The Relationship Between Attitude Toward the Elderly and Intergenerational Contact Among Social Workers

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THE RELATIONSHIP BETWEEN ATTITUDE TOWARD THE ELDERLY
AND INTERGENERATIONAL CONTACT AMONG SOCIAL WORKERS

by

William D. Vickers

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Educational Leadership

Western Michigan University
Kalamazoo, Michigan
April 1990

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The relationship between social workers' attitudes toward the elderly and personal contact with older persons was investigated utilizing a sample survey research design. The assessment instrument included The Aging Semantic Differential (Rosencranz & McNevin, 1969) to measure attitude and an intergenerational contact measure developed and field tested for the study. The instrument was mailed to a random sample of 538 members of the Michigan Chapter, National Association of Social Workers. The research questions addressed were: (1) What are the attitudes of social workers toward the elderly? (2) What intergenerational contact has been experienced by social workers? (3) Is there a relationship between the social workers' attitudes and contact and, if one exists, is it in a positive or negative direction? (4) What differences appear in the relationship of these variables when demographic characteristics of the sample are considered? A questionnaire return rate of sixty-eight percent was realized for analysis. The data were positioned in the positive zone of the attitude items and the moderate to frequent/meaningful zone of the intergenerational contact items by the sample. No statistically significant differences were found among the attitude scores of the demographic subgroups within their...
respective categories. Significant differences were found between intergenerational contact scores with higher scores being recorded by the Gerontology and Administration Specialty Certification/Training and Medical/Health Care Work Setting subgroups. The correlation coefficient for the attitude and contact scores was positive and low. The development of a separate measure for the location/context of the contact was recommended for future studies into the relationship between attitude and intergenerational contact.
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The relationship between attitude toward the elderly and intergenerational contact among social workers

Vickers, William D., Ed.D.
Western Michigan University, 1990
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William D. Vickers
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CHAPTER I

PROBLEM STATEMENT

Overview

Positive attitudes toward aging and the elderly by social workers and other health care professionals have been identified as an important contributing factor in the provision of adequate and quality care for this large and growing segment of the population (Butler, 1979; Dans & Kerr, 1979; Eisdorfer, 1985; Fagerhaugh & Strauss, 1977; Institute of Medicine, 1981; Kosberg & Harris, 1978; Solomon & Vickers, 1979). There also are data to support the influence of intergenerational contact in a positive environmental context on the formation of positive attitudes toward older people (Birenbaum, Aronson, & Seiffer, 1979; Stratton & Rusk, 1981; Williams, 1982; Wooliscroft, Calhoun, Maxim, & Wolf, 1984). However, most of these data resulted from studies involving medical school students and college students. Information is needed about the relationship between intergenerational contact and attitude toward the elderly among social workers especially in light of the prominent role of this profession in geriatric care. This study investigated the relationship by means of a sample survey of social workers in Michigan.
Growth of the Elderly Population

Over the 20 year period, 1960-1980, the number of people over age 65 in the United States increased by 55%, from 16.7 to 25.9 million and in 1987 was estimated at 29.8 million (Fowles, 1988). It is projected that this rapid rate of increase will continue well into the next century and that by the year 2020 the general population will include 52 million elderly. The growth of the number of people over age 75 is projected to rise to 22 million by the same date (Bureau of the Census, 1983). Brody (1971) has observed that "never before in history have there been so many old people numerically and proportionally, nor have they been so old" (p. 3).

Implications for Health Care

The implications of these demographics for the health care of older people should be clear particularly when utilization of hospitals and outpatient services by the elderly is considered. Eisdorfer (1985) has pointed out that people over age 65 annually receive 40% more outpatient care, are admitted to hospitals 2.25 times more often and stay three times longer than other adults. This age group also occupies 90% of the nation’s long term care beds.

In order to meet the care needs of this population increased numbers of physicians, nurses and professionals from other helping disciplines will be needed who are skilled in the care of the geriatric patient (Eisdorfer, 1985; Kane, Solomon, Beck, Keeler and Kane, 1980; Somers, 1980). Addressing the involvement of social workers, Kosberg and Harris (1978) have remarked that older people
"often become economically, socially and psychologically dependent on their families, society and community resources and frequently require increased health and social services" (p. 69).

**Geriatric Social Work**

Social work with elderly focuses on historical concern of the profession with human beings at the point of interface with their environment (Getzel & Mellor, 1983). Practice goals are targeted to assist older clients to adapt the environment to fit their changing needs to enhance their autonomy, competence and self-esteem. The major problem areas encountered are psychosocial losses and progressive surfacing of chronic health conditions which are irreversible but treatable (Butler, 1975).

Social work interventions occur in a variety of contexts within institutions and in the community. They may be with individuals, families or groups directly through a counseling modality or indirectly by networking natural support systems with community resources. Frequently, in the health care setting, the social worker's activity develops in the context or as a consequence of actions of nurses, physicians, psychologists, administrators and others. The aim of the helping intervention always is to assist the client to utilize his/her adaptive abilities to achieve an optimum quality of life.

**The Influence of Negative Attitudes**

It is possible that negative attitudes resulting from cultural
stereotypes of the aged dissuade many from working in geriatric care. There is documentation of health care professionals and students preparing for careers in the health care disciplines expressing reluctance and conflicting attitudes about working with older people (Butler, 1975; Garfinkel, 1975; Geiger, 1978; Kastenbaum, 1963; Kosberg & Harris, 1978). Butler (1975) has written that:

the medical profession and other health personnel share the culture's negative attitudes toward the old. In a medical context this can take the form of active avoidance and dislike, or a less obvious pattern of paternalism and infantilism, pained tolerance or caretaking rather than aggressive, positive forms of treatment (p. 178).

Discussing social work practice with the aged, Monk (1981) suggested that "social workers who resolve their ambivalence about dealing with older people and decide to engage in gerontological practice still require a change of heart, a sort of attitudinal cleansing" (p. 62).

Equally important as the need for increased numbers of health care professionals to serve the aged population is the quality of the services that are provided. Solomon and Vickers (1979) have pointed out that quality of service is largely dependent on the match between service and specific needs of the consumer; that quality can be hindered by stereotyping. The treatment of a condition usually must be individualized because of factors specific to the person even though disease state symptoms may be common to most people.

Stereotyping, however, ignores individuality. It is behavior that results from holding a common, standardized and oversimplified mental picture of a group of people. Certain characteristics, often negative, are assigned to the group with the implication that they are true of all the group members. The result is that all are
treated alike because their individual differences are ignored. For example, a physician may fail to pursue treatment of depression in an older patient because he has accepted the stereotype that all elderly people become inactive and withdrawn.

The elderly have been stereotyped as unproductive, resistant to change, emotionally disengaged, bored with life, infirm, living in rest homes and destined to become senile (Butler, 1975). Many studies have confirmed that such a stereotype of older people exists in the thinking of society at large and members of the health care disciplines in particular (Coe, 1967; Harris, 1975; Kosberg & Harris, 1978; Spence, Feigenbaum, Fitzgerald & Roth, 1968). Stereotyping can be harmful to the elderly in the macro-setting of community policymaking and service delivery as well as in individual clinical care. A study of community planners and directors of agencies involved in the planning and coordination of services for older people revealed that these planners and directors held negative, stereotyped perceptions of the elderly as destined to become dependent and deteriorate. As a result, they approached the aged population with the viewpoint that they lacked potential for independence and/or improvement and excluded them from the planning process fostering their dependency on agency services instead (Estes, 1980).

The Element of Context

Related to quality of care is the context in which exposure to the elderly occurs (Solomon & Vickers, 1979). Context, here, refers to the environment or setting for the contact with older people and
the degree of opportunity provided within it for an exchange of ideas and understanding and development of a meaningful relationship. The context would be considered positive if it provided opportunity for such exchange and relationship. It would be judged to be negative if the opportunity was minimal or absent.

