Teaching and Learning in Nursing 19 (2024) e89–e95

Contents lists available at ScienceDirect

Teaching and Learning in Nursing

journal homepage: www.journals.elsevier.com/teaching-and-learning-in-nursing

Research

Teaching and learning the art of nursing through aged care work experience

Maricris Algoso[a*], Lucie Ramjan[a], Leah East[b], Kath Peters[a]

[a] University of Western Sydney, Sydney, Australia
[b] University of Southern Queensland, Queensland, Australia

ARTICLE INFO

Article History:
Accepted 13 September 2023

Keywords:
Aged care
Humanistic and soft skills
Learning environment
Student nurses

ABSTRACT

To explore how working as an undergraduate Assistant in Nursing, in an aged care setting, contributed to the preparation of novice nurses for new graduate practice. The art of nursing, while not clearly defined reflects behaviors and actions that embody the values of nursing. The aged care setting is underutilized as a clinical learning environment but can potentially teach novice nurses the importance of human relationships and connectedness that underpin the art of nursing. This paper reports on the qualitative phase of a broader study. Semistructured interviews were used to collect narrative data. Narrative analysis was undertaken to construct meaning from stories shared by participants. The COREQ checklist was used as the reporting framework for the study. The aged care setting was found to be a valuable learning environment for novice nurses. Two primary narratives are presented: aged care as a learning environment, which describes barriers and supportive learning factors within the aged care setting; and learning the complexities of nursing care, which illustrates the significance of caring interactions and the practice of holistic care. The value of aged care work experience is in developing humanistic skills such as the importance of social interaction. These are paramount to providing care and building therapeutic relationships.
© 2023 The Authors. Published by Elsevier Inc. on behalf of Organization for Associate Degree Nursing. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/)

Introduction

The art of nursing is a broad concept that encompasses an understanding of the human experience and the moral behaviors associated with being a healthcare professional. The abstract nature of the art of nursing is difficult to teach novice nurses as it exists not within the pages of a textbook but rather, within the interactions between a nurse and a patient. The aged care setting is often undervalued as a learning environment but offers an opportunity for novice nurses to practice and learn the art of nursing through interactions with older adults. The skills learnt in the aged care setting were found to be related to humanistic nursing skills (or "soft" skills) such as communication and compassion that encourage the delivery of holistic patient care. Such skills are important in the professional development of a novice nurse and are transferrable to any nursing speciality globally.

Background

Research into the art of nursing has been sparse in recent times, which reflects the increased focus on scientific and technical aspects of contemporary nursing (Henry, 2018). The art of nursing encompasses care provided to support the biological, psychological, social and spiritual needs of a patient, where nursing knowledge and skills are used to support the patient in creating a sense of "wholeness" during illness (Henry, 2018; Vega & Hayes, 2019). As such, the artful practice of nursing requires the nurse to integrate "technical skills and clinical knowledge with compassion and sensitivity to deliver optimum care" (Vega, 2019, p. 63). To achieve this, a nurse must have qualities such as compassion, empathy, intuition, caring and presence to develop a deep understanding of the patient's condition, wants, and needs (Henry, 2018; Vega & Hayes, 2019). Communication is found to be at the core of developing these qualities, which are learned through observation, experience, and role modeling; where communication facilitates the type of interaction between the nurse and patient, and the type of information that is shared (Duran & Cetinkaya-Uslusoy, 2015; Vega & Hayes, 2019). Without these qualities, care provided to patients becomes "mechanistic" and the caring aspects of nursing may be lost (Henry, 2018; Vega & Hayes, 2019). As Henry (2018) summarizes:

> "The nature of nursing older adults is about furthering their well-being within a caring relationship that includes nurturing, encouraging, and protecting" (p. 51).

*Corresponding author.
E-mail address: c.algoso@westernsydney.edu.au (M. Algoso).

https://doi.org/10.1016/j.teln.2023.09.010
1557-3087/© 2023 The Authors. Published by Elsevier Inc. on behalf of Organization for Associate Degree Nursing. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/)

A study by Alligood and Fawcett (2017), explained that the art of nursing is founded on the "social and moral obligations of the nurse" (p. 6). To practice with social and moral responsibility, the concepts of respect, responsibility and empathy must be integrated into daily nursing practice to form authentic nurse-patient relationships (Alligood & Fawcett, 2017). Further to this, Duran and Cetinkaya-Uslusoy (2015) explored the perceptions of student nurses in relation to the art of nursing and found three themes. These were interaction, professional values, and using professional knowledge. The findings of their study emphasize humanity and humanness at the center of nursing practice, which emerges from a nurse's interactions with a patient that occur within a caring context.

