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To cite this article: Sirpa Rosendahl, Karin Mattsson & Nuttapol Yuwanich (2019): CROSS-cultural perspectives on gerontology in nursing education – a qualitative study of nurse educators’ experiences, Gerontology & Geriatrics Education, DOI: 10.1080/02701960.2019.1645014

To link to this article: https://doi.org/10.1080/02701960.2019.1645014
CROSS-cultural perspectives on gerontology in nursing education – a qualitative study of nurse educators’ experiences

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\textbf{ABSTRACT}

This study focuses on nurse educators’ perspectives on teaching gerontology within nursing curricula in two cultures. An increasing aging multi-cultural population with large caring needs requires not only informal elder care provided by family members, but also professional nursing staff trained in gerontology. The aim of this study was to explore how Swedish and Thai nurse educators describe the role of teaching gerontology within nursing educations in Sweden and Thailand. \textit{Method}: Qualitative open-ended interviews with 13 Swedish and Thai nurse educators were conducted and analyzed with qualitative content analysis. \textit{Findings}: There is a lack of gerontological nursing competence in faculty, as well as bureaucracy impeding necessary changes of curricula, together with difficulties in highlighting positive and cultural aspects of aging. \textit{Conclusions}: Pedagogical strategies need to be developed by nurse educators specialized in cross-cultural gerontology to improve current and future nursing educations in both countries.

\textbf{Background}

This study focuses on teaching gerontology within nursing curricula in two cultures from the perspectives of nurse educators. One country is Sweden, with a long tradition of elder care provided by professional caring staff and family members, the other is Thailand with a long tradition of informal care provided by family members. These two countries seem different from each other regarding cultural traditions and in view of elder care, but what both have in common is an increasing aging population with older adults living with multi-morbidity, functional decline and large caring needs (Knodel, Kespichayawattana, Wivatvanit, & Saengtienchai, 2013; National Board of Health and Welfare, 2012; Sasat & Bowers, 2013). This requires care not only provided by family members, but professional nursing staff. The aging populations are becoming increasingly multi-cultural and, also diverse in health, capacities, and dependencies (Sundquist, 2001; United Nations, 2017). Thus, there is an urgent need for cross-cultural competence in the area of gerontological nursing (Fagerberg & Gilje, 2006). An awareness of the global trends in demographics and aging is important, and workforce interventions are required to improve residents’ experiences in cross-cultural care (Söderman, Pietilä Rosendahl,
This calls for attention to educational aspects of teaching gerontology within nursing education. By 2050, the vast majority of older persons will be living in Asia and the undeveloped parts of the world (Barber & Rosenberg, 2017; United Nations, 2017); and by then in Thailand, more than 1/3 will be aged 60+ (Loichinger & Pothisiri, 2018; Office of the National Economic and Social Development Board, 2013). Low fertility levels and continued decreasing family sizes, combined with a dispersion of adult children migrating from their parents’ province, may lead to a continuing decline of co-residence with children. Thus, it may no longer be possible for adult children to provide care for the old, and societal changes will lead to a shift towards formal care provided by professional care staff (Knodel et al., 2013; Sasat & Bowers, 2013). According to the policy Thailand 4.0 (Sumetsittikul, 2018), caring for the elderly requires an adequate understanding of the current and future state of elderly care, environment, and lifestyle. The Thai government has been giving serious attention to aging issues in extensive studies (Knodel, Teerawichitchainan, Prachuabmoh, & Pothisiri, 2015), but what does this imply for Thai nursing education?

In Sweden, since the millennium, the number of older people (80+) living in residential care have decreased, from 20 percent in 2000 to 14 percent in 2011 (National Board of Health and Welfare, 2012). One reason for this change found through studies on the perspectives of older Swedes showed that staying in ordinary housing is preferred rather than being transferred to residential care homes (Granbom, 2014; Kruse, 2017). However, the age and health condition of older adults need to be considered when asked where one wish to live in later life. Those who are 80+ and suffering from multiple physical and psychological conditions may no longer feel secure or have the capability to stay in their own housing. Instead, they wish to be transferred to a residential care home, where there is nursing staff present at all hours. Reasons for decreased moving to residential housing are that it is expensive for the society and that qualified nurses are in short supply (Ulmanen & Szebehely, 2015). In 2015, 50 percent of the care staff wished to leave their work due to high workload, limited scope of action, lack of support at work and with limited possibilities for further education in elder care (Szebehely, Stranz, & Strandell, 2017). Further, negative views on aging and older adults may influence nurses not to choose a career in old age care and geriatric nursing. Studies have shown that undergraduate nurse education is unsuccessful in presenting the positive aspects and professional challenges in the care of older people (Andrade, 2016; Jung-Ah, Garfin, Vaughn, & Young-Shin, 2018; Tassone Kovner, Mezey, & Harrington, 2002). Positive views and meaningful-life attitudes are however crucial to support older people and when integrating positive aspects of aging in the teaching of gerontology, attitudes can change (Deltsidou, Gesouli-Voltryaki, Mastrogiannis, Mantzorou, & Noula, 2010; Mattsson & Pietilä Rosendahl, 2016; McLafferty, 2005).