Cook (1962) reporting on his and others' studies, noted that close contact in a negative context was likely to reinforce prejudicial stereotyping while close contact in a positive context was likely to reduce stereotyping and encourage individuation. Cook (1962) stated that previous studies (Stellitz, Hopson & Cook, 1956; Wilner, Walkley & Cook, 1955) focused on racial discrimination in segregated and integrated housing. Positive context was identified as the integrated units where Caucasian and Black residents lived in close contact with each other and had opportunity to know each other as individuals. Much less discrimination occurred in this context than in the units where residents were exclusively Caucasian or Black and had little or no contact with persons of the other race.

The time spent with older people by health professionals and those preparing for careers in the health professions, unfortunately, occurs in hospitals, nursing homes or service agencies, negative contexts, when the aged person is sick or in need. The elderly in this situation either are too impaired, or have limited opportunity in their traditionally passive/compliant patient role, for an exchange of ideas and understanding. These in-need individuals comprise a minority of the 29.8 million older people in the country today, however. Approximately 80% of the elderly are active,
independent and fully in charge of their own lives (Fowles, 1988). If the health professional's contact has been limited to the sick and/or those who are dependent or whose functioning is severely impaired, there is a likelihood that his/her perception of all old people will be that they are similar.

Patterson (1981) has pointed out that social work student exposure to the aged population has usually taken place in contexts that were negative. The student has encountered the older client when he/she was infirm or in need. A similar concern has been expressed about medical students, who have had limited encounters with independent elderly, interning in nursing homes where the students might begin to equate all older people with the many impaired individuals who reside in those institutions, thus, reinforcing rather than diminishing negative stereotypes (Wooliscroft et al., 1984).

Summary

Societal stereotyping of the elderly tends to be negative and is likely to be reinforced within the context of health care facilities. Negative stereotypes may influence social workers and other professionals away from the field of geriatric care. They also may impact negatively upon the quality of the care that is provided by deterring the caregiver from individualizing treatment. There is a growing need for geriatric specialists to care for the increasing number of older people. Opportunities that enhance the development of positive attitudes and promote positive contextual encounters
between professionals and older people, then, may have far reaching benefits for geriatric care.

The Potential of Intergenerational Contact

Meaningful interaction with independent older people has been found to have potential value for influencing the formation of positive attitudes toward the elderly. A small number of studies in recent years have provided evidence of this influence in dispelling medical students' negative stereotypes of aging (Birenbaum et al., 1979; Solomon & Vickers, 1979; Wilson & Hafferty, 1980; Wooliscroft et al., 1984), and in the choice of gerontological careers by master's level social workers (Williams, 1982). College students having had frequent contact with older people also were discovered to have positive perceptions of the elderly (Berman & Geis, 1975; Downs & Walz, 1981; Rosencranz & McNevin, 1969; Stratton & Rusk, 1981).

These contacts, for the most part, occurred in positive contexts, in the natural living environments of older people where they were functioning independently. In the study of the master's level social workers (Williams, 1982), a past relationship over a period of time with a grandparent or great-grandparent was reported by the sample. A positive attitude or perception of the elderly may have been nurtured in the relationship which the social worker grandson/daughter had generalized to the overall aged population.

Focus of the Study

Data from a small number of studies since 1975 support the
existence of a relationship between intergenerational contact, experienced in a positive context, and positive attitudes toward the elderly. These studies were conducted almost exclusively with medical school and college students and involved small samples. With the exception of Williams’ (1982) data, findings obtained from the study of social workers are even more sparse. More extensive information is needed about social workers to clarify the existence and strength of an attitude-intergenerational contact relationship in this population. Descriptive data in particular are lacking on the types of attitudes toward the elderly held by social workers as well as the quantity, quality and location of their intergenerational contact.

The focus of this research was to survey a sample from an established professional social work organization, the National Association of Social Workers, in order to study the participants’ attitudes toward the elderly along with the personal contact each experienced with older people. The relationship between the variables of attitude and contact was examined and the degree of the relationship that was found to exist.

Significance of the Study

The current population demographics and the number, as well as impact, of health and psychosocial problems encountered in old age support the significance of this study. Aging and retirement in America mean drastic changes in income along with the progressive surfacing of chronic health problems that require a variety of
coordinated professional services for older people to maintain a satisfying, independent quality of life. The importance of positive attitudes by helping professionals toward their clients has been established as an essential factor in quality care. If older people are going to be provided appropriate, individualized clinical services with dignity and sensitivity, they must be approached by social workers and other professionals whose judgements and decisions are not shaded by negative stereotypes.
CHAPTER II

REVIEW OF LITERATURE

Overview

This chapter begins with a discussion of the general relationship between attitude and behavior and then focuses on the specific research relevant to attitude toward the elderly and intergenerational contact. General societal attitudes toward older people as well as those of health care workers, and social workers in particular, will be considered as will instrumentation approaches that have been developed to measure attitude toward the elderly. Data from studies involving the influence of intergenerational contact on attitude also will be considered.

The Relationship Between Attitude and Behavior

The relationship between attitude and behavior was a central element of the study. Social workers' attitudes toward the elderly may influence their career interest in the field of aging as well as the quality of the services they provide to older people. The validity of this influence is dependent upon the extent to which behavior occurs as a result of attitude. It was necessary, then, to describe the concept of attitude and to review current findings in attitude-behavior research.
**Definition of Attitude**

Attitude has been defined as "a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object" (Fishbein & Ajzen, 1975, p. 10). Attitude theorists explain that a tendency to action is involved which is not innate but learned, a result of past experience. The past experience may have occurred directly from something one saw, heard, or felt or it may have been a vicarious experience, something that was read about or viewed on television. The tendency to action will be one that is constant in the direction of being either favorable or unfavorable regarding the attitudinal object.

**Attitude, Knowledge and Behavioral Intentions**

Dimensions have been ascribed to the concept of attitude that are affective, cognitive and behavioral (Smith, 1982). Thurstone (1931) proposed that the affective component, one's emotional or evaluative response to the object, may be the more essential of the three. He defined attitude as "the amount of affect for or against a psychological object" (p. 261). However, an individual's beliefs about an object (cognitive) and overt behavior directed toward it (behavioral) also have been proposed as ingredients in attitude composition (Fishbein, 1967a; Fishbein & Ajzen, 1975). Fishbein (1967a) prefers to view beliefs and behavior independently and regard them as related to attitude. He insists that one's beliefs and behavioral predispositions/accustomed manner of behaving toward a
given object determine one's attitude. Fishbein (1967a) defines beliefs as "hypotheses concerning the nature of objects and the types of actions that should be taken with respect to them" (p. 257). An example would be: older people are deserving of quality health care. There are research findings demonstrating that an individual's attitude toward an object is a function of his/her beliefs about the object (Fishbein, 1963, 1965a, 1965b; Rosenberg, 1956, 1960; Zajonic, 1955).

**Attitude Measurement**

The measurement of attitudes, then, might involve affective, cognitive and/or behavioral dimensions. Measurement could be accomplished from the perspective of either beliefs or behavioral intentions or by focusing on evaluation in itself (Fishbein, 1967b). Most attitude measuring instruments obtain an attitude index multidimensionally, through a consideration of beliefs and their evaluative aspects.

The Thurstone scale consists of a series of carefully selected belief statements with the respondent indicating those which come closest to his/her own feelings. The Likert scales require respondents to choose how strongly they agree or disagree with belief statements. Each of these techniques requires an understanding of the object in order to develop belief statements which validly represent the full spectrum of the attitude. The semantic differential technique (Osgood, Suci & Tannenbaum, 1957), on the other hand, is designed to determine a direct evaluation of an object.
independent of full specification of the object. The respondent rates his/her feelings about the object on a scale between bipolar adjectives. Osgood, Suci and Tannenbaum (1957) proposed that every point in semantic space has an evaluative component.