In Australia, the effects of the COVID-19 pandemic have had considerable effects on public health and wellbeing. Transmission reduction strategies have consequently caused social isolation, which has significantly affected the health and wellbeing of vulnerable populations including older adults (Laranjeira, 2021). The overall social disconnection created by the COVID-19 pandemic has emphasized the importance of human relationships and connectedness in nursing care. Although necessary for public safety, infection prevention and control practices exercised during the pandemic have placed significant restrictions on social interactions among older adults living in RACFs, causing social isolation from family and friends, and further limiting interactions with healthcare staff (Bethell et al., 2021; Laranjeira, 2021). Social connections are necessary for maintaining quality of life, and healthcare workers caring for older adults are faced with the challenge of adapting care to ensure social connections are maintained (Bethell et al., 2021).

The majority of clinical placements in the undergraduate nursing program occur in the aged care setting or involve the care of older adults (McAllister et al., 2020; Spence et al., 2019). This exposure to the age care setting develops awareness of the challenges in older adult care such as higher workloads, chronic understaffing, and the complex care needs of the patients or residents in these facilities in comparison to other care settings (i.e., hospitals). This can then influence how aged care is perceived as a clinical learning environment (Algoso et al., 2016; McAllister et al., 2020). Further, nursing students in Australia typically find employment as Assistants in Nursing (AINs), or care assistants, in the aged care sector. Undergraduate nursing students employed as AINs are referred to as undergraduate AINs to differentiate them from other healthcare assistant roles with different qualifications. Despite the ubiquitous nature of aged care clinical experience for novice nurses, the perception that caring for older adults has little contribution to their professional development exists (Algoso & Peters, 2012). The study focused on the work experience of undergraduate AINs as this role is integrated into the nursing workforce rather than clinical placements attached to undergraduate nursing programs.

The Study

Aim

To determine the value of aged care work experience, the aim of the current study was to explore how working as an undergraduate Assistant in Nursing, in an aged care setting, contributed to the preparation of novice nurses for new graduate practice. The research question that guided the study was "Does undergraduate AIN employment in aged care prepare new graduates for the clinical work environment?."

Design

A qualitative research design was used and formed the second phase of a broader study previously published. Critical realism formed the theoretical underpinning of this phase as it recognizes the challenges with applying theory to practice (Bhaskar & Hartwig, 2010). Context is important within the theory of critical realism and believes that context significantly influences and creates complexities in reality (Zhang, 2023). Critical realism is interested in uncovering both observable and nonobservable structures (causative mechanisms) that trigger an event in the physical world and create social realities (Bygstad & Munkvold, 2011; Fletcher, 2017).

Semistructured interviews provided further context to the results of the quantitative phase and examined transferability of the technical skills learnt in aged care. The technical skills learnt in aged care have been reported elsewhere (please see (Algoso et al., 2018)).

Sample and Participants

Purposive and snowball sampling was used to recruit participants and social media posts advertising the study was utilized to recruit participants. The inclusion criteria for the study were registered NG nurses currently in a transition period (RN year 1), who were previously employed as an undergraduate AIN or equivalent (personal care assistant, healthcare assistant, or personal care worker) in an aged care setting. The participants needed to be ≥18 years and able to speak English.

Data Collection

Interview questions were constructed based on the gaps in the quantitative phase of the study. An interview guide was also used to ensure that the stories that emerged from researcher-interviewee conversations were relevant to the research question and the aim of the study (Table 1).

Interviews were conducted face-to-face, via telephone, or through online voice/video calls by the first author only. Best practice for qualitative data collection was followed (Kim, 2016). The interviews ranged from 30 minutes to 1 hour and were audio recorded. None of the interviews were repeated and no participant withdrew from the study.

Ethical Considerations

Ethical approval was obtained from the university's Human Research Ethics Committee (approval number H10915) prior to recruitment. No ethical issues were encountered during the interview phase or throughout the study.

Data Analysis

Mishler's typology for narrative analysis and interpretation guided the analysis process and constructed meaning from the participants' personal experiences. Audio recordings of each interview were transcribed verbatim and read several times to gain an understanding of each participant's personal story. The transcripts were returned to each participant for member checking to ensure that the

Table 1
Interview guide.

