

International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Reaching out to those we teach about: a qualitative appreciative inquiry of older persons' experience as mentors in a bachelor of nursing programme during the Covid-19 pandemic

Frances Affleck*, Lillian Hung and Alison Phinney

*Corresponding author: University of British Columbia, Vancouver, Canada
Email: Frances.Affleck@ubc.ca

Submitted for publication: 15th February 2022

Accepted for publication: 13th July 2022

Published: 23rd Nov 2022

<https://doi.org/10.19043/ipdj.122.004>

Abstract

Background: This article describes the development and refinement of a component of a first-year nursing course called 'Theoretical perspectives in nursing care: complexities in seniors care'. Initially developed in 2020 in response to the pandemic restrictions and guided by the philosophy of person-centredness and person-centred practice, a senior mentorship programme called 'Engaging with your senior mentor in the community' has become an important element of the broader theoretical course.

Aim: To report on the experiences of older persons living in the community who volunteered to be mentors to first-year bachelor of nursing students, and explain how their experiences informed person-centred quality improvements for future courses.

Methods: Appreciative inquiry principles guided the study. Qualitative descriptive design methods – online surveys and focus groups – were employed to evaluate the senior mentorship initiative. Thematic analysis was performed to identify themes that described what the experience of participating in the initiative was like from the perspective of the senior mentors themselves.

Findings: Our analysis identified five themes: (a) sharing; (b) contributing; (c) listening; (d) self-reflecting; and (e) communicating expectations.

Conclusion: Sharing wisdom informed by lived experience can be a rewarding part of ageing. Senior mentors believed they had contributed in a meaningful way to the student nurses' learning.

Implications for practice:

- This article reaffirms that older persons are keen to participate in education initiatives
- Insights from the senior mentors will inform educators in health and social sciences who want to incorporate the voices of older persons in their classroom and practice teaching
- Older persons should be considered potential partners who can help educators develop a culture of person-centredness to help students prepare to appreciate the older persons in their care

Keywords: Person-centred, older persons, community dwelling, senior mentor, nurse education, quality improvement

Introduction

Background

'Theoretical perspectives in nursing care: complexities in seniors care' is an established course in the undergraduate nursing course programme at the University of British Columbia, in Canada. This course introduces the gerontological health knowledge required to provide nursing care to older persons and their families. The concepts and theories it features are complemented by learning experiences designed to enable students to apply the teaching in a range of clinical practice contexts. In March 2020, we were informed that our theory course would have to move to online as part of the pandemic restrictions. The challenges with this move were also seen in the practicum course, with reduced hours and limited placement opportunities. We foresaw students having limited clinical opportunities for face-to-face interactions with older persons. With everyone suddenly in lockdown, we began exploring how the students could help support older people who were living alone at home. Like many who work with the older population, we were concerned about the possible impacts of social-distancing measures. Self-isolation was necessary to help prevent the spread of the virus, but at the same time isolation is known to be a serious public health concern, especially for older people (Armitage and Nellums, 2020).

While the initial thinking was around the ways student nurses might mitigate the possible impact of social isolation, we quickly found ourselves discussing the older person as the mentor, flipping the premise from 'You must be lonely, do you want to talk?' to, 'You have something to share, can you teach that to our student nurses?' The senior mentor initiative was introduced in a course that was pedagogically oriented around person-centredness as a fundamental approach to care. We extended this to view the older person as one who also sits at the centre of teaching and learning. Thus, mentors were asked to share their unique insights and experiences around ageism, ageing, and access to services and social structures that they have found helpful in supporting them.

We were aware similar programmes have been tried elsewhere, most commonly in medical schools. Eleazer and colleagues' study, 'The national evaluation of senior mentor programs: older adults in medical education' (2009) found this type of initiative had reasonable success among all stakeholders. The medical schools examined in the evaluation took up the work in a variety of ways, with the initial central element of community-dwelling older persons as mentors being comparable with our initiative in a nursing programme. Halpin and colleagues (2017) explored the programmes at Emory University in the US. They were comparable with our initiative in several regards: the mentors lived in the community; the programme was part of a health science course, which included nursing students; and visits were planned over a set number of weeks and structured around issues relevant to ageing. More recently, Friday (2020) identified the use of 'reciprocal mentoring' as a tool in clinical practice, whereby students are paired with older persons to discuss identified topics, using a guide that was not strictly scripted.