Two instruments suggested to be major scales for measuring attitudes and perceptions about old people (Green, 1981), the Old People Questionnaire (Tuckman & Lorge, 1953a) and the Old People Scale (Golde & Kogan, 1959), use the belief statements approach. Rosencranz and McNevin (1969) constructed the Aging Semantic Differential for directly measuring attitude toward the elderly independent of beliefs.

During the past decade Palmore's contributions to belief-measurement were accorded a good deal of attention in gerontology. He developed a Facts on Aging Quiz (Palmore, 1977), a series of facts or statements about aging and the elderly to be used for identifying misconceptions about aging and indirectly measuring attitude. Palmore proposed that a bias score, computed following completion of the quiz, provides this measure. Some researchers disagree with Palmore and argue that the correlation of the bias score with direct measures of attitude is low and that the quiz is valid only for measuring knowledge (Holtzman & Beck, 1979).

Attitude and Behavior

Attitude-behavior researchers appear to have reached consensus that there is a relationship between attitude and behavior. The studies of LaPierre (1934) and others (Berg, 1966; Carr & Roberts,
1965; Wicker, 1971; Wrightsman, 1969) suggested that attitudes are unrelated or only slightly related to overt behavior. However others support the notion that attitudes may arise from behavior (Bem, 1972; Doob, 1947; Scott, 1957). Still others support the view that attitudes produce behavior (Kahle & Berman, 1979; McGuire, 1976) or that attitude and behavior are reciprocally interrelated, with each exerting an influence upon the other (Kelman, 1974; Watts, 1967). The general agreement currently appears to be that attitudes and behavior are reciprocally interrelated and their relationship is affected by (a) characteristics of the attitudes, (b) situational factors and (c) personal variables. There is greater attitude-behavior consistency when the attitudes have resulted from direct personal experience (Regan & Fazio, 1977).

Summary

There is evidence of support, then, for the proposition that an individual's attitude toward an object is one of the variables influencing the way he/she acts or behaves toward the object. It will essentially be an emotional, evaluative response but also will have cognitive and behavioral components. One's beliefs and manner of behaving toward the object may well be involved, to a greater or lesser degree, in attitude formation. Attitude measurement may be accomplished multidimensionally by incorporating the full specification of belief and/or behavior directly in the instrumentation, such as the Thurstone or Likert scales, or by focusing directly on the object alone as with the semantic...
General Societal Attitudes Toward the Elderly

There is substantial evidence of negative attitudes toward the elderly and aging by the American public. Data have been obtained from all adult age groups including those over 65.

The National Council on Aging Study (Harris, 1975) was commissioned to determine societal attitudes toward aging and compare people's expectations about growing old with their perceptions of reality. The study has been described as "the most exhaustive general survey of attitudes toward aging" (Hendricks & Hendricks, 1981, p. 16). A total of 4250 interviews were conducted with a cross section of American adults, though the sample overrepresented people over age 65 (n=2797).

An overriding conclusion of the study was that older people as a group frequently are viewed negatively and inaccurately by those who are younger as well as by their own age peers. Only two percent of all respondents perceived the years after age 60 as the best in life and younger people consistently volunteered more negative views than those who actually were over sixty-five. Over one-third of the older people interviewed felt that the later years were the least desirable time in life.

The 18-64 age grouping of the sample revealed a perception of aging focused primarily on physical characteristics. Harris (1975) observed that "physical changes, including getting sick, slowing down, wearing out and showing the visible signs of age such as
wrinkles and gray hair, are considered by the public as the principal causes of old age. In other words, the public casts the blame for old age far more on the body of the older man or woman than on society’s treatment of its older citizens" (p. 26). These respondents also saw the problems of older people much differently than did the elderly who were experiencing them. The study (Harris, 1975) reported that "substantial differences exist between the very serious problems that older people personally attest to and the problems that the public expect most people over 65 to suffer" (p. 34). Over one-half of the younger interviewees felt that fear of crime, poor health, not having enough money and loneliness were very serious problems for the elderly, while only 18% of the elderly agreed with them.

Strikingly, even the older people who were studied appeared to have accepted the stereotypes about aging. Older respondents maintained that they were alert, energetic, adaptable people as individuals but perceived their contemporaries to be quite the opposite. Harris (1975) reflected that:

it is not the young alone who have negative expectations of old age. The older public themselves have bought the stereotypes and myths of old age, and, recognizing that life is not so terrible for them, consider themselves the exception to the rule. In fact, for many older people, life has turned out better than they expected it to be. For every older person who feels that his or her own life is worse now than what he/she thought it would be, there are three who say that life is better now than they expected (p. 111).

Similar findings have appeared in previous years. In his review of research conducted between 1942 and 1971 on patterned social orientations (perceptions, attitudes, views) towards old people,
McTavish (1971) stated that "most investigators have remarked on the prevalence of erroneous and negative impressions about the elderly" (p. 90). He reviewed cultural or society-wide studies (N=24) and those conducted on subgroups (N=30). At the societal-cultural level McTavish (1971) found most findings supportive of the view that attitudes toward the aged have been generally negative in industrialized Western nations.

The subgroup studies involved, for the most part, college students and suggested a prevalence of negative attitudes about old people among those who were studied. McTavish (1971) uncovered stereotyped views of the elderly in the studies reviewed which included their being:

- generally ill, tired, not sexually interested, mentally slower, forgetful and less able to learn new things, grouchy, withdrawn, feeling sorry for themselves, less likely to participate in activities (except perhaps religion), isolated, in the least happy or fortunate time of life, unproductive and defensive in various combinations and with varying emphases (p. 97).

Tuckman and Lorge published a series of studies from 1952 through 1958 involving college and other age groups including the aged themselves. Their populations for the most part were graduate students in psychology whose attitudes about and perceptions of the elderly, the elderly worker and the life adjustment of older people were analyzed. Attitudes of individuals having had work experience with the aged were studied and compared with those of college students. Investigations were conducted with groups of older persons living in different residential settings about their attitudes toward aging and the issue of when old age begins.
Data from the studies of Tuckman and Lorge supported the widespread acceptance of stereotypes about older people (Tuckman & Lorge, 1952a, 1952b, 1952c, 1953a, 1953b, 1954, 1956, 1958). Although their study populations were small and generally recruited from college classes or apartment residences rather than from random selection from a larger population, findings from the studies provided the basis for future investigations. Very few measures of attitude toward the elderly had been done prior to the works of Tuckman and Lorge. College graduate students (N=147) were found to view the elderly as conservative and set in their ways and old age as a time of economic insecurity, poor health, loneliness and failing physical and mental ability (Tuckman & Lorge, 1953a). Other graduate students (N=127) expressed agreement that the years after age 70 were a time of diminished happiness and ambition and increased worries (Tuckman & Lorge, 1955). A study of older people living in single community residences (n=21), apartments (n=20) and institutional settings (n=48) concluded that as older individuals become less able to function in the community, they subscribe to a greater degree to stereotypes about old age (Tuckman & Lorge, 1952b). In another study, individuals who identified a specific chronological age as the criterion for determining when old age begins subscribed to aging stereotypes more than those who did not identify a specific age (Tuckman & Lorge, 1953b). However, in a mixed group (n=92) of college students, older adults and individuals who had worked with the elderly, those who had had direct contact with a variety of old people tended to be somewhat less negative in their attitudes toward
the elderly than those whose contact had been more limited and constrained (Tuckman & Lorge, 1958).

