



Thematic Perception Shifts in Gerontological Nursing Competence Following Structured Clinical Immersion

Pimpaka Panyoyai *, Atchara Assanasen, Surada Tanomrat, Ticharee Kantaviro

McCormick Faculty of Nursing, Payap University, Chiang Mai, Thailand

*pimpaka_p@payap.ac.th

Abstract. The demographic shift toward an aging population necessitates a competent healthcare workforce. Nursing student perceptions regarding geriatric care directly influence professional choices and the quality of care provided to older adults. This work evaluates learning attitudes and clinical confidence levels among baccalaureate nursing students before and after an initial clinical practicum. An authentic qualitative dataset comprising pre-immersion and post-immersion survey responses from an academic cohort is adopted for the thematic analysis. The methodology incorporates a structured practicum driven by experiential learning theory, requiring a Comprehensive Geriatric Assessment, a 4-system physical examination, and holistic care planning across hospital and community environments. Complete paired data were obtained from 69 nursing students who voluntarily provided valid responses in both the pre-clinical and post-clinical phases, establishing an independent paired sample out of the initial 117 cohort. The qualitative data were evaluated using a 6-phase thematic categorization framework, and the proportional shifts were analyzed using marginal homogeneity testing. Clinical exposure improves student confidence in physical assessment and communication skills significantly. Pre-immersion anxiety regarding patient cooperation and communication barriers decreases considerably after direct engagement with older adult patients. The qualitative shift indicates a transition from apprehension to empathy and an increased understanding of complex aging physiologies. Positive sentiments toward older adults dominate the post-clinical phase, alongside an acknowledgment of the intensive academic workload. Structured educational interventions encompassing direct community and hospital engagement translate theoretical knowledge into practical competence. The findings provide an empirical foundation for redesigning nursing curricula to foster sustained interest and confidence in older adult care.

Keywords: Nursing Education, Older Adults, Clinical Rotations, Learning Attitudes, Comprehensive Geriatric Assessment.

1 Introduction

The global population is aging rapidly. The demographic shift creates an urgent demand for qualified aged care workers [1]. The nursing workforce requires adequate preparation to provide complex geriatric care [2]. Undergraduate baccalaureate nursing

© The Author(s) 2026

W. Srimaharaj (ed.), *Proceedings of the 2nd International Conference on Lifespan Innovation (ICLI 2026)*,
Advances in Social Science, Education and Humanities Research 1035,

https://doi.org/10.2991/978-94-6239-797-2_21

programs must equip graduates with the necessary competencies to manage older adult populations. A significant challenge remains regarding student career preferences. Baccalaureate nursing students consistently rank geriatric nursing as their least preferred clinical area [3]. The assessment of nursing students indicates that interest in working with older adults remains remarkably low [4]. A survey of newly registered nurses revealed that only 14 percent reported an intention to work in a gerontological care setting [5]. Educational institutions implement various strategies to close the competency gap. Undergraduate gerontological nursing education provides critical academic and professional training [1]. Nursing programs utilize traditional lectures, clinical placements, and simulation training. The specific educational program structure significantly influences student outcomes. The systematic evaluation indicates that combining a stand-alone geriatric subject with a dedicated clinical placement yields the best educational outcomes [6]. Students completing multiple geriatric-focused clinical placements are more likely to report an intention to pursue careers in these settings [5]. Nursing educators and personal connections strongly influence how students discern their career intentions [3].

Traditional lecture-based instruction fails to prepare students for the complexities of geriatric and palliative care [7]. Innovative pedagogical strategies deliver realistic and hands-on learning experiences. Simulated clinical immersion improves clinical self-efficacy and end-of-life care knowledge [7]. Virtual reality combined with aging simulation training enhances geriatric care competency and empathy among junior nurses [2]. Advanced educational interventions foster essential knowledge and confidence.

This work analyzes changes in nursing student perceptions toward older adult care following a comprehensive clinical rotation. The evaluation focuses on subjective feelings, communication anxiety, and recognized care needs before and after the practicum. The primary hypothesis states that targeted clinical exposure improves clinical confidence and reduces patient communication anxiety. A subsequent hypothesis posits that practical engagement shifts negative preconceived attitudes into empathetic understanding. Experiential learning theory guides the educational intervention. The theory emphasizes the transformation of concrete experiences into abstract conceptualization and active experimentation. The framework provides a structured pathway for nursing students to shift preconceived attitudes through direct patient engagement.