Common to all the studies was the limited specific knowledge about older persons' experiences of mentoring students. Most attention has been paid to student learning outcomes. However, when asked, older people consistently reported the experience to be a positive one (Zuccherro, 2010; Halpin et al., 2017; Thompson et al., 2020). Given this discrepancy, we felt it was important to investigate the question of the seniors' mentoring experiences in more depth. In order for quality improvements to result from the programme, a first step is to ask, what was the senior mentor's experience?

Description of the senior mentor initiative

Students spoke with their assigned senior mentor for approximately an hour each week for a total of six to eight 'virtual visits' throughout the course. Senior mentors and student nurses agreed on the mode of communication, whether by telephone or face-to-face using an online video platform. A conversation guide entitled 'Engaging with your senior mentor in the community' was developed for students. This outlined the overall purpose of the initiative, the course goals and specific learning objectives relative to the initiative. The weekly lecture content was briefly described, with key conversation points suggested.

Student nurses were asked to independently develop weekly questions that were unique to their experience of the content, with the idea that, as the weeks progressed, the questions would reflect their interpretation of course readings and discussion, along with what they were learning of their mentor's perspective and experiences.

Specific learning outcomes were framed within the broader course learning outcomes:

- Student nurses will learn about the lived experience of an older person, how they manage daily life and their perspective of the world around them
- Student nurses will explore their role as soon-to-be members of the nursing profession

Person-centredness and person-centred practice

Learning about lived experience and having their own personhood acknowledged as an emerging professional nurse is central to achieving person-centred practice. Person-centred care is underpinned by values of respect for personhood. Being person-centred requires the formation of healthful relationships between professionals, service users, families and others significant to them in their lives, and that these relationships be built on mutual trust, understanding and a sharing of collective knowledge (McCance et al., 2011; McCormack et al., 2015).

Person-centredness serves as the pedagogical underpinning for the senior mentor initiative, by which the development of personal knowledge – and by extension the students' understanding of person-centred practice – can be nurtured (Schwind et al., 2014; McCormack, 2020). To this end, several strategies are used: weekly conversations offer the opportunity to hear real-life experiences; active learning is supported using online discussions with peers; and personal reflection is required in the form of a final reflective paper asking students to weave together topics introduced in lectures with their senior mentor conversations. Ultimately, this initiative sought to engage students in person-centred practice, valuing and respecting personhood and being authentically engaged. This necessitates that each senior mentor/student dyad develop a relationship that, while unique, rests on a common foundation of person-centred practice and respect for personhood (Dewing and McCormack, 2017; Santana et al., 2018).

Aim

The purpose of this study was to evaluate the senior mentors initiative from the perspective of the mentors, using a person-centred approach. After two years of implementation, learning what worked well and what did not from the mentors' viewpoint was important, in order for their experiences to inform quality improvement measures for future course offerings.

Method

We employed a qualitative descriptive approach, including a post-mentorship experience qualitative survey and focus groups. This approach was appropriate for the inquiry as the focus was on discovering people's experiences and gaining insights from the mentors regarding a poorly understood phenomenon (Polit and Beck, 2009).

Methodology

This quality improvement initiative used the methodology of appreciative inquiry. This approach is premised on participation and as such is intrinsically person-centred; here, the senior mentors were involved in the process of change (de Witt, 2020).

As Reed (2010) explains, both appreciative inquiry and nursing are strengths-based in their approach, and both value collaboration. Participatory ways of working began at the recruitment stage where, in one-on-one conversations with the potential mentor, we discuss how we each envision the role. This participatory approach continued throughout the weeks, as mentors reached out to discuss approaches and to suggest improvements. This culminated in our inviting them to complete an anonymous online survey, and participate in one of two focus groups.

Of the five core principles of appreciative inquiry, the most important to this project are the positive principle and the simultaneity principle. The positive principle forms a continuum that began in our conceptualising the initiative, and has continued as we support learners through positive language, to facilitate uptake of the opportunity. The principle of simultaneity came into effect when framing the survey questions, and developing strength-based questions for the focus groups that conveyed our valuing of the collaborative process (Trajkovski et al., 2013; Watkins et al., 2016).