Health-care needs of older people should be assessed in an adequate way in nursing homes as well as in acute care settings. Nursing students today are often socialized into the care/cure dichotomy, where high technology and cures are more appealing than basic caring aspects of nursing (Abrahamsen, 2014; Huisman-de Waal, Feo, Vermeulen, & Heinen, 2018; Lea, Marlow, Altmann, & Courtney-Pratt, 2018). But, care of older people, promoting their ability for self-care, patient safety and satisfaction with care experiences require basic nursing care skills to improve health outcomes. Improved teaching in the subject of gerontology can enhance nurse-sensitive outcomes, patient satisfaction and contribute to lower health-care costs. Educational interventions are needed to improve nurses’ communication competence and care of older patients at the
end of their lives (Abrahamsen, 2014; Garbrah, Välimäki, Palovaara, & Kankkunen, 2017; Marmstål Hammar, Holmström, Skoglund, Sumner Meranius, & Sundler, 2017).

Nursing students of today have many encounters with older adults and the increasing cultural variation of patients. Nursing teachers therefore play an important role in providing comprehensive knowledge of gerontology including all aspects of aging. The perspectives of nursing students have been widely studied, while the perspectives of nurse educators from a cultural vantage point still need to be explored. Including nurse educators from Thailand along with nurse educators from Sweden was a way to explore cross-cultural aspects of aging and elder care in the teaching of gerontology and what role the teaching of gerontology has in nursing educations in general. The aim of this study was therefore to explore how Swedish and Thai nurse educators describe the role of teaching gerontology within nursing educations in Sweden and Thailand.

**Methods**

A qualitative exploratory design based on interviews was chosen, which can contribute to a deeper understanding of and show a variation of experiences of the studied phenomenon. The data were analyzed using qualitative content analysis inspired by Graneheim and Lundman (2004) and Krippendorff (2004).

**Participants**

Participants were chosen strategically according to their teaching position, age, gender and ethnicity to capture a variety of experiences. There were 13 participants and of whom eight were Swedish and five were Thai. All Swedish participants held a master in Nursing Science and three of these had a doctoral degree in Nursing Science. The Swedish participants were from one university and as to their positions in the university, five were nurse educators/senior lecturers, three were directors of their departments, one was the program director of the nursing program and one a career consultant in nursing. The Thai participants were from three different universities in three different cities in Thailand. The five nurse educators held a master in Nursing Science and spent part of their doctoral education in Sweden at the time of the interviews. In the four-year doctoral education, the Thai participants studied the theoretical courses in Sweden and spent time in Thailand for their data collections. During their time in Sweden, they were also asked to participate in the teaching of gerontology at the Swedish university. Two of the Thai participants were focusing their doctoral thesis work in the area of gerontology, while the other three Thai participants did research in other areas within nursing. One Thai nursing program director was interviewed in Thailand by the third author. None of the Swedish and Thai participants had academic specialist education in gerontology or geriatric nursing. The nurse educators’ knowledge of gerontology was mainly based on earlier working experience in elder care, on relationships with older relatives and friends and on reading literature due to a personal interest in aging and eldercare. The age range of the participants was 35 to 64 years, 11 were female, while one Swedish and one Thai participant were males.
Participant recruitment

After permission from respective Deans of the universities, 15 potential participants first received written information and thereafter a phone call, where they were asked to participate in the study. Out of 15 educators, 13 agreed to participate.

