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Career dreams among health care students: I want to make a difference**Inge Øster, Karen Pallesgaard Munk & Jette Henriksen****Abstract**

There is a continuous increase in demand for health services in most countries, because older people are living longer. Older people's health care is not, generally, an attractive career option for undergraduate health professionals. This study investigated career dreams among undergraduates studying a variety of health care subjects in order to understand what motivates them. Eighteen focus groups were conducted with 90 students, and template analysis was performed within a sociological framework. Four themes emerged from the analysis: no plans to work with older people; dreaming of making a difference; seeking variety; and the impact of clinical placements on stimulating or reducing interest in working with older people. Geriatrics and gerontology do not offer the opportunities that students are looking for in their future careers. There is a need to change the way we talk about older adults everywhere, not just in health care training. However, health care educators should also help students to understand the value of care provided to older adults.

Keywords: geriatrics, gerontology, elderly, older people, education, bachelor, career, health care program, nursing, physiotherapy, occupational therapy, nutrition, relaxation and psychomotor therapy

Introduction

International research indicates that geriatrics and gerontology comprise a low-status field in professional health care (Liu, Norman, & While, 2013; Neville, Dickie, & Goetz, 2014). This is a challenge, because of the increasing demand for qualified and competent health professionals for future work with older people. It is a well-known problem, but it has become intensified in recent years, because the increase in life expectancy is leading to a growth in older populations around the world. This growth is challenging our health systems (World Health Organization, 2015).

International research indicates that medical specialties, such as neurosurgery, thoracic surgery and cardiology have the highest status, while geriatrics is placed lowest in the hierarchy (Album & Westin, 2008). Within nursing, we see the same picture: the care of older people has low status (Courtney, Tong, & Walsh, 2000; Gallagher, Bennett, & Halford, 2006; Koh, 2012). Undergraduate students find such a career uninspiring and fraught with poor work conditions (Neville et al., 2014). For this reason, many studies have examined the lack of motive for choosing a career in the gerontological field (Abrahamsen, 2015; Bergman, Erickson, & Simons, 2014; Carlson & Idvall, 2015; Cheng, Cheng, Tian, & Fan, 2015; Jöhnemark, Fagerberg, & Engström, 2012; B. J. King, Roberts, & Bowers, 2013).

Nursing students often find it difficult to see themselves as nurses working with older people (Neville et al., 2014). In their first year of study, nursing students cannot identify themselves as working with older people, but instead want to work with younger adults (Jöhnemark et al., 2012; Rognstad, Aasland, & Granum, 2004). However, some studies have revealed that, as they progress through their studies, students become more positive toward caring for older people (Bergman et al., 2014; Jöhnemark et al., 2012; B. J. King et al., 2013; Lun, 2011).

Nursing students' attitudes toward working with older people are often caused by poor clinical experiences, and a general anxiety regarding older people (Bergman et al., 2014; McLafferty & Morrison, 2004; Stevens, 2011). Studies have revealed that the two most important factors in changing students' attitudes toward the care of the elderly are positive clinical experiences

in the care of older people, and training in gerontology (Koh, 2012; Lun, 2011; McLafferty & Morrison, 2004; Neville et al., 2014). The degree program undertaken also seems to play an important role in developing positive attitudes toward elderly people. With the right educational preparation concerning elderly care, it seems possible to create positive attitudes and interest in older people (Koh, 2012; Soderhamn, Lindencrona, & Gustavsson, 2001). As listed above, there are many different perspectives that could have an influence on students' motivation for working with elderly people.

To understand more about the motivation behind students' career dreams, we turned to the social philosopher Axel Honneth (1995). His normative theory makes the assumption that the identity of human beings comes into being only through recognition. Attitudes are a part of identity. Students' process of planning for a future career can, therefore, be seen as a struggle for recognition. Honneth points out that recognition is not pre-given but, rather, is something that human beings must struggle for. Human beings strive for individual prestige and recognition. An individual wants to be recognized for his abilities regarding a fundamental value in a specific community (Honneth, 1995). From Honneth's perspective, the communities in which health care students are included (e.g., education and clinical internships) help them to set limits on what can be recognized in their careers. It is through the struggle for recognition that students develop self-respect and self-esteem as well as qualifications to be socially functioning employees (Honneth, 1995).