Recruitment of mentors

In the first year, the job of reaching older people felt rather daunting, as all the usual community resources were closed due to the pandemic, and the permissions process could not be completed given the short timeline (the course was due to start in mid-April 2020). We began by reaching out to grassroots community resources where we already had connections and knew that older people would likely be members, such as the BC History of Nursing Society and local lawn bowling clubs. An introductory email including a flyer for distribution was sent to the primary email address of each of the groups identified. The email described the course, the students, the idea behind the initiative and the guiding themes.

Figure 1: Senior mentors recruitment flyer

Help a student nurse!

Student nurses are learning how to provide the best care for older people, and you can help!

In this time of social distancing, the School of Nursing is looking for senior mentors to participate in weekly 'phone check ins' with a student nurse. This will help student nurses learn about the lived experience of aging and how older people manage daily life.

The student nurses will have questions for you, and your role is to help them, understand, based on your own experiences, what is important to know about ageing and health.

The response was remarkable, with many members of these communities asking if they could pass our request on to other organisations. Among them were church groups, book clubs and alumni connections. Within nine days, we had a group of more than 100 older people whose email replies all reflected a keen willingness to participate. This response meant we would be able to pair each of the student nurses with a senior mentor. Participants connected from home, with the mode of communication – telephone or video call – decided together by the mentor and the student. Technology assistance was not offered.

In the first year, from April to June 2020, we paired each of the 114 student nurses with a senior mentor. Throughout these six weeks, mentors were telling us they were enjoying the experience, with many reporting that the student nurses were asking them thoughtful questions. In the light of this feedback, we began considering this initiative as a permanent

component of the overall course. In April 2021, we were continuing to teach online, this time with a cohort of 119 student nurses. Again we were able pair each student, this time with 65 mentors who were returning from the first year and 54 who were new to the role. In an effort to more fully understand the senior mentors' experience and identify aspects that might be improved, at the end of each year we invited the mentors to complete a survey and we conducted two focus groups in the summer of 2021.

Data collection

An invitation to participate in an anonymous post-experience survey via an online link was sent by email to 114 senior mentors in 2020 and to 119 the following year. Open-ended questions were developed in an effort to capture the essence of how they saw their students engaging in the conversation, as well as their own experience of the initiative: What are the benefits of this type of learning for students?

What were the benefits for the senior mentors? The final question pertained to quality improvement: Do you have suggestions for how we could improve this learning activity in the future? The data were printed with each question as the heading, followed by the responses.

At the end of the second year, the two follow-up focus group interviews were conducted, lasting 60 to 90 minutes each. There was a total of 12 participants in two groups of six. To complete the focus groups in a timely manner and for convenience, purposive sampling was used. To limit the potential for bias we included a diverse sample of participants based on the following guidelines (Etikan et al., 2016):

- Participants with a range of ages from 65 to 91 years
- An equal number of men and women
- An equal number of rural and urban residents
- People who had participated for one year and for both years

Both focus group sessions were conducted using Zoom videoconferencing software. The participants gave verbal consent to be audio-recorded, and we explained that we would use the information to help improve the mentorship experience and potentially to write an academic paper. The recordings were transcribed verbatim. Each session began by inviting senior mentors to tell us a story, followed by two more specific questions.

- Could you share with us a story about your experience being a senior mentor? What are some of the things that really stood out for you? What worked well and what did not?
- What are some of the challenges you encountered?
- What can be done to improve the senior mentors initiative?

Demographics of senior mentors

The age range was 65 to 91 years old, with 148 females, 32 males and eight couples, living in either rural or urban settings across three Canadian provinces. The total number of senior mentors for both years was 233. In the first year, 78% completed the anonymous post-experience online survey and in the second year 72% did so.

The focus group participants (n=12) consisted of an equal number of males and females, with ages ranged 74 – 83 years. This included two couples, one of which was same sex. Nine participants were senior mentors in both years of the initiative.

Data analysis

The survey data and focus group transcripts were analysed using reflexive thematic analysis to generate themes that described the stories of participants' experiences (Braun and Clarke, 2021). The analysis process involved: (1) dataset familiarisation; (2) data coding; (3) initial theme generation; (4) theme development and review; (5) theme refining, defining and naming; and (6) writing up. The first author (FA) performed the first three steps, which were followed by team discussion to complete the remaining steps. We recognise that our positioning inevitably shapes the way we engage and make sense of data. For example, as insider scholars in gerontology, our years of experience teaching the topic influenced our decision making about what matters in senior mentorship. The team discussion helped us to reflect on our own thinking and encouraged us to describe how we arrived at an interpretation and why. The next section offers more detail on reflexivity. Table 1 provides examples to show how our themes are grounded in data (codes/keywords).