2 Literature Review

Clinical competence development constitutes a main goal of specialized nursing courses. Qualitative descriptive methodologies explore barriers and facilitators to clinical competence among masters level gerontological nursing graduates [8]. The thematic data identifies student neglectfulness, educational system inefficiency, and ineffective management as primary barriers [8]. Effective educational planning and management improvement serve as essential facilitators for developing clinical competence [8]. Intergenerational learning programs enhance career interest among non-nursing undergraduate students. The application of structured contact programs reduces ageist attitudes and improves subjective norms regarding aged care professions [9]. Narrative

pedagogy improves positive attitudes toward older people and increases the willingness to engage in older adult care [10].

Clinical immersion duration and setting significantly influence future practice intentions. Extended immersion programs directly increase the probability of graduates practicing in specific targeted regions [11]. Targeted educational initiatives strengthen student engagement with gerontological nursing. The integration of gerontological themes into pre registration programs fosters positive attitudes toward this specialty [12]. Clinical exposure within community outpatient wellness centers increases knowledge and practical skills. Close interaction with robustly aging adults in nurse-led clinics improves the willingness to work with the aged [13]. Direct mentorship during community experiences emerges as a critical factor for cultivating career interest [13].

Advanced technology integration provides training alternatives for gerontological nurses. The implementation of artificial intelligence integrated immersive virtual reality tools enhances gerontological nursing training in senior care facilities [14]. The adoption of virtual systems requires systematic evaluation using extended technology acceptance models [14]. Prior work experience shifts student perceptions regarding older adult care. The systematic review of students working as assistants in nursing indicates strengthened reflective abilities and clinical skill development [15]. The prior employment experience helps students recognize the independent role of nurses and observe the dynamics of workplace communities [15].

3 Methodology

The methodology adopts an authentic qualitative dataset containing pre-clinical and post-clinical survey responses from the academic cohort. The initial cohort comprised 117 nursing students. Complete paired data were obtained from 69 nursing students who voluntarily provided valid responses in both the pre-clinical and post-clinical phases. The attrition of 48 responses occurred due to incomplete surveys or absences during either data collection phase, establishing a finalized independent paired sample of 69 individuals.

The pre-practicum preparation requires students to attend an orientation covering infection control, risk management, accident protocols, and clinical rules. Students must pass a physical examination test covering 4 systems including respiratory, cardiovascular, gastrointestinal, and musculoskeletal systems. The academic requirement mandates a minimum score of 70 percent before engaging with patients.

The clinical intervention mandates a Comprehensive Geriatric Assessment. The assignments vary strictly based on the specific clinical setting. Hospital practicums require 2 students to manage 1 patient for assessment, nursing activity, teaching media creation, and case study presentation. Community practicums for socially active older adults assign 1 student to 1 older adult for individual assessment, nursing activity, accompanied by 4 sets of group-based health education media creation, and case study presentation. The interventions integrate local wisdom, art, and culture to align with the social context. Community practicums for home-bound and bed-bound older adults assign 3 students to 1 patient for assessment, nursing activity, and 1 health education media innovation creation. Students design health education innovations customized

for older adults. Post-practicum requirements include reflective sessions on clinical obstacles and limitations. A structured Objective Structured Clinical Examination evaluates practical skills at the end of the rotation. The strict operational parameters of the clinical immersion are detailed in Table 1.

Table 1. Clinical Immersion Operational Parameters

Practicum Requirement	Setting	Target Population	Assessment Method
Comprehensive Geriatric Assessment	Hospital and Community	Socially Active, Home-Bound, Bed-Bound	Observational and Interview
Four-System Physical Examination	Simulation Laboratory	Standardized Patients	Pre-Practicum Testing
Health Education Media Creation	Hospital and Community	All Older Adults	Project Submission
Holistic Nursing Care Planning-Implementing	Hospital and Community	All Older Adults	Practicum Testing Case Study Report
Post-Immersion Skill Evaluation	Simulation Laboratory	Standardized Patients	Objective Structured Clinical Examination

The qualitative dataset captures student opinions and feelings toward older adults before the commencement of the practicum and immediately following its conclusion. The primary text data undergoes thematic categorization to quantify subjective perceptions. The analytical method involves coding individual responses into distinct thematic groups including anxiety, perceived difficulty, objective recognition of care needs, empathy, and perceived patient cooperation. The thematic analysis follows a structured 6-phase framework including familiarization, initial coding, theme generation, review, definition, and reporting. Two independent academic researchers performed the coding process to ensure analytical rigor. Discrepancies between coders were resolved through group consensus. Thematic categorization reliability requires mathematical validation. The Cohen-Kappa coefficient measures intercoder agreement as Equation 1.