There have been some (mainly quantitative) international studies concerning nurses' and nursing students' attitudes about and expectations of working with the aging population (e.g., Abrahamsen, 2015; Carlson & Idvall, 2015; B. J. King et al., 2013; Rognstad & Aasland, 2007), but no qualitative studies with an interest in understanding why and how such attitudes develop have, as yet, been carried out. In addition, research on attitudes toward working with the elderly population has been conducted primarily within the nursing field, and not within other health care areas, such

as physiotherapy, relaxation and psychomotor therapy, nutrition or occupational therapy. This is remarkable, because the majority of all health care professionals will work with older people at some point in their careers, and gerontology and geriatrics are emphasized in every health care degree program in Denmark. These fields are not taught as a separate discipline, but included in other disciplines, such as neurology, psychiatrics and cardiology.

Ageism in health care is by no means new. It is important that more health care professionals choose gerontology and geriatrics as a career in order to achieve and maintain an adequate supply of specialists in the labor force, thereby guaranteeing the future supply of health services for older people. Thus, the aim of the study is to examine career dreams among Danish health care students in order to understand what motivates them. Focusing on sources of motivation is essential to developing recruitment strategies and to ensure that health care professionals remain working in the geriatric and gerontological field.

Method

Participants and setting

The focus group interview method was used to understand health care students' career dreams. We wanted to ascertain personal stories about the students' career dreams and to bring out a variety of viewpoints. The interviews were carried out with undergraduates at one university college in Denmark, located on four different campuses. The participants were enrolled on nutrition, physiotherapy, nursing, occupational therapy, or relaxation or psychomotor therapy programs. All these programs last 3.5 years (seven semesters), and include both theoretical and clinical lessons at hospitals and in community care settings.

A two-part, cross-sectional study was carried out with first-semester and seventh-semester students. In the spring of 2014, we conducted focus groups with students in the beginning of their first semester, and in the fall of 2014, we conducted focus groups with advanced students in

their seventh semester. The seventh semester students had been training for a minimum of three years, and were about to finish their degree program.

Sample

The students were recruited to the study by an educator from each program. Every student in the first-semester class and seventh-semester class of each program was invited to participate in the interviews. Of about 25-50 eligible students in each class, three - eight students volunteered to participate in the interviews. Eighteen focus groups, nine from first-semester students and nine from seventh-semester students, were conducted to achieve the greatest possible variety of attitudes.

All the health care programs in our study are characterized by the fact that there is a majority of female students, approximately 75-90%, with a mean age of 24. In the study, most of the focus group participants were women, although a few included men. This generally corresponded to the ratio of male and female students on the programs. The ages of the participants were also similar to the age distribution in the programs. The characteristics of the focus group participants are given in Table 1. Prior to the interview, the students received written and oral information about the general purpose of the study, the voluntary nature of participation, and the question of confidentiality, in accordance with the ethical guidelines for research in the Nordic countries (Northern Nurses' Federation, 2003). The study was not reported to the national ethical research committee, because it was not defined as a biomedical research project (Danish National Committee on Biomedical Research Ethics, 2011).

Interviews

Separate sets of semi-structured interview guides were designed for first-semester and seventh-semester focus group participants (Table 2). The questions were based on studies about students' attitudes toward working in the field of gerontology (e.g. B. J. King et al., 2013; Lun, 2011; Rognstad & Aasland, 2007) and on Honneth's theory, "the struggle for recognition" (Honneth, 1995). Both interview guidelines focused on two main areas: 1. Recognition, socially and individually (why

students had chosen their specific program, expectations for their career in the short and long terms, and views on their choice of education in society and among friends and family); and 2. Attitudes toward the elderly (previous experiences of working with the elderly and other experiences with older people). The advanced students were also asked about changes in attitudes during their degree program and factors that influenced those changes. The interview questions were in a funnel-shaped design, meaning that the students were initially asked about their career dreams in general and then, gradually, their attitudes toward working with older people were approached. The interview guide was tested at a pilot interview, after which some questions were amended. The focus groups lasted between 1 and 1.5 hours and were conducted by one of the authors, who served as a moderator to drive the conversation forward. Furthermore, the moderator created an atmosphere in which personal opinions and conflicting views were permissible.

