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THE CARL AND WINIFRED LEE HONORS COLLEGE
CERTIFICATE OF ORAL DEFENSE OF HONORS THESIS

Anna Feenstra, having been admitted to the Carl and Winifred Lee Honors College in the fall of 2008, successfully completed the Lee Honors College Thesis on May 23, 2012.

The title of the thesis is:

Student Attitudes Toward Older Adults

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Nursing Student Attitudes toward Older Adults

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Abstract

An aging American population means more older adults will be entering the health care system. The purpose of this study is to evaluate the attitudes of nursing students toward older adults and to determine if these attitudes change over the course of a nursing program. This study was carried out in a university in the Midwest United States. A pre-test post-test single group design was used for this study. Students were surveyed three times throughout the program using Kogan's Old People scale (KOP) and a demographic questionnaire. Testing was conducted at the beginning and end of the sophomore geriatric course (T1 and T2) and prior to graduation (T3). The sample size for T1 and T2 was 40, and for T3 it was 35 students. The sample was predominantly female, under 25 years of age and Caucasian. The results indicate that students had positive attitudes which increased over the course of the program, as measured by the KOP scale. Implications are that more research should be done to determine the factors influencing student attitudes toward older adults and that schools of nursing should place more emphasis on geriatric/gerontology material in their curricula.

Nursing Student Attitudes toward Older Adults

The American population is aging. In 2003, 12% of the U.S. population was aged 65 or older; for the year 2030 it is projected that those age 65 and older will be at 19.6 % and at 20.6% of the population in 2050 (U.S. Census Bureau, 2005). The major reason for this is the population of baby boomers, the first of whom turned 65 in 2011. As this generation comes into old age, the percentage of older adults in the population will steeply rise.

As people age, illness increases. In fact, 48% of hospital visits are made by people over 65 years of age (Cozort, 2008). Many of these health problems are chronic, requiring continuous, ongoing care. It will be essential to have health care workers trained in gerontology to care for this growing population (Goncalves, 2009). However, the United States does not have enough resources, including trained persons, to meet this challenge. While other areas of nursing are expanding, the field of gerontology is lacking personnel. It lacks the appeal that many other areas of nursing possess and there is an alarming lack of interest in gerontology among nursing and its students (Cozort, 2008; Ferrario, Freeman, Nellett & Scheel, 2008; Goncalves, 2009).

There are a few reasons for this lack of interest in geriatrics. Many people have negative attitudes about older people. Ageism is defined by Butler (1995) as “a process of systematic stereotyping and discriminating against people because they are old” (as cited in Bodner, 2009, p. 1003). Bodner has examined and described the literature regarding the origins of ageism and has found that it is common in Western societies (2009). Many different studies have been conducted to examine this phenomenon.

To combat ageism, we must know its origins (Holroyd, Dahlde, Fehr, Jung & Hunter, 2007). In an international review of literature, Ehud Bodner (2009) examines the theoretical

basis for ageism. According to the Terror Management Theory (TMT; Greenberg, et al., 1997, as cited in Bodner, 2009), ageism is an unconscious defense strategy, usually on the part of younger people. Aging is often associated with death and dying and because of their fear of death and dying, people want to separate themselves from them. This entails distancing oneself from the older adult population. Henderson et al. (2008), in a survey of 262 Australian nursing students, also identified fear of suffering and dying as a deterrent to students working with older adults. Bodner suggests that the TMT as origin of ageism applies in the main to younger people. As people age, they may become more accepting of death and their mortality. Therefore, their terror decreases and the TMT does not apply to them as strongly (Bodner, 2009).

Our society as a whole does not view aging and the aged in a favorable light. Ageism, whatever its origins may be, is present at the individual, institutional and societal levels (Bodner, 2009). The elderly are seen as less intelligent and more physically disabled than younger people (Ferrario, et al, 2008). This reflects that a biomedical approach to aging is dominant (Ferrario, et al, 2008). Age denial, ageist language and humor and segregation are examples of ageist manifestations (Bodner, 2009). Society's views on aging are reflected in the media, where older adults are often very under-represented or are portrayed in a negative light, often with physical or mental deficiencies (Bodner, 2009). Older adults can internalize societal feeling toward them (Cozort, 2008) and those with positive attitudes and beliefs about aging may live longer (Levy, et al., 2002, as cited in Bodner, 2009, p. 1005). Therefore, it is imperative that health care professionals do not perpetuate ageist attitudes in their clients but rather actively combat them.