$$\kappa = \frac{Po - Pe}{1 - Pe} \tag{1}$$

The variable *Po* represents the relative observed agreement among raters. The variable *Pe* represents the hypothetical probability of chance agreement. The categorical frequency method analyzes the distribution of sentiments. The calculation determines the proportional shifts in thematic dominance after the clinical rotation. Evaluating paired nominal data from the exact same individuals requires a paired statistical approach. The McNemar-Bowker test evaluates the marginal homogeneity of the pre-clinical and post-clinical thematic distributions. The mathematical foundation for analyzing paired categorical shifts utilizes the test statistic as Equation 2.

$$\chi^2 = \sum \frac{(n_{ij} - n_{ji})^2}{n_{ij} + n_{ji}} \quad (2)$$

The variable n_{ij} represents the frequency of cases shifting from one specific category to another. A standard p -value threshold of 0.05 determines statistical significance for the distribution shifts. The variable Ei represents the expected frequency based on the pre-clinical distribution as Equation 3.

$$Ei = \frac{Ri \times Cj}{N} \quad (3)$$

The variable Ri denotes the row marginal total. The variable Cj denotes the column marginal total. The variable N represents the total sample size.

4 Experimental Results

The evaluation processes 69 valid pre-clinical responses and 69 valid post-clinical responses. The initial phase reveals significant apprehension among the nursing cohort. The thematic analysis of the pre-clinical data identifies 4 primary sentiment categories. A substantial portion of the cohort expresses anxiety regarding the ability to communicate effectively and the fear that older adults will refuse cooperation as highly difficult and exhausting forms of the pre-clinical sentiments in Table 2.

Table 2. Thematic Distribution of Pre-Clinical Sentiments

Sentiment Category	Frequency Count	Relative Percentage	Primary Theme Indicator
Anxiety and Communication Fear	16	23.19%	Fear of non-cooperation
Perceived Difficulty and Workload	18	26.09%	Exhaustion and complexity
Objective Care Need Recognition	14	20.29%	Focus on physical decline
Positive Anticipation and Empathy	21	30.43%	Willingness to engage

The clinical immersion fundamentally alters the distribution of student sentiments.

The post-clinical thematic analysis reveals a drastic reduction in communication anxiety. The dominant theme shifts to a positive recognition of patient cooperation and the pleasant nature of the older adults. Students report a profound increase in practical competence, specifically noting a better understanding of the physiological changes associated with aging. A small subset continues to highlight the heavy academic workload required by the practicum for the post-clinical thematic frequencies in Table 3.

Table 3. Thematic Distribution of Post-Clinical Sentiments

Sentiment Category	Frequency Count	Relative Percentage	Primary Theme Indicator
Positive Patient Cooperation	23	33.33%	Engaging and receptive
Increased Competence and Knowledge	26	37.68%	Theoretical connection
Enjoyment and Deep Empathy	16	23.19%	Happiness in care delivery
Sustained Difficulty and Workload	4	5.80%	Academic fatigue

The comparative analysis evaluates the magnitude of the psychological and professional shift. The transition from apprehension to competence highlights the effectiveness of the structured immersion. The anxiety regarding patient interactions dissipates almost entirely, replaced by empirical observations of high patient cooperation. The statistical evaluation of the thematic shift utilizes categorical proportions to calculate the variance. The pre-test and post-test comparison matrix are presented in Table 4.

The thematic perception shift analysis consolidates the qualitative distributions into a single visual representation. The macro-level dumbbell analysis indicates the proportional transition of negative and positive dispositions. The horizontal bar charts detail the specific frequency and percentage breakdowns for the preclinical and postclinical phases. The multi-panel presentation indicates a strict reduction in communication anxiety alongside a significant proportional growth in practical competence and empathy.