Data analysis

Each focus group was conducted in Danish, audio recorded, and subsequently transcribed in full. The aim of the analysis was to construct themes based on the students' stories about their choices of education, career dreams, and attitudes toward older people. The analysis was inspired by King's framework for template analysis (N. King, 2012). Before constructing the themes, an initial code template was constructed, comprising codes to label emergent themes (including contrasting views) that were identified by careful reading and re-reading of interview data, and constant comparison. The template was modified as new themes emerged or previous themes disregarded, until it provided a clear representation of the data. This iterative process was repeated for all transcripts. The template analysis and the construction of themes were independently reviewed and coded by all the authors and, additionally, discussed in a multi-disciplinary team of researchers, and at a qualitative methods reading group at a university, to ensure the reliability and validity of our analysis. The final step of the data analysis process was the interpretation of the themes. Brinkmann and Kvale (2015) named this stage of the analysis "theoretical reading," in which they "refer to a theoretically or paradigmatically informed reading of interviews" (p. 269). This means that the

interpretation of the themes occurred in order to understand the students' career dreams from Honneth's (1995) perspective on recognition and social appreciation. According to Brinkmann and Kvale (2015), it is extremely important to involve new contexts if new dimensions of known phenomena are to appear. In recognition of this, an ongoing discussion and interpretation in relation to the existing international literature took place during the analysis process.

Findings

Through our template analysis, we identified four themes that reflected the motives behind the students' career dreams: no plans to work with older people; dreaming of making a difference; seeking variety; and the impact of clinical placements on stimulating or reducing interest in working with older people. The themes are addressed below and supplemented with students' quotations, which have been translated into English by the authors.

No plans to work with older people

Ageism was highly prevalent among the health care students. They did not plan to work with older people, and this applied to all the degree programs and to both first-semester and seventh-semester students. No-one *spontaneously* said they had a passion for working with the elderly. Instead, they preferred working with children, young people, or people with psychiatric disorders, for instance. Variations emerged when the students were *directly* confronted with the question about whether they could picture themselves working with the elderly. The majority expressed a negative attitude toward that kind of work, but a few were not dismissive. One first-semester student expressed her attitude like this: "Well, my aim in being a nurse is not to work with old people. Someone has to do it, and I admire those who want to. It's not what I want. Mostly because I think it is a bit tragic, in a way". The following first-semester student also expressed a negative attitude toward the elderly: "I don't know if it is like that with old people where you think, 'They are fading away and they have lived their lives,' whereas young people have not". These statements show that the students had a distinct position: their aim was not to work with older people.

The students emphasized that someone had to work with the elderly. They had deep respect for those who chose that kind of work, but they did not have the passion to do it themselves. The students considered elderly people to be in a state of physical, psychological, and cognitive decline. This made the students feel powerless. The students did not think it was possible to preserve older people's dignity. One statement by a first-semester student illustrated this: "It is the common attitude that it is so undignified to live in a nursing home. They are treated so horribly that you dissociate from it. At least, that's the way I feel". Lack of dignity was a factor in the lack of passion to work with the elderly in the stories related.

Most students will have to work with older people at some point in their careers; for instance, some critically ill patients, patients who have had brain surgery and patients needing physiotherapy will inevitably be elderly. Nevertheless, the students did not appreciate this when starting their training. One first-semester student added: "It is so difficult with the elderly, because it is just heading one way". The student here implied that old people are nearing the end of their lives, which the students did not think they were able to do anything about. This made it very difficult for the student to work with older people. Another first-semester student said:

Really, old people don't appeal to me. I don't want to work with them. But the fact that you can do something for a child – I really think it makes a difference. It's like it affects you harder if a young person suffers from a heart attack rather than an old person who has witnessed things.