Two other studies were accomplished during the mid-1970s that deserve mention. A multigenerational survey using a semantic differential was conducted to study attitudinal predictors of the devaluation of old age in which all age groups, including older people themselves, were found to devalue/have less regard for old age (Collette-Pratt, 1975). The sample was composed of volunteers and included 18- to 29-year-old college students (n=123), 30- to 59-year-old church study group members (n=90) and individuals 60 or more years of age (n=108). Negative attitudes of the participants toward the personal productivity, achievement and independence of older people were identified as contributing significantly to the devaluation.

LaCharite and Spencer (1977) surveyed representatives (n=30) of professional schools which included schools of theology, social work, nursing, home economics, medicine, dentistry, education, architecture, business administration, public administration and communications. Personal interviews also were conducted with a random sample of students and school personnel (n=50). The purpose of the study was to assess the success of the schools in training graduates to have the skills and positive attitudes for working with the elderly. Attitudes toward the elderly, reported from the survey and interviews, were found to be neutral to negative.
Summary

There are data supporting the prevalence of negative stereotyping of the aged in American society for many years. They were obtained from studies of different adult age groups, including older people themselves. Findings from the National Council on Aging Study (Harris, 1975), contributed substantially to this evidence. The elderly and aging have been viewed from neutral to negatively and devalued even by their own age peers.

The Measurement of Attitude Toward the Elderly

Three major instruments that have been used to measure attitude toward the elderly are the Old People Questionnaire (OPQ) (Tuckman & Lorge, 1953a), the Old People Scale (OPS) (Golde & Kogan, 1959) and the Aging Semantic Differential (ASD) (Rosencranz & McNevin, 1969). The Old People Questionnaire and Old People Scale employ the belief statements approach while the Aging Semantic Differential is designed to determine a direct evaluation of an object independent of full specification of the object. Thurstone or equal-appearing interval scales are used in the OPQ while the OPS involves a sentence completion procedure. The ASD employs a series of undefined scale positions that are anchored by a pair of polar adjectives.

Old People and Older Worker Questionnaires

A major accomplishment of Tuckman and Lorge in their studies was the development of two survey instruments, the Old People
The OPQ consists of 137 statements of misconceptions and stereotypes about old people which require a yes or no response. The statements are divided into thirteen categories including physical change, personality characteristics and adjustment. Material for the statements was obtained through interviews with adults of different age groups, discussions with professionals working with the elderly, case histories of older people and a literature review. The major criticism of the OPQ is the failure to control for response set effects, inherent in scales of the yes-no type (Golde & Kogan, 1959). Tuckman and Lorge also provided no indices of the reliability or validity of their instrument.

Sentence Completion Procedure

Golde and Kogan (1959) developed the Old People Scale, a sentence completion procedure, for studying attitudes toward the elderly. It was constructed to solve the response set difficulty of Tuckman and Lorge's OPQ by providing matched items designed to compare respondents' attitudes toward the elderly with their attitudes toward all age groups, though both approaches based their attitude measurement on beliefs or knowledge about aging. The Golde
and Kogan instrument consists of twenty-five matched experimental-control sentence stems reflecting emotions, physical attributes, interpersonal qualities and values attributed to the elderly and people in general/all age groups. The experimental stem focuses upon older people while the control stem regards people in general. Golde and Kogan (1959) administered this instrument to undergraduate college students \((N=100)\) and found that the students viewed older people as being more dependent, finding work difficult, considering sex unimportant and unconcerned with achievement compared to the students' view of other age groups in these areas. Other differences identified by the sample that were not unfavorable to old people were that they are serene and do not fear death. As was the case with the aforementioned instrument, reliability and validity data were not in the literature. Other studies have employed Golde and Kogan's instrument (House & Gaitz, 1970; Kogan & Shelton, 1962).

**Semantic Differential**

The Aging Semantic Differential was designed by Rosencranz and McNevin (1969) to provide a measurement device that would focus directly upon the affective dimension of attitude toward the elderly independent of the respondents' beliefs about aging. The semantic differential is a self-report measuring technique developed by Osgood, Suci and Tannenbaum (1957) which consists of a series of bipolar adjectives separated, generally, by seven point scales. The respondent is asked to rate the object according to how he/she feels toward it at the moment by placing a mark somewhere along each of the
scales. Rosencranz and McNevin (1969) produced their instrument from extensive lists of adjectives, which they compiled with the assistance of people from different age groups, descriptive of characteristics of people of all ages. They refined the lists to the current 32 bipolar scales through pretesting and used them to study the attitudes toward the elderly of college students ($N=287$). Their data indicated that the students perceived people over age 70 as less capable of actively pursuing goals and adapting to change than younger persons. They also found that the students viewed this older age group as more dependent, less friendly, tolerant, happy or cooperative than younger individuals. Rosencranz and McNevin have not reported reliability data on the ASD but they have provided evidence of its content validity in the extensive development process used. These scales were located on the adjective lists of Osgood, Suci and Tannenbaum (1957) who originated the semantic differential technique.

The OPQ and OPS approach the measurement of attitude toward the elderly multidimensionally by measuring misconceptions in beliefs about older people. The ASD provides a unidimensional perspective by focusing directly upon the evaluative aspect of the attitude, the rating of the individual’s feelings about the elderly. Reliability data are not available for any of the instruments, though all appear to have acceptable content validity. The choice of instrument would appear to depend on the type of data desired with the OPQ and OPS selected for a measurement of beliefs and the ASD preferred for a direct evaluative measure of attitude.
Attitudes of Health Care Workers

Investigations into the attitudes of health care workers toward older people/patients conducted over the past twenty years have provided data similar to those which have resulted from studies of society at large. The elderly have, for the most part, been viewed negatively and given low priority in surveys to determine the age group to whom the worker most preferred to provide service. Commenting from the perspective of his own experience as a physician and Director of the National Institute on Aging, Butler (1975) has pointed out that "the medical profession and other health personnel share the culture’s negative attitudes toward the old" (p. 178).

A U. S. Public Health Service study (Coe, 1967) of the attitudes of physicians, dentists, physical therapists, nurses and social workers found that all professionals saw aging as a process of deterioration. Data were taken from transcripts of discussions held separately with small groups from these professions. The respondents tended to agree that older people were rigid in behavior, unadaptable to change and slow to respond to treatment with nurses and some social workers expressing negative attitudes toward caring for the elderly.

Solomon and Vickers (1979) investigated health workers, chiefly physicians and medical students, and concluded that these workers generally held to negative stereotypes similar to those recognized in other societal groups. The Tuckman-Lorge Old People Questionnaire (1953a), described above, was employed and usable returns received
from medical students (n=155), housestaff (n=46) and geriatric medical care staff members (n=73). Medical students' and housestaff's scores on the scale reflected an acceptance of traditional stereotypes in the areas of conservatism, assessment of life and sex among the elderly. The female housestaff scores, in particular, evidenced a high degree of acceptance of stereotypes on factors of conservatism, personality traits, attitude toward the future, insecurity and mental deterioration. Geriatric medical care staff adhered least to the stereotypes. This suggests that physicians specializing in the care of older people may have rejected societal stereotypes of the elderly or perhaps chose this specialty because they already had positive attitudes toward them.

Personnel randomly sampled from fourteen nursing homes in a mid-western state (N=451) completed an Opinions About Old People, Form A with female participants expressing more anxiety than males about their own and others' aging (Vicker, 1978). Realism about aging was found to increase with the age of the personnel. Professionals, along with those holding bachelors or associate degrees, were more likely to accept older people as equals.

Data from a study of college students preparing for careers in service delivery who participated in an experiment focusing on recalling personality traits associated with pictures of old and young people suggested predominantly negative stereotypes of the elderly (Crockett & Press, 1979). The participants were given pictures of young and old people and asked to record characteristics the pictures brought to mind. Their responses included perceptions
of old people as inactive, inflexible and dependent. In the same study, experiments in a workshop setting examined other aspects of service delivery such as the effects of age upon diagnosis, treatment and referral of clients by nurses (n=114). The results showed that the nurses' judgments were not influenced by age directly but rather by whether the illness was classified by the investigators as acute or chronic with more negative judgments associated with chronic illness. However, it should be noted that the health situation of older people is one of chronic conditions, the exacerbations of which bring them into contact with the care professional. The likelihood would be present, then, of their receiving more negative judgments.