However, many health professionals themselves (including nurses) have negative attitudes (Bodner, 2009; Cozort, 2008; Ferrario, et al., 2008; Haight, Christ & Dias, 1994; Jansen & Morse, 2004; Ryan & McCauley, 2005, and Koh, 2012). Cozort (2009) looked at the research

regarding student nurse attitudes toward older adults and found that the majority of nursing students have negative attitudes and low interest in working with older adults. If the health care professionals are to combat ageist attitudes, special attention must be given to ensure that these attitudes are dispelled.

Many studies have been done on assessing factors that influence nursing students' attitudes toward aging and their preference to working with older adults, both in the United States and in other countries. In a study done with 197 BSN students in Canada using Kogan's Old People Scale, Holroyd, et al. (2007), found that that negative attitudes are associated with younger age, lack of experience with older adults and male gender. This study was done over four years of a nursing program in which students had minimal exposure to healthy older adults. Other studies have also examined the effects of education and curriculum on attitudes. Through their study to determine whether nursing education promotes ageism, Haight, Christ and Dias (1994) found that exposure to well elders had a positive influence on attitudes. They conducted a study on baccalaureate nursing students in a gerontologic-intensive program using Kogan's scale and the Aging Semantic Differential. 118 students participated in this study, but only 57 fully completed it. In this three-year program, students worked with well elderly in the first year, with ill elderly in the second year and with critically ill elderly in the third year. While their attitudes decreased somewhat in the third year, there was an increase in the first and second years. Haight, Christ and Dias concluded that while nursing school does not cause ageism, neither does it prevent it (1994). They did find that exposure to well elderly has a positive influence on attitudes. However, they also make the assertion that increased positive attitudes does not necessarily mean that more nurses will be interesting in geriatric nursing.

Another university in the United States conducted a curriculum assessment on a new, more integrated nursing curriculum (Ferrario, Freeman, Nellett & Schell, 2008). This study examined the effects of the successful aging paradigm used as a framework for gerontologic nursing education. They found that with this new curriculum in which elder care was integrated into all content courses, the nursing students demonstrated increased positive attitudes toward working with older adults. In this evidence-based curriculum, the positive aspects of aging were emphasized and faculty used were aging specialists. As well as being more integrated, the new curriculum required students to complete a course on health and aging and a senior clinical practicum held in a long-term care facility. Before this program was implemented, student surveys showed that students had low knowledge and negative attitudes toward older adults, but that increased knowledge was associated with higher attitudes. After the change was implemented, students were re-surveyed and it was found that they had more positive views on aging (Ferrario, et al., 2008). The initial survey was completed by 117 students but the final survey was only completed by 17. With such a small amount of students completing the final survey, it is hard to say if these results were a consequence of the curriculum.

Jansen and Morse (2004) also evaluated the effects of an integrated curriculum on student attitudes. In this curriculum, aging concepts were introduced in the first semester of the junior year and were integrated into each course throughout the remainder of the program. The students (n=60) in this curriculum were surveyed at three points over the course of the program and the results were compared with results from students in the old curriculum (n=53), in which care of the aged was introduced in the senior year in a specific aging course. Both groups demonstrated an increase in interest in working with the elderly and, students in the new,

integrated curriculum felt more confident that they could provide good quality care to the elderly.

Aging attitudes are negative not only in American nurses and students, but also in nurses and students in other countries. Bernardini Zambrini et al. (2008) evaluated the attitudes of students of health-care related studies (medicine, social work, occupational therapy, physiotherapy, nursing, psychology, social work and dentistry) in Spain. The Aged Semantic Differential was used. Of all these professions, nurses (57 out of the total sample of 472) had the most negative attitudes. Soderhamm, Lindencrona and Gustavsson (2001), Swedish researchers, found that negative attitudes among nurses and nursing students were associated with few previous experiences with older people, younger age and male gender. They used Kogan's Old People scale with a group of 192 nurses and nursing students in Sweden. However, McKinlay and Cowan (2003) found that nursing students in the UK had a positive interest in working with older adults. They used a questionnaire they developed based on the theory of planned behavior with 172 nursing students in the UK. This questionnaire is much different than Kogan's scale, which many researchers use, and thus may highlight different aspects of attitudes and opinions. Goncalves (2009) and Henderson, et al. (2008), both of Australia, have found that student nurses lack interest in working with older adults. Clearly, ageism and the lack of nurses interested in gerontology is not solely an American problem.