Question	Prompts
Can you tell me about your transition experience from being a student nurse to becoming an RN?	• What were the challenges? • Coping? • Support networks? • Positives/negatives?
How do you think your undergraduate AIN employment helped or did not help with this transition?	• Examples? • Positives and negatives?
How did you find the role transition from undergraduate AIN to RN?	• Challenges? • Positives/negatives?

participant's narratives were captured accurately. None of the participants returned the transcripts with comments or corrections.

The data were analyzed until no new information was found and clear themes emerged. Relevant excerpts were extracted and treated as individual stories for further analysis. These excerpts were sometimes lengthy to preserve the original story (Kim, 2016). Similarities that appeared within each unique story were used to group the data into preliminary narrative structures, which were organized manually without the use of software (Kim, 2016). The research team checked and discussed the narrative groups to ensure that they were consistent and cohesive with the supporting quotes.

Findings

At the time of the interviews, the study participants were new graduate nurses rotating through various nursing specialities such as medical-surgical nursing and oncology at large metropolitan hospitals. Most of the participants were from the state of New South Wales with one participant from the Northern Territory and another from Victoria, Australia.

The analysis of interviews from 12 participants generated two primary narratives. These were: aged care as a learning environment, and learning the complexities of nursing care. Within the two primary narratives presented in this article, four supporting narratives emerged: challenges to learning in aged care, learning in the aged care environment, beyond the fundamentals of nursing, and developing an understanding of the human experience in healthcare. The findings explore the learning experiences of novice nurses in the aged care setting to determine how it contributes to new graduate preparation for practice particularly in relation to learning the art of nursing. Table 2 shows the primary narratives and their associated supportive narratives. Participants worked as undergraduate AINs in aged care settings and were working as NG nurses in various health facilities around Australia at the time of the interviews. Quotations from participants are noted using pseudonyms to protect the participants' privacy and confidentiality. Identifying factors such as the names of hospital facilities were also removed.

Primary Narrative 1: Aged Care as a Learning Environment—*"I got . . . a Hold of . . . the Fundamentals of Nursing . . ."*

When first asked about their experiences in the aged care sector as undergraduate AINs, participants commonly responded with negative perceptions of the aged care work environment. However, as the conversations evolved, they described the benefits of aged care nursing as a learning environment. Participants discussed that influencing factors in their learning experiences were becoming aware of the issues affecting aged care such as lower rates of pay, and heavy and stressful working conditions. Two supporting narratives emerged from these discussions, challenges to learning in aged care and learning in the aged care sector.

Supporting Narrative: Challenges to Learning in Aged Care

Narratives from the participants described factors that made it challenging for them to engage in learning while working as undergraduate AINs in the aged care sector. These were related to heavy and stressful workload issues attributed to residents having a higher level of care dependency. For example, residents with dementia and confusion resulted in older people becoming more dependent on others and this was identified as a deterrent to working in aged care. This is evident in Celeste's reflections of her experiences as an undergraduate AIN.

> *I just think that I prefer . . . I like that a lot of the time they're* [the patients on a surgical ward]*— . . . their GCS* (Glasgow Coma Scale) *is usually at 15, so they're not as* [confused] *as they are in aged care... It's not a problem, it just obviously makes your job a little bit easier if they're GCS 15.*
>
> *– Celeste*

Like Celeste, Jennifer's explanation of why aged care is unappealing to novice nurses also referred to workload and staffing issues that intensified when residents suffered from physical limitations, cognitive decline, and multiple comorbidities that required more complex care:

> *I think it's just all the complications that come with the elderly. Like, besides dementia and all the mental health problems, they're just not as* [independent]*—depending on how many health problems they have. When you hear that and you know you haven't got adequate assistance or staffing, you're going to have a really hard time. If, as a student, you're on an aged care ward, your learning experience might not be as smooth because they're so busy, they don't have that much time to teach you how to do stuff . . . They expect you to know it ... But I would say not many people are fond of aged care, because of the wide range of disabilities, health issues, whatever, that come with it, it's a lot heavier.*
>
> *- Jennifer*

The heavy workloads in aged care created by the complex healthcare needs of older adults were a challenge to learning in the aged care setting. Heavy workloads often meant that RNs were restricted in supporting undergraduate AINs during a shift. Janice described the breadth of the RNs' responsibility that restricted their time to teach undergraduate AINs.

> *During after-hours there'd be one registered nurse for the entire 100 beds. Then during* [business] *hours we'd have at least one registered nurse and then the care manager was also a registered nurse . . . one*

Table 2
Primary narratives and associated supporting narratives.