The adherence to general societal conceptions and misconceptions about the aged by medical students has been documented (Spence, et al., 1968) as has the lack of knowledge of basic facts about aging and failure to give first preference to working with the elderly by medical, law and social work students (Geiger, 1978). Spence et al. (1968) surveyed the attitudes toward old people by freshmen (n=92) and senior (n=46) medical school students and found that they perceived the elderly as emotionally ill, disagreeable, inactive, dependent and socially withdrawn. The students expressed low preference for working with older patients /clients too. Geiger's investigation also included a survey that involved a smaller sample (N=83) and addressed the participants' knowledge of the elderly and perceptions of older people as well as preference for working with the aged. The medical, law and social work students indicated that 20-24% of the population was over age 65, 20-28% were in nursing
homes and the total number of people over age 65 in the nation was between 44 and 53 million, all grossly inaccurate beliefs. In reality, the population data for 1978 showed that approximately 4%-5% of the 23 million people over age 65 were in nursing homes (Harris 1978). Also, none of the respondents in the Geiger (1978) study registered a first choice preference for working with older people in their future professional careers.

Mental health practitioners, psychiatrists, clinical psychologists, psychiatric social workers and nurses, have been singled out as reluctant to treat older people (Butler, 1975). Kastenbaum (1963) identified a conflict in values among psychotherapists regarding the treatment of elderly clients. He described them as being reluctant to invest time and effort with people whose life span was coming to a close and who were thought to have limited potential for productivity. Garfinkel (1975) surveyed psychologist, psychiatrists and social workers ($N=38$) to assess the validity of Kastenbaum's perception some ten years later and found that these professionals ascribed unanimously to the stereotype that old people usually don't talk much, denying their ability to communicate and, thus, their suitability for psychotherapy. Settin's (1980) survey documented that clinical psychologists ($N=418$) were more negative in their perceptions of, and assigning a diagnosis to, an older client than one who was younger. They frequently attributed the older client's symptoms to aging rather than to a specific pathology. Stimulus material was provided each participant that included a case history of an initial client interview and each was
requested to make judgments based on the client being different ages. The 72-year-old stimulus client was evaluated significantly more negatively than the one who was a 46-year-old. The participants felt that the older client would be more disoriented and intervention less effective than in the case of the younger one. However, it should be noted that mental health practitioners have not always been found to hold negative attitudes toward the elderly. Knight (1980) compared the attitudes of mental health therapists ($n=66$) and university students ($n=32$) and concluded that the therapists exhibited more positive attitudes than did the students.

Attitudes of Social Workers

There is a paucity of data on attitudes of social workers toward the elderly although social workers have been included in the samples in several studies of health care workers and mental health practitioners. Social workers have been found to view aging as a process of deterioration in social relationships and the elderly as rigid and slow to respond to treatment (Coe, 1967). They have perceived the older client as passive and non-verbal (Garfinkel, 1975). Graduate social work students have ranked working with the elderly as their third or fourth career preference (Geiger, 1978).

Kosberg and Harris (1978) reviewed findings from twelve studies involving social workers which were conducted in a variety of settings over a period of eleven years. The review indicated that social workers, along with other helping professionals, evidenced negative feelings toward the elderly which were associated with
societal stereotypes. In particular, the samples perceived older people as boring (Cyrus, Lutz & Gaitz, 1972) and too challenging for the clinical investment their problems required (Kastenbaum, 1963; Kosberg, 1973). Nursing homes especially were viewed negatively (Kahana & Coe, 1969) and characteristics of aging a barrier to communication with the elderly client (Burger, 1972). There was evidence in these studies, too, of positive attitudes associated with professionals who chose to (Ginsberg & Goldstein, 1974) and were successful in (Wolk & Wolk, 1971) working with the aged.

A survey of clinical social workers (N=200) in Ohio, focused primarily on assessing the participants' knowledge about aging rather than measuring their attitudes, also found evidence of negative bias toward the elderly (Barresi & Brubaker, 1979). The social worker participants were primarily female, middle aged, had held the MSW degree an average of 15.4 years and were practicing social work in specialization areas other than geriatrics. They viewed the elderly as bored with life, socially isolated and lonely, irritated and angry, living on incomes below the poverty level and having ten percent of their number in nursing homes.

Results of a survey of hospital-based social workers with MSW degrees (N=123) revealed more negative attitudes toward the elderly than toward younger adults (Zofnass, 1982). Workers with negative attitudes did not wish to spend as much time with this age group as did workers with more positive attitudes.
Summary

There is not an abundance of data on the attitudes of health care workers toward the elderly. Available findings indicate that physicians, dentists, nurses, social workers, psychologists and students preparing for these and other health care disciplines view aging as a process of deterioration and older people as rigid in behavior, slow to respond to treatment, inactive and dependent. Mental health practitioners, medical and social work students have expressed low preference for working with the elderly. Studies focusing exclusively on social workers found that they preferred working with younger clients and felt involvement with older people would be short-lived and an inefficient use of their professional talent. Staff specializing in geriatric care and students preparing for careers in this specialty area have surfaced as an exception exhibiting more positive attitudes.

Intergenerational Contact

Peacock and Tally (1984) suggest that intergenerational activity is a key to mediating age segregation and dispelling negative stereotypes of the elderly. They define this activity as "the interaction of all age groups in a variety of situations at a level that provides close communication, sharing of feelings and ideas and cooperative activity in meaningful tasks" (p. 13). The authors describe it as occurring in the course of spontaneous, consistent encounters between younger and older persons in which there is
opportunity for a meaningful relationship to develop.

Naturalistic environments have surfaced as favorable settings for such interaction. The term, naturalistic, encompasses the natural settings of a person's life activities which would include one's personal residence, church, grocery store, club and/or the social, spiritual or cultural activities in which the individual may choose to be involved. In the area of health care the positive care context would be considered naturalistic, the wellness-focused, non-institutional situation of managing one's own health needs with professional intervention at the choice of the individual.

Patterson (1981) has described the incorporation of this concept into a course in naturalistic research on the elderly at the University of Kansas School of Social Welfare to combat negative stereotyping of the aged by the students. Students are required to develop an on-going relationship with an older person in the community with whom they can visit on a regular basis during the semester. The students write papers reflecting their understanding of aging for this person and share their experiences with classmates. Students have consistently reported the development of sensitivity and positive attitude toward their aged clients after completing the course.

There are data supporting the influence of intergenerational activity and the positive care context/naturalistic environment on the development of positive attitudes from investigations conducted with health care professionals, college students and children. Medical schools, in particular, have begun to operationalize these
concepts in the training of physicians. The exposure of medical students to non-institutionalized older people in their homes, outside of the treatment milieu, has resulted in the students questioning many of the stereotyped assumptions they previously held about the elderly (Birenbaum et al., 1979; Wilson & Hafferty, 1980; Wooliscroft et al., 1984).

Birenbaum et al. (1979) studied four students who participated in a social and health survey of healthy, independent elderly in an urban neighborhood after completing their first year of medical school. At the conclusion of the project, all of the students reported rejecting many of the stereotyped assumptions they had held about the elderly and the process of aging. The Wilson and Hafferty (1980) study focused on first year medical school students \( N=21 \) who attended a seminar on aging and health which included lectures on aspects of aging and medical problems of the elderly, discussions with health professionals providing care for elderly patients, student interviews of older individuals living independently in the community and a case conference in which summaries of the interviews were presented. Measurements of the students' attitudes toward the elderly one year following the seminar showed significantly more favorable attitudes than displayed in the pretest. The students indicated that the most influential aspects of the course were their interviews with active, independent older people and the association with the geriatric practitioners and team.

