in eastern state. Limitations of this study included the sample size, environment, researcher bias, methodology, and sampling method. The subjects of my study were Registered Nurses working in the selected geriatric facilities, limiting generalizability of the results to the Registered Nurses in other states in the

United States or other locations in the world. The study was limited to the perceptions of

RNs on their choice of geriatric nursing as a specialty area of practice. In this study, the

respondents from aged care facilities interpreted the questions during the interview

process from their varied perspectives. The varying values and needs of the Registered

Nurses from the geriatric facilities influenced the nature of their responses. As a

researcher, I relied on the perceptions of the respondents with varied cultural background

and experiences. Researcher bias was the other limitation to consider. However, I

attempted to separate my personal experiences and remained open-minded throughout the

research process. I was aware that my previous experience as a head nurse in a long-term

care facility in the Philippines could affect my perspectives about RNs working in

geriatric facilities. Another limitation was the environment of the chosen geriatric

facilities that differ in terms of physical set up, culture, the personnel system, and

policies. Finally, the use of a case study design and purposive sampling was limited to

the responses of selected Registered Nurses working in geriatric facilities in one

geographic location in an eastern state. Verbatim recording of the participants' responses

was done to avoid misrepresentation of the collected data.

Summary

    This chapter provided an introduction on the background, context, and history

relevant to the study on perceptions of Registered Nurses (RNs) on their choice of

geriatric nursing as a specialty area of practice. Research questions were enumerated that

helped answer the problem stated in the study. The purpose of the study was presented as

well as the relevance and significance to geriatric nurses, elderly, and administrators of

geriatric facilities. Specific terms were defined to be used in the context of the study.

Lastly, assumptions were discussed together with the scope and limitations of the study.

Information gained from this study will assist leaders of geriatric facilities, policy

makers, health care providers, and academics in understanding the perceptions and

insights of RNs impacting their choice of geriatric nursing practice and the need for

caring the elderly patients. Examining and analyzing RNs' perceptions, insights, and

experiences on their choice of geriatric nursing as specialty area of practice will allow

leaders of geriatric facilities to understand the information provided for recruitment and

retention of RNs.

The remaining sections of this document consists of interconnected chapters.

Chapter 2 presents a review of literature focused RNs working in geriatric facilities.

Chapter 2 also includes introduction to the literature review, the conceptual framework

used to direct the study, a review of research and methodological literature, a review of

methodological issues, a synthesis of research findings, critiques of previous research,

and a chapter summary. Chapter 3 specifically discusses the methodology used to

conduct the study on perceptions of RNs on their choice of geriatric nursing as a specialty

area of practice. This study utilized a qualitative single case study research design,

purposive sampling of seven RNs, and data collected using semi-structured interviews.

Data analysis procedures, validation, expected findings, and ethical issues were

discussed, and a chapter summary concluded this chapter. Chapter 4 provides a

descriptive data analysis and the results. Finally, Chapter 5 provides the summation of

the study with concise discussions and conclusions related to the findings based

responses to the research questions.

Chapter 2: Literature Review

Introduction to the Literature Review

The literature review is a thorough examination of existing literature on Registered Nurses' choice of geriatric nursing as a specialty area of practice. This chapter presented with the methodologies, strategies, research designs, treatment, and analysis of data utilized in various studies. Summary of analyses, findings, conclusions, and synthesis of similar studies were also included.

In the following section, I present a review of multiple literature and research studies on Registered Nurses specializing in geriatric nursing. Nurses, the largest group of health care professionals, contributed significantly to the care of patients in hospitals and other health care facilities. Nurses are key players on the health care team. AMN Health Care (2013) revealed that nursing was the largest healthcare profession.

Literature review searches were conducted to place this study within the context of Registered Nurses specializing in geriatric nursing. I used various keywords such as caring for the elderly, nurses, assisted living, geriatric facilities, senior citizens, experiences of nurses, perceptions of Registered Nurses, and geriatric nursing in my search. I used different types of database, namely ProQuest Education Journal, Google Scholar, and EBSCO as search options which located relevant studies, literature, articles, books, and journals related to this study.

Berman, Snyder, Kozier, and Erb (2016) defined gerontology as a specialized area in nursing, psychology, and social work that referred to the study of aging and older adults while geriatrics was associated with the medical care of the elderly. The demand for Registered Nurses with a specialty in geriatric nursing is expected to increase due to

the increasing number of the older adult population (Bureau of Labor and Statistics, 2011). The projected population of older adults in the United States will more than double in the next few decades between 2000 and 2030 (Federal Interagency Forum on Aging-Related Statistics, 2012). Between the years 2000 and 2050, the number of people aged 60 years and over is expected to increase from 605 million to 2 billion (World Health Organization, 2012). These statistics means people increasingly are living longer and reaching an age where they will need additional support and care services from health care providers. Hence, our society needed more geriatricians, gerontological nurses, and other workers with specialized training in caring for our aging population.

Several studies reported there was increased demand for Registered Nurses to commensurate with the escalating number of elderly in long-term care facilities (Bardach & Rowles, 2012; Bosfield, 2013; Bureau of Labor and Statistics, 2011; Vincent & Velkoff, 2010). There is a critical shortage of academically prepared RNs who specialize in geriatric nursing to address the health care needs of the elderly population. According to Eldercare Workforce (2013), the academic training of RNs working in geriatric facilities was inadequate and lead to inefficient delivery of quality care services to the elderly population. Most RNs considered specializing in other specialized fields such as critical care, emergency care, trauma care, intensive care rather than geriatric nursing. Bloomberg et al. (2013) concluded that the work of RNs in geriatric facilities was described as having low status among nursing specialties.

Approximately 2.6 million RNs were employed as nurses. Only about 4% of employed nurses were in geriatrics/long- term care nursing specialty as compared to operating room and medical/surgical nursing specialties that both obtained 12% of the

employed nurses and the highest numbers among the primary nursing specialties. In the *Virginia Registered Nurse Workforce Survey* (Health Care Workforce Data Center, 2016), only about 1,731 RNs, equivalent to 2% of the 35,861 RNs who participated, specialized in geriatrics/gerontology nursing in 2015. The highest number of RNs with primary areas of specialization of nursing in Virginia was acute/emergency/trauma with a total of 14,089 RNs, equivalent to 19% of all who participated in the survey.

The increase in the demand for geriatric care and the decrease in the supply of nurses willing to work in geriatric facilities resulted in an imbalanced nurse-patient ratio. Resources and studies showed there was a shortage of nurses who worked in the field of geriatrics (Ameritech, 2016; Bosfield, 2013; Carlson, Ramgard, Bolmsjo, & Bengtsson, 2014; Ericksen, 2016; Grant, 2016; Rosseter, 2014). In hospital settings, 50% of hospital admissions were patients over 65 years old (Bureau of Labor and Statistics, 2011). Even more problematic is that only 1% of nurses caring for patients over 65 years of age in the hospital setting were certified in geriatrics (Robert Wood Johnson Foundation*,* 2012). The growing elderly population in Virginia had a significant impact on health services delivery and utilization that included material and human resources (Health Care Workforce Data Center, 2016). The increase of the aging population resulted in the need for committed, passionate, and understanding geriatric nurses willing to accept the call for duty for the elderly patients (Ameritech*,* 2016).

Binney (2014), Bosfield (2013), Bureau of Labor and Statistics (2011), Carlson et al. (2014), and Carnevale, Smith, and Gulish (2015) found that the aging population increased the demand for nursing services while simultaneously reducing the number of RNs specializing in geriatric nursing. Lafortune, Huson, Santi, and Stolee (2015)

asserted in their study, that older adults experienced various chronic illnesses and functional disabilities that led to the use of variety of health care services and providers.

Aging was viewed by many as a multi-faceted process of development that included both positive and negative outcomes (Weil, 2005). In general, aging could be viewed as a stage in life wherein one acquired wisdom, acknowledgment of the status in a certain career, and respect from other members of the family as well as the society. Specific privileges are given to the elderly and laws enacted to assist their needs. However, aging could be a losing proposition for some people. The opportunity for employment and stability of tenure in organizations could be compromised due to the declining physical and mental strength, deteriorating looks, and presence of illnesses. Singh et al. (2014) described that feelings of discontent and uncertainty posed a threat to the twilight years of an individual who enters the age of the elderly. Individuals experience multiple role changes, life's transitions, turning points, transformations, and challenges throughout the process of human development. Aging is an unavoidable stage of human development that needs to be accepted and learn to age gracefully.

Those aged 85 and over were projected to almost triple, from 6.3 million in 2015 to 17.9 million in 2050 and will account for 4.5% of the total population (United States Census Bureau, 2012). Virginia's aging population was expected to grow by million over the next two decades. The increasing need for health care services by this aging population had a direct impact on the number of nurses needed to meet the impending demand in the long-term facilities such as geriatric facilities *(*Virginia Nurses Association, 2011).

The projected result of the age wave phenomenon included increased health care costs for elderly patients as well as an inadequate supply of geriatric physicians, nurses, social workers, and other allied professionals. Hence, health care providers, particularly Registered Nurses, are needed to provide care services to the long- term care aged population with chronic conditions (US Department of Health and Human Services, 2011).

According to Shipley (2015), providing care services to elderly was a concern, since they were afflicted with both physiological and psychological health problems. Their diminishing energy and strength most often handicapped them, particularly if major illnesses had taken a toll. Senior citizens were placed in nursing homes, ALFs, and other geriatric facilities whenever family members and relatives could not address the basic needs and plight of the elderly. Nurses played significant roles in the delivery of health care services in various health care facilities considering the needs of their patients.

This study allowed the researcher to identify the factors that influence skilled RNs to specialized in geriatric nursing as their specialty area of practice. The understanding of the experiences, perceptions, and attitudes of Registered Nurses caring for elderly clients will help identify the rewards, benefits, successes, and challenges to providing effective quality care (Beeber et al., 2014).

Conceptual Framework

A conceptual framework illustrates the choices used in investigation and presents a preferred strategy to a specific idea or thought (Mehta, 2013). The conceptual framework served as a guide and gave direction on the problem being investigated. This framework provided a context for interpreting the study findings to be more meaningful.

The conceptual framework is critical in research because it clarifies and develops deeper understanding of the research design, methodologies, and findings in a research project. In this study, I utilized Nodding's Theory of Ethics of Caring (Petiprin, 2016) and Watson's Human Caring Theory (Berman et al., 2016).

Figure 1 illustrates the conceptual framework based on two distinct theories related to this study. These are Noddings' Theory of Ethics of Caring and Watson's Human Caring Theory. The concepts of these theories helped the researcher on the interpretation and inferences of study's findings through integrating Noddings' and Watson's caring concepts on the RNs perceptions related to their choice of geriatric nursing as specialty area of practice.
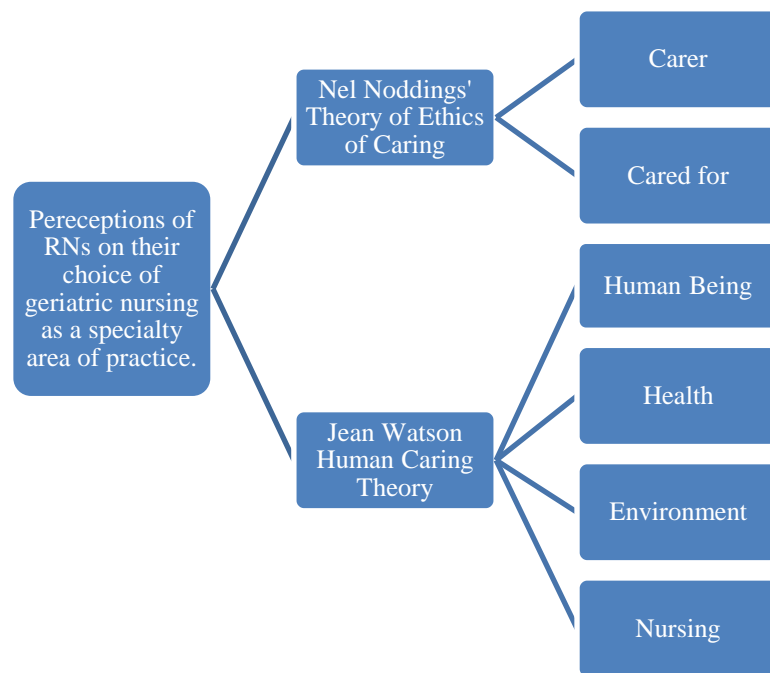
Figure 1. Perceptions of Registered Nurses (RNs) on their choice of geriatric nursing as a specialty area of practice

Noddings' Theory of Ethics of Caring as theoretical framework. Nursing is a caring and nurturing profession. Caring is essential for human development aimed at

biological, psychological, and spiritual needs. Lachman (2012) articulated that care

ethics is fundamental to an individual's existence. On the other hand, Foster (2009)

advocated Noddings' ethics of caring that is based on decisions because of a caring

relationship. Caring exists between living entities as a bond or connection for human

growth, development, and survival. From nurses' perspectives, caring is an instinct that

manifest caring behaviors and attitudes towards individuals, families, and communities.

It is the innate capacity of nurses to respond to the needs of patients.

Noddings is an American feminist, educationalist, and philosopher who

developed the Theory of Ethics of Caring. In 1984, Noddings published *Caring*, in

which she developed the idea of care as feminine ethics, and applied it to the practice of

education (Sander-Staudt, n.d.). Her theory was focused on caring in education. Her

premise was teachers are caring advocates and must be credited for manifesting caring as

a virtue. Ethical caring occurs when a person acts caringly out of a belief that caring is

the appropriate way of relating to people (Noddings, 1984). Noddings (2005), as cited in

Foster (2009), described the following concepts related to Ethics of Caring:

- *Carer* is one who is experiencing a state of engrossment and motivational

  displacement. Engrossment or attention is necessary for caring because an

  individual's personal and physical situation must be understood before

  manifesting the caring attitudes and behaviors. On the other hand,

  motivational displacement occurs when the individual's caring behavior is

  primarily determined by the needs of the person for whom she/he is caring. In

  this study, the carers are the Registered Nurses working in geriatric facilities.

The RNs as the carers provide the actual hands-on application of caring

services. The caregiver must listen and attend to the needs of the cared for.

- *Cared-for* receives the caring and shows that caring has been received. In this

    study, the elderly patients are considered the cared-for in the context of

    Noddings' theory. The cared-for are the recipients of care from the RNs.

A caring relationship is the core attribute of the ethics of care. The scope of

caring is strongest towards others who are capable of reciprocal relationships. Other

theorists criticized Noddings' theory for male bias. This theory focuses on the gender

roles of women as natural caring individuals applied to education. Noddings' ethics of

care identifies woman as the eternal nursemaid with innate virtue of caring. In this study,

the participants were all female RNs although the researcher was not gender bias in the

selection of the subjects of the study. The participants were all females because there

were no male RNs in the chosen facilities.

Application of Ethics of Caring to nursing practice. Caring teachers to their

students is equated with caring nurses to their patients. Noddings' Ethics of Caring is

analogous to other caring theories (Lachman, 2012):

- Gastman's (2006) theory was focused on reciprocity of relationship. Care is a

    reciprocal practice, occurring within a framework of a relationship between

    the nurse (caregiver) and patient (care receiver). The reciprocity consists of

    verifying that the care given met the needs of the patient.

- Gilligan's (1982) theory summarized that the nurse needs to take care of self

    to be able to care for others. Self-care was necessary to have the energy and

    motivation to deliver care services to patients. To be a caring nurse, one must

22

be healthy physically, emotionally, spiritually, and socially to deliver efficient care services to patients. Nurses are the role models to patients in terms of a holistic healthy image.

- Tronto's (1993) theory developed four elements of care: attentiveness, responsibility, competence, and responsiveness (p. 114). According to the American Nurses Association (ANA) *Code of Ethics for Nurses* (2001), all professional nurses have the responsibility to care for all patients regardless of gender, age, color of skin, ethnic groups, race, political affiliation, and religious groups.

The central focus of Noddings' theory is the dynamics of interacting relationships between the caregiver role and the cared for role. According to American Nurses Association (ANA, 2001) "the nurse respects the worth, dignity, and rights of all human beings irrespective of the nature of the health problem" (p. 1). Caring is an ethical and moral responsibility of every nurse practitioner to attend to the patients' needs. A caring nurse has the commitment, concern, and compassion in the provision of care services to all clients.

Watson's Human Caring Theory as theoretical framework. The practice of nursing is a caring profession that is endless. Nurses must be able to grow and develop to meet the demands of a continuously changing health care system. Berman et al. (2016) contended that nurses need to continue their unique role that demands a blend of

nurturance, sensitivity, caring, empathy, and skills founded on a broad base of knowledge.

Watson's Theory of Human Caring was developed between 1975–1979 while teaching at the University of Colorado. The caring theory had been used as a guide for educational curriculum, clinical practice models, methods for research and inquiry, and administrative directions for nursing and health care delivery (Wayne, 2016). Watson's theory was mainly concerned with how nurses provide care to their patients, and how caring progresses to promote health and wellness, prevent illness, and restore health. According to Watson, "caring is central to nursing practice, and promotes health than a simple medical cure" (Wayne, 2016, p. 1). The practice of caring in nursing uses a holistic approach (Watson, as cited in Wayne, 2016). Nursing is concerned with health promotion, prevention of illness, caring for the sick and dying, and restoration of health. The context of Watson's theory focuses on how nurses express the caring attitudes and behaviors to their patients. Watson developed four major concepts in her human caring theory: human being, health, environment or society, and nursing. She further explained the major concepts as follows (Wayne, 2016):

Human being is a valued person to be cared for, respected, nurtured, understood, and assisted. In general, a philosophical view of a person as a fully functional integrated self. Human is viewed as greater than and different from the sum of his or her parts. In this study, human beings are the residents in the selected geriatric facilities. These residents are the core of the RNs' nursing practice.

*Health i*s the unity and harmony within the mind, body, and, soul; health is associated with the congruence between the self as perceived and the self as experienced.

It is a general adaptive maintenance level of daily functioning and the absence of illness. The health of the aging residents in this study was the main concern of the RNs participants.

Environment or society provides the values that determines how one should behave and what goals one should strive. In this study, the environment of the residents and their caregivers particularly RNs includes the geriatric facility, workplace, the staff, and members of the health team providing care services directly and indirectly to the aging patients.

Nursing is a human science of persons and human health-illness experiences that are mediated by professional, personal, scientific, aesthetic, and ethical human care transactions (Wayne, 2016, p. 1). In this study, nursing is the professional practice of Registered Nurses(RNs) in the delivery of care services to residents or elderly population. RNs' nursing practice is embodied in the provisions of the Code of Ethics of Nursing.

Watson, as cited in Wayne (2016), stated:

Caring has existed in every society. Every society has had some people who have cared for others. A caring attitude is not transmitted from generation to generation but by genes. It is transmitted by the culture of the profession as a unique way of coping with its environment (p. 1).

The concept of caring is always interrelated with the nursing practice. In the nursing practice, nurses provide various roles in the delivery of care services to patients. These roles include teacher, mentor, counselor, advocate, case manager, coordinator, and care giver. Caring requires the professional nurse to have an in-depth spiritual connection within herself or himself and the patient (Lachman, 2012). When an individual chooses

to be a nurse, she or he has the commitment morally, spiritually, physically, psychologically, and emotionally to deliver quality care services to all clients. This provision of quality care services is in adherence with the Code of Ethics for Nurses (ANA, 2001).

In this study, participants functioned in their capacity as Registered Nurses working in geriatric facilities. These RNs are duty bound to deliver the caring services needed by the elderly population. But, with the insufficient number of RNs working in geriatric facilities and the increased number of elderly, quality care services were not sufficiently provided.

Hospital and health service facilities rendered health care services through the concerted efforts of varied professional and non-professional groups who shared one goal of optimum patient care (AMN Health Care, 2013). In this effort, the nurses played the most vital role because they formed the largest groups of professionals and served as the nerve center of every hospital and health system (AMN Health Care, 2013). They rendered personalized quality care to all patients by attending directly and indirectly to all their needs.