Primary narrative	Supporting narrative
Aged care as a learning environment *"I got . . . a hold of . . . the fundamentals of nursing . . ."*	Challenges to learning in aged care *". . .they're so busy, they don't have that much time to teach you how to do stuff."* Learning in the aged care environment *". . .there are registered nurses there to help you . . . which really aids in your learning"*
Learning the complexities of nursing care *". . . like showering . . . you actually have to think about . . . how do I keep the patient safe . . ."*	Beyond the fundamentals of nursing *". . .it helps you put in that holistic approach kind of thing"* Developing an understanding of the human experience in healthcare *"Give them a back rub. Give them a hug. There's a holistic care that needs to be applied."*

registered nurse would be assigned to the 68 low care patients and would manage them and do doctor's rounds and all those sort of things.

– Janice

Janice's description of a typical workload for a RN in aged care illustrates one of the challenges to learning in aged care. During the interviews, participants brought to life a certain image of aged care nursing, through their choice of words, such as "heavy workload" and "poor staffing"; the image of aged care created by participants represented key challenges to working and learning in the aged care sector. However, conversations with participants revealed that despite these challenges, the aged care setting was also a positive learning environment for novice nurses driven by the human interactions that occurred when providing care to residents.

Supporting Narrative: Learning in the Aged Care Environment

The supporting narrative of "learning in the aged care environment" featured prominently as conversations with the participants progressed, challenging the perception that aged care is restrictive as a clinical learning environment. Participants highlighted the quality of learning experiences was heavily influenced by the facility's organizational structures and workload ratios. Despite some challenges, aged care provided a valuable learning environment for novice nurses. Being immersed in the aged care environment also afforded access to RNs who then became a source of support as educators or mentors. Other healthcare professionals also acted as informal educators who provided valuable support. Their presence created a type of support structure that facilitated the clinical learning of novice nurses. As Jennifer described:

Yeah, and there are registered nurses there to help you, bring you back on your feet if you are having trouble with anything. So there's always help there, which really aids in your learning.

Further to having the opportunity to form professional relationships with RNs, working in aged care did create additional learning opportunities. Additional time learning in the healthcare environment consolidated transferable nursing skills such as managing behaviors. Janice illustrated the transferability of the skills learned in aged care into the acute care setting as she made the transition to a NG nurse.

. . . I'm very, very happy that I started as an AIN and moved to a hospital environment and then moved into being a Registered Nurse... I think just being an AIN, especially while I was studying, I felt was really, really helpful, because it just gave me extra stuff [experience] *on top of my clinical placement. There's a lot of skills that you* [learn]*—especially with managing behavior. Especially that, and understanding how to feed somebody properly and just those ADL type skills that don't necessarily get focused on when you're a nursing student.*

– Janice

Janice further described her learning in the aged care setting by highlighting how skills learnt working as an undergraduate AIN translated to her clinical practice in her new graduate year.

But then you don't have that same skillset of managing the behaviors and—[for example] *how do you help someone brush their teeth when they can't get to a sink? Just sort of little troubleshooting factors, little things like that they feel have helped heaps . . . I don't get bogged down with trying to work those problems out now because I already know how to deal with them . . .*

- Janice

In the excerpt above, Janice describes the nuances of nursing practice that extend beyond technical skills and are transferrable to other clinical settings. Social skills, or "soft skills," were also considered to be important transferrable nursing skills, which Margaret explains:

[In] *the nursing home I did a lot of personal care work because I didn't give* [out] *meds* [medications]*. So I helped residents get up in the morning and put them to bed and I think if I maybe didn't have that experience as an undergrad, it would have been a little bit confronting as well... I think it's also a way to ease you into the profession and to see if you really like doing it. Like basic patient care is, you know, a priority in nursing... it's about providing, particularly on a ward where they're not maybe terribly critically ill, they're just ill, you have to provide care. There's no two ways about it.*

- Margaret

The narratives from participants demonstrated how, despite the issues in the aged care sector relating to staffing ratios and workload, it remained a valuable learning environment for novice nurses.

Primary Narrative 2: Learning the Complexities of Nursing Care—". . . Like Showering. . . You Actually Have to Think About. . . How Do I Keep the Patient Safe. . ."

As participants described their experiences as undergraduate AINs in aged care settings, certain transferable skills relating to the humanistic aspects of professional nursing surfaced. Participants discussed nursing characteristics of compassion and empathy which created two supporting narratives: "beyond the fundamentals of nursing" and "developing an understanding of the human experience in healthcare."