Table 1: Examples of how themes are grounded in data (codes/keywords)

Theme	Codes/keywords
Sharing insights	<ul style="list-style-type: none"> • Common experiences • Life experiences • Topics of particular interest • Discussed • Discussion • Pointers • Knowledge • Impart • Ideas • Viewpoints
Contributing	<ul style="list-style-type: none"> • Meaningful • Help(s) • Helping • Shape • Engage • Involved • Stereotypical • Wisdom • Feeling valued • Respect
Listening	<ul style="list-style-type: none"> • Listened to • Listening and understanding • Enjoyed listening • An invaluable tool • Another generation • Enlightening • Relationship • Comfortable
Self-reflection	<ul style="list-style-type: none"> • Provoked • Appreciate • Plans in order • Felt useful • Satisfying • Meets a need
Communicating expectations	<ul style="list-style-type: none"> • In advance • Punctuality • Preferred technology

Reflexivity

To support the credibility of the findings, initial themes were discussed within the team, a process that generated further revisions and refinements. Reflexivity was an important consideration throughout the analysis, as were intentionally recognising the subjective nature of qualitative analysis and being mindful of cognitive bias (Buetow, 2019). We recognised that as experienced nurses and educators, we would approach the analysis with certain expectations and pre-understandings that could both limit and strengthen our interpretations (Berger, 2015). We made special effort to remain aware of these. This meant challenging our assumptions and taken-for-granted knowledge by looking for different interpretations of the data and encouraging each other to ‘dig a little deeper’, building on our in-depth practice knowledge and background to identify aspects of the themes that might otherwise have gone unnoticed.

Ethics

As the article stems from a quality improvement project it is deemed exempt from ethics review, in line with university policy:

‘According to the university policy, to publish the results of a genuine QA/QI study, under Article 2.5 of the Tri Council Policy Statement, QA/QI activities are not subject to institutional ethical review’ (UBC Office of Research Ethics, 2022).

Despite this, we were aware of the responsibility to consider the ethical implications. When asking senior mentors to share with us their perspective, we ensured they were aware that participation was voluntary and all submissions would be anonymous. Similarly, at the beginning of each focus group we stated that the conversation would be recorded in a secure manner, that all conversation would be anonymised and held in confidence and that it might be used for publication. Before recording could begin, participants agreed by clicking an onscreen button (Hunt et al., 2021).

Findings

Analysis

Based on the analysis, five key themes emerged and were refined to fit the purpose of the evaluation:

- Sharing insights
- Contributing
- Listening and being listened to
- Self-reflection
- Communicating expectations

To illustrate the themes, we first explored the anonymous survey responses, followed by the responses from the focus group participants, whose names are anonymised.

Sharing insights

Senior mentors described the sharing process as refreshing and stimulating; they enjoyed being able to share their life experiences, discuss a variety of subjects and expand on topics of particular interest. They described gaining an appreciation of what it is like to be a nursing student today.

Others described sharing their experience as a caregiver to their spouse or other older family members, saying mentoring allowed them to share episodes of their lives and how they managed them. The mentors spoke of looking forward to the weekly conversation and to connecting with younger people, and of how each conversation built on the last. One described having made a new friend. Through sharing and learning, they explained, a relationship developed, which led to a richer experience and helped students learning about and understand the importance of generational differences. Some mentors reported that they didn't always follow the script but rather discussed topics that arose naturally, exploring issues from their different vantage points. There was also reporting of conversations around indigenous needs and transgender/LGBTQ communities.

The focus groups more explicitly identified reciprocity and intergenerational learning, in that the mentors were also learning from the student nurses. Nell reported:

'I've participated in two sessions. Both student nurses were entirely different, and it was a great learning experience.'

Janet's student nurse shared his paper with her.

'The paper at the end really showed me that he really had learned a lot and I had learned a lot – we both had.'

James recalled:

'It was those kind of life skills discussions that we had that I think were rewarding to both of us.'

Contributing

Senior mentors described the positive attitude of the students, saying this had contributed to the sense they had something of value to offer and that they were making a meaningful contribution. They appreciated how keen the student nurses were to learn from a mentor, with some describing a feeling of making a contribution to a young person's education. Others noted that the regular sessions permitted topics to be discussed and built on over many weeks. Many mentioned that they wished to convey that older persons could still be active members of society with valuable contributions to make. There were also comments that used the word 'help' or 'helping' in relation to their contributions; they liked being helpful and enjoyed the idea that they could offer such help. In addition, there were those who wrote of providing a broader perspective that would prevent stereotyping, and thus might shape a future nurse's approach to care of the older person.