Nurses chose a profession that requires dedication, sacrifice, and love. Nursing in this regard is the art, science, and the spirit of unselfish devotion to a cause primarily concerned with helping those who are physically, mentally, or spiritually ill (Berman et al., 2016). Acceptance of the service motive enabled the professionals, the doctors, the nurses, the teachers, and the lawyers, to give without expecting anything in return. It was to serve, unmindful of the inconvenience, the difficulty, and the pain. It was to provide efficient services for the sake of a man in need and a suffering humanity. It was to give

without counting the cost. Nurses were the champions of nurturing and delivery of care services in any health care facilities endowed with virtues. According to Lim (2012), an efficient nurse was one who surpasses his/her nursing skills either as an individual human being or as a part of the health team to accommodate diverse needs of patients. A nurse has the ability to encourage optimistic changes in the status of patients in the health care settings.

Noddings' Ethics of Caring and Watson's Human Caring are based on a caring relationship. Noddings believed caring relationships as basic to human existence and development. On the other hand, Watson conceptualized caring in nursing practice as promotion of health, prevention of illness, caring of the sick and dying, and restoration of health. Human caring in nursing connotes personal response rather than only emotions and concern. The value of caring is an attitude, a commitment, a conscious judgment, and personal intention that is evident in visible acts or overt manifestations. Both theories articulate significant connections to this study. With the established caring relationships between the RNs as care providers and the elderly residents as the recipients of care both theories applied to this study. These two theoretical frameworks of caring provided a structure in this study to uncover the perceptions of RNs on their choice of geriatric nursing as a specialty area of practice.

As a qualitative researcher, I utilized a constructivist' perspectives. Constructivism seeks to understand the contextual varied meanings individuals attribute to their experiences of social reality through interaction with others (Creswell, 2013). The researcher seeks to understand the subjective interpretations of the participants' perceptions, feelings, thoughts, and emotions in a world of multiple realities (Drew,

1989). The goal of this study primarily asked on the perceptions of Registered Nurses on their choice of geriatric nursing as a specialty area of practice.

Review of Research Literature and Methodological Literature

Qualitative, descriptive, and case study research designs are universal among the studies and literature related to perceptions and experiences of RNs and geriatrics. For instance, a qualitative study on perceptions of clients, caregivers, and health care providers by Lafortune et al. (2015) found that older adults were poorly served by community based primary health care in Canada's health care system. The study identified barriers and facilitators from the perspectives of patients, informal caregivers, and healthcare providers. Common barriers identified were poor communications between patients and health providers, roadblocks to information exchange, a general lack of consistency in service delivery, inconsistent follow-up care, and policy and funding constraints. On the other hand, facilitators in primary care were person and family focused care, self-management resources, and successful collaborative practice. The researchers recommended improvement of the health care system of Canada. This study utilized focus group interviews with clients, informal caregivers, and health care providers in midsized urban and rural communities in Ontario, Canada. A mixture of both urban and rural communities was included to maximize generalizability and various perspectives. There was still a need for additional work to implement the recommended system improvements identified by the participants.

The study of van der Cingel (2011) was a qualitative study that described compassion as perceived within the relationships between the nurses and older persons with chronic diseases. The findings revealed that compassion was a valuable process in

the relationships between nurses and older patients with chronic diseases in long-term care facilities. The researcher concluded that compassion motivated both nurses and older patients to cooperate in the attainment of quality and effective nursing care. This study utilized qualitative research blended with mixed methods. The qualitative study used recorded interviews of nurses, patients, and student nurses.

Binney's study (2014) was a qualitative, case study research design on Registered Nurses' perceptions of work engagement and turnover intentions in a long-term facility. This study illustrated how the RNs' work environment in a long- term care facility could be improved and strengthened by addressing the concerns and issues regarding understaffing, job role stress, and nurse management conflicts. It was found that administrators and leaders addressed nurses' issues to retain, motivate, and attract RNs to work in long-term care facility. The researcher utilized semi-structured open-ended interviews as a data collection tool. The responses to the semi-structured interview explored the perceptions of eight RNs in long-term health facility on how they could inspire, motivate, and retain other nurses to work in geriatric facilities (Binney, 2014).

A qualitative study was conducted by Emvula (2016) on perceptions of Registered Nurses regarding the role of clinical teaching of student nurses at state training hospitals in Namibia. Findings from this study revealed that clinical teaching of student nurses at training hospitals was negatively affected by many factors such as lack of human resources, lack of materials and equipment, workload, staff shortages, and personal attitudes of both Registered Nurses and student nurses. The researcher made use of face-to-face interviews in data collection and utilized convenience, purposive sampling, and survey method. Major themes emerged from the thematic analysis of data.

The themes were RNs' perceptions regarding the clinical teaching role, RNs' perceptions regarding the availability of resources, and RN' perceptions of the clinical teaching environment.

The study by Fussel, Mclerney, and Patterson (2009) was a qualitative, case study on experiences of eleven graduate Registered Nurses in aged care using semi- structured interview as data gathering instrument. The study was conducted to gain insights on the diverse experiences of new graduate RNs in aged care settings in Australia. This study revealed major themes from data analysis that included free choice of being offered and accepted in aged care facility, reasons for graduate choices, nature of aged care, and a match or mismatch for graduates. The findings of this study provided ideas and insights related to the improvement of recruitment and retention of new graduate RNs in aged care setting.

The review of research literature and methodological literature that I utilized in my study was empirical reviews. The methodological approaches presented in this review provided justification for my choice of qualitative, descriptive, case study research design using semi-structured interview as a tool for collecting data.

Creswell (2013) explained that the interview was a one-way discussion that provided data for the researcher, supported by the plan made, guided the interpretation of content that incorporated the responses of the interviewee. Open-ended questions allow the participants to answer in their own language. Documentation and note taking are essential tasks while the researcher attentively listens to the individual perspectives of the respondents. These types of interview questions provide deeper meanings of various perspectives of respondents (Unite for Sight, 2015).

The researcher's decision to utilize open-ended or closed-ended questions is critical and significant to yield valid, efficient, and reliable findings. My study utilized semi- structured interview as a method of collecting data. A semi-structured interview is a face-to face encounter with the participants using both open-ended and closed ended questions. Adams and Lawrence (2015) described semi-structured interview as a set of questions that allows the interviewer follow-up questions, clarifying questions, and reveal for more information. The responses from participants may vary, but each respondent gets the same questions.

Review of Methodological Issues

Generally, methodological issues included: (a) research paradigm; (b) research strategy; (c) base disciplines; (d) research methods; (e) analysis techniques; (f) economic/financial issues; (g) ethical issues; and (h) protocols and policies (Woo, Petitt, Kwak, & Beresford, 2011).

The studies examined in this review were fundamentally qualitative, descriptive, and case study design. According to Creswell (2013), qualitative research emphasizes on learning the meaning of the participants' perspectives about the problem or issue being investigated and not the meaning the researchers brought to the research. A qualitative research design was most suitable in the conduct of this study because the study explored and described meaningful data and holistic phenomenon, the perceptions and experiences of RNs related to working in geriatric facilities, as manifested by the participants (McMillan, 2012). This study shared perceptions of RNs in identifying strategies and providing information on recruitment, selection, and retention of RNs in geriatric facilities. Hence, perspectives and experiences of various participants on RNs in geriatric

facilities directed this study. Methodological issues may arise in a qualitative research design. These issues may include: emergent nature of qualitative research, researcher's bias, and researcher as key instrument.

Emergent nature of qualitative research. The nature of qualitative research is emergent that is continuously changing. With the nature of qualitative research, the researcher must be flexible throughout the research process to allow the expansion or development of the study based on the collected data. The qualitative researcher expects innovation, transition, alteration, and development throughout the phases of investigation (Creswell, 2013). Qualitative research design empowers participants of the study to convey their personal stories, perceptions, and experiences in contextual form (Creswell, 2013). This story telling nature of a qualitative design can be established by talking directly to the individuals involved in the study and listen to their voices about a particular issue, case, or problem being investigated. "The key idea behind qualitative research is to learn about the problem or issue from participants and engage in the best practices to obtain that information" (Creswell, 2013, p. 47).

Researcher's bias. One's preconceptions, beliefs, values, prejudices, assumptions, opinions, personal attachments, and position may come into play during the research process. The nature of qualitative research being subjective and opinion based is vulnerable to researcher's bias. Bias is unavoidable in any research design. However, bias is valuable, as contended by McGuire (2014), because it channels and directs researcher's interest and passion in a specific issue or problem under investigation. "Bias can influence analysis and interpretation of data, unconsciously distorting, and thereby threatening accuracy and validity" (McGuirre, 2014, p. 1). Machi and McEvoy (2012)

confirmed with the contention of McGuire (2014) that a researcher's personal affinity to an interest provides passion and commitment essential for conducting a good research.

As a researcher, I cannot get rid of bias, but I can recognize bias and try to reduce and control it. McGuire (2014) recommended ways to minimize researcher bias when confronted with this issue. These recommendations are to declare and recognize bias, strive for objectivity, and reflexivity. Reflexivity means "that the researcher actively engages in critical self-reflection about his or her potential biases and predispositions" (Johnson & Christensen, 2012, p. 265, as cited in McGuire, 2014, p. 2). Careful introspection or reflexivity was significant because it allowed the researcher to control personal attachments, bias, and opinions. "If these attachments remain unidentified the research will be compromised" (Machi & McEvoy, 2012, p. 19).

Researcher as key instrument. Researcher as an instrument refers to the researcher as an active respondent in the research process (Hammersley & Atkinson, 1995, as cited in Pezzala, Pettigen, & Day, 2012). Patton (2001) contended that the researcher is the instrument himself or herself. The qualitative researchers personally collect data themselves through the processes of observing participants' behavior, interviewing participants, and reviewing research materials. Qualitative researchers developed their own tool for data collection such as open-ended questions (Creswell, 2013). McMillan (2012) contended that to obtain "directly from the source, qualitative researchers spend a considerable amount of time in direct interaction with the natural setting, participants, and documents they are studying" (p. 274). The researcher as instrument provides an opportunity to enter the unknown world of the participants about a phenomenon being investigated. Experiences and skills, ability to communicate

effectively, and asking appropriate questions are the most important factors on the role of the researcher as key instrument in qualitative research.

McMillan (2012) explained that due to the personalized nature of conducting research, the researcher become reluctant to reveal negative findings for fear of isolating the subjects of the study. Thus, it was advantageous to share the interview transcripts with the participants to allow them to review the accuracy and appropriateness of their responses and provide their own interpretations of their respective perspectives.

Synthesis of Research Findings

A study was conducted within the Canadian province of Ontario by a group of researchers who believed that results would be relevant to other publicly-funded health systems, however, unique features of other systems would need to be considered in applying the findings in other settings such privately- owned health system (Lafortune et al., 2015). The researchers recommended to create a more accessible and integrated system to all older adults. And to maximize generalizability of outcomes of the study, the researchers included a mix of urban and rural locations to include a variety of perspectives.

Dwyer (2011) implied that his research could lead to the design and implementation of a skills audit to identify candidates for specialized courses so that clinical leadership and governance in aged care were improved. Likewise, organizations must change their perceptions and value registered nurses as clinical leaders in care teams.

The participants in a study by Al-Omari (2014) provided valuable diverse views, perceptions, and perspectives on their experiences as residents of assisted living facilities.

The purpose of this qualitative study described and explored the quality of life of elderly while residing in assisted living facilities. The researcher utilized thematic analysis of data collected from participants. The approach of thematic analysis by Braun and Clarke (2006), as cited by Al-Omari (2014), helped the researcher to extract meanings from the data and led to a group of important categories organized within three major themes: (a) physical environment; (b) social environment; and (c) home-like atmosphere.

Knecht, Nuzzo, Kitko, Hupcey, and Dreachslim (2015) found in the analysis of results that nearly all the subjects, 36 of 37, were female. Other males could not be recruited despite the attempts to reach out to this group. There was underrepresentation of males that lead to the limitation of the study. Therefore, the sample did not align with the national rate for males (7.9%) in the LPN workforce (HRSA, 2013).

Ryan (2015) found that with the growing aging population, more long-term care staff particularly RNs were needed to provide quality nursing care services to elderly residents. However, Harvath et al. (2008), as cited in Ryan (2015), revealed that most RNs in long-term care facilities had inadequate preparation in Geriatric Nursing. In this study, the researcher used mixed method research design and the data collection tools were questionnaire and follow up interview.

Binney (2014) indicated that administrators and leaders made concerted efforts to address nurses' issues and concerns to improve work environment and retain RNs in a long-term care facility. This study explored the perceptions of RNs on work engagement and turn over in a long-term care facility. The researcher utilized qualitative, case study design and the data collection tool was a semi-structured open-ended interview.

In a study by Carlson et al. (2014), three categories emerged from thematic analysis of data on perceptions of RNs of their professional work in nursing homes and home-based care. These categories were (a) establishing long-term relationships with elderly residents, (b) nursing beyond technical skills, and (c) balancing independence and a sense of loneliness. The study was a qualitative design and researchers utilized interview as a method of data collection.

Bosfield (2013) indicated the older adult population was increasing, there was a need for more RNs to work in long-term care facilities, but most RNs were not specialized in geriatric nursing but chose other areas of specialty. This finding presented a health care issue due to the increasing number of aging population and the inadequate number of RNs working in geriatric facilities. With this insufficient number of RNs in geriatric facilities, the quality of care provided to elderly would be affected and would be at risk. Elderly patients would be at risk due to inefficient care services provided to them by lower qualified staff such as Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs).

Hirst and Lane (2016) described the perceptions of nursing students on the needs of older adults. Nursing students, as participants of this study, recognized the need to and significance of understanding the health care needs of older clients. The findings in this study implied that the care for older clients be integrated into nursing curricular program. The authors utilized a semi-structured interview as data collection tool.

Eldercare Workforce Alliance (2013), as cited by Bosfield (2013), revealed that an incompetent education and training of the health care workforce based on the needs of older adults was inadequate. Most RNs employed by geriatric facilities were not

specialized in geriatric nursing specialty area of practice. Health care workforce caring

for the older adults were less qualified than RNs such as LPNs and CNAs.

Binney (2014) wrote that to be an effective nurse in geriatric facilities one had to

be dedicated and committed to his/her work and profession. Vlachos (2012) implied that

recognizing nurses for their work and providing RNs with training related to caring for

older adults were effective ways to improve satisfaction and retention of RNs in geriatric

facilities.

Wei, Li, Chen, Li, Chen, and Chen (2015) enumerated both positive and negative

working experiences as the two themes in the study. Six sub-themes of working

experiences of nursing aides were drawn from the researchers' analysis such as

companionship, happiness, trust, achievements, hard work, and grievance. On the other

hand, Hvalvik and Dale (2013) indicated that the nurses endeavored to provide person-

oriented and individualized care for older persons in transition to receive homecare. The

study contributed to a more complex view on the concept of transition from being

independent to needing care among older people. AMN Health Care (2013) revealed that

90% of the participants from various age groups and educational backgrounds were

satisfied with their career choice as nurses.

California Nurses Association (1946), as cited in Egenes (2009), concurred with

the findings on low salary that nurses were receiving in various health care settings that

lead to the dissatisfaction of nurses and low status level of profession (Alsmemri, 2014;

Shockness, 2015; Vlachos, 2012).

Various authors found that attitudes of registered nurses caring for older people

affected the quality of care provided to them (Choong, Lau, Kuek, & Lee, 2012; Hayes et

al., 2012; Topaz & Doron, 2013; van der Cingel, 2011). Negative job satisfaction could lead to nurses having negative attitudes towards their jobs, poor patient outcomes, and could negatively affect the work of the organization. The perception of older persons with chronic disease was a good quality care was similar to efficient human caring services, not only technical skills provided to them.

It was in this essence that the older adults or the aged clients needed to utilize a variety of health services and the need for Registered Nurses and other care givers in delivering individualized quality health services. With the crucial demand for Registered Nurses, they must be motivated and satisfied in their jobs to deliver quality patient care services and ensure nurses' retention in every health care facility. The methodologies, findings, and recommendations of previous studies supported and affirmed my study. The gaps addressed in my study were on the quality of care services provided by RNs and other nursing workforce of lower qualification such as LPNs and CNAs. This involved the technical skills and functions delivered by the RNs compared to other nursing workforce who were not academically prepared to deliver nursing care services.

Critique of Previous Research

Machi and McEvoy (2012) explained critiquing as the art of explaining the substance of a portion of literary, scientific, or technical work that included reasonable discussion based on elaborate investigation and appraisal of the study. A critique was a specific style of essay that analyzed, interpreted, and evaluated previous researchers' and authors' ideas on certain topics of interest.

Dwyer's (2011) study would had been more interesting if it had included other nurses who were in direct care to the residents rather than only those nurses in managerial

positions. However, the results of the study were significant to the various residential aged care facilities providing specific education that was focused on clinical leadership and health team management. The review presented in the study reported the negative experiences of nurses in residential aged care and geriatrics. There was a need for more research related to this study to identify the skills gaps experienced by nurses in aged care and geriatric care. One thing I like in this study was the use of diagrams to illustrate specific synthesis of findings aside from the narrative form. Synthesis of findings using diagrams/illustrations helped the reader an in-depth understanding of the outcomes of the study.

The study of Lafortune et al. (2015) was a qualitative study on the perceptions of clients, caregivers, and health care providers related to the services provided by community-based primary health care model for older adults. This study revealed that the community-based primary health care model often served older clients poorly. There were identified barriers and facilitators that limited the access of the services for older clients. This study had several limitations. One of the limitations was the focus group interviews of healthy older adults. They were held in community settings that prevented very ill patients from attending, thus affecting the findings. The outcomes of the study reflected more on the perspectives of healthier older adults rather than the views of the ill older adults.

Bosfield (2013) was a quantitative, correlation research design that investigated the factors that impact nurses' decisions to continue the provision of care for older adults. Bosfield (2013) used a methodology different from the research methodology used in this study. However, I was able to gather rich ideas and information needed for my study on

perceptions of RNs on their choice of geriatric nursing as a specialty area of practice.

Bosfield (2013) had a broader scope of investigation because it did not solely focus on the scarce number of Registered Nurses practicing in a geriatric setting but included other areas of concern. These other areas were revision of nursing curricula to include geriatric nursing and the retention of RNs who were already practicing in a geriatric setting. The study explored a broader coverage of curriculum to solve the gaps and address the insufficient number of RNs in geriatric facilities.

Chapter 2 Summary

Based on the collective review of related literature, methodologies, and findings, a study on the perceptions of RNs on their choice of geriatric nursing as a specialty area of practice could provide insights into the emerging issues of elderly care. Not only will the geriatric facilities benefit from the result of this study but also the academe and policymakers could as well. The identification, analysis, inferences, and evaluation of results provided improvement of care services for the elderly. The enhancement of the health system of care services could benefit the nursing profession, society, and most importantly, the elderly patients.

The findings in the foregoing related literature and studies inspired the researcher to conduct her study using Registered Nurses from geriatric facilities as subjects. The value of this study was in its ability to bring diverse views, perceptions, and voices of nurses who had different experiences in caring for the elderly in geriatric facilities. The study also identified meaningful experiences of RNs and how these experiences affected the delivery of care services provided to elderly clients. With the escalation of the aging

population, there is a need for an adequate and reliable health care workforce motivated and inspired to caring for elderly clients.

From the foregoing review of literature and research studies, I was able to explore and understand the perceptions and experiences of Registered Nurses on their choice of geriatric nursing as a specialty area of practice. In addition, the studies provided data on problems encountered by nurses from different health care facilities. There was an adequate reason for pursuing this investigation with the results and findings of the reviewed literature and related studies because it yielded significant findings for the field in gerontological nursing. The information and findings obtained from the previous studies supported the framework of my study. My study will be different in terms of selection and limitation of participants, setting, and demographics especially on gender because there were no male RNs in the chosen facilities. My study was focused on perceptions and experiences of RNs in geriatric facilities. The setting of the study was geriatric sites that were all assisted living facilities in one of the counties in an east coast state. The subjects of my study were seven Registered Nurses who were working in their respective facilities with six months or more working experience as geriatric nurses.