Table 4. Competency and Sentiment Shift Analysis

Analytical Dimension	Pre-Immersion Proportion	Post-Immersion Proportion	Shift Direction
Negative/Anxious Disposition	49.28%	5.80%	Significant Decrease
Positive/Empathetic Disposition	30.43%	56.52%	Significant Increase
Competency/Objective Focus	20.29%	37.68%	Moderate Increase

The macro-level dumbbell analysis illustrates a drastic proportional transition in student attitudes. Specifically, the negative and anxious disposition experienced a significant reduction, dropping by 43.48% (from 49.28% to 5.80%). Conversely, positive and empathetic dispositions saw a substantial growth of 26.09% (from 30.43% to 56.52%), while objective competency focus increased by 17.39%. The accompanying horizontal bar charts detail the specific frequency breakdowns for the paired cohort.

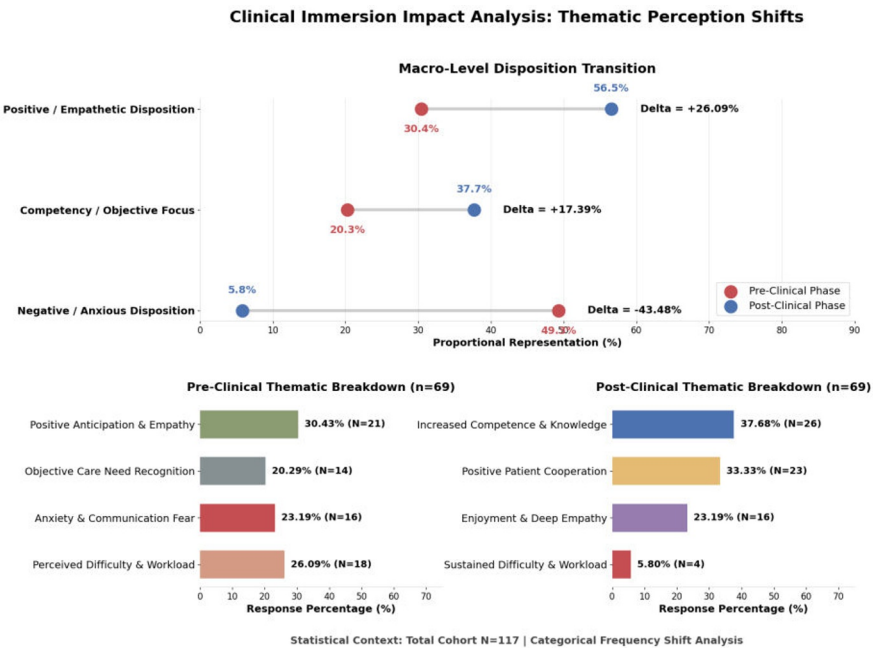


Figure 1. Clinical Immersion Impact Analysis: Thematic Perception Shifts

5 Discussion

The thematic evaluation reveals a profound transformation in student competence and psychological disposition following the clinical rotation. The paired analysis indicates an undeniable improvement in the understanding of geriatric theory and physiological assessments. Direct engagement with patients allows students to practice the Comprehensive Geriatric Assessment in a real-world setting. Students discover practical methods to interact effectively with older adults experiencing cognitive or auditory limitations.

The reduction in anxiety is a substantial finding for nursing curriculum development. Fear associated with patient interaction and potential stubbornness drops sharply after direct clinical exposure. The clinical environment forces students to navigate their apprehensions under professional supervision. High preclinical anxiety originates from a lack of practical exposure rather than an inherent inability to perform medical tasks. The postclinical comments explicitly mention that older adults are highly cooperative and appreciative of the health education materials provided.

The qualitative analysis identifies a persistent challenge regarding academic workload. The clinical confidence improves alongside student notes regarding the exhausting nature of the continuous assessments, physical examinations, and media creation requirements. The intensive demands of holistic care planning in both hospital and community settings generate fatigue. Educational planners must balance the rigorous competency requirements with manageable operational expectations to prevent burnout among novice practitioners.

The sentiment shift provides critical context for workforce preparation. Positive sentiments increase substantially, transitioning from abstract apprehension to concrete empathy. It indicates that the combination of didactic preparation and immediate clinical application solidifies learning. The transformation aligns with the experiential learning theory, where concrete clinical experiences actively shift preconceived attitudes. Students respect the field and feel capable of performing the necessary duties following the immersion.

The findings contribute a precise qualitative measurement to the body of knowledge surrounding nursing education. Educators must recognize that structured exposure dismantles preconceived ageist stereotypes effectively. Educational strategies need to address the initial emotional barriers students face before entering gerontological settings. Curricula should integrate targeted mentorship and highlight the cooperative nature of older adult patients to make the clinical experience more appealing.