The investigation of Wooliscroft et al. (1984) involved medical school students \( N=234 \) who interviewed elderly people in three types
of facilities ranging from independent apartment living to nursing homes as part of the required medical interviewing course. Tests of student attitudes disclosed significant posttest improvements concerning the functioning, integrity and personal acceptability of the elderly at all sites except for attitudes toward functioning at nursing homes.

The attitudes toward the elderly of long term care nursing personnel who had been providing daily care of the aged (N=156) were found to be neutral to more positive than negative (Chandler, Rachal & Kazelskis, 1986). The data were gathered by a pretest-posttest procedure during an experimental staff training program on attitudes. No significant changes were noted as part of the training. In a survey of the attitudes and knowledge level of occupational therapy students (N=162) toward the elderly, the participants in the study who had the more positive attitude scores were those who indicated having had previous close experience with an older person (Todd, Rider & Page-Robin, 1986).

Results of a study of masters-level gerontological and non-gerontological social workers (N=127) suggested that the former were more likely to have reported a positive relationship with a grandparent at age 18 than were the latter (Williams, 1982). They were also more likely to have attended graduate courses and conferences in aging and have a significantly higher mean score on the measure of gerontological knowledge than the non-gerontological workers. Rosencranz and McNevin (1969) studied the attitudes toward the elderly of undergraduate college students (N=287) and the effect
of their contact with older people on the attitudes. Respondents who had close grandparent contact, or meaningful association with at least one older person, exhibited more favorable attitudes toward the elderly than those having had little or no such contact or association. However, attitudes of respondents who had contact with older people in a hospital setting were more negative than those whose contact occurred in other environments.

Undergraduates in introductory psychology courses (N=79) who maintained frequent contact with one or more grandparent were found more likely to hold positive attitudes toward older people than those who lacked such contact (Downs & Walz, 1981). College students (N=16) serving as volunteers at a home for the aged indicated greater acceptance of old age following the experience than they had preceding it (Berman & Geis, 1975). A study of the influence of direct experience with the elderly on attitudes toward aging of recreation and speech pathology students (N=20) suggested that the experiences had a positive effect on their attitudes (Stratton & Rusk, 1981). The students' attitudes were measured before and after the experience and seventy-nine percent of the changes from the undecided on the pretest were to positive on the posttest.

Public school sixth, seventh and eighth grade students (N=369), tested on attitude toward the elderly after daily exposure for three months to older persons during a school lunch program, showed consistently less negative stereotyped perceptions of the elderly than the control group (Olejnik & LaRue, 1981). There was a statistically significant change in the percentage of affirmative
responses indicating more positive perceptions of the aged by the students. However, in a study of Catholic high school students (N=89), the influence of intergenerational contact on the treatment group's attitudes was not found to be statistically significant (Anderson, 1980). Intergenerational contact was a treatment variable combined with a course in gerontology administered to one-fourth of the sample. Possible explanations offered for the lack of significance were that the course increased the subjects' anxiety about aging and thus may have negated any possible attitudinal change that might have occurred as a result of the treatment variables, or the variables were not strong enough to positively change the subjects attitudes toward the elderly. It should be noted that the study of Olenjik and LaRue (1981) involved four times the number of participants that were studied by Anderson (1980) and, thus, was substantially more sensitive to small differences.

Intergenerational programs involving school children along with manuals and materials for developing them have surfaced in several states (Newman, 1982; Pratt, 1981; Seefeldt, Jantz, Serock & Bredekamp, 1979; Wisconsin Department of Public Instruction, 1983). They focus on opportunity for frequent and meaningful contact between young and old along with the integration of information about aging into the school curriculum. Anecdotal reports from these programs to date indicate favorable impact on children's learning as well as the older persons' feelings of self worth (Newman, 1982). These findings were supported by information gathered informally by Newman (1982) from participants in the Senior Citizens School Volunteer Program at
the University of Pittsburgh. The program focused on perceptions of the elderly and aging of fourth, fifth and sixth grade children \((N=256)\) and tested the effect of consistent social contact on children's attitudes toward old age.

**Measurement of Intergenerational Contact**

In reviewing these studies no standard method was discovered for the measurement of intergenerational contact as a dependent variable. In slightly more than half of the studies considered, intergenerational contact was an independent variable. Where it was a dependent variable each study used a different measuring device. Some degree of flexibility was, thus, assumed in approaching the development of instrumentation for the measurement of intergenerational contact in the study.

**Summary**

Positive attitudes toward the elderly have been discovered among staff and students specializing in geriatric care and students having meaningful contact with older people in their natural living environments. A positive relationship with a grandparent has been reported by social workers specializing in aging and positive attitudes have been identified by religion, recreation and speech pathology students following direct experiences with older people. Intergenerational programs involving adolescents and younger children are becoming more prevalent and reports indicate a favorable impact by them on the participants' learning and attitudes toward aging. In
studies of intergenerational contact as a dependent variable
different measuring devices were used.

Chapter Summary

There are data supporting the societal prevalence of negative
stereotyping of the elderly who have been seen as ill, forgetful,
withdrawn and unproductive. Samples studied were drawn from
different age groups, even older people themselves, though they have
frequently been small and drawn from college students. The National
Council on Aging Study (Harris, 1975) was a notable exception,
identifying the prevalence of negative stereotyping of the elderly in
a large cross section of American society.

Health care workers and those preparing for professional health
care careers have been found to adhere to negative stereotypes and
have conflicting attitudes about working with older people. Mental
health practitioners, medical and social work students indicated a
low preference for working with the elderly. However, exceptions
were found among those specializing or preparing for careers in
geriatric care. Similar findings have appeared from studies of
contact between older people and health care professionals and
students. Intergenerational programs involving children and the
elderly have become more prevalent and reports indicate they are
having favorable impact on the participants.

More extensive studies are needed regarding the relationship
between attitude toward the elderly and intergenerational contact.
Of the investigations to date, the only health care discipline that
has approached a semblance of replication is medicine. Descriptive
data about the attitudes toward the elderly of social workers, along
with the quantity and quality of their contact with older people are
needed. There have been no surveys of substantial samples of the
social work profession focused on this issue. A data base on these
variables and their possible relationship is needed if determination
of their relevance for this discipline is to occur.
CHAPTER III

METHODOLOGY

Introduction

This study investigated the relationship between social workers' attitudes toward the elderly and personal contact with older persons. The purpose of the investigation was to describe the attitudes of social workers toward older people and to answer the primary question of whether or not a relationship existed between the attitudes and the intergenerational contact experienced by the social worker. This chapter includes information about the research variables, instrument development, research questions, methodology and data analysis.

Research Variables

The major variables in the study were attitude toward the elderly and intergenerational contact. Attitudinal data were of primary importance because of a lack of descriptive data on attitudes of social workers toward the elderly. Attitude measurement was obtained by the Aging Semantic Differential (ASD) (Rosencranz & McNevin, 1969) in order to focus directly on the respondents' attitudes independent of their beliefs about older people, as noted in Chapter II.

Intergenerational contact may be positively related to attitude toward the elderly as noted in Chapter II. Report of contact with
older people was obtained in order to examine that relationship. The reporting included the amount and quality of the contact as well as the contexts in which it occurred. Instrumentation for measuring this variable was developed for the study. Nine intergenerational contact items were constructed with the assistance of a panel of experts in the field of aging.

Additionally, demographic variables of respondent age, gender, ethnicity, academic degree, specialty training, work setting and length of time in social work were examined by items designed to identify these characteristics of the sample. They allowed a description of the sample and a comparison of the attitude-intergenerational contact relationship across these variables. All measuring instruments were pilot and field tested.