Supporting Narrative: Beyond the Fundamentals of Nursing

A common topic that surfaced in participants' discussions was the importance of personal care and the impact interventions can have on the patient's experience of healthcare. For example, changing incontinence pads to ensure skin integrity is maintained, falls management, and the importance of interpreting patient observations were realized as integral to safe patient care. Sarah conveyed this in the following excerpt:

I think the personal care aspect of it, like showering for example. It's something that you actually have to think about, like how am I going to do this, what do I need to bring in, how do I keep the patient safe, how do I not make them fall—those kinds of things. I was quite fast at that and pretty efficient with it, I would say. Just because I know what to get ready beforehand and what to do and what to do first, what to do last, that kind of thing and keeping the patient safe as well. Those kinds of things I was pretty good with at the start of my placement just because of the personal care experience. I had done that quite a bit beforehand, so I didn't struggle with it at all when I started nursing.

– Sarah

Participants considered understanding a patient's condition and how it affected their basic care needs to be essential components of safe holistic care. The tasks described by Sarah, while seemingly simple, were performed within the complex context of the patient's experience of healthcare and ageing.

Nurses require an understanding of psychosocial factors when caring for patients in a holistic manner. Janice discussed how her

experience as an undergraduate AIN in aged care emphasized psychosocial nursing factors. In the following excerpt, she explained how a deeper understanding of holistic care developed through her interactions with older adults in her care.

> *. . . I think when you are just a nursing student or maybe a new grad, you're going to be focusing on a narrower aspect of your patient. Whereas when you're used to that holistic approach because you haven't had to worry about the technical responsibilities while you're building your nursing skillset. . . I feel like it just makes it easier and just makes everything flow better and I feel like I have a better grasp of what I need to do to manage my patient or help them or get their discharge planning happening.*
>
> *– Janice*

The capacity to care for and manage a patient's care needs in a holistic way built confidence. This confidence was explained by the participants to develop through autonomous practice working as an undergraduate AIN rather than as a student on clinical placement. While working autonomously within the scope of practice of an AIN, participants were able to create their own learning experience in the aged care environment. Margaret compared working as an AIN and being a student on clinical placement and acknowledged that the ability to practice autonomously within the boundaries of the AIN role builds confidence.

> *I find nursing students are not given enough autonomy. You're buddied up with someone because you have to be. . . But working as an AIN would give people that autonomy and that confidence building.*
>
> *– Margaret*

Supported by the capacity to learn and practice skills autonomously, a deeper understanding of holistic care and psychosocial factors developed from the caring interactions of undergraduate AINs working within aged care. And subsequently, fostering an understanding of the experience of health and healthcare.

Supporting Narrative: Developing an Understanding of the Human Experience in Healthcare

The healthcare environment presented complex situations stemming from the human experiences of illness and ageing. The complexities of the human experience require nurses to possess social skills to understand the experiences of those in their care, and to provide appropriate interventions. The narrative created by participants' accounts of working as an undergraduate AIN in aged care emphasized the humanist elements of nursing practice.

One of the primary roles of the undergraduate AIN (and of other auxiliary nursing staff) is that of providing social interactions for clients, residents, and patients. Margaret illustrated the social role of the AIN through her description of caring for older adults in the community setting.

> *So I went over and I showered them, I did a bit of cleaning, just made sure that they were safe, also gave them a bit of social interaction as well. I even cooked dinner for them sometimes and it was sort of a varied sort of job. To be honest, I think I got my graduate year . . . due to my aged care experience.*
>
> *– Margaret*

These social interactions promoted an understanding of the human experience of illness and ageing. The ability to understand the social aspects of nursing beyond that of technical clinical skills facilitated the application of holistic and patient-centered care. Yolanda demonstrated this phenomenon through her use of nonclinical techniques to care for residents. Her story displayed an understanding of the human experience and the delivery of compassionate care.

> [A] *lot of the stuff . . . I've done is . . . because I have experience with being a PCA, you know, putting hands-on care and stuff because I've dealt with dementia residents in community. It helps me to understand what they're like once they're out of their comfort zone. So I use the terms like mum or aunty, it depends on culture.*
>
> *I will give them hugs and stuff, like it's what I do with my community and it makes them feel comfortable . . .. I really hate* [when] *some of the nurses* [when caring for] *resident's* [with] *dementia and they're in distress. "They're weepy . . . the resident is in pain, pop Panadol." I'm like it's seven in the morning. You do not need Panadol. Give them a back rub. Give them a hug. There's a holistic care that needs to be applied.*
>
> *– Yolanda*

A prominent focus in Yolanda's story is that of learning the humanistic side of nursing care that is disparate to the medical model of treatment and cure. Yolanda's narrative showed how she valued interacting with and building relationships with residents and in doing so her understanding of each individual resident's experience of illness developed, including cultural awareness. Further, Yolanda's work experience caring for older adults as an AIN in the aged care setting emphasized the human experience at the center of nursing practice. The importance of interpersonal relationships and compassion in nursing practice is encouraged by interactions with older adults.