The succeeding chapter details the methodology chosen for this study. The chapter discusses the research design, sample and sampling procedure, data collection procedures, data analysis procedures, expected findings, ethical issues, and finally concluded with a chapter summary.

Chapter 3: Methodology

Introduction

This chapter presents the methodology of research used in this study. This included the research design, types of data, data collection instrumentation, selection of participants, treatment of data, analysis of data, and expected findings. Trustworthiness and ethical considerations is also discussed in this chapter. Finally, this section concluded with a summary of methodology and research design.

There is a serious gap in the provision of care for the elderly population in United States of America due to the increasing number of older adults and a shortage of Registered Nurses in geriatric facilities. Bosfield (2013) found that there was a demand for geriatric RNs to render suitable interventions on the health problems of older adults as their population increased. Health care access was limited due to demographic changes. Villar (2015) emphasized that nurse practitioners with geriatric nursing specialty could address the needs of the vulnerable aging population. According to a report released by the American Health Care Association (AHCA, 2014) in 2012, nearly 10,000 Registered Nurses vacancies existed in long-term care settings at the end of 2012. The future demand for RNs who served the aged is expected to soar dramatically as the baby boomers reached in their 60s and grow older (Rosseter, 2014).

The study was significant because of the complexity of the care for elderly that was beyond the scope of functions of the Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs). The shortage of RNs in geriatric facilities lead to the employment of LPNs and CNAs who are less qualified in terms of training and educational qualifications. Hence, there was more demand for RNs to be at the bedside

for the care of the aging population. The study provided information about why RNs

selected geriatric nursing as a specialty area of practice. The study also provided insights

to all health workers on the perceptions of RNs on geriatric nursing on the need for more

RNs in geriatric facilities.

Research Question

The study sought to answer the main research question, which guided the study:

What are the experiences and perceptions of RNs related to working in geriatric

facilities?

Purpose and Design of the Study

The purposes of this study were to identify and explore RNs' perceptions and

experiences as geriatric nurses in geriatric facilities and to determine the factors that

influenced RNs' choices of geriatric nursing as a specialty area of practice.

My study was a qualitative, descriptive, case study research design using semi-

structured interview as a tool for data collection. A qualitative research collected,

described, explained, characterized, analyzed, and interpreted data on the perceptions and

experiences of RNs in terms of words and descriptions related to their practice as

geriatric nurses. The study examined the perceptions of seven RNs on their choice of

geriatric nursing as a specialty area of practice in geriatric facilities as a phenomenon of

interest. Using semi-structured interview, the RNs were given the opportunity to reflect

on their commitment of specializing geriatric nursing as an area of practice. Hence, a

case study research design was used. A case study design helped me understand the

perceptions of a group of RNs about geriatric nursing. According to Adams and

Lawrence (2015), capturing the uniqueness of the attributes of the individual case within the real-life circumstances was the main goal of a case study.

A case study design was chosen to elicit holistic responses about the experiences of selected participants. The case study was primarily descriptive or explanatory method to capture the wholeness of a certain case using in- depth semi-structured interview. In this study, I focused on examining the perceptions of RNs on their choice of geriatric nursing as a specialty area of practice. I used qualitative case study design as an appropriate method to answer my research questions. Case study allowed for valuable descriptive narratives of RNs' perceptions and experiences on working in geriatric facilities as geriatric nurses. A case study was used to develop a deeper understanding of a certain situation. A one-on-one semi-structured interview was utilized as a data collection instrument to address the main research question and sub questions responded to by the participants. My objective was to elucidate the effects and impetus of perceptions and experiences of RNs on recruitment and retention of RNs to work in geriatric facilities. Analyzing results of a case study was more of objective rather than statistical methods. A case study design includes the study of cases within a real-world situation.

A qualitative, descriptive, case study designs were used in multiple studies to explore and describe perceptions and experiences of direct care workers especially Registered Nurses working in various long-term care facilities (Anderson, 2012; Binney, 2014; Carlson et al., 2014; Ryan, 2015; Fussel et al., 2009; Vlachos, 2012; Wei et al., 2015). The studies influenced my decision to use a similar methodology and research designs. However, my study chose a different setting, location, and samples to research.

Research Population and Sampling Method

  Research population. Seven RNs from three selected geriatric facilities in one of the counties in eastern state comprised the research population for this study. I sought the assistance of the Directors of Nursing from the three chosen geriatric facilities to produce the names of the RNs as participants for this study. Letters of permission were personally handed to the respective Directors of Nursing for this study. The Directors of Nursing forwarded the letters of consent to the Human Resource Department and recommended to allow the researcher to choose their respective RNs to be involved in this study based on the inclusion criteria provided. I used study codes to the selected participants to establish anonymity and confidentiality.

  Criteria for selection of subjects from the research population included: (a) RNs who had served the facility for six months or more; (b) RNs who had undergone training and professional development in Geriatric Nursing; and (c) RNs with ages from 25 years old and above. These criteria of selection of subjects were included in the letter of permission addressed to the Directors of Nursing of the chosen sites for the study.

  The respondents involved in this study were RNs who served their facilities for at least six months, since it was assumed that was long enough for RNs to provide sufficient time for RNs to develop experiences and perceptions of the work. Almalki et al. (2012), as cited in Alshmemri (2014), found that nurses who had more years of experiences had enhanced knowledge and experiences related to their professional work. RNs were chosen as respondents because they were the health professionals with the most frequent direct contact with geriatric patients. The skills of RNs in geriatric care made a difference every day in the health and lives of aged patients. Therefore, these nurses

were in position to share their experiences and perceptions about geriatric nursing practice.

Sampling method. Burns and Grove (2009) described sampling as a process of selecting a group of individuals, events, behaviors, and other components as parameters in a study. A non-probability purposive sampling method was used to target up to seven Registered Nurses working in three geriatric facilities. For this study, sampling was based entirely on my judgment as a researcher. The selected subjects were considered representative of the population being studied. Gay, Mills, and Airasian (2012) described purposive sampling as a method of sample selection that focused on subjects with specific characteristics of a given population. Creswell (2013) concurred with Gay, Mills, and Airasian (2012) on the concept of purposive sampling. The researcher chooses individuals and settings for study because "they can purposely inform an understanding of the research problems and central phenomenon in the study" (p. 156). I considered purposive sampling as the best sampling method to sample the population and could answer my research questions.

Instrumentation

Interviews. Individual face-to-face interviews were conducted with the study participants by the researcher herself. This study utilized semi -structured open-ended interview as an instrument for collection of data. Creswell (2013) asserted that the interview in a qualitative research "is a one-way dialogue between the interviewer/researcher and the interviewees/participants based on the researcher's agenda and ruled by the interviewer" (p. 173). The interview was a useful tool in this study for

getting the story behind RNs' perceptions and experiences. The instrument used for collecting data described the factual and meaningful experiences of the RNs.

A structured interview guide (Appendix F) helped direct the conversation toward the topics or issues and provided guidance about what to say or do. The questions during the interview were open-ended to obtain the most complete and honest answers from the participants. This open-endedness allowed the participants to fully express their viewpoints and experiences. Face-to-face interviewing may be appropriate where depth of meaning was important and the research was primarily focused in gaining insights and understanding (Gilham, 2000, as cited in Nigel, 2010). An interview was an appropriate instrument to be utilized in exploring the perceptions of RNs in this study.

The subjects of the study were informed that all data collected from the interview would be used for the study's purposes only. Field notes/interview notes and digital recorder were utilized simultaneously to document the interview process. Consent was obtained from the RNs for using digital tape recorder to record the interviews. Although some of my interview notes were incomplete, the digital tape recorder augmented the partiality of the written notes. Reflective field notes were documented immediately following each interview. The interviews were transcribed verbatim and specific transcripts were sent to the individual participants to be reviewed, checked, and evaluated for accuracy and appropriateness of responses before utilizing the data for the study.

Pilot testing. A pilot testing on the instrument was carried out prior to the main study's data collection. The self- structured interview instrument was pilot tested by external participants to establish content validity and reliability of the instrument. Pilot testing was done as an important component of data collection process. The two main

purposes of pilot testing the interview questions were to verify the comprehension of respondents towards the interview questions and to test the duration of time in the whole interview process. More specifically, pilot testing helped me, as the researcher, to (a) determine ambiguous, difficult, and unnecessary topics to modify the interview questions; (b) determine that each question asked would elicit appropriate responses; and (c) determine that responses were properly interpreted in relation to the needed information for the study thus adding value and credibility to study findings.

The purposes of pilot testing the interview questions were achieved. Pilot participants were able to comprehend the questions and able to answer the questions appropriately during the duration of time allotted for the interview process. The influence of elderly relatives and friends on the choice of geriatric nursing specialty area of practice and commitment to caring for the elderly residents were articulated as main concerns of the pilot participants. However, the findings obtained from the pilot participants were not used in the main study.

Data Collection

To gain access to the sites for the study, letters of consent were sent to the three Directors of Nursing for approval of conduct of the study and the use of their selected RNs as respondents to the study. After approval of the letters of consent from the three Directors of Nursing, those letters were forwarded to the Human Resource Department of the three facilities and recommended to allow the researcher to gain access to the file of the Registered Nurses employed. The researcher chose the subjects of the study based on the inclusion criteria provided using data codes. The Directors of Nursing and the Human Resource Departments did not know whom I selected as participants for this

study. Appointments for the schedule of interviews with the chosen participants were done. Participants were on different clinical rotations and the period of collection data was two weeks before the Christmas season. With those prevailing factors, I considered their most convenient time for their interviews.

The collection of data started after consent was signed and affirmed by the participants with the permission from the RNs' respective Directors of Nursing and the Human Resource Departments. I interacted with human subjects in a private face-to-face interview as a method of data collection on the agreed time. A digital tape recorder was used for recording and documentation of the responses of the subjects. The allotted time of the interview was one hour for every respondent and was conducted under the most natural conditions possible in the nurses' conference room of the respective facilities involved in the study.

There was a minimum risk involved in this study. The minimum risk was the use of personal identifying information (PII) during the collection of data. PII included the names of the participants on the signed consent forms as affirmation for their participation to the study before collecting the data. Collection of PII was done to assure confidentiality and non-disclosure of data essential to the study protocol by using a consent form. Hence, participation in the study did not affect their employment status. The demographic data included the participants' gender, age, and number of years of working in their respective facilities. These demographic data were found in a separate page from the interview guide. A statement on recording of responses were included in the consent form. Each participant was reminded before the interview started that the whole process was recorded for documentation and transcriptions of data. Interviewees

were provided with a unique study code/identifier. Only the principal investigator knew

the study codes/identifier. The study data and PII were not linked to any specific person

or participant to keep the confidentiality of the responses. Every effort was made to

safely guard, and securely store using security measures and policies as provided by law

all the study data, responses, and PII of my subjects (Federal Regulations 45 CFR 46

Policy, PII) and by the Concordia University Institutional Review Board (CU-IRB).

To protect confidentiality of the study data and PII of the respondents, the

principal investigator followed seven security measures:

- Use of study codes/identifier on data documents instead of recording
  identifying information. Study data was stored separately in separate files in a
  locked filing cabinet at the place of residence of the principal investigator.

- Access to these documents were restricted; allowing only the principal
  investigator to access the study documents.

- Identifiable data were always encrypted. Security codes were assigned to
  computerized records.

- Study data and other documents were not sent via e-mails.

- Only computers, computer drives, USB, and flash drives that were encrypted
  were used.

- My personal computer was always protected with strong passwords.

- The study data and documents, will be properly disposed, destroyed, or
  deleted after three years.

Identification of Attributes

Variables were attributes that defined the study. Adams and Lawrence (2015) described variables as characteristics of the research study with assigned values. My study was a qualitative, descriptive, case study research design that did not have identifiable independent and dependent variables. Concepts or categories were the concern of a qualitative research design rather than variables. The concepts of my study included the experiences and perceptions of RNs related to their practice as Geriatric nurses; factors that influenced their choice of geriatric nursing as a specialty area of practice; and rewards, challenges, and barriers in their care for the elderly. This research design explored, described, and understood the experiences, perspectives, and phenomena to give meaningful raw data. The raw data in a qualitative research were transformed into descriptions, themes, and categories. Inferences and logical explanation of the phenomena of interest were provided to put significance to the raw data. As an investigator, I presented a full picture or holistic view of what was being studied via interviews.

Data Analysis Procedures

A case study research design focused on a specific and interesting case. This study was thorough, meticulous, and systematic using note taking, recording, transcription, and documentation. Analysis and interpretation of data are crucial steps in the research process. Gay, Mills, and Airasian (2012) contended that in a qualitative data analysis, researcher must be patient, objective, and reflective during the data analysis process and find meanings from multiple sources of gathering data.

Generally, Creswell (2013) described data analysis in a qualitative study was comprised of "preparing and organizing the data for analysis, reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, or a discussion" (p. 180). After data were collected and transcribed through semi-structured interviews, I utilized data analysis and interpretations strategies employed by Wolcott (1994b), as cited by Creswell (2013), that advocates a traditional strategy to research using ethnography and case study analysis. Data analysis according to Wolcott (1994b), as cited by Creswell (2013), includes "sketching ideas through forming description from the data, reducing codes to themes by identifying similarities and regularities, contextualizing categories with the framework from literature, and displaying the data and findings in tables, charts, diagrams, and figures" (p. 182).

In this study, I started through listening to the digital recorder and transcribed the raw data. Re-reading the transcripts five times and writing memos on every respondent's transcripts was done to confirm accuracy. Since the collected data were in words, texts, and phrases, I gave descriptions into meaningful concepts and categories to organize the data.

Next, I developed themes through identification of similarities and regular patterns as a way of reducing codes or labels. I employed manual coding through in vivo codes which named the exact words and phrases expressed by the participants (Creswell, 2013). The in vivo coding process was done to ensure that the data analysis was an accurate reflection of the RNs' thoughts and perspectives. Major themes emerged during data analysis that included experiences and perceptions, factors influencing geriatric

nursing choice, rewards, challenges, and barriers in the care for the elderly. Thematic analysis gave meanings to the responses of the participants.

After identifying themes, they were contextualized related to previous studies and literature reviewed. Contextualized themes were linked and supported to the findings of previous studies and literature. The framework from the literature and studies showed that this study had similar outcomes such as the insufficient number of RNs working in geriatric facilities, various factors on the choice of geriatric nursing as a specialty area of practice, rewards, challenges, and barriers in caring for elderly population.

The final step in the analysis of the transcribed data was displaying, organizing, visualizing, and summarizing the findings with the use of tables, diagrams, charts, and figures. I displayed and summarized the findings in this study with the use of tables and figures. I believed that the use of tables and figures were an appropriate, meaningful, and practical format to encapsulate the findings. Putting data in a visual presentation was an important aspect of sharing the findings with the public. Part of the analysis and interpretation of findings were descriptions and narratives. Analysis and interpretation of data were concise to answer the research questions.

Limitations of the Research Design

Limitations and delimitations were conditions or circumstances that affected or restricted the study. Gay, Mills, and Airasian (2012) described limitations as an area of the study that the researcher knew would affect the generalizability of the outcome of the study. There were limitations in a qualitative case study design. These limitations included the researcher as an instrument for data collection and analysis, issues of reliability, validity, and generalizability.

My study was done in three selected geriatric facilities in one of the counties in an eastern state. This study does not apply to other states that limits the findings in my study. There were unique circumstances in the subjects of my study in terms of cultural backgrounds, experiences, environmental structures, policies, and demographics.

In this study, the respondents from the chosen facilities were interviewed individually. As a researcher, I obtained different responses from varied perspectives. The varying values and views of the nurses from the chosen geriatric facilities influenced the nature of their responses. As a researcher, I relied on the perceptions of the respondents with varied cultural backgrounds and experiences. Another limitation was the environment of the chosen geriatric facilities that differed in terms of physical set up, the personnel system, culture, and policies. Finally, the use of a case study design and the purposive sampling limited the responses to nurses working in selected geriatric facilities in one geographic location in one of the counties in eastern state. Boundaries in case study design defines the scope of the research study which indicates the breadth and depth of the research project (Baxter & Jack, 2008).

Validation

Validation was the degree to which qualitative data were accurately measured and the accuracy of findings (Gay, Mills, & Airasian, 2012). Validity is related to the honesty and genuineness of the research data. Creswell (2013) described validation in qualitative research as an evaluation of the accuracy of the findings from the researcher's and the participants' perspectives. Credibility and dependability were criteria used to assess and validate the rigor and quality of qualitative research. To intensify the internal validity of the study, I employed member checking. According to Lincoln and Guba

(1985), "member checking is the most crucial technique for establishing credibility" (p. 314). Member checking or respondent validation was to allow the participants to review the transcribed data, analyze themes, interpretations, and conclusions to confirm the accuracy and credibility of the information, and narrative account. I listened to each recorded interviews of participants several times to be immersed and familiar with the content of the data. Then, transcriptions were done. I went back to the participants and provided the interview transcripts to each participant to confirm the credibility, sufficiency, and accuracy of the information. Both the researcher and the participants reviewed and reacted to the transcriptions for accuracy, thus adding credibility to the qualitative study. The credibility of a qualitative research depends on the ability, efforts, and skills of the researcher.

Credibility

Credibility was one of the criterion to assess the rigor of qualitative research proposed by Lincoln and Guba (1985) that referred to the value and believability of the findings. The authors also contended that ensuring credibility was one of the most important factors in establishing trustworthiness. Trustworthiness is a process to establish validity and reliability of qualitative research (Burns & Grove, 2011 as cited in Emvula, 2016). Creswell (2013) contended that trustworthiness, or validity, in qualitative research reflects the accuracy of findings of a study.

Lincoln and Guba (1985) argued that ensuring credibility is one of the most important factors in establishing trustworthiness. Prolonged engagement and persistent observation can enhance credibility. Therefore, trustworthiness is the truth value of the

study's findings or how accurately the investigator interpreted the perceptions and experiences of the participants.

Strategies to validate credibility of qualitative research include identifying researcher bias, member checking, and providing rich and thick description, persistent observation, and triangulation. The second strategy to establish credibility was the use of triangulation. Triangulation is a powerful strategy for improving the validity and reliability of research or evaluation of findings. Creswell and Miller (2000) defined "triangulation as validity procedure where researcher search for convergence among multiple and different sources of information to form themes or categories in a study" (p. 126). Individual viewpoints, experiences, and perceptions can be verified against others and ultimately a rich description of attitudes, needs or behaviors of those under study may be constructed based on the sharing and contributions of different groups of people. Supporting data may be obtained from documents to corroborate the findings.

I sought the help of other RNs who were not included in the study, my peers, and family members who shared their perspectives about my study. Supporting data were obtained from documents such as researcher' notes to corroborate the findings. Triangulation was a powerful strategy to enhance the quality of the research, particularly credibility. Credibility was equated with congruency of findings with reality. Noble and Smith (2015) provided other strategies to ensure trustworthiness. They included keeping meticulous records and notes, demonstrating a clear decision trail, and ensuring interpretations of data were consistent and transparent. I compared and contrasted the responses of the participants to ensure different perspectives were represented. Lastly, I

included rich and thick verbatim descriptions of participants' accounts to support findings by encouraging subjects to comment to ensure the accuracy of interview transcripts.

Dependability

Dependability assessed qualitative studies and referred to the stability or consistency of the research processes. The more consistent the researcher was in the research process, the more dependable the results. To increase dependability of the study, one strategy was to conduct a code recode procedure of the data during the researcher's analysis phase of the study. The process of code and recode process was done by aggregating the textual responses of the participants and gave labels or names into smaller categories of information that best described the information. The identified codes represented the expected information I needed to support the findings and unexpected information and results. To further enhance dependability, triangulation was also used to ensure that the weaknesses of one method of collection data were compensated using alternative data gathering methods.

Expected Findings

For this study, I expected the outcomes would provide rich descriptions of perceptions and experiences of RNs and their insights as geriatric nurses working in geriatric facilities. Factors and conditions on choosing geriatric nursing as specialty area of practice would be identified as well as concerns why nurses may not choose this specialty. Participants in the study would discuss the benefits, rewards, struggles, and barriers facing geriatric nurses. I expected that findings from the study would increase the depth of understanding and meaningful experiences of the aged care nurses.