Study context and procedure

Face-to-face interviews were audio-recorded and conducted in the participants’ workplace between 2016 and 2018. Two interviews were conducted by phone, which also was audio recorded. Examples of interview questions were: What are your thoughts about teaching of gerontology within higher education in a national and international perspective? How is gerontology taught in your university? What do you think about aging? How can knowledge about aging be developed within higher education and in nursing programs?

Swedish and Thai participants in Sweden were interviewed individually by the authors (SPR, KM) and the interviews lasted 30–45 minutes. Swedish participants were interviewed in Swedish, while Thai participants were interviewed in English. One Thai participant was interviewed in Thai by the third author (NY). The interviews were transcribed verbatim and then translated into English by the authors of this study.

Data analysis

Interview data were analyzed using qualitative content analysis inspired by Graneheim and Lundman (2004) and Krippendorff (2004). The analysis was conducted on a manifest level, i.e. describing the visible and obvious in the text. First, the transcribed interviews were read through to get a sense of the whole. Secondly, meaning units related to the aim of this study were identified. A meaning unit consists of a part of or a whole sentence or sentences with content related to the aim of the study (Graneheim & Lundman, 2004). Thirdly, the meaning units were condensed, i.e. shortening the text without changing the core message of the unit. Fourthly, the condensed units were labeled with a code. Fifthly, coded meaning units were sorted based on differences and commonalities and units with similar content were abstracted to subcategories. In the sixth step, subcategories with similar content were abstracted to two main categories with five sub-categories presented in the findings section.

Ethical considerations

The study was approved by the regional ethical review board at Uppsala University, Uppsala, Sweden (Dnr. 2015/322) and School of Nursing Science, Rangsit University-Thailand (ID 59-361-001). The participants were given written and oral information about the purpose of the study, that it was voluntary and that they could withdraw at any time without having to explain the cause. The participants were also ensured confidentiality and that their real names would not be exposed.
Findings

Findings of the role of teaching gerontology within nursing educations presented here are based on the main categories: Cultural views of aging and eldercare which gives a foundation for how the subject of gerontology is viewed by nurse educators in this study, as well as an insight into their knowledge of teaching on aging and aspects of eldercare. The second main category; Upgrading teaching of gerontology shows the status of gerontology within nursing educations, how it is taught and could be developed following the cultural and societal changes of today’s societies in Sweden and Thailand.

<table>
<thead>
<tr>
<th>Main category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural views of aging and elder care</td>
<td>Holistic, but different focus of aging</td>
</tr>
<tr>
<td></td>
<td>Cultural directions in the support of older adults</td>
</tr>
<tr>
<td></td>
<td>Teaching relevant to a culturally changing society</td>
</tr>
<tr>
<td></td>
<td>Inter-professional collaboration in the teaching of gerontology</td>
</tr>
<tr>
<td></td>
<td>Teach the teachers</td>
</tr>
<tr>
<td>Upgrading the teaching of gerontology</td>
<td></td>
</tr>
</tbody>
</table>

Cultural views on aging and eldercare

As professionals, the Swedish and Thai nurse educators were aware of the complexity and the processes of aging. Both groups reflected on elder care from social aspects and how older adults should be supported. Although the participants talked about aging in a holistic way, they focused on different aspects when sharing their views on aging. The Swedish participants emphasized the physical aspects and on older adults from a geriatric perspective, while the Thai participants focused on philosophical aspects, prevention and well-being in old age. From a social aspect, loneliness and the support of older adults in both countries were discussed.

Holistic, but different focus of aging

‘Aging’ is something that every individual experiences, physically, cognitively and socially and it is an ongoing process throughout life, not necessarily related to sickness and ill-health.

[gerontology] ... the doctrine of aging ... to me the term includes the whole person ... it is very easy to get into this physical age and so ... but I think it includes the whole human being, both as a body and a psyche, and that there is a social dimension (Swedish female participant [Sfp])

The Thai nursing educators similarly talked about aging and the subject of gerontology from a holistic viewpoint, but added existential, as well as positive aspect of aging.

[gerontology] ... it must be more than knowledge about body degeneration ... it is about changes and provides us with knowledge about how to live with these changes while we age ... help older people to live with a good quality of life ... to become old is not only that negative things will happen, but also positive, like [gaining] experience and understanding of the world in a spiritual sense (Thai female participant [Tfp])
While spending time in Sweden during their doctoral training, the Thai nurse educators reflected on loneliness among the elderly, as they had noticed that many older Swedes are living by themselves. The Swedish nurse educators reflected on the same issue but concluded that if living alone is voluntary and by personal choice, it does not have to be a burden but may be a predictor of depression when it is involuntary.