Attitudes Toward the Elderly

The ASD (Rosencranz & McNevin, 1969), is a self-report measurement technique consisting of thirty-two items which focus directly upon attitude independent of the respondent’s knowledge or beliefs about aging using a semantic differential item format. Each item consists of a set of bipolar adjectives separated by a seven-point scale. The respondent is asked to rate his/her perception of people aged 65 and above as described by the adjective pair by placing a mark somewhere along each of the scales. Scoring is based upon the sum of values assigned to the seven positions on the items where 7 represents the highest and 1 represents the lowest score. For example:
Reliability of this instrument had not been assessed. Green (1981), reviewing instrumentation for measuring attitude toward the elderly, commented that reliability estimates have seldom been conducted in this area. However, it has been observed that validity and reliability estimates of the semantic differential scales are generally satisfactory (Ary, Jacobs & Ragavieh, 1979). Rosencranz and McNevin (1969) employed the ASD to study the attitudes of college students (N=281) toward the elderly. It was also used by Wooliscroft et al. (1984) in investigating medical students' (N=234) attitudes toward older people. Each study provided some evidence of the validity of the instrument.

**Intergenerational Contact**

New instrumentation was constructed to measure intergenerational contact, encompassing the quantitative, qualitative and contextual components described in the literature as interacting positively with attitudes toward the elderly. The measure was developed from the definition of this variable as "the interaction of different age groups in a variety of situations at a level that provides close communication, sharing of feelings and ideas and cooperative activity in meaningful tasks" (Peacock & Talley, 1984, p. 13).

The definition was operationalized as the frequency of the interaction that occurred between the respondent and older people (quantitative/how much), the sharing and cooperative activity that
took place (qualitative/how meaningful) and the variety of situations within which the contact took place (contextual/where occurred). Criteria used in writing the items were that they should (a) be stated in quantifiable terms and (b) encompass the quantity, quality and context of the contact experience with the elderly. When these criteria were applied to "encounters," "sharing" and "variety of situations" of the definition the following examples of quantitative, qualitative and contextual items were generated:

From my childhood until the present my CONTACTS with older relatives, neighbors and others can best be described as

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<td>no contact</td>
<td>infrequent contact</td>
<td>moderate contact</td>
<td>frequent contact</td>
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The EXCHANGE OF IDEAS AND UNDERSTANDING that usually occurred for me during these contacts can best be described as

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<tr>
<td>no exchange</td>
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<td>moderate exchange</td>
<td>frequent exchange</td>
<td>very frequent exchange</td>
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The occurrence of these contacts in the PERSONAL RESIDENCE of the older person(s) can best be described as

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<tr>
<td>no contact</td>
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A summed rating scale, scaled 1-7, was designed where 7 represented the highest and 1 represented the lowest score. The 7 point scale was selected because of consistency with the most frequent use of the semantic differential (Osgood, Sucić & Tannenbaum 1957).
Demographic

The demographic variables of age, gender, ethnicity, degree, specialty training, work setting and length of time in social work were selected for the study. These items were selected in order to describe the characteristics of the sample and identify subgroups for comparing the attitude-intergenerational contact correlation coefficients for differences. The subgroups of specialty certification/training and work setting were of particular interest since previous studies indicated their positive association with attitude toward the elderly during training that had been gerontological and/or the work setting geriatric-focused (Chandler, Rachal & Kazelskis, 1986; Ginsberg & Goldstein, 1974; Williams, 1982; Wolk & Wolk, 1971). It should be noted that the specialty certification/training options listed were those generally offered in university programs. An "Other" category was provided for respondents who might feel that none of the choices reflected their situation. Consequently, it was expected that the number selecting "Other" would be small. It also was felt that the "Work Setting" items captured all of the general employment alternatives for social workers.

Development Procedures for Instrumentation

A single instrument was constructed to measure all variables of interest in the study. Several steps were designed for the development of the intergenerational contact variable measure because
of the newness of this variable. The intergenerational contact items were systematically developed with the assistance of a panel of experts in the field of aging, pilot tested and field studied along with the attitude and demographic items. Sample items were constructed from Peacock and Talley's (1984) definition of this variable, encompassing the definition's quantitative, qualitative and contextual components. The key concepts in the items were extent of contact, professional contact, closeness of communication, meaningful communication, sharing of feelings and ideas, cooperation in meaningful tasks, contact in older person's residence, contact in shared residence, contact in congregate living environment and contact in a care/service setting.

Panel of Experts

Because of the proposed study's focus on social workers, a panel composition was sought that would combine social work, sociology and clinical behavioral science in aging perspectives. Five individuals were selected who provided this composition. All held doctoral degrees and brought to the panel a combined total of seventy-two years in teaching, research and clinical experience in the field of aging. Three of the experts were university professors, one in social work and two in sociology. One of the sociology professors was the director of a University Gerontology Program. The other panel members were clinical psychologists who have been engaged in mental health care of the elderly for a combined total of twenty-nine years.
The panel was provided with ten sample items scaled from 1-7 with request for its judgment of the extent to which the items operationalized the definition. The scale was composed of two items to address the quantitative and four items each to address the qualitative and contextual components of the intergenerational contact definition. Each item was followed by a 3-point scale so that the relevancy of the item to the definition could be rated. It could be rated either (a) not relevant, (b) moderately relevant, or (c) highly relevant. The sample items with instructions may be found in Appendix A.

The panel was instructed to rate each item on three criteria: (a) its relevance to the definition, (b) clarity for social workers and (c) the relationship of the scale to the items. The panel also was encouraged to propose additional items which would be considered related to the definition of intergenerational contact.

The average rating of 3 was given to all of the sample items with the exception of "cooperation in meaningful tasks" which was rated 2. The panel recommended: (a) that item 1 be changed from "the extent of my contact with older persons" to "from my childhood until the present my contacts with older relatives, neighbors and others," (b) item 2 be changed from "professional contacts" to "professional service contacts," (c) items 3, "closeness of communication," and 4, "meaningful communication," be combined into "exchange of ideas and understanding," (d) items 5, "sharing of feelings and ideas," and 6, "cooperation in meaningful tasks," be combined into "relationship that usually developed between the older
person(s) and myself," (e) item 7,"contact with an older person in his/her residence," be changed to "contact in the personal residence of the older person," (f) item 8,"contact with an older person in my/shared residence," be changed to "multigenerational household," (g) item 9,"contact with an older person in a congregate living environment," be replaced by "occurrence of contacts in other community settings," (h) item 10,"contact in a care or service setting," be changed to "contacts in a health care setting." Further explanation of the item also was recommended where the investigator felt it would enhance the clarity of the item (e.g. "the occurrence of these contacts in a multigenerational household (both of us living in the same residence) can best be described as . . ."). In sum, nine of the panel recommendations were editorial and one resulted in two items being collapsed into one. The total of the intergenerational contact items, thus, was reduced to nine.

The instrumentation, at this time, was considered ready for the pilot test which would provide a critique of its clarity and possible suggestions for its improvement by individuals who would typify the study population. The questionnaire consisted of the Aging Semantic Differential, intergenerational contact and demographic items. Additional items were added to the demographic section asking respondents to (a) specify their willingness, unwillingness or indecision to respond to an out-of-state address, (b) indicate any item unclarity and (c) comment on the instrumentation. The first addition was prompted by the investigator's imminent relocation to Texas. The second and third additions were designed to offer
opportunity for improving the instrumentation. The questionnaire that was pilot tested may be found in Appendix B.

Pilot Test

The pilot test was conducted in June 1987 with ten social workers having current clinical and/or administrative responsibilities in the health care of older people in the Battle Creek-Kalamazoo, Michigan area. They were selected primarily for their practice experience with the elderly. Eight of these workers held the MSW and two the BSW degree. Seven of the individuals were male and three were female. Nine were engaged in direct clinical practice and one in administration. The group mean for years in social work was sixteen.