Caring interactions with older adults in the aged care environment shifted the perspective of aged care nursing from negative attitudes to the value of consolidating fundamental nursing skills and patient-centered care. Caring began to transcend the performance of clinical skills to a realization that the role of the nurse is essentially to maintain a person's quality of life and to protect them from harm. Fundamental nursing interventions such as showering and toileting, were not avoided. Rather, their importance in maintaining a person's quality of life moved to the foreground of caring interactions. Sarah described this phenomenon as a humbling experience during a discussion about the positive and negative aspects of her experiences as an undergraduate AIN in aged care.

> *. . . I think it helps you be a little bit more humble about it if anything. It's just like some nurses I know . . .—just from experience—they'll come and they would find the whole showering the patient, toileting them, those kinds of things, they're like, I'm a nurse I don't need to do that and that sort of thing. For me, it's like a given. Of course I do that, you don't question it. You don't see it as a bad thing. . .* [It's] *part of caring for a patient. You don't think of it as I'm any less if I have to do this, like someone else should be doing it, sort of thing. I think that is something you need as a nurse, to have that mindset. Like yes, you are dealing with them medically, but there are all these other things you've got to do as well and they take priority as well.*
>
> *- Sarah*

The value of alleviating suffering through nonmedical means emanated from NGs who previously worked as undergraduate AINs in aged care. Although upskilling was important to participants, particularly those who transitioned into the acute care environment, the value of simple acts of caring were recognized as significant to a person's experience of illness. These simple acts of caring are often executed by performing what are deemed as fundamental nursing skills.

Cultural awareness and sensitivity also emerged as a key feature of patient care in participants' narratives of their experiences in aged

care settings. Culture was seen as an important component of a patient's experience of health and healthcare. The value of cultural awareness and sensitivity was portrayed by Yolanda in the excerpt below.

> *. . . I picked up a little bit of the languages. Yeah, so it comforts them. Like we have an Italian resident that I call Nonna which means grandma. So there's a lot of Italian names out there so I learnt a fair bit of words in there like just for respect culturally and stuff like that and it does help heaps. When you call them Nonna, even though they've got dementia, just the word Nonna, they look at you and they smile.*
>
> *From that it taught me different cultures, because I care for different nationalities, so I learnt a fair bit about their culture and stuff...*
>
> *- Yolanda*

Real-life interactions with older adults exposed participants to various caring situations where different aspects of nursing care beyond clinical skills such as cultural awareness and creating social interactions with the patients, became apparent. These were then given greater value in relation to professional development and learning.

Discussion

Participants in this study showed that working as an undergraduate AIN in aged care established foundations for caring that were patient-centered, holistic, and compassionate, which created a platform for them to focus on furthering their skill development. Findings from the current study showed the integration of technical and humanistic skills while working as an undergraduate AIN in the aged care setting, demonstrating they learnt the art of nursing in aged care. Participant narratives reflected the presence of respect for the person, responsibility for the person's care, and empathy in their interactions with the patients or residents. The nurse-patient relationships described by the participants convey a social and moral responsibility for the patient or resident's personhood, which is a fundamental characteristic of the "art of nursing" (Alligood & Fawcett, 2017).

Learning to nurse involves the acquisition of technical and non-technical (or "soft") skills that generally develop through different learning experiences. A study by Bjork and Kirkevold (1999) explored how novice nurses developed nursing skills and found this to be a complex process. Skill development encompassed the performance of skills within a caring interaction and mastery of technical skills formed only one component of a nurse's skillset. Acquiring nursing skills requires the development of what Bjork and Kirkevold (1999) termed the "caring comportment," which helped the nurse to be able to "create an atmosphere that is respectful, accepting and encouraging" (Bjork & Kirkevold, 1999, p. 74). Caring interactions described by the participants of the current study portrayed the development of the caring comportment of skill acquisition. The clinical learning environment is also a significant influence on the caring aspect skill acquisition. Clinical learning environments that promote responsibility and ethical practice are considered to have an influence on a novice nurse's caring behavior (Alanazi et al., 2023). The nurse-patient therapeutic relationships described by the participants of the current study emphasized the importance of psychosocial nursing skills, particularly that of communication and social interaction. Such interactions can have positive effects on a novice nurses' caring behavior and thus instill the art of nursing in the practice of nurses.