We saw this theme emerge with the focus groups, particularly around providing perspectives of older people. Gerry described:

'I think I broke the mould maybe still a little bit, I tried to push the window open a little bit wider.'

Cindy thought the students:

'really enjoyed hearing about situations that I had been through, that I told her about because of what we were talking [about]. The conversation just flowed.'

Sue felt the opportunity *'provides a great opportunity to feel valued'* and that the senior mentors were making *'a contribution to another individual's learning'*.

They took some delight in sharing with us the reactions of their student nurses when they learned how active and involved in their communities they were. To bring home this point, one mentor told us they had sent the student a recent picture of them on a swing to highlight how they remained a vital and active member of the community.

Listening

The importance of giving student nurses the opportunity to take time to listen and appreciate the senior's experience of life was emphasised; the words 'listening' and 'being listened to' were frequently used and reference was made to listening being an invaluable tool in nursing. Several mentioned how the time allowed the students to enhance their listening skills. Many commented that the students' ability to listen was an important factor and described how being listened to by a young person made them aware that their opinions mattered.

Similarly, in the focus group there were comments around topics that might be uncomfortable. Kate spoke about attentive listening, and of how the weeks of conversations were:

'deepening and reflection [on] their experience; we talked about death and dying, we talked about dementia, we talked about lots of different perspectives.'

There were also comments about the mentor listening. Bill said:

'I enjoyed listening to my student – she had no grandparents and no knowledge of a close relationship to compare my life with! We shared some personal information with each other. She told me of some of her goals in life, I feel that I made a new friend.'

Poignant comments brought home the importance of this skill. Kate recalled:

[an] 'opportunity to connect with an older person and to build a relationship of listening and learning and sharing views and experiences.'

Sue added:

'I felt like someone was listening and understanding and I felt very comfortable expressing my fears of aging.'

Self-reflection

While not as common as the other themes, self-reflection was identified by some senior mentors in the survey. They wrote about how the questions led them to reflect on where they were in their life, pointing out that the conversations were reminders to complete some tasks and put their affairs in order. A few mentors wrote of how the questions provoked reflection around life experiences. Some wrote that the conversations led them to consider potential future ageing issues, allowing them to feel better prepared. In describing the impact of the conversations, mentors wrote of self-actualisation, self-esteem and having their changing needs met as they age.

Communicating expectations

While the majority of the data reflected positive experiences, most of the senior mentors also pointed out aspects of the initiative they felt could be improved. Certain expectations were not as clear as many would have liked. For example, many reported in both the survey and the focus groups that while the weekly topics were useful to direct conversations, they would have liked to receive the information further in advance so as to be better prepared. Some commented that they had not received the conversation guide at the beginning, leaving them unsure what the expectations of them were and what kind of project the students were undertaking. We also learned that not everyone had received their student nurse's biography in the introductory email. The students' punctuality was mentioned several times in the surveys; the fact they were often late or 'would seem to forget [to attend]' was elaborated on during the focus groups as a particular problem; they didn't always show up when expected. Lorne shared:

'Student number two was sometimes a little off on her timelines.'

There was some reporting that senior mentors had not been offered the option of live video chat, so all their meetings were by phone. They were clear that they wanted the students to understand that technology is not inherently a barrier for the older person. Finally, two of our mentors described concerns regarding their student's mental health, arising from their conversations, but said they had not been sure what was expected of them in terms of discussing these concerns with course leaders.