... when you are old, you may need to be in solitude to reflect on your life ..., as a caregiver, you do not have to question the older person who wants to be alone, it is not so dangerous to be alone ... On the other hand, I think [my] mother has visitors very often and yet I can feel she’s alone ... so there are two different perspectives ... [Sfp]

Loneliness among the elderly can be experienced and defined in different ways and led to the question of what kind of support older adults could have. The participants pointed out different directions when organizing elder care.

**Cultural directions in the support of older adults**

The Swedish participants reflected over the direction towards a digitalized Swedish elder care, while the Thai participants were family-oriented regarding elder care. The Swedish participants reported that the growing older population combined with the shortage of nursing staff calls for new technical solutions to support the older adults’ independent living. A decrease in residential care homes and a societal policy towards receiving care in the own home environment requires alternatives, such as care staff interacting through monitor screens, the use of robots and smart home functions.

... there will not be enough people [caring staff] in 20–25 years and that is a challenge ... there will be a need for alternative ways of giving support and service to the older population ... and here we need to develop new technological solutions ... . [Sfp]

Thai educators stated that the housing situation in Thailand is different than the situation in Sweden. Traditionally, older people live in extended families and are taken care of by their grown-up children, while at the same time the older adults take care of their grandchildren. This also has to do with socioeconomic status, while those with higher positions and incomes are able to make other choices regarding their care situation and may not live with their children.

... older people in Thailand are surrounded by relatives and have people to take care of them including their neighbors and family members ... we have that in Thai culture ... but those with an academic background in high positions are able to do whatever they want ... they apply Western perspectives to their lifestyle [Tfp]

From the perspective of Thai nurse educators, there are social and cultural differences between Sweden and Thailand in the way elder care is arranged and the future directions in organizing it. As Thailand may experience a shift in the support of older adults from family caregivers towards more professional care, Sweden is developing alternative ways of prolonging an independent living among older adults. Gerontology as a subject is therefore important to meet the needs of the older population, but the teaching content needs to be developed and adapted to the changes in society.
Upgrading the teaching of gerontology

According to the participants, the current teaching of gerontology needs to be revised in the sense of using interdisciplinary and cultural approaches to teaching gerontology, as well as providing further education in gerontology for nurse educators who are teaching gerontology.

Teaching relevant to a culturally changing society

According to both Swedish and Thai participants, gerontology/geriatrics is currently integrated in several courses during the nursing education instead of having a separate course in gerontology. The opinion is that gerontology does not need to be specifically mentioned in course syllabus. In contrast, two Swedish participants argued that a separate course in gerontology would add to more depth and provide a more comprehensive picture of aging, since there are biological, psychological and social aspects of aging, not to mention the distinction between normal and pathological aging processes. Poor understanding of this may result in neglect and maltreatment of older patients.

If we cannot distinguish between what is sick and what is healthy aging, then we as nurses may not be alarmed and realize that we need to act on the symptoms we see, that we need to contact a physician or act with nursing interventions ... this, I think, is important ... [Sfp]

Thai participants contended that teaching gerontology should not only focus on the caring needs of older people but include positive aspects of health in relation to aging.

... the knowledge of this science [gerontology] [...] is related to the aspect of health promotion, to promote people's happy entry into old age. Or it even can be used in the aspect of some disease prevention. It is like preparing their mental, physical, and spiritual health. It is as if, we prepare them to step into old age by providing health education [Tfp]

Swedish participants also felt that the national regulating system of qualifications and education set limits on what could be done. Degree regulations and long-term management dictate the planning of program syllabi, which makes revisions and modifications in education in accordance with new research or urgent new societal needs a slow process.

Gerontology has a clear and legitimate role in nursing programs, it is a big responsibility of the persons in charge of the progress of different subjects to give [gerontology] a place in the program. But a problem is that the set of regulations that dictate the planning of programs in the university sector do not support change and adaptation ... (Swedish male participant [Smp]

According to the participants, the teaching on gerontology needs to be adapted to a changing society. In the teaching on gerontology, aspects which contribute to prepare and inspire nurses to work in a diverse and multi-cultural elder care setting, need to be included. Also, emphasizing older adults’ resources, competence and responsibilities regarding their own health and well-being can change negative views of older adults to become more positive.