Not all the students shared these ideas about older people at the start of their training. A few said that rehabilitation might be one area in which they would work, an area often involving working with older people. Other positive attitudes were also noted. For instance, this was contributed by a seventh-semester student:

It is almost always very interesting to talk to elderly people. Unfortunately, development in society has caused a lack of interest in listening to the elderly, just because they are old, right? I am certain that if you bothered to listen to them, you would learn a lot.

Statements in which old people were referred to as interesting and knowledgeable were rare among the students in their first semester. During the final part of the program, these positive comments were more common. The students were now more experienced – both theoretically and clinically – and many of them had worked in part-time jobs at nursing homes and home care services. The students in their seventh semester did not find working with the elderly to be undignified. In fact, a large proportion of these students actually considered that the work made sense and that older people had a lot to contribute. One seventh-semester student said, “I think the funny or exciting thing about the elderly is that they carry a totally different story”. Another student added: “Currently, I do not think we have a problem working with the elderly”. Despite the fact that their attitudes toward the elderly seemed to change in a positive direction during their training, no changes in the health care students' career dreams were discovered. One seventh-semester student emphasized this with this statement: “Well, it makes so much sense to treat disabled elderly (...). But I'm not the person who's going to do this”.

Dreaming of making a difference

The students' career dreams were driven by eagerness to make a difference, a difference they did not associate with working with elderly people, regardless of their field of study and whether they were at the start or end of their training program. One seventh-semester student who was about to finish her studies expressed her thoughts about what motivates her, as follows: “I am in dire need of feeling that the deeds – or the caring – I do have actually served someone well”. This student was looking for confirmation of her actions. When a patient reacted positively to her actions, she was satisfied. Another seventh-semester student confirmed: “When the patients say, ‘I felt so well last time,’ or ‘Yesterday I could do things I have not been able to do for the last month,’ that is

motivating". This student was also seeking confirmation that her clients reacted positively to her treatment. She was looking for recognition. Overall, the students needed feedback on their actions. This feedback should indicate that their acts had changed the patient's condition. This was what made their work motivating. Another motivating factor was having a genuine relationship with the patient, as this seventh-semester student described: "I do think that chatting to the patients is very important. It means a lot to me. It keeps me going". On both a professional and personal level, the students' confidence increased when patients were able to verbalize the difference that the student made.

The important thing for the students was that the patients valued their attendance and that the students felt they made a difference. If the students did not get any response from patients, they found the work nerve-wracking, laborious, and boring. Some of them said that they needed to have a job where their functions had an obvious effect in terms of greater confidence and faith in themselves. One student, who was about to finish her studies, said about gaining confidence in her job:

In my opinion it is very motivating to see something happen when you are new in a job. The improvement is easier to work with than stagnation. Really, it increases my self-confidence in doing what I do, and that is good. I want to make a difference.

The students were seeking recognition by making a difference, an effect they expected to achieve when patients' conditions improved. They could clearly visualize themselves making a difference for children, on the emergency ward, in less developed countries, for example. Working with the maintenance of functions or with a state of physical or mental inaction was not an attractive option.

Seeking variety

The students expected to find jobs that involved great intensity and multiple tasks – things they did not associate with working with elderly people. As one first-semester student said: "I want things to

be lively. I really do not think that is the case with elderly people". The students wanted action and a variety of functions. They wanted to avoid monotony. Nursing homes did not fulfill these requirements. One first-semester student exemplified his view on nursing homes by comparing them to his experiences at the hospital:

Well, I would say that I was surprised after my first clinical placement. I felt I had witnessed so much in the hospital, unlike the students who had been placed in home residences and nursing homes. Their stories were mostly pretty scary.