Overall discussion

Our analysis adds insight to findings from the small number of studies that have sought the perspective of older persons serving as senior mentors to health sciences students. For example, Zucchero (2010) and Halpin and colleagues (2017) identified meaningfulness as a theme, with Halpin writing that the mentors 'viewed the initiative as an opportunity to positively affect how future healthcare professionals will interact with older patients' (p 290). Our findings take this a step further, to show how meaningfulness is a function of senior mentors and students sharing life experiences, and of mentors knowing the students valued and appreciated their contributions. This aligns with Thompson and colleagues (2020), who reported that mentors identified the importance of having a purpose and feeling appreciated. Likewise, while Friday (2020) did not expressly explore the mentor's perspective, she did offer the incidental finding that the mentors 'enjoyed the opportunity to give back' (p E32). Similarly to our findings, Zucchero's (2010) study identified listening as an important component for mentors. Our analysis shows how the mentors valued listening as a reciprocal activity; it was something they and the student were able to offer each other. The theme of self-reflecting offers new insights into the potential for a senior mentor initiative to allow individuals the opportunity for introspection, to consider issues of their self-identity and the stage they have reached in their life's journey. To our knowledge, this theme has not been identified in previous examinations of such programmes, and may be worth further exploration. Finally, the theme around clarifying expectations likely reflects some underlying assumptions on the part of the students and ourselves in how we designed the initiative. It is likely that we underestimated the level of commitment the senior mentors would bring. Their feedback shows that they saw themselves as true partners in this initiative, and wanted to have more input into decisions (for example, what to talk about and what technology to use).

Future development

Our goal is to achieve continuous reflection, evaluation and improvement of curriculum development, implementation and sustainability processes. Using the methodology of appreciative inquiry and a person-centred approach, we focused on developing strengths-based and agreed ways of working. We created deliberate space for reflection and learning. The senior mentor initiative is a commitment to nurture the diverse talents of students and mentors, maximising their collective potential. What we have learned is that there can be reciprocity of trust and respect between people of vastly different ages and life experience, and frequently different backgrounds. For a brief period, they were equal partners creating a connection built on mutual curiosity and a willingness to share and contribute to each others' learning and perspective. The mentors took their role on thoughtfully and with an openness to teach and learn, and in turn found the experience meaningful.

Identifying areas for quality improvement began by exploring the mentorship experience from the mentor's perspective, and their subsequent insights will inform quality improvement measures. As Coles and colleagues stated: 'Quality improvement is the purposive, systematic application of specific methods to improve service configuration or delivery, in order to achieve positive change' (2020, p 2). Quality improvement measures were focused on clarifying expectations for the student/mentor dyad through improved communication, enhancing specific messaging to the mentors throughout the initiative, and offering more explicit guidance to students (Wong and Headrick, 2020).

The guide 'Engaging with your Senior Mentor in the Community' has been redeveloped and retitled 'Student Nurse and Senior Mentors Conversation Guide'. Learning objectives specific to this aspect of the course are linked to conversations guidelines. We will in the future offer to mail a printed copy of

the conversation guide to all participants. Senior mentors spoke about closure, suggesting perhaps the need for a final email or a note in the mail describing what their student nurse had learned. They suggested we raise the issue of punctuality and explain to the students that meeting face to face via video may be the preferred medium. A fundamental aspect that we as course leaders must be more attentive to is professional conduct and respectful communication in the form of writing an introductory note, the inclusion of the biography, a thank you note, and promoting adherence to punctuality and timeliness.

Interestingly, senior mentors in other studies have discussed participation and scheduling from their perspective. While this was identified by mentors in our findings, it was more generally in relation to courtesy and communicating expectations; we may well have seen these issues raised more overtly if we had used weekly in-person meetings. In other evaluations, mentors have described in-person meetings as not 'always being convenient', and suggested considering an 'electronic medium' in the future (Halpin et al., 2017; Friday, 2020). These are worthwhile points to consider moving forward. Even when we can safely return to in-person meetings, it may well be best to continue this aspect of the programme virtually for convenience, and also so we do not geographically limit the pool of potential mentors.

To address the concern expressed by two senior mentors about student nurses' mental health, a specific communication addressing this and outlining the importance of contacting us to discuss any worries will be provided to mentors at the orientation stage.

Limitations

The urgency in rolling out this initiative in the first year meant we could perhaps have gone further in terms of seeking diversity, and in collecting detailed demographic information. The focus group was only conducted after the second year with a small number of senior mentors. The mentors who participated in this initiative are living well independently, in rural and urban communities, so it was not a full representation of older persons. Finally, mentors and students were randomly assigned. As a result, there may have been a sense of uneasiness that perhaps would not have been present if students had an opportunity to choose an older person they knew as their mentor. Those contemplating a similar initiative might consider recruiting seniors from a broader representation of the population, perhaps to investigate social determinants of health that impact or influence older persons volunteering explicitly with students.