The study highlighted the importance of humanistic skills in the delivery of care to complement the performance of technical skills. In his report examining the current status of nursing education, Schwartz (2019) identified a deficit in the competency of graduate nurses in relation to soft skills. Skills related to communication, teamwork, time management, emotional intelligence and empathy, confidence, attitude, work ethic, and adaptability, are soft skills that increase the employability of a graduating nurse (Lavender, 2019). Caring for the wellbeing of humans is at the heart of nursing practice and caring interactions that involve a nurse being present with a person during their experience of illness reveals the artful process of nursing (Duran & Cetinkaya-Uslusoy, 2015; Henry, 2018). This artful process requires skills in communication, empathy and understanding that is created through nurse-patient interactions and the exchange of information to achieve health related outcomes (Henry, 2018). These elements of artful nursing align with the findings from the current study where the narratives from the participants emphasized the significance of human interactions and therapeutic relationships in their journey to becoming a RN.

Working as an undergraduate AIN exposed participants to the realities of aged care nursing. The experience allowed them to become familiar with providing care to older adults, equipping them with the knowledge and skills that they could then apply to other healthcare settings. Knowledge and skills related to communication, behavioral management, health assessment and personal care improved through undergraduate AIN work experience in aged care. These skills were identified as areas of concern by the Royal Commission into Aged Care Quality and Safety (2019) in relation to NG preparedness. Furthermore, working as an undergraduate AIN in aged care provided additional learning opportunities through extended time in practice. In this respect, the transitional value of working as an undergraduate AIN in aged care is in relation to preparing novice nurses for the healthcare needs of older adults and highlights the value of the fundamental skills required for nursing.

Practicing humanistic skills early in a nursing education program is important as undergraduate AINs in aged care established the foundations of professional nursing practice that contributed to the novice's preparation for practice as a RN. Understanding the art of nursing is needed to create a transformative learning experience in the aged care setting and supports the transition of novice nurses into a caring profession (Duran & Cetinkaya-Uslusoy, 2015). Furthermore, interactions that occur in the aged care setting challenged ageist attitudes that can potentially encourage novice nurses to return to the sector as RNs, providing a strategy for recruitment and retention.

Limitations

The main limitation of the study was the small sample size. Despite the small sample size, interviews provided rich and in-depth narrative data that provided important insights into the value of undergraduate AIN experience in the aged care setting. Furthermore, the study only focused on the experiences of undergraduate AINs working in the aged care setting, limiting the exploration of the undergraduate AIN role to a specific setting. Focusing on the experiences of undergraduate AINs in the aged care sector, however, is both a limitation and a strength.

In relation to the study sample, the experiences of some of the participants were not limited to the aged care setting. Some participants also had experiences in other healthcare settings, such as medical-surgical wards, as undergraduate AINs. These additional experiences may have influenced their responses. Therefore, future research is needed to assess whether the findings of the current study are transferable to those working only in aged care settings.

Conclusion

Work experience in the aged care setting created an opportunity for novice nurses to engage with the art of nursing. Exposure to the

aged care environment is an important factor in challenging ageist attitudes and in transforming aged care into an ideal learning environment. The value of aged care work experience is in developing soft skills such as communication, which is paramount to the art of nursing and therapeutic interactions. Such skills are essential for a novice nurse to enter the workforce as a contributing member of the healthcare team, and in providing quality care to individuals.

Relevance to Clinical Practice

Exposure and familiarity to older adult care challenged ageist attitudes and preconceived ideas of aged care nursing. Familiarity with the aged care setting may motivate novice nurses to work in aged care once qualified as an RN, potentially enhancing recruitment and retention in the aged care sector. This may assist in supporting a well-qualified aged care workforce. Further, findings from the current study suggest the importance of exploring the attitudes and perceptions of individuals toward older adult care in more depth. An understanding of the attitudes and perceptions of nurses can potentially inform innovative strategies to improve the nursing care and practices, particularly amidst calls for significant reforms in the aged care sector.

Declaration of Competing Interest

The authors whose names are listed above certify that they have no affiliations with or involvement in any entity with any financial or nonfinancial interest in the subject matter or materials presented in this manuscript.