Ethical Issues in the Study

Ethical issues arise regardless of the approach to qualitative inquiry in all stages of the research process (Creswell, 2013). These ethical issues may unfold when the researcher becomes more sensitive to the needs of the participants and the study sites. Ethical issues are threaded through in all stages of the research process. Thus, recognizing and addressing ethical issues involved more than obtaining permission and approval from an Institutional Review Board (IRB; Creswell, 2013). Human subjects of the study were protected from harm such as to maintain privacy and confidentiality and to obtain informed consent. Creswell (2013) stated that "the qualitative research in a good study is ethical" (p. 55). McMillan (2012) contended that to minimize ethical issues, researchers must convey honesty and trust by providing disclosure of the purpose of the study, sharing the interview transcripts to participants to review the transcribed data for accuracy and credibility of the collected data, and confirming the findings. Three fundamental principles guide researchers to minimize risk and ethical issues: respect for persons, beneficence, and justice. The ethical issues addressed during the process of my study on perceptions of RNs on the demand for RNs in geriatric facilities included a conflict of interest assessment, identification of the researcher's position to the study, and the possible ethical issues in the study.

Conflict of interest assessment. My perspectives about RNs working in geriatric facilities emanated from my previous position as a head nurse in a long-term care facility. Because of my geriatric nursing experiences, I worked intently to be judicious in my role as a research instrument. Being a research instrument, I averted anticipating my personal perspectives onto the participants which could lead to distortions of their responses

during the study. I reflected on my researcher's notes and remained conscious of potential biases I kept related to the perceptions of RNs about caring for elderly patients. McGuire (2014) contended that bias is unavoidable and valuable but guides the researcher's interest in a specific problem or issue.

Researcher's position. A self-conscious endeavor was made to suspend my preconceptions and presuppositions so that findings of the study were free from extraneous judgments. This is called bracketing in qualitative research. According to Crotty (1996), as cited in Martin (1996), bracketing is "an endeavor not to impose one's understanding and beliefs of the data in a study" (p. 37). Explications of personal perspectives made the researcher more conscious of the potential bias during the research process. McGuire (2014) recommended to strive with bias. This was achieved through prudent self-examination and reflexivity about prior preconceptions and presuppositions that I held about the study. Being reflexive allowed the researcher to control biases about the findings of the study.

Ethical issues in the proposed study. I sought the approval from the Concordia University Institutional Review Board (CU-IRB), Dissertation Committee members, and Directors of Nursing from the three chosen geriatric facilities prior to conducting this study. After approval from the CU-IRB, Directors of Nursing, and Dissertation Committee members, I obtained informed consent from the subjects of the study, revealed the purpose of the study, shared the transcribed data through member checking. Member checking or respondent's validation allowed participants to review the analysis and interpretations of their responses to confirm findings. Human participants, the RNs, were protected from unwarranted harm through maintenance of privacy, anonymity, and

confidentiality throughout the study. The harm associated with qualitative research is generally psychological in nature that could exist in the form of ill effects to the study findings.

Other ethical considerations. My study was reviewed and approved by the Concordia University Institutional Review Board (CU-IRB) which determined possible risks to the participants. Protection of human subjects was upheld through obtaining informed consent from each participant before the start of data collection. In response to this obligation to keep the information private and confidential, all data and responses were secured. Respondents were assured of anonymity. They were informed that participation and completion of the study would not affect their employment status. Participants were informed that their responses during the interview were recorded and documented. In addition, they were informed that they had the right not to participate and withdraw from the study at any time without any consequences.

Chapter 3 Summary

This chapter provided a brief introduction of the study and presented the conceptual and theoretical frameworks related to the study on perceptions of RNs on their choice of geriatric nursing as specialty area of practice. Theoretical frameworks used were Noddings' Theory of Ethics of Caring and Watson's Human Caring Theory. Research questions and significance of the study were presented.

Research methodology from the type of samples, sampling method, research design, procedures, tools for collecting data, and analysis of data were discussed. The single instrumental case study approach was used to explore the perceptions and experiences of RNs on their practice as geriatric nurses; the factors and conditions of

their choice of geriatric nursing, rewards and benefits as geriatric nurses, struggles and barriers as geriatric nurses, and professional development programs and trainings to enhance their practice as geriatric nurses. The target population for this study was RNs from three selected geriatric facilities in one of the counties in an eastern state. The sample size recruited was seven RNs using purposive sampling. Creswell (2013) described purposive sampling technique as a nonprobability technique wherein subjects to the study were selected based on major inclusion criteria. The recruitment process and the data gathering started after the approval of Concordia University Institutional Review Board (CU-IRB).

The data collection method used was one-on-one semi-structured interviews with digital recorder and interview notes as consented by the participants reflected in their respective signed consent. According to Yin (2013), utilization of multiple sources of data produced rich descriptions and comprehension of the case study. Transcribed data were analyzed through coding and recoding process that resulted in five themes. A traditional method of analysis of data was patterned from Wolcott (1994b), as cited by Creswell (2013).

Validation on credibility and dependability of the study, expected findings of the study without considering researcher's bias, ethical issues, and ethical considerations required of the study were discussed. Finally, this chapter was concluded with a chapter summary that summarized the discussions included on perceptions of RNs on their choice of geriatric nursing as specialty area of practice.

Chapter 4: Data Analysis and Results

Introduction

Data collection is a systematic gathering of data with specific purposes. Data collection is critical to any research process and it enhances the quality of a study. This chapter presents data analysis and findings. The purposes of this study were to disclose the perceptions and experiences of Registered Nurses (RNs) as geriatric nurses working in geriatric facilities; obtain an in depth understanding of the reasons why RNs do not choose geriatric nursing as a specialty area of practice; and gain information on the strategies necessary for recruitment and retention of RNs to work in geriatric facilities. The study took place in three selected geriatric facilities in an eastern state. A qualitative case study was the approach utilized in this study. A case study research describes a study on how a certain phenomenon is bounded by specific place and time in which it is examined (Creswell, 2013). This qualitative case study explored the perceptions and experiences of RNs on the demand for more RNs in geriatric facilities within the three selected geriatric facilities. As a former head nurse in a long-term facility, I was motivated to pursue this study. My previous experiences were the impetus on this study. From the constructivist' perspectives, the RNs' perceptions and experiences on the demand for more RNs in geriatric facilities were uncovered in this study.

According to Yin (2009), as cited in Creswell (2013), the case study research design is an empirical inquiry that investigates a contemporary phenomenon within the real-life context and settings. This research method allowed the researcher to examine closely real-life cases. A case study approach was appropriate in this study because data were collected through detailed contextual analysis of semi-structured interview

transcripts of the participants. Creswell (2013) claimed that "a case study is a good approach when the inquirer has clearly identifiable case with boundaries and seeks to provide an in-depth understanding of the cases" (p. 100).

The main research question guided this study: What are the perceptions and experiences of RNs related to working in geriatric facilities? Furthermore, the study explored the following specific questions utilizing an interview guide (Appendix F):

1. What factors influenced your choice of geriatric nursing as a specialty of practice?

2. How would you explain the need for more geriatric nurses?

3. Are there conditions or factors that keep nurses from choosing this as a specialty?

4. How prepared did you feel upon entering your geriatric specialty? Were there areas you felt very prepared to take on? Were there gaps that would have made you more effective? Talk about them.

5. What are the benefits and rewards you experience as a geriatric nurse?

6. What are the struggles and barriers you experience as a geriatric nurse?

7. What professional development programs or trainings would enhance your effectiveness as geriatric nurse? Have you had any professional developments or trainings related to geriatric nursing?

8. What suggestions do you have for making the geriatric nurse as a more desirable specialty so that more nurses will select it?

This chapter furnishes a rich description of the sample of RNs who shared their perceptions and experiences as geriatric nurses in geriatric facilities. A discussion of the

research methodology, comprehensive case analysis, summary of findings, and a presentation of the data and results comprised the main section of this chapter. In wrapping up, a chapter summary concludes this chapter.

Description of the Samples

The study was conducted in three selected geriatric facilities in one of the counties in eastern state. I selected the study participants and sites using purposive sampling. Purposive sampling is a sampling technique wherein as a researcher I selected individual participants and sites for study. Personal decisions and judgment were made about how many individuals and sites to be sampled. This method of sampling approach yielded seven RNs: four females who were White/Caucasian and three females who were Black/African Americans; with varied age groups and number of years of working experiences. All seven participants were females because there were no male RNs in the chosen geriatric facilities.

The study samples were selected based on the following characteristics: (a) RNs who were 25 years old and above; (b) RNs who had working experience of 6 months or more; (c) RNs who had undergone trainings and professional development programs related to geriatric nursing; (d) heterogeneous ethnicity; and (e) homogeneous gender due to lack of male RNs in the chosen facilities.

The type of case study utilized in this study was a single instrumental case study. Stake (1995), as cited in Creswell (2013), described a single instrumental case study as one that focuses on a specific issue or problem being investigated. Therefore, the seven RNs represented a single case in this study. Raw data were collected using one-on-one semi-structured interviews. Prior to data collection, I obtained informed consent from the

participants. Information related to the purpose of the study, the nature of the study,

protocols, and conditions were disclosed to the participants before the start of the

interview process. The personal identifying information (PII) of the participants were

protected using study codes or identifier such as RN1, RN2, RN3, etc. The study codes

or identifier helped to establish anonymity and confidentiality of participants'

information. The demographics data of the participants was gathered using a survey form

(Appendix E) that revealed the information presented in Table 1.

Table 1.

Study Participants' Demographics

Demographics	Number	Percentage (%)
Age		
25–35 y/o	1	14.3
40–45 y/o	1	14.3
50–55 y/o	4	57.1
60–65 y/o	1	14.3
Gender		
Female	7	100
Male	0	0
Ethnicity		
Caucasian/White	4	57
African American	3	43
Others	0	0
No. of Years of Work Experience as a Geriatric Nurse		
6 months–3 years	2	28.6
4–6 years	1	14.2
7–10 years	0	0
11–14 years	0	0
15– 8 years	1	14.2
19 years and older	3	43

N = 7 respondents

Note: Demographics data of participants that was obtained using the respondents'

information sheet (See Appendix F).

Table 1 described the profile of study participants in terms of age, gender, ethnicity, and number of years of working experience. Four respondents (57.1%) reported that their age range was 50 to 55 years old. The remaining three respondents were equally distributed at 14.3 % in three different age groups (25–35 years old; 40–45 years old; and 60–65 years old).

All respondents were female (100%). There were no male RNs in the three geriatric facilities chosen for the study. Four respondents (57%) identified themselves as White/Caucasian while the other three respondents (43%) were Black/African Americans. Three respondents (43%) worked for 20 years and above as geriatric nurses. Two respondents (28.6%) worked as geriatric nurses for six months to three years. One respondent (14.2%) reported working for four to seven years as geriatric nurse and another one respondent (14.2%) worked for 16 years to 19 years as geriatric nurse.

The response rate from the recruitment of the subjects of the study was calculated at 100%, all seven RNs confirmed their participation in the study. Each participant was initially given a short orientation on protocols and expectations prior to the start of the interview process. I utilized the personal information sheet (Appendix E) as part of the orientation process. One-on-one semi-structured interviews were then conducted with each participating RN on an agreed time and place. Interview notes and a digital recorder were used during the in-depth interviews to document the entire interview process. The field notes and digital recordings were transcribed into comprehensive descriptions. The transcripts were shared individually with participants using member checking. Member checking allowed the participants to review and react to their respective responses to the research questions to establish accuracy and reliability of findings. Likewise, member

checking gave the participants the opportunity to correct errors or disagreements that were perceived as wrong interpretations. The participants were allowed to add or delete some wrong information in the transcripts provided or any disagreements noted. The member checking also provided an opportunity to summarize preliminary findings to the participants.

Research Methodology and Analyses

This study was a qualitative, descriptive, case study research design that utilized semi-structured open-ended interview as a tool for collection of data. Qualitative research design focuses on a holistic view of what is being studied. This approach strived to understand the perspectives looking for firsthand experience to provide meaningful data. Gay, Mills, and Airasian (2012) described qualitative research as "the collection, analysis, and interpretation of comprehensive narratives and visual data to gain insights into a particular phenomenon of interest" (p. 630). I utilized case study research approach to examine an in-depth understanding of the phenomenon on the perceptions of RNs on choosing geriatric nursing as a specialty area of practice. The goal of a case study was to capture the wholeness of a case by collecting a wealth of information and descriptive narratives of the RNs. Semi-structured interview as data gathering instrument was used to answer the main research question and sub- questions of this study. According to Yin (2009), as cited by Creswell (2013), case studies explore a real-life contemporary context or setting. The type of case study research design was a single instrumental case study of seven Ns from three selected geriatric facilities. Stake (1995), as cited in Creswell (2013), described a single instrumental case study on one issue or concern, in this case reasons for choosing geriatric nursing as specialty area of practice

with one bounded case to illustrate this issue, perceptions of RNs. This study identified

factors that influence RNs' choice of geriatric nursing as specialty area of practice.

Furthermore, the participants responded to questions about how to attract other RNs to

choose geriatric nursing as specialty area of practice.

This study was conceived from a constructivist's perspectives wherein individuals

seek to understand varied, subjective meanings of their lived experiences (Creswell,

2013). In this context, meanings led me to examine varied perspectives of RNs'

perceptions and experiences. I relied solely on the participants' views of choosing

geriatric nursing specialty area of practice and remained to work in geriatric facilities. As

a constructivist, interpretations of the participants' responses were based on my personal

experiences and professional background.

The subjects of the study voluntarily participated in this study. Before the start of

the recruitment process, I acquired permission from Concordia University Institutional

Review Board (CU-IRB) to conduct this study. I affirmed to maintain ethical integrity,

protect, and minimize risks of the human subjects. Likewise, I obtained consent from the

Directors of Nursing (DON) from the three chosen geriatric facilities for the selection of

samples. Through the recommendations of the three respective Directors of Nursing, I

was referred to the Human Resource Department to allow me to choose my samples from

their list of currently employed RNs. After samples were selected, they were scheduled

for a one-on-one semi-structured interview based on their most convenient times because

they have varied clinical rotations. The interviews were conducted in a natural setting in

their respective conference rooms of their respective geriatric facilities. Prior to the start

of the individual interviews, a signed informed consent from the participants was

obtained and disclosed the purpose, protocols, and nature of the study. The signed

informed consent indicated the confidentiality of information provided, and consent to

use digital recorder to record the interview process. Note taking was done

simultaneously while recording the interviews to document the verbatim responses of the

participants. I was directed with an interview guide (Appendix F) during the interview

session. The duration of the one-on-one interview was one hour for each study

participant.

I personally transcribed the raw data collected from the participants by

comprehensively listening the taped recorded interviews. Transcriptions were done by

listening the recorded responses, re-reading the transcripts several times and used code-

recode process. In vivo coding was used to reflect the accuracy of the participants'

responses to the interview questions (Creswell, 2013). I checked the transcriptions

against the audio tape and revised the files accordingly to audit for accuracy. To enhance

validity and reliability of transcripts, member checking was done. I personally handed

the transcripts to the individual participants to review for accuracy and reliability of

findings of the study. McMillan (2012) described internal validity when the scope of the

outcomes of the study is the reflection of the real experiences of the participants. The

participants were allowed to change their responses accordingly but none of the

participants implored any changes.

Triangulation was done to provide corroborating evidence from varied sources

such as reviews from colleagues, peers, member checks, and interview documents and

materials related to the study. Creswell and Miller (2000) defined triangulation as a

validity process wherein researchers find connection from various sources of data to form categories and themes related to the study.

Thematic analysis was done that provided meanings to the transcribed data. Identifiable thematic categories emerged during the analysis of findings that answered the research questions. Data analysis gave meanings to the transcribed data. The strategy that I used in analyzing the transcribed data was patterned from Wolcort (1994b), as cited in Creswell (2013), that uses a traditional approach to research from case study analysis. This analysis strategy includes four steps (Creswell, 2013):

1. Highlighting certain information in description. This step emphasizes significant and thick description of information from the responses of participants such as the reasons of RNs in their choice of geriatric nursing as specialty area of practice.

2. Reducing codes to themes by identifying patterned regularities. Themes were identified during the coding process with their commonalities and similarities of participants' responses.

3. Contextualizing the findings with the framework from literature and studies. In this study, findings in context were established from the findings of previous studies and literature. Findings found out that there were few RNs specializing in geriatric nursing as specialty area of practice.

4. Displaying the findings in tables, charts, and figures. I utilized visual presentation of findings in this study using tables and figure.

Analysis, interpretation, and inferences of findings were in narrative form coupled with related studies and literature. The research methodology used in this study gave the

researcher to collect and analyze data within the context and setting of the RNs working in geriatric facilities. The purpose of the study was to obtain varied perspectives of RNs on their perceptions on choosing geriatric nursing as a specialty area of practice.

Summary of the Findings

Table 2.

Thematic descriptions as results of the study

Themes	Description of the themes
Perceptions and experiences of RNs on their practice.	Personal sharing or perceptions and experiences related to their practice as geriatric nurses.
Factors that influenced RNs' choice of geriatric nursing as specialty area of practice.	Various factors that guided RNs in their choice of specialty of practice.
Rewards and benefits as geriatric nurses.	Rewarding and beneficial components as geriatric nurses.
Struggles and barriers as geriatric nurses.	Challenges that hinder their practice as geriatric nurses.
Professional development programs and trainings	Professional preparations, skills development, and competencies enhancement as geriatric nurses.

Note: These five themes represent the thoughts and perceptions of seven RNs as their responses to interview questions.

Thematic analysis was done that provided meanings to the transcribed data. Identifiable themes and categories emerged during analysis of the findings. These thematic categories included: perceptions and experiences of RNs on their practice;

71

factors that influenced RNs' choice of geriatric nursing as specialty area of practice; rewards and benefits of geriatric nurses; struggles and barriers as geriatric nurses; and professional development programs and training. These identified thematic categories were the personal perspectives and perceptions of the RNs in their responses to the semi-structured interview questions, thus informing the outcomes of this study. Presentation of data and results were shown in tabular forms based on the identified main and specific research questions. Data analyses on the inferences made by respondents were in narrative form in conjunction with justifications from related studies and literature. The results and analysis of this study were visually presented in Table 2.

Perceptions and experiences of RNs on their practice. The participants responded with varied perceptions and experiences related to their practice as geriatric nurses. Most of them expressed their passion for caring for the elderly population. Some respondents started their practice in their younger years in geriatrics facilities. With the surging of elderly population, there is a need for passionate, understanding RNs with specialization in geriatric nursing to answer for the care of this vulnerable population (Ameritech, 2016).

Factors that influenced RNs choice of geriatric nursing as specialty area of practice. The common responses of the participants were their experiences in caring for their elderly parents and relatives as factor for choosing geriatric nursing as a specialty area of practice. One of the respondents responded that it was a friend who influenced her choice of geriatric nursing as a specialty area of practice. Chang et al. (2015) revealed that the choice of gerontological nursing as a professional choice was of personal interest by the student nursing graduates.

Rewards and benefits of geriatric nurses. Three participants asserted that it was worthy, satisfying, and rewarding experience when residents and their families appreciated what RNs were doing for them. Seniors were more willing to show their gratitude by appreciating what you were doing for them (Career Quest, 2013). RN1 and RN3 mentioned that it was a rewarding experience when residents and families recognized and appreciated their caring services to their respective residents.

Awarding of employee of the month ranked second as reward for geriatric nurses. The third reward of geriatric nurses was seeing residents recover from illness and become independent as responded by RN3 and RN4. RN2 asserted that making residents become independent and recovering from their long-term disease process made her practice satisfying and rewarding. For example, when a resident who could not walk upon admission and became active and mobile, was indeed a rewarding experience of this geriatric nurse. All seven RNs were providing essential care services to elderly by assisting them with personal care and helping them become independent. From my experience, I noted that RNs' warm and emphatic presence in the lives of elderly population would mean the difference between a gloomy day and a bright one. RN7 expressed that "working with the elderly population made a real difference in my professional life as a geriatric nurse."