This story was not unique, and several similar stories were told by other students. They counted themselves lucky that they had the opportunity to have their clinical placement at a hospital, in particular when they heard other students' stories about nursing homes, which dissociated them from these places. At nursing homes, the students were inactive almost all day. There was no action at all. One student described the hospital as a place where one met a lot of different people and was never short of tasks. The variety of tasks and activities and the fast flow of patients appealed to the students. They liked being under pressure and having the feeling that there was something to be done. The thought of a shortage of activities worried the students. All the students who were about to finish their studies had the same attitude regarding their future jobs: there had to be multiple tasks.

Not every student thought that working with elderly people was demotivating. Some students reported that elderly people worked very hard during their therapy sessions. This they found motivating, as this seventh-semester student said: "Often I experience either faster or better results with elderly citizens. This is much more motivating for me as a therapist and, probably, for the older citizens too".

The impact of clinical placements on stimulating or reducing interest in working with older people

The students' experiences in the clinic had a great impact on their future career dreams. A negative experience led to the deselection of the specialty in question. This was also the case even if the

students had positive attitudes toward the specialty before starting their clinical placement. A seventh-semester student explained: "I could clearly imagine myself working with old people, but I think I have had some bad experiences."

All the health care programs provided theoretical lessons focusing on gerontology and geriatrics. The students did not attach much significance to these lessons. In fact, they could hardly remember what they had learned or in what period of their training the lessons had taken place.

On the contrary, the students attached great importance to the clinic and the clinical supervisor who was responsible for teaching during their clinical practice; teaching and learning that included reflection, feedback, and evaluation. These factors were influential in attracting the students' interest in a specialty. After completing five periods in clinical practice, one seventh-semester student reported:

In my latest clinical placement at the emergency ward, both I and my classmate found the supervisor to be really good. We had the most awesome experience. But the next tranche of students ended up working during a very busy period. The supervisor did not have the time to instruct them. They had a very unfortunate experience, and it seems like they do not want to return.

This student emphasized that it was hard to develop a favorable attitude toward to a clinical specialty unless you were taken care of during your clinical practice. In other words, the way the students were received had a direct effect on their career dreams. Another seventh-semester student added:

The clinical placement at the pediatric ward was simply awful. It frightened me so much that I do not think I would ever return to this field. This is strange, because I know it is in my nature to care for children. But the consequences of this unfortunate experience were that I switched off.

As can be seen, an unpleasant experience during a clinical placement has an effect on the selection or deselection of one's specialty. So, these clinical placements have great significance and play a role in the future career dreams of the students.

Discussion

The present study found that most of the undergraduate health care participants did not differ regarding their future career dreams. Only two students stated that they would like to work with elderly people. The remainder could not imagine themselves doing that kind of work. Instead, they described their career dreams in terms of jobs with a high intensity, fast flow of patients, and the possibility of making a difference – conditions they did not associate with the geriatric and gerontological field. Despite the fact that the advanced students had completed clinical placements, and even though they attached great importance to them, their attitudes toward working with the elderly did not change substantially. They did, however, gain a more balanced view on working with elderly people, e.g. if elderly people made progress in their treatment, they would work with them. They considered that working with older people would involve factors, such as monotony, boredom and a lack of effect, that did not harmonize with their career dreams.

The findings indicate that students' career dreams are a complex field involving many different factors. Specifically, the findings revealed the following two issues: Ageism in the field of geriatrics and gerontology, and the desire to make a difference from the perspective of individualization and self-realization.

Ageism

To the students, career choice depended of observing progress or positive changes in the patient owing to the actions taken by a health care professional. This type of progress was not expected to be made in the geriatric field. How did the students get those ideas? In his doctoral thesis, Nilsson (2008) stated that the media have a huge influence on a population's views on older people. He concluded that the media construct a picture of elderly people as old, sick, passive, and inactive – in