Geriatric nursing is difficult and nursing students are not adequately prepared for this challenge (Goncalves, 2009; Haight, Christ, & Dias, 1994; Holroyd, et al., and Koh, 2012). Cozort (2008) found that nurse educators are challenged to prepare nurses to meet the demand of gerontological nursing. Attitudes can be transferred from faculty to students (Ferrario, et al., 2008). Koh (2012) found that instructors who provided both didactic and clinical instruction

were more likely to foster positive attitudes and reduce fear as they could directly model care of the elderly. However, it is clear that more research is needed to determine the role that education plays in the formation of student nurse attitudes toward and willingness to work with older adults.

The present study was conducted to determine the attitudes of student nurses in a mid-western university toward older adults and also assess their preference in working with older adults. Our research question was: Does geriatric education increase students' positive attitudes toward older adults?

Methods

Design and Procedure

Approval was gained from the university's HSIRB for this study. A pre-test post-test single group design was used. Sophomore level students in the geriatric nursing course were administered two surveys during the first weeks of the course (T1), at the end of the course (T2), and again as seniors prior to graduation (T3). T1 and T2 were paired, but T3 was not. The surveys were administered during class time and approval was gained from faculty teaching those classes before the survey was administered. This is part of a larger study conducted by Patricia Fuehr (PF).

Instruments

There were two measures used for this study. The first was Kogan's Attitudes toward Old People scale (KOP) (Kogan, 1961). This instrument contains 34 statements that are 17 pairs of contrasting positive and negative statements concerning older adults. Students were asked to respond on a Likert-type scale containing 6 items ranging from "strongly disagree" to "strongly agree". An example of two paired statements in the KOP scale is "People grow wiser with the

coming of old age” and “It is foolish to claim that wisdom comes with age”. The responses were numbered 1-6 and the numbering on the negative items was reversed so that a higher score indicates more positive attitudes (or at least less negative attitudes) for both positive and negative items.

A demographic questionnaire was developed by the researcher (PF). It asked for information on age, gender, ethnicity, religion, and whether the student had any prior experience with older adults, and if so, what kind of experience. The demographic form also had a fill-in-the-blank question: “I believe people are old when they ____”. Demographic information was collected so that the relationship between any of these variables and attitudes could be examined.

Sample

There were 40 students who completed the pre-test (T1) and post-test (T2) in fall of 2009. Their mean age was 22.98, and 75% (n=30) of them were female. The age range was from 20 to 40 years old and 80% were under 25 years of age. Most respondents (97.5%) indicated that they had had prior experience with older adults, which was here defined as contact with older adult, work experience with older adults, or volunteer experiences with older adults. Thirty-five (87.5%) were Caucasian, one (2.5%) each were African-American, Hispanic and “other”. Two (5%) did not respond to this question.

In the fall of 2011, the same class was retested (T3) prior to graduation. Most students (n=35 87.5%), completed this portion of the study. The mean age of this group was 24.62 and 80% were female. The age range was 22 to 46 years and 86% were under 25 years of age. Most (n=33, 94.3%) were Caucasian and one (2.9%) each were African-American and “other”.

For the analysis of data, 10 surveys were chosen from each sampling time. Because only the students from the first two testing times were paired, there is a potential that these results are

from 20 different students, although all from within the same cohort (10 from T1 and T2 and 10 from T3). Those that completed the study at T1 had a mean age of 21.3 (range of 20-23; SD = 0.823). They were all female and 90% had had OA experience (n=9). Those that completed the study at T2 also had a mean age of 21.3 (range of 20-23; SD= 0.823). Of these 10 students (T2), 90% were female and 70% had had prior OA experience (of the remaining 3 students, 2 had had no experience and one did not report this information). The students that completed the study at T3 had a mean age of 23.4 (range of 22-29; SD= 2.118). They were 90% female and 90% had had prior OA experience. All were Caucasian.

Results

For T1, when the scores were separated out by the positive and negative sub-scales, the participants of T1 scored a mean of 61 (range of 46-68; SD=6.092) on the positive items and a mean of 68 (range of 36-89; SD=13.920) on the negative items. For both the positive and negative items, a higher score indicates greater positive attitudes with the lowest possible score being 17 and the highest being 102. The large standard deviation on the negative items of T1 may be due to the fact that one participant did not answer some of the questions.