The benefits of geriatric nurses identified were more on their personal and intrinsic factors rather than monetary or salary issues. RN1, RN3, and RN4 identified their benefits as recognition of their delivery of care services to residents. RN3 mentioned that a simple smile from residents was a great benefit to her practice as a geriatric nurse and resident saying, "I know you care." Vlachos (2012) implied that

recognizing nurses for their work and providing RNs with training related to caring for older adults were effective ways to improve satisfaction and retention of RNs in geriatric facilities.

RN2 and RN5 responded with another benefit as RNs making a difference in the lives of residents. RN7 responded as feeling of belongingness in caring for older residents was considered a benefit in her practice as geriatric nurse. RN6 mentioned that development of rapport with residents was beneficial for both the RN and the residents especially for those residents neglected by their families and friends. These benefits mentioned by the participants motivated them to stay longer in their practice for the care of elderly. Career Quest (2013) noted that health workers working with elderly patients cited one of the common benefits was learning from their patients. The elders had wealth of knowledge and lots of time to share. Working with the aging population makes a real difference in their lives.

Struggles and barriers as geriatric nurses. The most significant struggle and barriers identified by the participants was the difficult staffing schedule due to insufficient number of Registered Nurses in their respective facilities. This struggle was asserted by RN1, RN2, and RN3 who came from three different facilities. RN3 specifically mentioned that as an administrator "I had difficulty completing the staffing rotation for the three shifts, morning, afternoon, and night. Because of this struggle, I had to extend my duty hours to cover for the other shifts with no available RN." Low salary and fewer benefits of RNs ranked second among the struggles and barriers identified by RN5 and RN6. Some studies described elderly care or geriatric care nursing as a low

status career choice that lead to increase turnover of RNs in long-term care facilities (Blomberg, James, & Kihlgren, 2013; Carlson et al., 2014).

The lowest rank among struggles and barriers of geriatric nurses was poor relationships between RNs and families and residents. RN3 and RN4 reported that they had poor relationships with their residents and families. According to these two participants, "most residents were difficult to handle because of their unstable conditions and symptoms of dementia. Some families would have high expectations from the RNs but because of our overload of work assignments, we could not at times deliver the necessary interventions needed by our residents."

Professional development programs and trainings. The professional development programs and trainings enhance the skills and knowledge of Registered Nurses to be more effective as geriatric nurses. RN1 and RN2 identified critical thinking and assessment skills of patients are significant development programs in their practice as geriatric nurses. RN3 justified that critical thinking and assessment skills were necessary to become effective geriatric nurse. RN4 and RN5 who came from two different facilities identified clinical management of chronic illnesses as a necessity to acquire in order to enhance efficiency of delivery of care services. The other professional development programs and trainings identified by RN6 and RN7 from two different facilities were wound care and prevention of infection and nursing management of intellectually disabled. RN7 further asserted that nursing management of intellectually disabled was an important training for geriatric nurses because there were a lot of residents in geriatric facilities with intellectual disabilities. On the other hand, RN6 mentioned that wound care and prevention of infection was a requisite professional

development program for geriatric nurses to deliver quality care to elderly residents. Because according to the seven RNs most residents developed pressure sores due to immobility and they were bedridden during their long stays in geriatric facilities.

Presentation of the Data and Results

In this section, I provided a wealth of descriptions and verbatim narratives of the participants who shared their perceptions and experiences on their geriatric nursing practice. I was guided with the main and specific questions on the presentation of the data and results. The structuring of the presentation of the data and results was incidental on the purpose of the study and the comprehensibility of the collected data through semi-structured interviews. There were varied perceptions shared by RNs that were embodied during the interview process. The data and results are visually displayed in Table 3.

Table 3.

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
MRQ. What are the perceptions and experiences of RNs related to working in geriatric facilities?	Patience in dealing with the elderly. Caring for geriatrics was like being a part of the family. The elderly residents are warm and live longer. Geriatric nursing is a forgotten area of specialty.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
MRQ. What are the perceptions and experiences of RNs related to working in geriatric facilities?	Passion and concern in this area made a difference in someone's life.
	No RNs in geriatric facilities to assess the elderly residents; only doctors, medical interns and mostly Licensed Practical Nurses (LPNs) and Certified Nurse Assistants (CNAs).
	Most RNs don't want to be in geriatric facilities.
	Most nursing homes and geriatric facilities are not equipped with supplies and rehabilitation equipment.
	Positive feeling of caring for geriatric residents; have a heart for them that lead to longer years of working with elderly residents.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
MRQ. What are the perceptions and experiences of RNs related to working in geriatric facilities?	Became close to elderly residents. RNs' career life was spent for caring old age and aging population. Listening to elderly with compassion completes the RN's daily activities.
SQ 1. What factors influenced your choice of geriatric nursing as a specialty area of practice?	Passion for caring the elderly and the level of care provided to them. Care provided to both parents; be a part of sustaining the life span of geriatrics. Make a difference in the lives of geriatric residents because geriatric nursing is a forgotten specialty. Personal interest in caring for the elderly. Not enough bedside nursing skills but have the passion for caring the elderly population. Influenced by a friend to join geriatric nursing specialty area of practice. Developed positive attitudes towards caring for the elderly population.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
SQ 1. What factors influenced your choice of geriatric nursing as a specialty area of practice?	Caring for elderly family members; listening with compassion and caring for elderly population in younger years of professional life.
SQ 2. How would you explain the need for more geriatric nurses?	All seven participants responded that there was a dire need for RNs in geriatric facilities. There was a need for more RNs 24 hours in geriatric facilities to provide bedside nursing care to elderly residents due to increasing number of aging population. Only LPNs and CNAs were employed in geriatric facilities.
SQ 3. Are there conditions or factors that keep nurses from choosing this as specialty?	Low salary received by geriatric nurses. Advancement skills needed. Training and experiences needed to be geriatric nurses. Lack of support from the administration for their professional development.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
SQ 3. Are there conditions or factors that keep nurses from choosing this as specialty?	More patients to handle; nurse- patient ratio is imbalance.
SQ4 a. How prepared did you feel upon entering your geriatric specialty?	Most RNs were not prepared upon entering geriatric specialty area of practice. Some were prepared upon entering geriatric nursing specialty area of practice. Never thought of considering geriatric nursing specialty area of practice. Some RNs had advanced education upon entering geriatric nursing specialty area of practice.
SQ4b. Were there gaps that would have made you more effective as geriatric nurse?	Most RNs expressed that there were gaps that made geriatric nurses more effective. Lack of social services offered by the government to elderly. Scarcity of resources to enhance the skills of geriatric nurses.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
SQ4b. Were there gaps that would have made you more effective as geriatric nurse?	Lack of qualified RNs to deliver care services.
SQ 5. What are the benefits and rewards you experience as a geriatric nurse?	**Benefits:** Development of rapport with residents. Recognition of RNs' delivery of care services to residents. RNs making a difference in the lives of residents. Feeling of belongingness in caring for the elderly residents. **Rewards:** Rewarding experience when families and residents appreciate what RNs do for them. Awarding for employee of the month. Seeing residents recover from illness and become independent. Opportunities for education and training. Positive relationships between staff and residents.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
SQ 6. What are the struggles and barriers you experience as a geriatric nurse?	Maintaining staffing schedules due to insufficient number of RNs.
	Low salary and fewer benefits of RNs.
	RNs have poor relationships with families and residents.
	Low status of geriatric nursing practice.
SQ 7. What professional development programs or trainings would enhance your effectiveness as geriatric nurse? Have you had any professional developments or trainings related to geriatric nursing?	Clinical management of chronic illnesses.
	Continuing education on basic and advance nursing skills.
	Critical thinking and assessment skills of patients.
	Wound care and prevention of infection.
	Nursing management of intellectually disabled.
SQ 8. What suggestions do you have for making geriatric nursing as a more desirable specialty area so that more nurses will select it?	Compensation for geriatric nurses must commensurate with their qualifications and experiences.
	Need for advocacy and information campaign for public's awareness of this specialty area.

Table 3 (cont.)

Analysis of Research Questions

Research Questions	Registered Nurses' Responses
SQ 8. What suggestions do you have for making geriatric nursing as a more desirable specialty area so that more nurses will select it?	Provision of advance practice, education, and trainings. Better pay especially for more experienced and qualified nurses. Agencies and geriatric facilities to offer onsite trainings and education. Provision of health insurance. Safe and secure working environment for nurses.

Note: This table represents the perspectives of RNs that were reflected in the data collection process, which were the personal stories and experiences to answer the main and eight sub-questions.

Analysis of Research Questions

Main research question. What are the perceptions and experiences of RNs related to working in geriatric facilities? Based on the data collected through semi-structured interviews, the participants had varied perceptions and experiences expressed related to their practice in geriatric facilities. Most RNs expressed positive feeling and compassion in caring with the elderly that led them to be retained in geriatric facilities. These RNs spent most of their professional lives in caring for the elderly population. Some of them do not want to work in geriatric facilities; rather, they would want to work

in hospitals. Because they found out that their working environments were not adequately equipped with supplies and rehabilitation equipment that hindered their efficient delivery of care services. Although most of the participants observed that elderly patients were warm, caring, compassionate, and willing to share their wisdom to their nurses. According to RN7 listening to the elderly with compassion completes her daily activities in her workplace. Patience, understanding, and empathy are essential virtues of caring nurses (Berman et al., 2016).

   Sub-question 1. What factors influenced your choice of geriatric nursing as a specialty area of practice? There were three factors that influenced the choice of geriatric nursing as the RNs' specialty area of practice. These included cares of elderly parents, grandparents, and relatives, influence from a friend, and personal interest. RN3 specifically mentioned that she wanted to care for the elderly because she wanted to make a difference in the lives of geriatric patients. "I wanted to make a difference in the lives of geriatrics because I felt that geriatric nursing is a forgotten specialty. I noticed that elderly population was growing not only in geriatric facilities but even in long-term care units in hospitals." Most RNs were in different specialties when they started their professional practice and later shifted to geriatric nursing because they wanted to be part of sustaining the quality of life of the elderly. The participants developed positive attitudes and compassion in caring for the elderly because of their various personal and professional experiences. Nurses have the duty of care to show compassion. Bramley and Matiti (2014) believed that compassion is basic in nursing practice. An absence of compassion would lead to patients' feeling of being devalued and lacking in emotional support thus lowering patients' self- esteem (Bramley & Matiti, 2014).

Sub-question 2. How would you explain the need for more geriatric nurses?

All seven participants positively responded there was a dire need for more RNs in geriatric facilities. RN4 specifically mentioned that there was a need for more RNs 24 hours in geriatric facilities to provide assessment and bedside nursing care to all residents. All selected facilities for the study employed more LPNs and CNAs rather than RNs who are less qualified and experienced in caring for the elderly. With the increasing geriatric population, RNs were needed not only in hospitals but also in geriatric facilities as responded by RN3. According to Bosfield (2013), to provide effective and efficient bed side care for elderly population, an increased number of RNs specializing in geriatric nursing were needed. The provision of these care services was done to sustain quality of life of elderly until the remaining years of their lives.

Sub-question 3. Are there conditions or factors that keep nurses from choosing this as specialty? All seven RNs responded unanimously that conditions or factors that kept from nurses in choosing geriatric nursing as specialty area were low salary, training, experiences, and the need for advanced skills, lack of support from the administration for their professional development, and more patients to manage. These conditions led to the shortage of RNs specializing in geriatric nursing. As a result, the elderly would not receive quality care needed for geriatrics' conditions. Most of the selected geriatric facilities would not employ adequate number of RNs with specialized training in geriatric nursing. The facilities employed LPNs and CNAs instead of RNs who were less qualified than RNs. The geriatric expertise, knowledge, and skills were needed to care for the elderly patients.

Sub-question 4a. How prepared did you feel upon entering your geriatric specialty? There were six RNs responded that they were not prepared upon entering geriatric nursing specialty area of practice. They never thought of considering geriatric nursing as a specialty area of practice. Experts mentioned that the nursing workforce was not adequately prepared to provide care services for older Americans (Robert Wood Johnson Foundation, 2014). However, RN3 expressed that she was very much prepared upon entering this specialty area of practice. In fact, she pursued graduate degree program with clinical specialization in geriatric nursing and placed her as a Director of Nursing in that chosen facility.

Sub-question 4b. Were there gaps that would have made you more effective as geriatric nurse? Most participants described that there were gaps to be effective as geriatric nurses. These gaps included lack of social services that older adults could avail of and scarcity of supplies and resources to enhanced their skills as geriatric nurses. Some RNs addressed their concern of lack of qualified RNs to provide effective care services to elderly in geriatric facilities. RN2 mentioned that in her facility they were only three RNs in each shift. There were more LPNs and CNAs employed who were less qualified than RNs in the selected facilities. Bosfield (2013) showed that there was a need for increased RNs instead of an increase in nursing assistants in long-term care facilities.

Sub-question 5. What are the benefits and rewards you experience as a geriatric nurse? Generally, most RNs responded that it was not money or salary but what they can do for their elderly patients. The satisfaction of caring the elderly was both rewarding and beneficial in their practice as geriatric nurses. Specifically mentioned

benefits were development of rapport with residents, recognition of RNs' delivery of care services to residents, RNs making a difference in the lives of residents, feeling of belongingness in caring for the elderly residents. Participants enumerated the rewards gained as geriatric nurses such as appreciation and recognition of what RNs can do for the residents and families, seeing residents recover from their illnesses and become independent, positive relationships between staff and residents, awarding for employee of the month, opportunities for education, training and professional growth. Katz (2013) noted that nurses with expertise in geriatric care were commonly known for their genuine commitment to care and establish relationships that led them to become most trusted and desired commodity in the health care system. Working with geriatrics provided intangible rewards that would not be present in any other health care facilities.

Sub-question 6. What are the struggles and barriers you experience as a geriatric nurse? RNs expressed their struggles and barriers as (a) maintaining staffing schedules due to insufficient number of RNs; (b) low salary and fewer benefits of RNs; and (c) RNs have poor relationships with families and residents. There is insufficient number of RNs especially in the night shift and most RNs have extended hours at the bedside to provide the necessary care services needed by the elderly. The low salary and fewer benefits of RNs lower the morale of RNs that led them not to work as geriatric nurses. Sometimes the residents and their families have poor relationships with the RNs due to high expectations from the RNs that they could not provide the necessary caring services needed.

Sub-question 7. What professional development programs or trainings would enhance your effectiveness as geriatric nurse? Have you had any professional

developments or trainings related to geriatric nursing? Based from the responses of

the participants, five out of seven RNs had professional development trainings on

geriatric nursing. The other two RNs had their professional development and trainings

only upon employment in their respective facilities. All seven RNs agreed that

professional developments and trainings were necessary to enhance the effectiveness of

their practice as geriatric nurses. There were five professional developments and

trainings that were identified by the participating RNs. These included clinical

management of chronic illnesses, continuing education on basic and advance nursing

skills, critical thinking and assessment skills of patients, wound care and prevention of

infection, and nursing management of intellectually disabled. RNs asserted that the

professional development programs and trainings were requirements for employed staff

to deliver effective care services to the elderly. Also, as per requirement of the Board of

Nursing for RNs' renewal of their professional license, RNs need to undergo updates and

enhancement of their knowledge and skills as geriatric nurses. The seven RNs expressed

that training and professional development programs motivated them to be more effective

and efficient care providers to their elderly patients.

Sub-question 8. **What suggestions do you have for making geriatric nursing**

as a more desirable specialty area so that more nurses will select it? The seven RNs

shared common suggestions to attract other nurses to select geriatric nursing as specialty

area of practice. The suggestions were better pay, benefits and insurance, support from

administration, recognition and valuing nurses as human beings, sign-in bonuses in terms

of money and compensation, flexibility of schedules, and provision of education and

training for geriatric nurses. Eldercare Workforce Alliance (2013), as cited in Bosfield

(2013), revealed that the education and training of healthcare workforce related to the needs of older adults was inadequate. RNs need higher levels of academic preparation to provide appropriate interventions for the elderly.

Chapter 4 Summary

The responses of pilot participants and study participants to the research questions were similar. However, the responses of study participants were broader and extensive than the answers of pilot participants to the research questions. The results from the pilot testing were not included in the study as they exist only to test the validity and reliability of the interview questions and not as findings of the research. The findings of the study were comprehensively analyzed to answer the research questions. The outcomes from the semi-structured interviews revealed five thematic categories, which included experiences and perceptions of RNs on their practice as geriatric nurses, factors that influenced RNs' choice of geriatric nursing as specialty area of practice, rewards and benefits as geriatric nurses, struggles and barriers as geriatric nurses, and professional development programs and trainings. These five themes reflected the thoughts, perspectives, and perceptions of the RNs as they responded to the semi-structured interviews questions. The themes and findings uncovered in this study will provide insights and information to the administrators of geriatric facilities, the geriatric nursing field, and academics to effectively provide possible solutions on the need for RNs with specialization in geriatric nursing to work in geriatric facilities. This study found out that there is high demand for more RNs with geriatric nursing specialty in geriatric facilities due to increasing number of geriatric population in various long-term health care facilities and less RNs specializing in geriatric nursing. These RNs needed to be familiar

with the health problems of older adults to be able to provide suitable nursing

interventions. Hence, RNs need advance training and academic preparation to be

effective as geriatric nurses. The findings of this study will be further discussed and

explained in Chapter 5 on discussions and conclusions of the research study. The

evidences obtained will be utilized to create valid inferences to examine the implications

of the findings and recommendations for further research.

Chapter 5: Discussion and Conclusion

Introduction

The purpose of this chapter is to discuss the conclusions drawn by the researcher based on fieldwork, literature, studies, and data analysis of the study on the perceptions of Registered Nurses (RNs) on the need for RNs with specialization in geriatric nursing in geriatric facilities. This chapter expounds on the importance, meanings, and significance of the findings of this study. Five thematic categories emerged from the analysis of the research data: perceptions and experiences of RNs related to their practice as geriatric nurses, factors that influenced their choice of geriatric nursing as a specialty area of practice, rewards and benefits as geriatric nurses, struggles and barriers as geriatric nurses, and professional development programs and trainings needed by geriatric nurses. These themes contributed to the salient findings and inferences that were drawn and resulted in the conclusions of this study.

The conclusions were developed because of the analysis of the data derived from semi-structured interviews conducted during this study. The conclusions were presented through summarizing and discussing the results from this study and discussion of results in relation to the literature and studies. Likewise, this chapter presented limitations of the research, implications of the results for nursing practice, policy, and theory and recommendations for further research.

Summary of the Results

The purpose of the study was to describe the perceptions and experiences of RNs related to their choice of the geriatric nursing specialty area of practice. The RNs were asked to share their comments and insights on the need for more RNs with specialization

in geriatric nursing working in geriatric facilities. The study was directed by a main

research question and eight sub-questions. The questions were as follows:

Main research question. What are the experiences and perceptions of RNs

related to working in geriatric facilities?

Sub-questions.

1. What factors influenced your choice of geriatric nursing as a specialty of

    practice?

2. How would you explain the need for more geriatric nurses?

3. Are there conditions or factors that keep nurses from choosing this as a

    specialty?

4. How prepared did you feel upon entering your geriatric specialty? Were there

    areas you felt very prepared to take on? Were there gaps that would have

    made you more effective? Talk about them.

5. What are the benefits and rewards you experience as a geriatric nurse?

6. What are the struggles and barriers you experience as a geriatric nurse?

7. What professional development programs or trainings would enhance your

    effectiveness as geriatric nurse? Have you had any professional developments

    or trainings related to geriatric nursing?

8. What suggestions do you have for making the geriatric nurse as a more

    desirable specialty so that more nurses will select it?

Five thematic categories emerged from the data analysis. These were (a)

experiences and perceptions of RNs on their practice; (b) factors that influenced RNs'

choice of geriatric nursing specialty; (c) rewards and benefits of geriatric nurses; (d)

struggles and barriers as geriatric nurses; and (e) professional development programs and trainings.