6 Conclusion

The paired evaluation of learning attitudes among nursing students demonstrates clear psychological and professional benefits from structured clinical rotations. Exposure to older adult patients significantly improves self-efficacy in clinical assessments and patient communication. The practical experience successfully reduces generalized anxiety and fear of patient non-cooperation. The qualitative shift indicates a powerful

transition toward empathy and theoretical comprehension driven by experiential learning. Negative perceptions regarding the difficulty of the clinical environment decrease, though concerns regarding academic workload remain present. Improving the pipeline of geriatric nurses requires immersive educational interventions that facilitate direct, meaningful patient contact. Future curriculum designs must actively promote the professional advantages and emotional rewards required for long term older adult care.

References

1. Ho, M. H., Lee, J. J., Joo, J. Y., Bail, K., Liu, M. F., & Traynor, V. (2023). Determinants of the intention to work in aged care: a cross-sectional study to assess gerontological nursing competencies among undergraduate nursing students. *BMC nursing*, 22(1), 448.
2. Xu, L., Hong, C., Li, H., Liu, L., Pi, H., & Xiong, Y. (2026). The effectiveness of VR combined with aging simulation training on junior nurses geriatric care competency: a Randomized Controlled Trial. *Nurse Education in Practice*, 104786.
3. Murabito, T. (2023). *Nursing Students Intention to Work with the Elderly After Graduation: a Qualitative Study*. Capella University.
4. Matarese, M., Facchinetti, G., Castaldo, A., & Lommi, M. (2026). Factors influencing nursing students motivation to work with older adults after graduation: a mixed-methods study. *Geriatric Nursing*, 68, 103821.
5. Smith, J., Sawhney, M., Duhn, L., & Woo, K. (2022). The association between new nurses gerontological education, personal attitudes toward older adults, and intentions to work in gerontological care settings in Ontario, Canada. *Canadian Journal of Nursing Research*, 54(2), 190-198.
6. Yan, Z., Chang, H. C. R., Montayre, J., & Ho, M. H. (2022). How does geriatric nursing education program change the knowledge, attitude and working intention among undergraduate nursing students? A systematic literature review. *Nurse Education Today*, 108, 105161.
7. Mohamed, H. A., Alshahrani, M., Mohammad, E. E. H., Basuony, N. A. E. M., Serag, R. M., Gouda, R. A. K., & Allawy, M. E. A. (2025). The impact of simulated clinical immersion on nursing students preparedness for end-of-life care in older adults. *BMC nursing*, 24(1), 1400.
8. Alavi, N. M., Nabizadeh-Gharghozar, Z., & Ajorpaz, N. M. (2022). The barriers and facilitators of developing clinical competence among masters graduates of gerontological nursing: a qualitative descriptive study. *BMC medical education*, 22(1), 500.
9. Wang, Y., Sun, H., & Wu, Z. (2026). Fostering careers in aging: testing the impact of inter-generational learning on non-nursing students interest in China. *Frontiers in Psychology*, 17, 1773971.
10. Hsu, P. T., Chen, J. J., & Ho, Y. F. (2022). The effects of narrative pedagogy on increasing nursing students willingness to practice older people care: A mixed-methods research. *Nurse education in practice*, 62, 103356.
11. Harvey, W., Ali, Z., Van Schaik, L., Develyn, T., & Wright, J. (2025). Immersion to impact: does one or three years of rural immersion influence graduate clinical practice intentions and locations. *Frontiers in Medicine*, 12, 1587912.
12. Dickinson, T., Fitzpatrick, J., Greaney, B., Peacock, S., Harris, S., Dolman, L., & Tobutt, C. (2026). Cultivating interest in gerontological nursing among nursing students: evaluation of an educational initiative. *Nursing Older People*, 38(1).
13. Sakamoto, R. R. (2022). Influence of RAP experiences on nursing students career choices in aging: A qualitative exploration. *Nurse Education Today*, 109, 105218.

14. Kashef, A., Wang, Y., Malatyali, A., & Ma, J. (2025). Adoption evaluation of an AI-enabled immersive virtual reality tool in gerontological nursing using an extended technology acceptance model. *International Journal of Industrial Ergonomics*, 110, 103812.
15. Himanen, S., & Salin, S. (2024). The influence of prior work experience in aged care on nursing students views on aged care nursing: A systematic review. *Scandinavian journal of caring sciences*, 38(1), 3-15.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