a state of physical and mental decay. Nilsson argued that the dominating discourse reduces aging to a process of decline. This discourse contrasts with the actual situation in the Western world today. Older people are retaining good health for longer, and the aging process involves fewer disabilities and fewer functional limitations than before (Christensen, Doblhammer, Rau, & Vaupel, 2009). It also needs to be mentioned, however, that increasing numbers of older people are living longer and longer with chronic illnesses that challenge the health care services (ibid.). Elderly people's health and active lifestyles are rarely denoted as resources, argued Lundgren and Ljuslinder (2011). Instead, the elderly are referred to as an economic burden on society, which strengthens the picture of older people being sick, expensive, and passive. Thus, like everyone else, the students in our study were influenced by the media's view of the elderly, as also concluded in a literature review by Neville, Dickie, and Goetz (2014). They found that societal values have an effect on whether or not students choose to work in the gerontological field (Neville et al., 2014). Related to Honneth's theory about recognition (1995), there is a major challenge involved in achieving recognition for a job that deals with people who are described negatively as cost intensive and inadequately resourced. These are circumstances that need to be considered in the recruitment of professionals to work with elderly people. The fact that older people, in general, do not have a positive reputation could be one of the reasons why the students in our study did not want to work with this group. According to Honneth (1995), the students struggle for recognition, and this could be difficult if you work with older people, who have no positive reputation.

Making a difference

A paradox occurred when the students said they wanted to make a difference. They were clearly visualizing themselves making a difference for children or on the emergency ward, for example. They did not consider that it would be possible to make a difference for older people. Making a difference was, generally, regarded from their individual perspective, and not in reference to a higher public purpose, such as taking care of the elderly population. The philosopher Charles Taylor (2003) wrote that he was "worried about the individualism, because we live in a modern world where people have

the right to choose and people no longer have a sense of a higher purpose, of something worth dying for" (p. 3). This means that we are no longer bound to act for a major common aim, such as dealing with people who do not have opportunities to make progress. Instead, we act in light of rational reasons, which Taylor called "instrumental reasons" (2003, p. 5). What something is worth from a cost-benefit perspective is the measure of success. This becomes significant in that curing becomes more important than caring – and cures appear to be very difficult to achieve for the complex and chronic complaints from which elderly people often suffer.

We found that the students attached a high level of significance to their clinical placements, even where the elderly constituted a big part. They seemed rather ill-prepared for the realities of what kind of jobs the future held. The literature indicates that nursing students are socialized into a health system that values cure over care – the cure/care dichotomy – and working with older people is therefore seen as an unattractive option (Abrahamsen, 2015; Brown, Nolan, & Davies, 2008). Taylor (2003) would argue that an obvious, articulated need for qualified health care professionals in the geriatric and gerontological field is not enough to convince students to choose that kind of career. The students reported, however, that their clinical placements had significant implications for their attitudes toward a clinical specialty. The clinical supervisors have a big impact and a unique opportunity to influence students' perceptions of caring for the elderly. The students will meet an individual attention from the clinical supervisors. According to Taylor (2003) the students will experience that they are driven by their own norms and values, rather than by those of society. It is not enough to do a good job for the patients; the students' own needs must also be satisfied for the purpose of self-realization.

Making a difference only makes sense when it has an impact on the students (e.g., helping patients to survive a heart attack, or helping them to walk after a period of paralysis and receiving recognition from them as a result). The effect of their actions has to be visible, obvious, and, ideally, measurable. Based on empirical material, Kristoffersen and Friberg (2015) argued that

nurses' self-realization centers on two themes: (a) other-oriented ideas, and (b) self-oriented ideas. More concretely, nurses hope to make life as good as possible for patients, but they also have a wish to get recognition as human beings. This is a conclusion that has been confirmed by several studies: career choice is not determined by altruism (Abrahamsen, 2015; Rognstad & Aasland, 2007; Rognstad et al., 2004). The present study drew the same conclusion: career dreams are not purely the result of an intense, idealistic conviction to care for others, because health care professionals also need to be given positive feedback.

Limitations

Although this study uniquely examines the motivation for students' career dreams, there are some limitations. The findings of this study have limited generalizability because of the small sample size and it was carried out at four campuses of one university college in one country. Generalization in a statistical sense is, therefore, not possible. By being explicit in our description of the focus groups, the interview guidelines, the analysis process and the context of the results, we argue that our results can be analytically generalizable (Kvale & Brinkmann, 2015; Stake, 2005).