Using a single instrumental case study design, I sought to explore the RNs' perspectives through a social constructivist' views (Creswell, 2013). Within this framework, individuals work toward understanding of their realities through varied and subjective meanings of their respective experiences. Lather (1992) and Robottom and Hart (1993), as cited by Baxter and Jack (2008), described constructivism as the personal stories of the participants describing their perspectives of reality and the understanding of the researcher on the participants' actions. The objective of the study was to rely on the participants' perceptions and experiences on their choice of geriatric nursing as specialty area of practice using their verbatim responses.

Theory and significance. Geriatric facilities are important component of the health care system that are increasingly proliferating and there is increasing demand for services from health care workers particularly Registered Nurses. Grant (2016) postulated that, as population ages, demand for health care services and providers will soar. The theoretical framework of the study was based on Noddings' Theory of Ethics of Caring (1984; 2005) and Watson's Human Caring Theory (1975; 1979). These theoretical perspectives supported the perceptions and experiences of RNs on their choice of geriatric nursing specialty area of practice. Theory supported the notion that caring for elderly was the commitment, passion, and dedication of RNs working in geriatric facilities. According to American Nurses Association (ANA, 2001), caring is an ethical and moral responsibility of every nurse practitioner to attend to the patients' needs. The

findings of this study showed that there was a need of RNs specializing in geriatric nursing specialty area of practice to care for the elderly patients.

The significance of the study was to provide insights and information associated with the problem on insufficient number of RNs specializing in geriatric nursing in geriatric facilities caring for elderly patients. This study was relevant to the geriatric nursing field to facilitate nursing care services to the growing number of elderly patients in various geriatric facilities. The results will assist administrators, academics, nursing leaders, policy makers, and other stakeholders to solve the problem of insufficient number of RNs specializing in geriatric nursing as their choice as specialty area of practice.

Review of seminal literature. Seminal literature on Martin (1996) was instrumental to this research study. The study described the common shared meanings of the experiences and perceptions of Registered Nurses working in nursing homes. The findings revealed that there were insufficient number of RNs being attracted to aged care that resulted in difficulties in maintaining regular staffing levels in nursing homes. The findings of this study were significant in understanding the perceptions of RNs in their choice of geriatric nursing specialty area of practice.

Blomberg, James, and Kihlgren (2013) explored the meanings of working in elderly care from the perspectives of RNs as geriatric nurses. The findings in this study revealed reasons why RNs continue to work in elderly care. The reasons of the RNs to continue working in geriatrics care were based on their personal beliefs, their view of elderly and their experiences of being able to influence the elderly care. The findings of my present study confirmed the findings of Blomberg, James, and Khilgren (2013) that

the participants remained to work in their respective geriatric facilities due to their personal experiences in caring for elderly patients.

The Bureau of Labor and Statistics (2011), as cited in Bosfield (2013), reported that there was a demand for RNs who are able to meet the needs of the geriatric population. To provide effective nursing care services for elderly patients, an increased number of RNs specializing in geriatrics were needed (Bosfield, 2013). The findings of these seminal literature coincided with the results of this present study that RNs with geriatric nursing specialty working in geriatric facilities were needed to deliver quality care services to elderly residents. All seven participants asserted that there was a need of RNs specializing in geriatric nursing as specialty area of practice in their respective geriatric facilities.

The interviews of RNs revealed that participants supported the notion that RNs working in geriatric facilities need to undergo professional development programs and trainings to deliver quality nursing care services to elderly residents. The findings of this present study confirmed the findings of Bosfield (2013), Eldercare Workforce Alliance (2013), Stone and Harahan (2010), and Vincent and Velkoff (2010) that education and training of the healthcare workforce particularly RNs were needed to provide effective nursing care services to elderly patients.

Methodology and summary of the findings. This qualitative case study on perceptions of RNs on their choice of geriatric nursing as specialty area of practice used semi-structured interviews to collect data. The data were analyzed using transcripts, interview notes, and *in vivo* coding, which uncovered five thematic categories to substantiate the findings of this study. The themes that emerged through data analysis

95

were experiences and perceptions of RNs as geriatric nurses, factors that influenced their choice of geriatric nursing as specialty area of practice, rewards and benefits as geriatric nurses, struggles and barriers as geriatric nurses, and professional development programs and trainings needed by geriatric nurses.

The findings showed RNs had positive perceptions and perspectives with regards to their practice as geriatric nurses. The participants continued to work in their respective geriatric facilities despite low salary received as compared to other healthcare facilities. Their motivation and commitment to serve the elderly residents were due to their passion, personal interest, and personal experiences in caring for their parents, grandparents, and relatives. The rewarding and satisfying experiences of RNs led them to be retained for longer years in their respective geriatric facilities. However, RNs expressed their concerns in providing support from administrators and proprietors of geriatric facilities in terms of compensations and benefits to attract other RNs to be in this specialty area of practice. The study showed insufficient number of RNs with specialty area of practice in their respective geriatric facilities. This insufficient number of RNs in geriatric facilities led to inadequate and difficulty in maintaining staffing schedules thus overload of work was expressed by the participants in this study.

Discussion of Results

The findings of this study resulted from the main research question and eight sub-questions that came from the review of literature and the gathering of data for the study. Articulating the results helped me to understand the personal experiences and perceptions of the RNs related to their practice as geriatric nurses. The main research question sought to uncover the perceptions and experiences of RNs on their choice of geriatric nursing as

specialty area of practice. The responses to the eight sub-questions further explored the factors and conditions on RNs' choice of geriatric nursing as specialty area of practice, the need for more geriatric nurses, conditions or factors that keep nurses from choosing geriatric nursing as specialty, preparation upon entering geriatric specialty, benefits and rewards as geriatric nurses, struggles and barriers as geriatric nurses, professional development programs and trainings to enhance effectiveness as geriatric nurses, and suggestions for making geriatric nursing as more desirable specialty.

The main research question was answered by the RN participants with varied voices related to their personal experiences and perceptions as geriatric nurses. They responded with enthusiasm to care for the aging population. In fact, most of them started as geriatric nurses in their younger years. RN7 commented:

I started with geriatric population when I was only 15 years old. Most of my career life was spent caring for old age and aging population; listening to them with compassion completes my daily activities. My early exposure to caring for elderly made my practice more meaningful and satisfying.

RN4 expressed her personal experience as geriatric nurse:

I started my geriatric nursing in high school as CNA. I had the patience in educating the family members and the geriatrics themselves. RNs at that time were mostly in hospitals and not in long-term care facilities or geriatric facilities. There were no RNs in geriatric facilities to assess the residents but mostly doctors and medical interns. Geriatric facilities were dominated by CNAs and LPNs. I think this situation is still currently existing in most geriatric facilities statewide.

The RNs remained in the practice as geriatric nurses due to their passion for caring for the elderly. RN2 stated "I wanted to be part of geriatrics because they are warm, caring, live longer, and considered me as part of the family." All seven participating RNs claimed there was an extreme need for Registered Nurses in geriatric facilities. RN4 specifically mentioned that there was a need for RNs 24 hours a day in geriatric facilities to provide bedside nursing care to residents. This confirmed information from the studies examined where RNs were needed to deliver quality, efficient, and effective nursing care services to the elderly residents (Bosfield, 2013; Fussel et al., 2009, Hirst & Lane, 2016; Stone & Harahan, 2010; Vlachos, 2012).

The first sub-question obtained data on factors that influenced RNs' choice of geriatric nursing as a specialty area of practice. There were two main factors identified by RNs participants that influenced their choice of geriatric nursing as specialty area of practice. These factors were the experiences of caring for elderly parents and relatives and personal interest in caring for the elderly. Their exposure to geriatrics in their younger years not as RNs but as CNAs made them decide to work in geriatric facilities. RN2 expressed that:

> I took care both of my parents. Because of them, I shifted my specialty area of practice from medical surgical nursing in the hospital to geriatric nursing in geriatric facilities and nursing homes. I just wanted to be a part of sustaining the life span of geriatrics.

RN4 who worked as geriatric nurse in her facility conveyed that:

> I was already exposed to geriatrics care in my younger years as a CNA that is why I developed personal interest in caring for the elderly. It was the passion and

commitment to care for aging population because I believed I will grow old too

and hopefully to be taken care of by committed and caring nurses when my time

comes to be in this stage.

Chang et al. (2015) revealed that graduate student nurses' highest value for choosing

gerontological nursing as a career choice was due to personal interest. However, RN6

asserted:

Initially, I was in labor and delivery area until a friend of mine, influenced me to

join in her geriatric nursing specialty. After that, I developed positive attitudes

towards caring for elderly population. It was a satisfying and fulfilling experience

caring for the elderly.

The RNs who have different specialties at the beginning of their professional lives

broadened their scope of practice as shown in their responses obtained through semi-

structured interviews. Five out of seven RNs went to advance geriatric nursing pr

Blomberg, James, and Khilgren (2013) concluded that RNs' intention to work in elderly

care would be based on their views of the elderly, their own personal beliefs, and their

experiences of being able to care for the older population.

The second sub-question obtained data on the need for more RNs to work in

geriatric facilities. All participants expressed that there was a need for more RNs to

deliver quality care services to elderly population. These RNs had specialization in

geriatric nursing to provide effective care services to aging patients in geriatric facilities.

RN3 asserted that "with the increasing elderly population, RNs were needed not only in

hospital settings but also in geriatric facilities." Stone and Harahan (2010) revealed that

an increased number of RNs specialized in geriatric nursing were needed to provide

effective and efficient care to elderly patients. Ameritech (2016) stated that there is a need for passionate, understanding RNs with specialization in geriatric nursing to care for vulnerable aging population. RN4 who spent most of her professional life in geriatric care mentioned that:

> Most RNs in the past and current times were in hospitals and not in long-term care facilities or geriatric facilities. There were no RNs in geriatric facilities to assess the residents' symptoms and manifestations but mostly doctors and medical interns. Geriatric facilities were dominated by CNAs and LPNs.

RN3 was an administrator and Director of Nursing in her facility mentioned that "there was insufficient number of RNs especially at night shift. Sometimes, I worked at the bedside in behalf of my other RNs who were mostly assigned in the morning shift."

The third sub-question inquired on the conditions or factors that prevent nurses from choosing geriatric nursing as specialty area of practice. As mentioned in Chapter 4, the common responses of the participants were low salary, the need for advancement of skills through trainings, the lack of support from the administrators for their professional development, and heavy workload. Most RNs considered the low salary as the first condition that kept nurses from choosing this specialty area of practice. RN6 suggested that "money or good salary would attract other RNs on this specialty area of practice especially for more experienced nurses." RN3 emphasized that "better pay, further education and training for nurses, provision of health insurance, safe and secure environment for RNs would make geriatric nursing as a more desirable specialty area of practice." According to Maraldo (1991), as cited by Maas, Buckwalker, and Specht (1996), RNs' salaries in long-term care facilities and nursing homes were about 15%

lower than salaries of RNs in hospital settings. The low salaries of RNs in geriatric

facilities contributed to recruitment and retention problems (Maas, Buckwalker, &

Specht, 1996). These circumstances on RNs' low salary in geriatric facilities were

confirmed in the findings of the study by Stone and Harahan (2010) that factors causing a

worsening shortage of competent, committed paid long-term care nurses were low

compensation and prestige, limited career opportunities, and inadequate academic

preparation and training as geriatric nurses. Because of the increase in resident acuity in

geriatric facilities, the workload of RNs and other nursing staff, was heavier and in some

cases resulted in an imbalance of nurse-patient ratio.

The information gleaned from the fourth sub-question was on the preparation of

RNs upon entering the geriatric nursing specialty. Three of the seven RNs, RN1, RN5,

and RN6, stated they "were not prepared upon entering the geriatric nursing specialty and

never thought of considering that specialty area of practice." The remaining four

participants, RN2, RN3, RN4, and RN7, were very prepared upon entering their geriatric

nursing specialty. In fact, RN3 and RN4 asserted that they "had Master's Degree in

Nursing with specialization in gerontological nursing and became specialized nurse

practitioners." They further commented that nursing curriculum programs must add

number of hours for geriatric nursing specialty both in the theory and clinical experience

of nursing students. In this way, nursing students will encourage students to consider

geriatric nursing specialty when they graduate." However, all seven participants had

undergone trainings to enhance their skills in caring for the elderly residents. Nurses

needed higher levels of academic preparation and trainings to provide effective care

services to elderly population (Bosfield, 2013).

The purpose of the fifth sub-question was to identify the rewards and benefits the RNs obtained as geriatric nurses. All participants claimed the major rewards and benefits as geriatric nurses were intrinsic factors rather than monetary. In the light of the suggestions by the RNs to attract nurses to work in geriatric facilities and consider geriatric nursing specialty as a more desirable specialty area of practice, money was considered a motivating factor. However, the participants in this study considered intrinsic factors and not money as motivation to work with geriatrics that retained them to work in their respective geriatric facilities. The seven RNs participants believed that it was the satisfaction of caring for the elderly that was rewarding and beneficial as part of their practice as geriatric nurses. Some RNs identified recognition of their provision of care services and making a difference in the lives of elderly residents as benefits in their practice as geriatric nurses. Seniors in their care were more willing to show their gratitude by appreciating what they were doing for them (Career Quest, 2013). RN2 asserted that making residents become independent and recovering from their chronic diseases made her practice satisfying and rewarding. For instance, when residents had urinary tract infections and were unable to urinate and provided them with appropriate nursing interventions, it was a rewarding and satisfying experience as geriatric nurse working in geriatric facility. The benefits and rewards mentioned by the RNs inspired and motivated them to work longer in their respective facilities. RN3 mentioned that "a simple smile from the residents was a great benefit to her practice as geriatric nurse and resident expressing appreciation about the care provided."

The sixth sub-question identified the struggles and barriers RNs experienced as geriatric nurses. The seven participants RNs identified commonalities in their struggles

and barriers as geriatric nurses. These were maintaining staffing schedules due to insufficient number of RNs in their respective facilities, low salary and fewer benefits of RNs, and poor relationships between RNs and residents and their families. RN1 explained that:

> One of the struggles and barriers I experienced was maintaining a certain number of staff because I am the only RN in my workplace. I struggled with my dual roles as an administrator and staff nurse caring for the elderly at the bedside in behalf of other staff in different shifts. There is insufficient number of RNs especially at night shift.

> RN2 expressed that "low salary and fewer benefits were my struggle and barriers in my practice as geriatric nurse. These barriers hindered my effectiveness as a geriatric nurse especially when compared with other RNs' counterparts in hospital settings." Stone and Harahan (2010) mentioned that the factors causing the shortage of competent, committed, paid long-term care nurses were low compensation and prestige, limited career opportunities and inadequate academic preparation and training as geriatric nurses.

The professional development programs and trainings of RNs were the purpose of the seventh sub-question. The seven RNs conveyed that the professional development programs and trainings of RNs were essentials to enhance effectiveness as geriatric nurses. RN3 mentioned that critical thinking and assessment skills enhanced her practice as geriatric nurse. One of the scope of functions and responsibilities of RNs is to use critical thinking skills in patients' assessment to deliver appropriate nursing care interventions (Berman et al., 2016). It is also important that RNs update themselves with clinical management of chronic diseases, wound care and prevention of infection,

continuing education on basic and advance nursing skills, and nursing management of intellectually disabled as expressed by the seven RNs. The work of RNs in geriatric facilities is tedious and unpleasant because they are confronted with aging, disability, and even terminally ill patients (Ryan, 2015). From my experience as a former head nurse in a geriatric facility, most of the care services provided by RNs to elderly are sometimes unpleasant such as caring for urinary and bowel incontinence, or dealing with intellectually disabled who are agitated and combative. The symptoms manifested by elderly patients are uncontrollable by them. Hence, skillful RNs are needed to deliver appropriate nursing interventions through professional developments and trainings. The seven RNs expressed that professional development programs and trainings were needed to enrich their knowledge and skills. Attendance to professional development programs and trainings both on line and onsite updated their knowledge and competencies, thus enabling the RNs to become more effective in their practice as geriatric nurses. Likewise, it is a requirement of the Board of Nursing that RNs keep abreast of their knowledge and competencies to deliver quality nursing care services to all types of clienteles. According to a memorandum from Virginia Board of Nursing (2013), effective August 1, 2013, continued competency regulation took effect prior to renewal of professional license of Registered Nurses and Licensed Practical Nurses.

The final sub-question explored suggestions for making geriatric nursing a more desirable specialty area of practice. The participants RNs shared common suggestions such as better pay, benefits and insurance, provision of education and training. Other notable responses were flexibility of schedules for RNs, support from the administration, recognition of RNs as human beings, and sign-in bonuses in terms of money and

compensation. RN1 asserted that "compensation for geriatric nurses must commensurate with their qualifications and experiences." RN3 and RN4 concurred that better pay, provision of education and trainings, provision of health insurance, and safe and secure environments for RNs would attract nurses to select geriatric nursing as specialty area of practice. RN2 conveyed:

> There is a need for advocacy and information campaign so that nurses and the public must be aware of what is going on in geriatric facilities and not only what people hear and see from the media. Advocacy is important to prevent negative impression about geriatric nursing.

RN5 suggested:

> Administrators must be supportive to the nurses, recognize and value the nurses as human beings, allowing flexibility of schedules of nurses in different units, and provision of professional development programs and trainings financially covered by the administration of the facilities.

Discussion of Results in Relation to the Literature

The study responded to the problem of the lack of RNs specializing in geriatric nursing to work in geriatric facilities. This workforce issue persisted in the context of an increasing number of elderly patients in need of healthcare services, despite the shortage of RNs in the field. In light of this identified issue, it was significant to establish how the findings of this study were related, relevant, and connected to various researches and literature. The results that were linked to this study were focused on the increasing need of RNs with geriatric nursing specialty in geriatric facilities. The findings of this study concurred with the data collected from the RN participants and with the literature

reviewed during the investigation process. Bosfield (2013) disclosed the reason of the decreasing number of Registered Nurses choosing to practice in geriatric facilities. Many RNs preferred to work for pediatric patients with acute illnesses rather than older adults with chronic conditions. Bosfield's (2013) case study supported the data collected from the participating RNs on perceptions of Registered Nurses on their choice of geriatric nursing as specialty area of practice to work in geriatric facilities. According to Bureau of Labor Statistics (2011), nursing care services were needed in settings other than hospitals because most older adults preferred to be treated at home, in residential care facilities, in assisted living facilities or other geriatric facilities. Registered Nurses were needed to promote health and prevent chronic illnesses among elderly population in various health care settings (Center for Disease Control and Prevention, 2010). American Association of Colleges of Nursing (AACN) (2012) noted that more Registered Nurses were needed who are knowledgeable and competent about the care of older adults. This present study revealed that Registered Nurses needed professional development and training programs to be effective in the delivery of quality nursing care services to aging population.

The main purpose of this study was to determine the perceptions and experiences of RNs related to their choice of geriatric nursing specialty area of practice that lead to the insufficient number of RNs working in geriatric facilities. The results of this study corroborated with various studies conducted and related literature emphasized the need for an increased number of RNs with technical education in geriatrics care (Bosfield, 2013; Binney, 2014; Carlston et al., 2014; Hirst & Lane, 2016; Ryan, 2015; Stone & Harahan, 2010).

The need for Registered Nurses with specialization in geriatric to give effective and efficient care to admitted residents was supported by the studies and literature reviewed (Bosfield, 2013; Bureau of Labor Statistics, 2011; Carnevale, Smith, & Gulish, 2015; Grant, 2016).

Limitations of the Study

The limitations of the study were the sites, sample size, environment, scope of the study, and research methodologies and design. The sites of the study were limited in three selected geriatric facilities in one of the counties in an eastern state. The sample size was seven Registered Nurses among the three geriatric facilities. The participants represented a diverse range of demographics such as age, ethnicity, and number of years of work experiences as geriatric nurses but gender was all female. The study consisted of seven female RNs therefore, the findings cannot necessarily be extrapolated to the experiences of male RNs. The limitations provided boundaries in generalizability of the results to the RNs in other states in the United States or other locations in the world. The scope of the study was limited to the perceptions and experiences of RNs on the need for more RNs specializing in geriatric nursing to work in geriatric facilities. The environment of the chosen geriatric facilities limited this study in terms of physical set up, the personnel system, and policies. The research methodologies used such as a case study and purposive sampling limited the responses of RN participants working in selected geriatric facilities to one of the counties in an eastern state. Boundaries in case study define the scope of the research study which indicate the breadth and depth of the research project (Baxter & Jack, 2008). This study was bounded by *time (*one year), *place* (three selected geriatric facilities) in one of the counties in an eastern state, and by

107

definition and context (perceptions of seven RNs on their choice of geriatric nursing specialty area of practice).