For T2, the 10 students had a mean score on the positive items of 69 (range of 61-77; SD=7.78) and on the negative items 78.2 (range of 63-94; SD=9.367). This is an increase in positive attitudes from T1.

For T3, the students scored a mean of 73 (range of 61-88; SD=8.705) on the positive items and on the negative items it was 99.3 (range of 62-94; SD=9.764). This also shows an increase in positive attitudes from T1 and T2.

Although descriptive statistics were not available for the whole cohort at T2, they are available from the beginning survey and the ending survey (T1 and T3). For T1, the cohort

scored a mean of 71.28 (range of 56-92; SD=7.52) on the positive items of the KOP (where a higher score indicated positive attitudes). On the negative KOP items, where a higher score also indicates more positive attitudes, the students scored a mean of 75.75 (range of 38-95; SD=11.18).

On T3, students scored a mean of 76.03 (range of 65-94; SD=7.11) on the positive KOP items and a mean of 84.2 (range of 68-100; SD=10.10) on the negative items. These scores are both increased from T1, which indicates that positive attitudes had increased over the two years.

Discussion

The results of this study indicate that nursing education may indeed increase students' positive attitudes toward older adults. While individual differences could not be examined, the group scores showed a steady upward trend. The greatest difference can be seen in the responses to the negative items, which are uniformly more strongly positive than the positive items. This is consistent with Kogan's original research on the scale (Kogan, 1961). The reason for this could be that throughout the nursing program at this university, students are taught to be accepting and non-judgmental; while this may work to decrease negative attitudes toward the elderly, it does not do as much to actively promote positive attitudes.

It is striking that in the results from the 10 subjects, that while there was an increase immediately following the sophomore geriatric course, the greatest increase in KOP scores was seen in the two years following this course. Again, this jump is seen primarily in the negative scores. The reason for this increase in these two years is not known; while some students may have had contact with older adults in subsequent clinical rotations, this experience is not universal. The drastic increase could be due to sampling problems; the 10 students sampled for each testing time may not have been representative of the cohort.

More education is needed to improve student attitudes toward the elderly. Ragan and Bowen (2001) studied the effects of information and reinforcement of that information on students' attitudes toward older adults. They included 99 college students in their study. The students were divided into three groups; Group One received information only (about older adults), Group Two received information and a non-related discussion, and Group Three received information and reinforcing discussion. Attitudes for all groups were measured before the intervention, immediately after and at a one-month follow-up time. The researchers found that while all three groups had higher attitudes immediately after the intervention, only the group that received the reinforcement discussion maintained those higher attitudes at the one-month follow-up time (Ragan & Bowen, 2001).

In the university in which the present study took place, the students were required to take a course on elder care in their sophomore year, yet in the remainder of the program, there was very little geriatric/gerontology material. If the concepts of gerontology had been reinforced throughout the program, it is possible that there would have been a more significant increase in attitudes that was maintained throughout the program. The American Association of Colleges of Nursing recommends that nursing programs have both a stand-alone course in gerontology and that gerontology material is infused throughout the rest of the program in other courses (American Association of Colleges of Nursing, 2006). This would provide students with the background they need in gerontology while reinforcing that knowledge throughout the remainder of their nursing education.

Based on her review of the literature, Cozort (2008) offers some recommendation for improving attitudes. She suggests that emphasis be increased on the gerontology portion of a curriculum and that students be encouraged to reflect on their own views of aging. Students

should also be provided with varied experiences with older adults, not just the ill elderly, in order to challenge stereotypes. Because students learn partly by example, Cozort recommends that faculty and staff be role models of positive attitudes and interest in older adults. In the university in which the present study took place, the gerontology course was set up so that the students spent time with healthy community older adults before going into nursing homes and caring for more frail older adults. The class room instructor also taught in the clinical setting, which is recommended by Koh (2012) as it supports students' learning. However, throughout most of the remainder of the nursing program, any exposure to older adults was in the hospital setting and geriatric/gerontology material was not emphasized. In the last semester of the program, some students may have been placed in community settings where they were in contact with or cared for older adults, but this was not an experience shared by all the class.