Conclusion

We were interested in learning what worked well in the mentorship experience, what did not, and what can be done to create positive change. Choosing to focus on the senior mentors' experience, we heard that through the collaborative process of sharing perspectives and experiences they felt they had contributed in a meaningful way to the students' learning. We have added to the literature by reaffirming that older persons are clearly interested in becoming mentors to students enrolled in the health sciences; as one mentor said, '*it personalises what might be merely academic learning. It adds a humane aspect to geriatric care*'. We have contributed new information by asking our mentors not only to describe their experience, but also to explain in depth what they felt was positive about the initiative and, even more importantly, to make suggestions for improvement. When there is a culture of person-centredness, the act of engaging in person-centred practice flows through all phases of a course, from its original development to ongoing improvement. Through this process, we have engaged the senior mentors more broadly in course development, resulting in the quality improvement tasks that are a direct extension of their experience.

Implications for practice

The underlying principle of person-centredness in this context envisions the older person as an equal partner. Being mentored through the lens of the lived experience of the older persons provided our

future nurses with an unparalleled opportunity to appreciate the concept of person-centredness, in their developing professional perspective and in terms of the leadership role nurses can hold in identifying and developing healthy ageing initiatives.

As our population grows older, nurses and other healthcare professionals will be increasingly called on to meet their needs in a myriad of ways. This study reaffirms that older persons are keen to participate in education initiatives, and that their unique perspectives do add contextual relevance to what our students are learning in class. There is an opportunity for those who teach about older persons to consider engaging those they teach about as integral members of their teaching team.

References

- Armitage, R. and Nellums, L. (2020) Covid-19 and the consequences of isolating the elderly. *The Lancet Public Health*. Vol. 5. No. 5. pp e256. [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X).
- Berger, R. (2015) Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*. Vol. 15. No. 2, pp 219-234. <https://doi.org/10.1177/1468794112468475>.
- Braun, V. and Clarke, V. (2021) Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*. Vol. 21. No. 1. pp 37-47. <https://doi.org/10.1002/capr.12360>.
- Buetow, S. (2019) Apophenia, unconscious bias and reflexivity in nursing qualitative research. *International Journal of Nursing Studies*. Vol. 89. pp 8-13. <https://doi.org/10.1016/j.ijnurstu.2018.09.013>.
- Coles, E., Anderson, J., Maxwell, M., Harris, F., Gray, N., Milner, G. and MacGillivray, S. (2020) The influence of contextual factors on healthcare quality improvement initiatives: a realist review. *Systemic Reviews*. Vol. 9. No. 94. <https://doi.org/10.1186/s13643-020-01344-3>.
- de Witt, L., Lopez, K., Dupuis, S., McAiney, C., Ploeg, J. and Carson, J. (2020) Dawn work: building a relational foundation for appreciative inquiry. *AI Practitioner*. Vol. 22. No. 4. pp 79-98. <https://doi.org/10.12781/978-1-907549-45-8-13>.
- Dewing, J. and McCormack, B. (2017) Editorial: tell me, how do you define person-centredness? *Journal of Clinical Nursing*. Vol. 26. Nos. 17-18. pp 2509-2510. <https://doi.org/10.1111/jocn.13681>.
- Eleazer, G., Stewart, T., Wieland, G., Brownell Anderson, M. and Simpson, D. (2009) The national evaluation of senior mentor programs: older persons in medical education. *Journal of the American Geriatrics Society*. Vol. 57. No. 2. pp 321-326. <https://doi.org/10.1111/j.1532-5415.2008.02100.x>.
- Etikan, I., Musa, S. and Alkassim, R. (2016) Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*. Vol. 5. No. 1. pp 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>.
- Friday, V. (2020) Reciprocal mentoring: an innovative clinical exercise for nursing education. *Nursing Education Perspectives*. Vol. 41. No. 5. pp E31-32. <https://doi.org/10.1097/01.NEP.0000000000000493>.
- Halpin, S., Dillard, D., Idler, E., Clevenger, C., Rothschild, E., Blanton, S., Wilson, J. and Flacker, J. (2017) The benefits of being a senior mentor: cultivating resilience through the mentorship of health professions students. *Gerontology and Geriatrics Education*. Vol. 38. No. 3. pp 283-294. <https://doi.org/10.1080/02701960.2015.1079707>.
- Hunt, D., Dunn, M., Harrison, G. and Baily, J. (2021) Ethical considerations in quality improvement: key questions and a practical guide. *BMJ Open Quality*. Vol. 10. No. 3. e001497. <http://doi.org/10.1136/bmjopen-2021-001497>.
- McCance, T., McCormack, B. and Dewing, J. (2011) An exploration of person-centredness in practice. *Online Journal of Issues in Nursing*. Vol. 16. No. 2. Article 1. <https://doi.org/10.3912/OJIN.Vol16No02Man01>.
- McCormack, B., Borg, M., Cardiff, S., Dewing, J., Jacobs, G., Janes, G., Karlsson, B., McCance, T., Mekki, T.E, Porock, D., van Lieshout, F. and Wilson, V. (2015) Person-centredness – the 'state' of the art. *International Practice Development Journal*. Vol. 5. Suppl. Article 1. pp 1-15. <https://doi.org/10.19043/ipdj.5SP.003>.