... the old perspective [in teaching] focuses on degeneration and that nothing can be done when we get old, whereas the new perspective focuses on how we can delay degeneration ... we know that one day we will get old and how we can live in later life and be healthy. What can we do to have a good life and take care of ourselves? [Tfp]
Today’s multicultural society requires nursing staff with cultural competence. Many older adults today are immigrants and are living in other countries than their country of origin. They may have different views of aging and other expectations of eldercare and support than those of the host country.

No matter how old you are, every human has his/her own dignity. [...] on a global level we must know how to take care of them, how to help them live their lives happily, simultaneously how to help another group of people in a society to live happily with other older people [Tfp]

Cultural aspects in the teaching of gerontology are needed and universities educating health-care staff of the future will need to address this. Another aspect that could contribute to the teaching of gerontology is inter-professional teamwork.

**Inter-professional collaboration in the teaching of gerontology**

Gerontology is viewed by Swedish educators as a possible mutual theme in joint program courses that can be shared by students studying nursing as well as physiotherapy, social work, and public health. As there is a demand for inter-professional higher education in health and welfare from both the community and the health-care sector, gerontology is a suitable arena for inter-professional courses. Swedish nurse educators asserted that inter-professional teamwork is enriching, increases the quality of a course and enhances cooperation between university departments. However, this is still in the pioneering stage. The internal organization of different educational programs within universities sets limits for how inter-professional teamwork can exist.

... in our respective programs we are working in different ‘pipes’ ... how can we cooperate with social work and physiotherapy programs? [...] I have my responsibility as a nurse but to be able to fulfill the needs of the older person, there must be a team [Sfp]

Not only inter-professional teamwork can add to the depth of teaching gerontology. Also, as teachers have a vital role as educators within the nursing education, they need to be specialized in or have the possibility for further education in gerontology.

**Teach the teachers**

To increase nurses’ knowledge about aging, arranging separate workshops in gerontology and hiring teachers specialized in gerontology could contribute to an upgrading of the subject. At least, those who are interested in and focusing on elder care should be given opportunities to develop expertise in gerontology according to Swedish participants.

... we have no [course] which is specifically focused on teaching about older persons eh ... so we cannot recruit within the special field, then we need to develop skills ... because that’s a shortcoming actually [Sfp]

One Thai participant suggested that there are two groups of teachers, those who teach gerontology and those who teach in all areas of nursing. However, there is an urgent need to provide opportunities to most Thai nurse educators to develop their competence in gerontology. When teaching students in theory, in clinical settings or in the area of nursing practice, the aging perspective should be linked to the context.
... We must prepare now, also in the academies, we must prepare those who are going to teach gerontology ... nurse educators need more knowledge about gerontology [Tfp]

Both the Thai and Swedish participants in this study talked about the need for a greater focus on issues of aging and aging research in nurse education to encourage a future career in accordance with an aging society. The actual teaching about aging from a societal multicultural perspective was not mentioned though.

Discussion

Findings of this study showed that nurse educators from Thailand and Sweden agreed that gerontology is an important subject and has a place in nurse education. But what status does it really have? Without labeling it gerontology, the Swedish and Thai nurse educators integrated teaching on aging in courses throughout the nurse education, stating that organizational structures set limitations for having stand-alone courses in gerontology, which also is reported by Fagerberg and Gilje (2006). Although nursing curricula are regulated by the national and local systems of higher education, educators and course coordinators are influential in planning the content of a course. Gerontology, however, is a discipline of its own, which may lead to the nurse educators’ difficulty to observe and understand how gerontology can contribute to nursing and other health-care educations.

A cultural difference was observed in that the Swedish nurse educators focused on older adults more as care recipients than the Thai nurse educators, who instead focused on prevention and aging well. One reason may be that the Swedish nurse educators were influenced by their work in a geriatric care setting, which is mandatory in Swedish nursing education. Thailand on the other hand is certainly having older patients, but is in a beginning stage of developing formal eldercare. However, when presenting the older person only as a care recipient, aspects enhancing the positive dimensions of aging may then go missing. How the older person is presented can induce changes in negative views of aging (Abrahamsen, 2014; Garbrah et al., 2017). Also, negative views on older adults may influence our attitudes and the way we treat older adults and patients. The impact of including positive aspects to the teaching of aging on the students’ attitudes has been described in earlier studies (Deltsidou et al., 2010; Mattsson & Pietilä Rosendahl, 2016; McLaflerty, 2005).