CRediT authorship contribution statement

Maricris Algoso: Conceptualization, Methodology, Investigation, Resources, Formal analysis, Writing – original draft, Visualization. **Lucie Ramjan:** Supervision, Writing – review & editing, Formal analysis, Validation. **Leah East:** Supervision, Writing – review & editing, Formal analysis, Validation. **Kath Peters:** Supervision, Writing – review & editing, Formal analysis, Validation.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

Alanazi, M. R., Aldhafeeri, N. A., Salem, S. S., Jabari, T. M., Mengah, Al, & k, R. (2023). Clinical environmental stressors and coping behaviors among undergraduate nursing students in Saudi Arabia: A cross-sectional study. *International Journal of Nursing Sciences, 10*(1), 97–103. doi:10.1016/j.ijnss.2022.12.007.

Algoso, M., & Peters, K. (2012). The experiences of undergraduate Assistants in Nursing (AIN). *Nurse Education Today, 32*(3), 197–202.

Algoso, M., Peters, K., Ramjan, L., & East, L. (2016). Exploring undergraduate nursing students' perceptions of working in aged care settings: A review of the literature. *Nurse Education Today, 36*, 275–280. doi:10.1016/j.nedt.2015.08.001.

Algoso, M., Ramjan, L., East, L., & Peters, K. (2018). Undergraduate nursing assistant employment in aged care has benefits for new graduates. *Journal of Advanced Nursing, 74*(8), 1932–1954. doi:10.1111/jan.13691.

Alligood, M. R., & Fawcett, J. (2017). The theory of the art of nursing and the practice of human care quality. *Visions: The Journal of Rogerian Nursing Science, 23*(1), 4–12.

Bethell, J., O'Rourke, H. M., Eagleson, H., Gaetano, D., Hykaway, W., & McAiney, C. (2021). Social connection is essential in long-term care homes: Considerations during COVID-19 and beyond. *Canadian Geriatrics Journal, 24*(2), 151–153. doi:10.5770/cgj.24.488.

Bhaskar, R., & Hartwig, M. (2010). *The formation of critical realism: A personal perspective*. Routledge.

Bjork, I. T., & Kirkevold, M. (1999). Issues in nurses' practical skill development in the clinical setting. *Journal of Nursing Care Quality, 14*(1), 72–84.

Bygstad, B., & Munkvold, B. E. (2011). In search of mechanisms. Conducting a critical realist data analysis. Thirty Second International Conference on Information Systems.

Duran, E. T., & Cetinkaya-Uslusoy, E. (2015). Opinions of nursing students on the art of nursing: A qualitative study. *International Journal of Caring Sciences, 8*(2), 308–316.

Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology, 20*(2), 181–194. doi:10.1080/13645579.2016.1144401.

Henry, D. (2018). Rediscovering the art of nursing to enhance nursing practice. *Nursing Science Quarterly, 3*(1), 47–54. doi:10.1177/0894318417741117.

Kim, J.-H. (2016). *Understanding narrative inquiry*. SAGE.

Laranjeira, C. (2021). The 'loneliness pandemic': Implications for gerontological nursing. *British Journal of Nursing, 30*(11), 652–655. doi:10.12968/bjon.2021.30.11.652.

Lavender, J. (2019). Soft skills for hard jobs. *Journal of Continuing Education Topics & Issues, 21*(2), 48–52.

McAllister, M., Ryan, C., Dodd, L., Goldenberg, M., & Brien, D. L. (2020). A thematic literature review of innovative strategies to prepare nursing students for aged-care. *Nurse Education Today, 87*, 1–6. doi:10.1016/j.nedt.2020.104355.

Royal Commission into Aged Care Quality and Safety. (2019). *Medium-and long-term pressures on the system: The changing demographics and dynamics of aged care*. C. o. Australia. https://agedcare.royalcommission.gov.au/publications/Documents/background-paper-2.pdf.

Schwartz, S. (2019). *Educating the nurse of the future: Report of the independent review of nursing education*. D. o. Health. https://www.health.gov.au/sites/default/files/documents/2019/12/educating-the-nurse-of-the-future.pdf.

Spence, D., Zambas, S., Mannix, J., Jackson, D., & Neville, S. (2019). Challenges to the provision of clinical education in nursing. *Contemporary Nurse, 55*(4-5), 458–467. doi:10.1080/10376178.2019.1606722.

Vega, H., & Hayes, K. (2019). Blending the art and science of nursing. *Nursing, 49*(9), 62–63. doi:10.1097/01.NURSE.0000577752.54139.4e.

Zhang, T. (2023). Critical realism: A critical evaluation. *Social Epistemology, 37*(1), 15–29. doi:10.1080/02691728.2022.2080127.