The honesty, truthfulness, and validity of the responses of the participants were limited due to their varied perspectives, values, needs, and interpretations. During the interview process, the researcher elicited responses from the RNs on the perceptions of respondents with varied cultural background, demographics, and experiences. As a researcher, I assured the RNs with that there were no right or wrong responses to the interview questions. The researcher assumed that RN participants provided honest and valid information needed to answer my research questions.

Implications of the Results for Practice, Policy, and Theory

Implications for nursing practice. As indicated above and by various studies and literature, the study on perceptions and experiences of Registered Nurses on their choice of geriatric nursing specialty area of practice will assist administrators and policy makers in recruitment of RNs in geriatric facilities. The presence of RNs in geriatric facilities will strengthen the quality of care services provided to aged patients and residents. Registered Nurses provide several interventions in geriatric facilities to include ensuring quality assessment of patients' signs and symptoms, clinical care management, developing patients' treatment plans, delivering certain types of care, supervising Licensed Practical Nurses (LPN), Certified Nurse Assistants (CNA), and direct health care providers, and instructing patients and their families in self-care and rehabilitation care. The results of this study will assist administrators, geriatric facility leaders, policy makers, and academicians in understanding the factors impacting RNs' reasons to work as geriatric nurses in geriatric facilities. To meet the present and future demand for

Registered Nurses to care for the proliferating number of aged individuals in society,

policy makers, health providers, nursing educators, and other stakeholders must take

action to expand the supply of RNs with specialty in geriatric nursing needed in long-

term care facilities. Course of actions included were enhancing the number of hours of

geriatric nursing in nursing curriculum both theory and clinical experiences, upgrading

the salaries of RNs to commensurate their qualifications and experiences, providing

additional benefits and health insurance, and covering financially the professional

development programs and trainings.

Implications for policy. The nursing profession is governed by its standards of

practice, jurisprudence, regulations, policies, and guidelines. Policies and procedures are

developed to govern the handling of frequently occurring situations (Berman et al.,

2016). These policies and guidelines of practice vary from different health care settings.

In this study, the struggles, barriers, and challenges that hindered the practice of RNs to

be effective geriatric nurses must be addressed through policy. The results of this study

revealed that nursing staffing schedules was one of the struggles encountered by the

participants due to insufficient number of RNs with geriatric nursing specialties. Nursing

staffing is a crucial health policy issue that needs to be addressed by the administrators of

the various geriatric facilities. Clarke and Donaldson (2008) mentioned that nursing

staffing schedules affect the quality of care provided to the elderly. There are other

factors that affect staffing schedules such as budgetary considerations, the availability of

other staff and support services, work environments, and the acuity of patients.

The study of Bosfield (2013) on factors that impact RNs' decisions to continue

providing care to older adults revealed that to provide the best nursing care for older

adults, an increased number of RNs specializing in geriatrics is needed. This finding affirmed the results of this present study, which revealed that RNs in the chosen facilities need advancement and trainings on geriatric nursing. RNs provide the frontlines of the care for aging population in geriatric facilities and other long-term care facilities. Therefore, RNs caring for the elderly must have the knowledge, skills, academic preparation, and experiences to deliver quality care services. Federal and states regulations have mandatory requirements for continuing education, professional developments, and trainings for RNs for renewal of licenses.

> **Implications for theory.** Geriatric facilities are an important component of the health care system that are proliferating and there is an increasing demand for services from RNs. Noddings' Theory of Ethics of Caring and Watson's Human Caring Theory framed this study. The findings in this study were in context with these theories. The caring relationships between the nurses and the patients were the core of these theories. The results of this study revealed that there was a need of RNs specializing in geriatric nursing caring for the elderly in geriatric facilities. The insufficient number of RNs specializing in geriatric nursing lead to more demand for RNs' workforce to work in geriatric facilities. Grant (2016) postulated that as the population ages, demand for health care services and providers will soar. Carnevale, Smith, and Gulish (2015) posited that there was a simultaneous increasing demand for RNs to work as geriatric nurses and a reduced supply for RNs with specialization in geriatric nursing as specialty area of practice to care for a rapidly escalating aging population. Registered Nurses with

specialization in geriatric nursing providing health care needs of older adults in geriatric facilities were insufficient (Bosfield, 2013).

The significance of the study was to provide valuable insights and information to the problems associated with the insufficient number of Registered Nurses in geriatric facilities caring for elderly population. The study was relevant to the nursing profession because it identified a critical need, a lack of RNs going into geriatric nursing specialty area of practice to facilitate effective delivery of nursing care services to the growing number of elderly patients.

Recommendations for Further Research

The researcher believes this study will be crucial in providing insights to the problem associated with the need for more RNs in geriatric facilities. However, further research is required to expand the findings and make the results more relevant to other long-term care facilities statewide. Researches focusing on the shortage of RNs in various health care settings, RNs reluctance to work in the field of geriatrics, and the impact these issues have on the quality of care provided to older adults are highly recommended for future studies. Future research on comparing the outcomes of patients cared for by geriatric specialists with those patients cared for generalists is a highly recommended research. Finally, the researcher would recommend increasing the number of sample size and increasing the number of selected sites of the study. If the study was to be replicated, the investigator should increase the participants, include male RNs to get a different perspective, and increase the number of geriatric facilities chosen for the sites of this study. Other research methodologies may also be used if this study was to be repeated.

Conclusions

I journeyed into this study to discover the personal experiences and perceptions of Registered Nurses on their practice as geriatric nurses. This study reported on the findings of seven Registered Nurses' experiences and perceptions related to their choice of geriatric nursing as specialty area of practice. The study provided rich ideas, insights, and information relevant to the need for more RNs in geriatric facilities. I uncovered that motivation and satisfaction of RNs in caring for the elderly was not monetary but more an intrinsic factor. It was the passion, commitment, and concern of caring the aging population that made their geriatric nursing practice a rewarding, fulfilling, and beneficial experience despite receiving low salary and fewer benefits. These intrinsic factors motivated the RNs to work longer in their respective geriatric facilities. The struggles and barriers identified by the RNs made them stronger and they developed inspiration to continue working with the elderly, the unforgotten population as mentioned by one participant.

By utilizing a single instrumental case study design, I sought to understand through a constructivist's perspectives in the world of RNs where they worked (Creswell, 2013). The main goal of my study was to rely on the RNs' perspectives and personal stories on their choice of geriatric nursing as specialty area of practice. Each RN shared their stories while I listened with empathy that led to a meaningful and insightful results of my study. I learned from their individual experiences that there are still committed RNs who devoted their career lives to caring for the aging population. As I reflected on their personal stories, the main factors that influenced their choice of geriatric nursing as specialty was their care provided to elderly parents, grandparents, and relatives, and their

personal interest. Noddings' Theory of Ethics of Caring and Watson's Human Caring

Theory helped me in developing the framework for this study. The focus of the two

theories of human caring was an establishment of caring relationships between the carer

(provider of care) and the cared for (recipient of care). In this study, a caring relationship

was established between the RNs (providers of care) and the elderly residents (recipients

of care) as the core of nursing practice in their respective geriatric facilities. Human

caring was essential for human development and existence. The caring behaviors were

manifested by the RNs in the results of this study.

The findings of this study revealed that there was a need for RNs with

specialization in geriatric nursing to work in geriatric facilities and to provide quality care

services to elderly. To become effective in the RNs' practice as geriatric nurses, they

must undergo professional developments, academic advancement, and trainings. These

professional developments sessions, trainings, and educational advancement are

mandatory requirements by federal and state regulations in the practice of RNs prior to

renewal of professional license.

The findings of this study will provide information and insights to administrators

in geriatric facilities, academics, policy makers, nursing leaders, and other stakeholders in

the geriatrics field to assist in solving the issue of insufficient number of RNs with

specialization in geriatric nursing working in geriatric facilities. The results of the study

revealed new knowledge and insights into the perceptions and experiences of RNs

working in elderly care facilities with relevance on recruitment of RNs to work in

geriatric facilities. The new knowledge and insights obtained in this study were

maintaining the staffing schedules of RNs and provision of professional developments

and trainings to deliver quality nursing care services to elderly residents. The passion and commitment in caring for the elderly showed by the participants will be remembered in my professional life journey.

References

Adams, K. A., & Lawrence, E. W. (2015). *Research methods, statistics, and applications*. Thousand Oaks, CA: Sage.

Administration on Aging (2011). *Aging Statistics*. Retrieved from http://www.aoa.gov./aoaroot/aging_statistics/index.aspx

Al-Omari, E. (2014). *Seniors' experiences in assisted living facilities: A study exploring quality of li*fe (Doctoral dissertation, University of Lethbridge (Canada)). Retrieved from https://uleth,ca.Al-Omari. Msc.2014, pdf

Alshmemri, M. S. (2014). *Job satisfaction of Saudi nurses working in Saudi Arabian public hospitals* (Doctoral dissertation, Royal Melbourne Institute of Technology University Melbourne, Australia). Retrieved from reserchbank.rmit.edu.au/eserv/rmit:160903/Alshmemri,pdf

American Association of Colleges of Nursing (AACN). (2012). *GNEC Project*. Retrieved from www.aacn.nche.edu/geriatric-nursing/gnec

American Health Care Association (AHCA). (2014). *2012 Staffing Report*. Retrieved from https://www.ahcancal.org/research_data/staffing/documents_staffing_report.pdf

American Nurses Association (ANA). (2001). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.

Ameritech College of Health Care. (2016). The challenges and joys of geriatric nursing [Web log message]. Retrieved from ameritech.edu/blog/challenges-and-joys-of-geriatric-nursing/

AMN Health Care. (2013). *Survey of registered nurses: Generation gap grows as health care transform.* Retrieved from

https://www.amnhealthcare.com/uploadedFiles/MainSite/Content/Healthcare_Ind

ustry_Insights/Industry_Research/2013_RNSurvey.pdf

Anderson, E. (2012). *Care Aides' perceptions and experiences of their roles and relationships with residents in long-term care setting* (Doctoral dissertation, University of Alberta). Retrieved from cu.edu.libguides

Bardach, S., & Rowles, G. (2012). Geriatric education in the health profession: Are we making progress? *The Gerontologist, 52*(5), 607–618. doi:10.1093/geront/gns006

Baxter, P. & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, *13*(4),544-559. Retrieved from http://nsuworks.nova.edu/tqr/vol13/iss4/2

Beeber, A., Cohen, L., Zimmerman, S., Gwyther, L., Washington, T., Cagle, J. C., & Reed, D. (2014). Differences in assisted living staff perceptions, experiences, and attitudes. *Journal of Gerontology Nursing, 40*(1), 41–49. doi: 10.3928/00989134-20130731-03

Berman, A. T., Snyder, S., & Frandsen, G. (2016). *Kozier's & Erb's Fundamentals of Nursing* (Tenth Edition). USA: Prentice Hall.

Binney, I. (2014). *Registered Nurses' perceptions of work engagement and turnover intentions in a long-term facility: A case study* (Doctoral dissertation, Northcentral University). Retrieved from http://pqdtopen.proquest.com/doc/1629480380.html?FMT=AI

Blomberg, K., James, I., & Kihlgren, A. (2013). Meanings over time of working as a

nurse in elderly care. *The Open Nursing Journal, 7*, 107–113.

doi:102174/1874434620130726005

Bosfield, S. (2013). *Factors that impact Registered Nurses' decisions to continue*

providing care to older adults (Doctoral dissertation, Argosy University).

Retrieved from files.eric.ed.gov/fulltext/Ed560055.pdf

Bramley, L., & Matiti, M. (2014). How does it feel to be in my shoes? Patients'

experiences of compassion within nursing care and their perceptions of

developing compassionate nurses. *Journal of Clinical Nursing, 23*(19–20), 2790–

2749. doi:10.1111/jocn.12537 Retrieved from

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263156/

Bureau of Labor and Statistics. (2011). Registered Nurses. In *Occupational Outlook*

Handbook (2010–2011 ed.). Retrieved from http://www.bls.gov/oco/ocos083.htm

Burns, N., & Grove, S. (2009) *The Practice of Nursing Research: appraisal, synthesis,*

and generation of evidence (6th Ed). St. Louis, MO: W. B. Saunders.

Career Quest. (2013). Three Benefits of Working with the Elderly [Web log message].

Retrieved from www.careerquest.edu/blog/2013-benefits-working-elderly

Carlson, E., Ramgard, M., Bolmsjo, I., & Bengtsson, M. (2014). Registered Nurses'

perceptions of their professional work in nursing homes and home-based care: A

focus group study. *International Journal of Study, 51*(5), 761–767.

doi:10.1016/ijnurstu.2013.10.0022 Ep

Carnevale, A., Smith, N., & Gulish, A. (2015). *Nursing supply and demand through 2020*. Georgetown University Center on Education and the Workforce. Retrieved from cew.georgetown.edu

Centers for Disease Control and Prevention. (2010). *Chronic disease prevention and health promotion*. Retrieved from http://www.cdc.gov/chronic disease/overview/index.htm

Centers for Disease Control and Prevention. (2013). *The state of aging and health in America*. Retrieved from www.cdc.gov/features/aging_and_health/state_of_aging_and_health_in_america_ 2013pdf

Cheng, M., Cheng, C., Tian, Y., & Fan, X. (2015). Student Nurses' Motivation to choose gerontological nursing as a career in China: A survey study. *Nurse Education Today, 35*(7), 843–848. doi:10.1-16/j.nedt.2015.03.001

Chesterfield Planning Department. (2014). *Executive Summary Chesterfield County Annual Report*. Retrieved from www.chesterfield.gov/.../download/assess...as...chesterfieldcounty Demograhicreportpdf

Choong, Y.-O., Lau, T.-C., Kuek, T.-Y., & Lee, E.-K. (2012). Job satisfaction of Malaysian nurses: A causal model. *Journal of Economics and Behavioral Studies, 4*(12), 723–729.

Christensen, L. (2012). *The John A. Hartford Foundation: Celebrating thirty years of aging and health 2012 Annual Report*. http://www.jhartfound.org/ ar2012/JAHF_2012AR.pdf

Clarke, S. P., & Donaldson, N. C. (2008). *Nursing staffing and patient care quality and safety*. Retrieved from https://www.ncbi.nlm.nih.gove/books/NKK2676

Colby, S.L., & Ortman, J. M. (2014). *The Baby Boom Cohort in the United States: 2012-2060- Population Estimates and Projections*. Washington, DC: U.S. Bureau of the Census, U.S. Government Printing Office. Retrieved from https//www.census.gov/prod/2014/pubs./p25-1141.pdf

Concordia University. (n.d.). *Writing the Chapter 2: Literature Review*. Retrieved from https:// bb.cu-portland.edu

Concordia University–Portland (n.d.). *Institutional Review Board (IRB)*. Retrieved from https:// www.cu-portland.edu/IRB

Concordia University–Portland (n.d.). *Dissertation Proposal Development: Methodology*. Retrieved from https:// bb.cu-portland.edu

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (Third Edition). Thousand Oaks, CA: Sage.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39*(3), 124–131. doi:10.1207/s15430421tip3903_2

Drake, R. M. (2014). *Job satisfaction and retention of Registered Nurses at a small rural hospital in Southeastern United States* (Master's thesis, Gardner-Webb University). Nursing Theses, Dissertations and Projects. Paper 14. Retrieved from http://digitalcommons.gardner-webb.edu/nursing_etd

Drew, N. (1989). The interviewer's experience as data in phenomenological research. *Western Journal of Nursing Research,11*(4),431–439. doi:10.1177/019394598901100405 Dwyer, D. (2011). Experiences of registered

nurses as managers and leaders in residential aged care nurses: A systematic

review. *International Journal Evidence Based Health, 9*(4), 388–402.

doi:10.1111/j.1744-1609.2011.00239.x-

Egenes, K. J. (2009). History of Nursing. In G. Roux and J. A. Halsted, *Issues and trends*

in nursing: Essential knowledge for today and tomorrow. Sudbury, MA: Jones

and Bartlett. Retrieved from

https://jblearning.com/samples/0763752258/52258_ch01_roux.pdf

Eika, M., Espnes, G., & Hvalvik, S. (2014). Nursing staff's actions during older

residents' transition into long-term care facility in a nursing home in Rural

Norway. *International Journal of Qualitative Study Health-Well-Being, 9*(1), 1–

12. doi:10.3402/qhw.v9.24105

Ericksen, K. (2016). The beginner's guide to working in nursing homes [Web log

message]. Retrieved from http://www.rasmussen.edu/degrees/nursing/blog/guide-

to-workng-in-a-nursing-home/

ExploreHeathCareers.org (EHC). (2015). *Geriatric Staff Nurse*. Retrieved from

https://explorehealthcareers.org/career/geriatrics/geriatric-staff-nurse/

Federal Interagency Forum on Aging-Related Statistics. (2012*). Older Americans 2012:*

Key indicators of well-being. Washington, DC: U.S. Government Printing Office.

Federal Regulations 45 CFR 46 Policy, PII. (n.d.). Retrieved from https://www.cu-

portland.edu? IRB.

Fey, M. M. (2013). The age wave crests during economic crisis: New Challenges for

older workers. *Journal of Management and Marketing Research, 12*, 102.

Foster, D. (2009). *The ethics of caring*. Retrieved from

    www.siue.edu/dfoster/.../The%20%20Ethics%20of%20Caring-

    Noddings…20paper%201…

Fussell, B., McInerney, F., & Patterson, E. (2009). Experiences of graduate registered

    nurses in aged care: A case study. *Contemporary nurse, 33*(2), 210–223.

    doi:10.5172/conu.2009.33.2.210

Gay, L. R., Mills, G. E., & Airasian, P. (2012). *Educational research: Competencies for*

    analysis and applications (Tenth Edition). Boston, MA: Pearson Education.

Grant, R. (2016, February 3). The U.S. is running out of nurses. *The Atlantic*. Retrieved

    from http://www.theatlantic.com/health/archive/2016/02/nursing-

    shortage/459741/

Green, H. (2014). Use of theoretical and conceptual framework in qualitative research.

    Nurse Researcher, 21(6), 34–38. doi:10.7748/nr.21.6.34.e1252

Harvard Graduate School of Education. (2016). *The literature review: A research*

    journey. Retrieved from http://guides.library.harvard.edu/literaturereview

Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes,

    F.,…North, N. (2012). Nurse turnover: A literature review–An update.

    International Journal of Nursing Studies, 49(7), 887-905. doi:10-

    1016/j.ijnurstu.2011.10.001

Health Care Workforce Data Center (2016, February). *Virginia's Registered Nurses*

    Workforce Survey (2015). Retrieved from

    www.dhp.virginia.gov/hwdc/docs/nursing/0001RN2015.pdf

Health Resources and Services Administration (HRSA). (2013). *The U.S. nursing*

    workforce: Trends in supply and education. Retrieved from

    http://bhpr.hrsa.gov/healthworkforce/ Supplydemand/nursing-

    workforce/nursingworkforcefullreport.pdf

Hirst, S., & Lane, A.M. (2016). How do nursing students perceive the needs of older

    clients? Addressing a knowledge gap. *Journal of Geriatrics, 2016*, 1–7. Article ID

    7546753.doi:10.1155/2016/7546753.

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-

    study research. *Nurse Researcher, 2*(4), 12–17.

    doi:10.7748/nr2013.03.20.4.12.e326

Hvalvik, S., & Dale, B. (2013). Nurses' experiences of caring for older persons in

    transition to receive homecare: Being in somewhere in between competing values.