Limitations

There were many limitations found in this study. While T1 and T2 participants were paired, T3 was not; thus it was not possible to examine individual changes over the course of the whole study. Only group means could be compared, but it is possible that the group mean be changed by only one or two outliers. Also, in the course of the two years between T1 and T3, class composition may have changed due to students dropping out or changing classes. This may also have influenced the class scores.

The sampling issues were also a large concern. Due to the sampling of 10 students from each testing time, there is no surety that the analysis reflected actual differences in the class. This is a very small sample that may not have been representative of the cohort as a whole.

Another area of concern is the measure used. The KOP is an old scale (from 1961) and some of the wording of the statements may be confusing to students due to outdated syntax. To

counter this, the wording was changed on a couple questions by the researcher to make it more understandable to the students. These changes could have affected the results of the study so its validity may not be consistent with previous studies on the scale.

Conclusion

While the population of older adults in the United States is rapidly increasing, there are not enough geriatric-trained health care professionals to meet that increase. Negative attitudes toward aging and older adults exist, including among the nursing profession. To counter this, more emphasis needs to be placed on gerontology in nursing education. Throughout this study, students' positive attitudes increased, but more research is needed to investigate the contributing factors to student attitudes. More effective geriatric/gerontologic education is needed in schools of nursing so that nurses are prepared to meet the challenge of the upcoming boom in older adults in the American population.

References

- American Association of Colleges of Nursing (2006). Caring for and aging America: A guide for nursing faculty. Retrieved from <http://www.aacn.nche.edu/geriatric-nursing/monograph.pdf>
- Bernardini Zambrini, D.A, Moraru, M., Hanna, M., Kalache, A., & Macias Nuñez, J. F. (2008). Attitudes toward the elderly among students of health care related studies at the University of Salamanca, Spain. *Journal of Continuing Education in the Health Professions*, 28(2), 86-90.
- Bodner, E., (2009). On the origins of ageism among older and younger adults. *International Psychogeriatrics*, 21(6), 1003-1014.
- Cozort, R.W., (2008). Student nurses' attitudes regarding older adults: Strategies for fostering improvement through academia. *Teaching and Learning in Nursing*, 3, 21-25.
- Ferrario, C.G., Freeman, F.J., Nellett, G., & Scheel, J. (2008). Changing nursing students' attitudes about aging: An argument for the successful aging paradigm. *Educational Gerontology*, 34, 51-66.
- Goncalves, D.C., (2009). From loving Grandma to working with older adults: Promoting positive attitudes towards aging. *Educational Gerontology*, 35, 202-225.
- Haight, B.K., Christ, M.A., & Dias, J.K., (1994). Does nursing education promote ageism? *Journal of Advanced Nursing*, 20, 382-390.
- Henderson, J., Xiao, L., Siegloff, L., Kelton, M., & Peterson, J., (2008). 'Older people have lived their lives': First year nursing students' attitudes towards older people. *Contemporary Nurse*, 30(1), 32-45.

- Holroyd, A., Dahlde, S., Fehr, C., Jung, P., & Hunter, A. (2007). Attitudes toward aging: Implications for a caring profession. *Journal of Nursing Education, 48*(7), 374-380.
- Jansen, D.A., & Morse, W.A., (2004). Positively influencing student nurse attitudes toward caring for elders: Results of a curriculum assessment study. *Gerontology & Geriatrics Education, 25*(2), 1-14.
- Kogan, N., (1961). Attitudes toward old people: The development of a scale and an examination of correlates. *Journal of Abnormal and Social Psychology, 62*(1), 44-54.
- Koh, L., (2012). Student attitudes and educational support in caring for older people – A review of literature. *Nurse Education in Practice, 12*(1), 16-20.
- McKinlay, A., & Cowan, S., (2003). Student nurses' attitudes toward working with older patients. *Journal of Advanced Nursing, 43*(3), 298-309.
- Ryan, M., & McCauley, D., (2005). We built it and they did not come: Knowledge and attitudes of baccalaureate nursing students toward the elderly. *Journal of the New York State Nurses Association, Fall/Winter 2004/2005*, 5-9.
- Soderhamm, O., Lindencrona, C., & Gustavsson, S.M., (2001). Attitudes toward older people among nursing students and registered nurses in Sweden. *Nurse Education Today, 21*, 225-229.
- U.S. Census Bureau, (2005). *65+ in the United States: 2005*. Retrieved from <http://www.census.gov/prod/2006pubs/p23-209.pdf> on April 5, 2012.