Another possible limitation in the approach of this study is the researchers' subjectivity in the analysis process. We have tried to prevent this by discussing the analyses and results in a multi-disciplinary qualitative methods reading group at the university that consisted of researchers from different disciplines. Finally, with this study we could have given a description of influential factors in planning a future career as a health care professional. To gain a deeper insight into understanding the motivation and dreams of students, and how we might be able to change attitudes toward ageism, more research is needed.

Perspectives and implications

Quantitative studies dominate the existing international literature about students' attitudes toward older people and their career dreams with regard to geriatrics and gerontology. Our qualitative

study attempted to draw out nuances by telling students' views about whether or not elderly people were a part of their career dreams. The study was able to generate a more profound understanding of the complexity involved in planning a career. Choosing a future career depends on much more than age, gender, and previous experiences. Students are also under the influence of theoretical and clinical lessons during their training. However, they are also a part of society, where the elderly and working with the elderly are referred to, generally, in negative terms.

The final question is: How do we encourage health care students to choose geriatrics and gerontology as their future career path? The problem is by no means new. Ageism has been on the agenda for a long time. So far, health care programs have *not* succeeded in showing students the positive aspects and professional challenges inherent in the care of older people. Our current study contributes new knowledge about what the students seek in their careers, knowledge which should inform health care educators and clinical supervisors who develop programs to help the students to understand the value of care provided to older adults. Understanding the complexity is important to attract qualified professionals to this special area of health care. We are dealing with a problem that demands another way of referring to the elderly, a change of discourse, in relation to education and society in general.

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Table 1

Characteristics of participants in focus groups in their first and final semesters

Education	Campus	1st semester		7th semester	
		Age	Participants	Age	Participants
Nursing	A	19–21	6 women	24–27	4 women
Nursing	B	20–23	7 women	22–30	6 women
Nursing	C	32–46	5 women	28–38	3 women
Physiotherapy	D	20–56	3 women, 1 man	24–25	3 women
Physiotherapy	A	21–30	3 women, 4 men	23–31	2 women, 4 men
Occupational therapy	D	20–29	6 women, 1 man	24–32	6 women
Occupational therapy	A	21–49	3 women	22–38	4 women
Relaxation and psychomotor therapy	B	20–36	6 women	24–51	2 women, 1 man
Nutrition	D	22–23	5 women	22–44	5 women

Table 2

Interview guidelines for first-semester and seventh-semester students

Research areas	Questions	Questions to expand the discussion	Questions	Questions to enlarge the discussion
	1st semester		7th semester	
To achieve recognition (individually) -inspired by Honneth (1995)	Please tell us something about why you chose this kind of training.	Influenced by: Family and friends? The media? Financial reasons? The chance to get a regular job?	In what field do you dream of working within the next 2-5 years?	Influenced by: Family and friends? The media? Financial reasons? The chance to get a regular job?
To achieve recognition (socially) - inspired by Honneth (1995)	How did your family and friends respond to your choice of training?	How did their responses influence your choice?	During the years you have been attending the program, have your family and friends made any comments on your choice of training?	If yes, did their comments influence your choices during the program?
Attitudes toward elderly people	Try to describe a typical nurse/physiotherapist/ occupational therapist/psychomotor therapist/expert on diet and nutrition	Where does he or she work? What does he or she do at work?	Do you think that some working areas are more prestigious than others?	If yes, which ones and why?
	What do you dream of working with after finishing your training? And with whom?	Dreams in the short term? Dreams in the long term?	What would you feel about taking care of people without prospects when you have completed your training?	Advantages and disadvantages
	What would you feel about taking care of people without prospects of improved health when you have completed your training?	Advantages and disadvantages	When I say "elderly people" what do you think?	How old are the elderly? What do they do?
	The last question: How would you feel about working with elderly people?		Supplementary: Have you attended any lessons dealing with gerontology and geriatrics?	Theoretical lessons? Clinical lessons?
			Do you have a part-time job, e.g., at a nursing home where you work with elderly people?	