    Nursing Research, 2013, article ID 181670, 1–9. doi:10.1155/2013/181670

John A. Hartford Foundation. (2012). *John A. Hartford Foundation Annual Report 2012:*

    Celebrating thirty years of aging and health. Retrieved from

    www.jhartfound.org/ar2012?JAHF_2012.pdf

Katz, K. (2013). Everything you need to Know about Becoming a Geriatric Nurse [Web

    log message]. Retrieved from

    www.rasmussen.edu/degrees/nursing/blog/everything-you-need-know

Knecht, P., Nuzzo, P. M., Kitko, L. Hupcey, J., & Dreachslim, J. (2015). Key attributes

    of LPN job satisfaction and dissatisfaction in long-term care settings. *Journal of*

    Nursing Regulation, 6(2), 17–24. doi:10.1016/s2155-8256(15)30382-3

Lachman, V.C. (2012). Applying the ethics of care to your nursing practice.

>   *MedSurgNursing, 21*(2),112–116. Retrieved from

>   www.nursingworld.org/...EthicsStandards/...Applying-the-Ethics-of-care-to-your-

>   nursing-practice.pdf

Lafortune, C., Huson, K., Santi, S., & Stolee, P. (2015). Community-based primary

>   health care for older adults: A qualitative study of the perceptions of clients,

>   caregivers and health care providers. *BMC Geriatrics, 15*(1), 57–67. doi:

>   10.1186/s12877-015-0052x

Le Mone, P., Burke, K., & Bauldoff, G. (2011). *Medica-Surgical Nursing: Critical*

>   *thinking in patient care* (5th ed.). Boston, MA: Pearson.

Lim, F. (2012). Nursing as a virtue. *Minority Nurse*, Fall, 2012, 1-56. Retrieved from

>   www.minoritynurse.com

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Maas, M., Buckwalker, K., & Specht, J. (1996). Staffing and quality of care in nursing

>   homes. In G. S. Wunderlich, F.A. Sloan, and C. K. Davis (Editors), *Nursing Staff*

>   *in Hospitals and Nursing Homes. Is It Adequate?* pp. 128–168. Retrieved from

>   https://www.nap.edu/read/5151/cahpter/24#362

Machi, L. A., & McEvoy, B. T. (2012). *The literature review: Six steps to success*.

>   Thousand Oaks, CA: Sage.

Martin, C. (1996). *The lived experience of the aged care nurse* (Master's thesis, Edith

>   Cowan University, Joondalup, Western Australia). Retrieved from

>   vo.ecu.edu.au/cgi/viewcontent.cg? article=1960&context-theses

McGuire, J. (2014). *Researcher bias*. Retrieved from

    https://cupo.blackboard.com/bbcswebdav/pid-124309-dt-content-

    rid1227301_1/courses/20161010323cup/resources/week1/w1ResearcherBias,

    McGuire.pdf

McMillan, J. H. (2012). *Educational research: Fundamentals for the consumer* (6th ed.).

    Boston, MA: Pearson Education.

Mehta, R. S. (2013). Theoretical and conceptual framework. Retrieved from

    www.slideshare.net/rsmehta/conceptual-and-theoretical-framework

Ness, T. M., Hellzen, O., & Enmarker, I. (2015). The experiences of nurses providing

    home care to oldest old persons living alone in rural areas- An interview study.

    Open Journal of Nursing, 5, 336–344. doi:10.4236/ojn.2015.54036

Nigel, N. (2010). *The use of semi-structured interviews*. Retrieved from

    www.academia.edu/1561689/The_use_of_semi_structured_interview

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research.

    Evidence Based Nursing, 18, 34–35. doi: 10.1136/eb-2015-102054

Noddings, N. (1984). *Caring, a feminine approach to ethics and moral education*.

    Berkeley, CA: University of California Press.

Noddings, N. (2005). *Caring in education: the encyclopedia of informal education*.

    Retrieved from www.infed.org/biblio/noddings_caring_in_education.htm

Nursing Homes: Medline Plus (2017). Retrieved from

    https://medlineplus.gov/nursinghomes.html

Patton, M. Q. (2001). *Qualitative evaluation and research methods* (3rd ed.). Thousand

    Oaks, CA: Sage.

Perception (n.d.). Retrieved from

   http://academlib.com/2947/management/definition_perception_nature

Pezalla, N., Pettigew, J., & Day, M. M. (2012). Researching the researcher-as an-

   instrument: An exercise in interviewer self-reflexivity. *Quarterly*

   Research,12(2),165–185, doi:10-1177/1487941111422107. Retrieved from

   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539962

Pokhilenko, I., & Petrosova, L. (2015). *Job satisfaction of nursing managers: A*

   literature review (Bachelor's thesis, Jamk University of Applied Sciences,

   Jyväskylä, Finland). Retrieved from

   http://www.theseus.fi/bitstream/handle/10024/96304/THESIS.%20Pokhilenko%2

   0and%20Petrosova.pdf?sequence=1&isAllowed=y

Robert Wood Johnson Foundation. (2012). *United States in search of nurses with*

   geriatrics training. Retrieved from www.rwjf.org/en/library/articles-and- news-

   /2012/02/united-states-in-search-of-nurses-with-geriatrics-training.html

Robert Wood Johnson Foundation. (2014). *Nurses lead innovations in Geriatrics and*

   Gerontology. Retrieved from rwjf.org.

Rosseter, R. (2014). *Nursing shortage. American Association of Colleges of Nursing*

   Fact Sheet. Retrieved from aacn.nche.edu/nursingshortage

Ryan, M. (2015). *Direct care workers and influential factors* (Master's thesis, Minnesota

   State University, Mankato). Retrieved from www.cu.edu.libguides

Sander-Staudt, M. (n.d.). Care Ethics. In J. Fieser and B. Dowden (eds.), *Internet*

   Encyclopedia of Philosophy. Retrieved from http://www.iep.utm.edu/care-eth/

Seniors Guide. (January–April, 2016). *Seniors Guide of Central Virginia*. Retrieved
from www.seniorsguideonline.com

Shipley, M. (2015). *Factors contributing to registered nurse job satisfaction in the
nursing home* (Doctoral dissertation, Seton Hall). Seton Hall University
Dissertations and Theses (ETDs). Paper 2025.

Shockness, S. (2015). *Faculty perspectives in factors impacting work as nurse educators*
(Doctoral dissertation, Walden University). Retrieved from
scholarworks.waldenu.edu/cgi/viewcontent.cgi?
article=2275&content=Dissertation

Singh, S., Raut, N. B., Subramanyam, A. A., Kamath, R., Pinto, C., & Shanker, S.
(2014). Perception of old age and self: A comparative study of elderly females
living in community and in old age homes. *Journal of Geriatric Mental Health,
1*, 32–37. Retrieved from www.jgmh.org/article.aspn?issn=2348-9995;=2014

Stone, R., & Harahan, M. F. (2010). Improving the long-term care workforce serving
older Adults. *Health Affairs, 29*(1), 109–115. doi:10.1377/hlthaff.2009.0554

Topaz, M., & Doron, I. (2013). Nurses' attitudes toward older patients in acute care in
Israel. *OJIN: The Online Journal of Issues in Nursing, 18*(2), 61.
doi:10.3912/OJIN.Vol18 No02PPT01

Unite For Sight. (2015). *Survey methodologies*. Retrieved from
www.uniteforsight.org/global-health-university/survey-methodologies

United States (US) Census Bureau. (2011). *The older population: 2010*. Retrieved from
https://en.wikipedia.org

United States Census Bureau. (2012). *National populations' projections: Summary tables*. Retrieved from

http://www.census.gov/population/projections/data/national/2012/summarytables.html

United States Department of Health and Human Services. (2011). *The registered nurse population*. Washington, DC: U.S. Government Printing Office.

van der Cingel, M. (2011). Compassion in care: A qualitative study of older people with a chronic disease and nurses. *Nursing Ethics, 18*(5), 672–685.

Villar, P. (2015). *Death of the Gerontological Nurse Practitioner: Part 1 of 2*. Retrieved from www.geripal.org/2015/05/death-of-gerontological-nurse.html

Vincent, G. K., & Velkoff, V. A. (2010). *The next four decades: The older population in the United States: 2010 to 2050* (No. 1138). US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

Virginia Board of Registered Nursing. (2013). *Continued Competency Regulation*. Retrieved from

www.dhp.virginia.gov/nursing/leg/Continued_Comp.Notice.pdfVirginia Nurses Association. (2011). *Addressing nursing workforce issue in the Commonwealth of Virginia*. Retrieved from http://www.virginianurses.com/Main-Menu-Category/Foundation/Virginia-Action-Coalition/Nursing-Workforce-Data-White-Paper.pdf

Vlachos, S. L. (2012). *Nurses satisfaction in caring for elders* (Undergraduate Honors Thesis, University of New Hampshire). Retrieved from scholars.unh.edu/cgi/

Wayne, G. (2016). *Jean Watson's theory of human caring*. Retrieved from

    https://nurselabs.com/Jean-Watson's-philosophy-theory-transpersonal-caring

Wei, Y., Li, H., Chen, P., Li, J., Chen, H., & Chen, L. (2015). Working experiences of

    nursing aides in nursing homes: A qualitative study. *International Journal of*

    Nursing Sciences, 2(4), 371–377.

Weil, A. (2005). *Healthy aging: A lifelong guide to your physical and spiritual well-*

    being. New York, NY: Borzoi Book.

Woo, S., Petitt, S.J., Kwak, D. W., & Beresford, A. K. C. (2011). Seaport research: A

    structured literature review on methodological issues since the 1980s.

    Transportation Research Part A: Policy and Practice, *45*(7), 667–685.

World Health Organization (WHO). (2012). *Aging*. Retrieved from

    http://www.who.int/topics/aging/en

Appendix A

IRB Approval Letter

DATE: October 20, 2016

TO: Cirila Negad, EdD

FROM: Concordia University–Portland IRB (CU IRB)

PROJECT TITLE: [962731-1] Perceptions of Registered Nurses (RNs) on the demand for RNs in geriatric facilities: A Case Study

REFERENCE #: EDD-20160919_McCann-Negad

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: October 19, 2016

EXPIRATION DATE: October 19, 2017

REVIEW TYPE: Expedited Review

Thank you for your submission of New Project materials for this project. The Concordia University–Portland IRB (CU IRB) has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulations.

You are responsible for contacting and following the procedures and policies of Concordia University and any other institution where you conduct research.

Attached is a stamped copy of the approved consent form. You must use this stamped consent form.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. The form needed to request a revision is called a Modification Request Form, which is available at www.cu-portland.edu/IRB/Forms.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please email the CU IRB Director directly, at obranch@cu-portland.edu, if you have an unanticipated problem or other such urgent question or report.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of October 19, 2017.

You must submit a close-out report at the expiration of your project or upon completion of your project.

The Close-out Report Form is available at www.cu-portland.edu/IRB/Forms.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Dr. OraLee Branch at [email address deleted] or irb@cu-portland.edu.

Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Concordia University–Portland IRB (CU IRB)'s records. October 20, 2016

Letter to the Facility

Permission from Facility where recruitment and/or research will take place (Sample letter of Permission sent to the Directors of Nursing of three selected geriatric facilities)

Ms. [name redacted]

Director of Nursing

[site information redacted]

Dear [name redacted],

I would like to ask permission from your office to allow me to interview selected Registered Nurses (RNs) for my dissertation: *Perceptions of Registered Nurses on the demand for RNs in geriatric facilities*: *A Case Study.* The purposes of this study are: (a) to identify and explore Registered Nurses' (RNs) perceptions on the demand for RNs in geriatric facilities; and (b) to determine the factors that influenced RNs' choice of geriatric nursing as a specialty area of practice.

I chose your facility as one of my target sites for my study because I believed your Registered Nurses in your facility had given enormous care services to our elderly population in our community. The commitment and tender love and care (TLC) services provided by your RNs benefits the long-term stay of your residents. This study is in connection with a course I am pursuing in compliance with the requirements of a degree in Doctorate of Educational Leadership of Concordia University, Portland, Oregon.

Rest assured that your nurses' identities, reactions, and responses will be kept with utmost confidentiality and anonymity. The success of this study will rely primarily on your valuable cooperation and substantial contribution.

Thank you very much for your time and cooperation. I look forward to hearing from you. If you have any questions, I can be reached at my mobile phone [researcher phone number redacted] or my e-mail at [Researcher email redacted].

Sincerely yours,

Ms. Cirila D. Negad

EDD-Online Student

Appendix C

Consent Form

Research Study Title: *Perceptions of Registered Nurses (RNs) on the demand for RNs in geriatric facilities: A Case Study*
Principal Investigator: Cirila D. Negad
Research Institution: Concordia University–Portland, Oregon
Faculty Advisor: Dr. Julie McCann

Purpose and what you will be doing:

The purpose of this study is to examine the perceptions of Registered Nurses on the demand for RNs in geriatric facilities. I expect seven Registered Nurses as participants from the three selected geriatric facilities. No one will be paid to be participants in the study. I will begin enrolment on _____October, 2016 and end enrollment on ____December, 2016. To be in the study, you will respond to self-structured interview after signing a consent to participate in the study.

List out your procedures in layman's terms

Responding to open-ended questions during an interview as a method of collecting data will be done for one hour during an agreed time at the conference room of the participants' respective facilities. A consent form will be signed and affirmed by the individual participant before responding to the interview. Recording of the participants' responses will be included in the consent form. Confidentiality and non-disclosure of study data and personal identifying information will be included in the consent form. Likewise, a statement on participation to the proposed study will not affect their employment status will also be included in the consent form. Personal identifying information (PII) such as the names of participants will only be found in the consent form as essential protocol for the study. Demographic data (e.g. gender, age, and number of years of working experiences in their respective facilities) will be found on the first page of the interview guide. The interview will be done personally by the principal investigator on a one- hour duration for every participant. Participants will be informed prior to the interview process that their responses will be taped recorded for documentation and transcriptions purposes. Data collected will be securely protected with utmost confidentiality at all times. Participants' identities, responses, and other study documents will have an assigned study codes/ unique identifier to prevent breach of confidentiality and non-disclosure of study data. These study data and PII will not be linked to any specific person/respondents. The principal investigator will be the only key to the access and link to all study data, PII, and other documents. As principal investigator, I am responsible and accountable to the study data and PII collected. These study data and PII of my subjects must always be protected, safely guarded, and securely restored using security measures and policies as provided by law (Federal Regulations 45 CFR 46 Policy, PII) and the Concordia University IRB.

Some security measures and practices will be done by the principal investigator to maintain confidentiality of information such as:

- Use of study codes/ identifier on data documents instead of recording identifying information. Study data must be stored separately in separate files in a locked filing cabinet at the place of residence of the principal investigator.
- Access to these documents will be restricted; allowing only the principal investigator to access the study documents.
- Identifiable data will always be encrypted. Security codes will be assigned to computerized records.
- Study data and other documents will not be sent via e-mails.
- Only computers, computer drives, USB, and flash drives that are encrypted will be used.
- My personal computer will always be protected with strong passwords.
- The study data and documents, will be properly disposed, destroyed or deleted after three years when the study will be completed.

Risks:

There will be very minimal risk to participating in this study. The minimal risk will be the use of identifying information in the consent form and demographic data found on the first page of the interview guide. However, I will protect subjects' information with utmost confidentiality and security measures as provided by law and the Concordia University IRB. Any personal information provided by the participants will be coded so it cannot be linked to anyone specific person/subject. Any name or identifying information given by the participants will be kept securely via electronic encryption or locked inside the filing cabinet of the investigator at their residence. When I look at the data, none of the data will have the participant's name or identifying information. I will only use a secret code to analyze the data. I will not identify the participants in any publication or report. Participants' information will be kept private at all times and then all study documents will be destroyed 3 years after I completed this study.

Benefits:

Information provided by the participants will help the Registered Nurses as subjects of the study and the administrators of the chosen geriatric facilities in the retention of RNs in the workforce. Registered Nurses as health provider of the elderly will benefit from this study in improving and developing their geriatric nursing specialty through trainings and professional development programs. Likewise, the delivery of skilled nursing care services to the elderly patients will be enhanced by demonstrating effective best practices. This study will have improved the supply and demand of RNs in geriatric facilities

Confidentiality:

This information will not be distributed to any other agency and will be kept private and confidential. The only exception to this is if subjects would tell me of abuse or neglect that makes me seriously concerned for their immediate health and safety.

Right to Withdraw:

Your participation is greatly appreciated, but I acknowledge that the questions I will be asking are personal in nature. You are free at any point to choose not to engage with or stop the study. You may skip any questions you do not wish to answer. This study is not

required and there is no penalty for not participating. If at any time you experience a bad emotion from answering the questions, I will stop asking you questions.

Addendum: This study will not affect in any way to your employment status, no legal liabilities, and bias as a respondent.

Your responses will be taped recorded during the interview process for documentation and transcriptions purposes. Any responses will not be linked personally to any specific individual participants. Transcriptions of data will be deleted after I am certain that they are accurate and as soon as reasonably possible. Accuracy of the transcriptions will be done by inviting the individual participants to comment on the interview transcripts. The meeting between the participants and the investigator to validate the accuracy of transcripts will be done at their respective conference rooms of the respective facilities on agreed schedule. The accurate, rich, and thick verbatim participants' accounts of the interview will help to support the findings. This process will ensure the trustworthiness, credibility, and dependability of research findings.

Contact Information:
You will receive a copy of this consent form. If you have questions you can talk to or write the principal investigator, Cirila D. Negad at email [email address redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. OraLee Branch ([email address redacted] or call [telephone number redacted]).

Your Statement of Consent:
I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer and affirm my consent for this study.

_____   _____

Participant's Name   Date

_____   _____

Participant's Signature   Date

_____   _____

Investigator Name and Signature

_____Cirila D. Negad_____   October,   2016

134

Appendix D

Letter to the Registered Nurses in Selected Facilities

Dear Colleague,

I will be conducting a study on *Perceptions of Registered Nurses on their choice of geriatric nursing as specialty area of practice*: *A Case Study.* This study will be in partial fulfillment of the requirements for the degree, Doctorate Educational Leadership with specialization in Educational Administration.

The open-ended questions to be utilized during the interview are worded in such a way that your perceptions, feelings, and attitudes are elicited with a view of knowing how the Registered Nurses from selected geriatric facilities stand with regard to their choice of geriatric nursing as a specialty area of practice. Your answers help me understand your perceptions, feelings, and attitudes about nursing in the field of geriatrics. Rest assured that your identities and responses will be anonymous and will be kept confidential as per ethics of research. Your participation on this proposed study will not in any way affect your employment status. You can withdraw your participation before signing the consent form. Your responses will surely be of great value to this study. Without your help and cooperation, the objectives of this study will not be realized.

Thank you and God bless.

Sincerely,

Cirila D. Negad-EDD Student

Personal Information Sheet for the Respondents

Study Code/ID: _____

Age: _____   **Gender:** _____

Number of years in active profession/practice: _____

Number of years working in geriatric facilities/long-term care: _____

_____ **Present facility**   _____ **Previous facility**

Reason for choosing gerontology nursing or why you prefer working in geriatric/long-term facility: (The space below is provided for your answer).

_____

_____

_____

_____

Appendix F

Interview Guide (For the Interviewer)

a. Can you talk about the factors that influenced your choice of geriatric nursing as a specialty of practice?

   What do you see as the state of geriatric care now in 2016? What factors do you think attract nurses to choose this critical specialty?

b. Talk about your preparation to stay into geriatric care. How prepared did you feel upon entering in this specialty? Were there areas you felt confident to take on? Were there gaps that would have made you feel more effective? Can you share your experiences about them?

c. How would you describe the benefits and rewards you experience as a geriatric nurse?

   What makes it worthwhile?

d. Can you talk about the issues you face in this work that feel challenging? What are the struggles and barriers you experience as a geriatric nurse?

e. Had you felt supported in this position? Have you received professional developments or trainings to enhance your effectiveness as geriatric nurse?

f. When you think about graduating and selecting and selecting, what attracted you to select

   geriatrics? What could be done to attract more RNs to this specialty?

g. Is there anything I didn't ask that you would like to add?

Appendix G

Statement of Original Work

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association.*

Digital Signature *Cirila Daaco Negad*_____

Name (Typed) Cirila Daaco Negad_____

Date ___April 23,2017_____