Another cultural difference between Thai and Swedish nurse educators’ views on aging was related to spiritual or existential aspects. As Thai society is influenced by Buddhism (Sasat & Bowers, 2013), existential aspects of life are considered a natural part of aging. Sweden as a secularized society is more focused on physical changes in aging, whereas existential needs among older people are not talked about freely and therefore not sufficiently met (Holmberg, Hellström, & Österlind, 2018). This might explain the existential loneliness discussed by the educators. As human beings globally express existential needs, the teaching of aging should consider all aspects of human life.

How elder care in respective countries is organized seem to be culturally different, while elder care in Sweden may be heading towards a technical direction, Thailand seems to be relationship-focused. A possible reason for this direction in Sweden maybe that being an individualized society with a long tradition of independent living, more technical tools are being developed to prolong independent private housing (National Board of Health and Welfare, 2019). However, the use of technical solutions in eldercare needs to be considered
with a critical mind, since there also is a risk of replacing nursing staff with technical equipment. However, technical tools can never replace human encounters and basic nursing skills are needed in the care of older adults (Abrahamsen, 2014; Huisman-de Waal et al., 2018; Lea et al., 2018). The focus on relationships in Thai elder care may be due to the recent awareness of the needs of the aging population. However, the change in Thai society toward more independence among family structures may result in a greater need for formal eldercare as reported by Knodel et al. (2013, 2015) and Sumetsittikul (2018).

The importance of upgrading teaching on gerontology following societal changes, such as developing cultural competence among staff working in elder care was mentioned. The concept of cultural competence is not new, but needs to be illuminated in relation to aging particularly as the older population today is multi-cultural (Fagerberg & Gilje, 2006). Nursing students from other ethnic backgrounds starting their nursing career are needed and can become culture-brokers translating cultural traditions, views, and values in the different care situations. The Swedish and Thai nurse educators in this study did not particularly make cultural comparisons between Sweden and Thailand, other than what is described in the findings. But, by including Thai nurse educators/doctoral students in this study and in lectures at the Swedish university they contributed to valuable cultural aspects and discussions on gerontological issues, which leads to the importance of international teacher and student exchange. Exchange students should be encouraged to be involved in lectures at the University of their Hosting country and thus contribute to enhance cultural competence. Also, as gerontology is cross-disciplinary, collaboration with several institutions could benefit from each other’s specialties and thus enhance the quality of the teaching (Bardach & Rowles, 2012; Jung-Ah et al., 2018).

A severe shortage of nurses globally, and a wish to leave among those working in geriatric care, will result in impaired patient safety (Bratt & Gautun, 2018; Huisman-de Waal et al., 2018), which is worrying. Governments in both countries have called for the teaching of gerontology in nursing curricula (Knodel et al., 2015; National Board of Health and Welfare, 2012) but the nurse educators in this study did not have any formal training in gerontology. To meet the requirements of qualified staff in nursing homes, health centers, psychiatric care, acute care settings, and geriatric care, faculty needs to recruit lecturers trained in gerontology. Workshops on aging were suggested to increase educators’ knowledge of aging, which could be complementary to a more organized direction of the teaching on aging.

**Limitations**

A limitation in this study is that among the 13 participants, of whom three supervised the nursing program, only two taught about aging. However, participants with different positions were chosen to cover a variety of experiences to describe the role of teaching gerontology within nursing curricula. Another limitation may be the disproportion of Swedish and Thai participants, as there were more Swedish than Thai participants. Our goal was to include cultural aspects to the study and to get a picture of the situation today, which we could build upon with further studies. Also, Swedish data were collected in only one university, which does not give the whole picture of what it looks like nationally. More studies including several universities are therefore needed to get a more comprehensive picture.
Conclusions

Teaching about gerontology still seems to play a minor role within nursing educations in these universities in Sweden and Thailand. The lack of gerontological knowledge within the faculty at universities, organizational structures, the slow revision of syllabi and the interpretation of the national regulating system of qualifications and education seem to be some of the reasons. To meet governmental requirements, education and pedagogical strategies relevant for current and future health and a cross-cultural eldercare need to be developed by educators specialized in gerontology.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or non-profit sectors.

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