- McCormack, B. (2020) The person-centred nursing and person-centred practice frameworks: from conceptual development to programmatic impact. *Nursing Standard*. Vol. 35. No. 10. pp 86-89. <https://doi.org/10.7748/ns.35.10.86.s40>.
- Polit, D., and Beck, C. (2009) International differences in nursing research, 2005-2006. *Journal of Nursing Scholarship*. Vol. 41. No. 1. pp 44-53. <https://doi.org/10.1111/j.1547-5069.2009.01250.x>.
- Reed, J. (2010) Appreciative inquiry and older people – finding the literature. *International Journal of Older People Nursing*. Vol. 5. No. 4. pp 292-298. <https://doi.org/10.1111/j.1748-3743.2010.00250.x>.
- Santana, M., Manalili, K., Jolley, R., Zelinsky, S. and Lu, M. (2018) How to practice person-centred care: a conceptual framework. *Health Expectations*. Vol. 21. No. 2. pp 429-440. <https://doi.org/10.1111/hex.12640>.
- Schwind, J., Beanlands, H., Lapum, J., Romaniuk, D., Fredericks, S., LeGrow, K., Edwards, S., McCay, E. and Crosby, J. (2014) Fostering person-centered care among nursing students: creative pedagogical approaches to developing personal knowing. *The Journal of Nursing Education*. Vol. 53. No. 6. pp 343-347. <https://doi.org/10.3928/01484834-20140520-01>.
- Thompson, J., Tiplady, S. and Cook, G. (2020) Older people's involvement in healthcare education: views and experiences of older experts by experience. *Working with Older People*. Vol. 24. No. 2. pp 125-133. <https://doi.org/10.1108/WWOP-01-2020-0003>.
- Trajkovski, S., Schmied, V., Vickers, M. and Jackson, D. (2013) Using appreciative inquiry to transform health care. *Contemporary Nurse*. Vol. 45. No. 1. pp 95-100. <https://doi.org/10.5172/conu.2013.45.1.95>.
- UBC Office of Research Ethics (2022) *Checklist for Quality Improvement/Quality Assurance/Program Evaluation/Curriculum Development Studies Requiring Ethical Review*. Vancouver: University of British Columbia. Retrieved from: tinyurl.com/UBC-checklist (Last accessed 1st August 2022).
- Watkins, S., Dewar, B. and Kennedy, C. (2016) Appreciative inquiry as an intervention to change nursing practice in in-patient settings: an integrative review. *International Journal of Nursing Studies*. Vol. 60. pp 179-190. <https://doi.org/10.1016/j.ijnurstu.2016.04.017>.
- Wong, B. and Headrick, L. (2020) Application of continuous quality improvement to medical education. *Medical Education*. Vol. 55. Vol. 1. pp 72-81. <https://doi.org/10.1111/medu.14351>.
- Zuccherro, R. (2010) Share your experience and I'll lend you my ear: older adult outcomes of an intergenerational service-learning experience. *Gerontology and Geriatrics Education*. Vol. 31. No. 4. pp 383-402. <https://doi.org/10.1080/02701960.2010.528275>.

Acknowledgements

We would like to thank all the older persons who embraced our invitation to be mentors to our nursing students. The senior mentor initiative has become an important component of the older person course content.

Frances Affleck (MN, RN, CCNE), Lecturer, School of Nursing, University of British Columbia, Vancouver, Canada.

Lillian Hung (PhD, RN), Assistant Professor, School of Nursing, University of British Columbia, Vancouver, Canada.

Alison Phinney (PhD, RN), Professor, School of Nursing, University of British Columbia, Vancouver, Canada.