The investigator met personally with the pilot test group. Each person was given a copy of the questionnaire along with a draft of the cover letter which provided an explanation of the study and directions for completing the questionnaire. Respondents were asked to critique the document for clarity individually and, then, participate in discussion of their suggestions with the group.

The questionnaire was revised according to recommendations from the pilot test group that (a) directions be provided for each section of the questionnaire, (b) upper case letters be used to highlight the key phrase in each intergenerational contact item, (c) Specialty Certification be changed to Specialty Certification/Training, and Administration be added as a choice in this area, (d) Independent Practice and Education be added to Work Setting choices. The
revisions were accomplished including a random reverse ordering of bi-polars in the attitude measure finalizing the instrument for field study which may be found in Appendix C. The reverse ordering consisted of randomly selecting eleven of the bipolar adjective sets and reversing the order of the adjectives in each pair. The more positive adjective in each of these sets, then, was not always encountered at the left end of the seven-point scale. The most positive adjective was always associated with 7 points in scoring the instrument. This was accomplished to control response set effects.

Field Study

The field study was designed to test the instrumentation with a sample of the proposed study population and using the procedures planned for the proposed study. A sample survey using a mailed questionnaire was conducted with a random sample (n=60) of the Michigan Chapter of the National Association of Social Workers (NASW). The field study objectives were to test (a) the accuracy of the NASW membership address list, (b) the response rate efficiency of the cover letter stationery and (c) the reliability and item quality of the intergenerational contact measures.

A sample of sixty names, not to be replaced, was randomly selected from the current Michigan Chapter NASW membership by a systematic sampling procedure. The names on the register were numbered consecutively from 1 to 5957, the membership total. The population total was then divided by the desired sample size, 60,
which provided the sampling interval of 99. The first sample member number was obtained by blindly touching a table of random numbers revealing the number, 07. Every 99th individual following the number, 07, was selected until 60 individuals had been obtained. Additionally, in order to evaluate the influence of cover letter stationery on the response rate, thirty of the cover letters were typed on Western Michigan University (WMU) and thirty on NASW stationery. Because the sample would be responding to a professional colleague it was possible that the visibility of their mutual NASW affiliation might be more motivating than an academic institution. The cover letter designations were determined during the field study sampling process. As the names were drawn from the membership registry, they were alternately assigned to either WMU or NASW stationery.

Protocol for the study was approved by the Human Subjects Institutional Review Board, WMU with exempt status prior to collecting data (Appendix D). In mid-June 1987 each member of the sample was mailed a copy of the instrumentation, coded so that non-respondents could be identified, with a cover letter explaining the purpose of the study and requesting the individual's participation.

Field Study Results: Response Rate

A total of twenty-three questionnaires were returned for a response rate of 38%. Sixteen were received within one week of the initial mailing. Postcard reminder notifications were then sent to all sample members from whom a reply had not been received during
that time period. No returns were received during the ensuing 10 days, a time period in which the investigator changed residence. An inquiry at the post office revealed that mail forwarding instructions had been misinterpreted and the investigator's mail placed in the address-unknown file. Six additional returns were recovered by the post office following the inquiry. A seventh return was forwarded by the post office in mid-August. Returns from individuals whose cover letter had been typed on WMU stationery totaled twelve, a return rate of 40% of the total WMU stationery mailings or 52% of the total returns received. Returns from individuals whose cover letters had been typed on NASW stationery totaled eleven, a return rate of 37% of the total NASW stationery mailings or 48% of the total returns received.

In order to analyze the poor return rate a decision was made to attempt telephone contact with as many as possible of the thirty-seven sample members from whom a questionnaire had not been received. Eighteen (49%) of these non-respondents were not able to be called because of a non-publicly listed telephone number or a disconnected telephone. Fifteen of the nineteen sample members, for whom telephone numbers were obtained, were contacted (79% of the viable group). Three individuals (5% of the viable non-respondents) indicated that, they had, in fact, returned their instruments. Four others (7% of the viable non-respondents) stated they were away from their residence from mid-June until August and assumed than an August return would be too late for it to be of value to the study. An additional member of the sample revealed that she no longer was an
actively practicing social worker and did not feel her response would be relevant. Another said he could not find the questionnaire when the reminder postcard arrived. The remaining six individuals stated that they had been too busy to respond at the time the questionnaire was received. None of the people contacted felt that the instrument itself lacked clarity or presented other difficulties that impacted negatively on their motivation to respond. On the basis of this feedback, it was concluded that the reason for these people not responding was not a difficulty with the instrument itself. Therefore the study procedures were not changed.

An analysis of the addresses of the eighteen non-responding sample members who were unable to be contacted because of a non-public or disconnected telephone number revealed that six were residence halls at either Michigan State University or the University of Michigan. The likelihood appears that these individuals left their student residences at the conclusion of the school year and their mail was not forwarded immediately. Approximately ten percent of the NASW membership is social work students (Downs, 1987). Consequently, it was decided to exclude student members of NASW from the study population in order to improve the return rate potential and provide a clearer link between the sample and the population.

Field Study Results: Variable Measures

A code book was prepared designating item number and name, field (digits), code and obscan sheet number. Identification numbers were removed from all questionnaires and item responses transferred to
obscans sheets for computer analysis. Item 45, requesting the respondent to indicate percentage of time spent working with different client age groups, was eliminated from the analysis because of unusable responses from several respondents.

Variance-covariance matrix was computed for reliability analysis of the attitude and intergenerational contact items. No negative item-total correlation coefficients were discovered in either set of the discrimination indices. The reliability alphas were .90 for the attitude variable measure and .81 for the intergenerational contact variable measure.

In open-ended comments two respondents indicated that there were unclear attitude items. However, neither individual identified the same items and the item statistic indicated clear discriminatory items, so no changes were made. Seventeen (81%) of the twenty-one respondents indicated that they still would respond if the return of the questionnaire was to an address outside of Michigan while four (19%) said that they were undecided. Most respondents had no difficulty completing the questionnaire. Given the item statistics and level of reliability, no changes in the item forms were performed. Response to an address outside of Michigan appeared to be feasible but the letterheads used for the cover letter did not seem to make a substantial difference in the response rate.

In the final form of the questionnaire, the attitude, intergenerational contact and demographic items remained unchanged from the instrumentation that was field tested except that item 45 was eliminated. Specialty Certification/Training was numbered as a
separate item. Emphasis was made in the cover letter of the need for response from practitioners in non-geriatric work specialties as well as from those directly engaged with the elderly. The cover letter was typed on WMU letterhead and is included in Appendix E, along with the final form of the instrument.

The small number of returns was a major problem, however. The investigator's change of address and breakdown in communication with the post office appeared to have been causal factors in the loss of at least six returns. Attempting to collect data during a popular vacation time of year also was identified as a contributing element. A more tightly-structured and comprehensive follow-up process appeared to have been needed. The reminder postcards were sent just one week following the initial mailing and there was no mailing with second questionnaire. Consequently, a major revision in the methodology and definition of the population will be described below in the description of the full survey.

Research Questions

The study focused on the attitudes toward the elderly of social workers and the relationship of these attitudes to the workers' life contacts with older people.

The following four research questions were addressed in the study:

(1) What are the attitudes of social workers toward the elderly?
(2) What intergenerational contact has been experienced by
social workers?

(3) Is there a relationship between the social workers' attitudes and intergenerational contact and, if a relationship exists, is it in a positive or negative direction?

(4) What differences in the relationship of these variables appear when the demographic characteristics of the gender, ethnicity, work setting and specialty certification/training are considered? Gender and Ethnicity were selected because of data indicating the known representation of these characteristics in the population. The Work Setting and Specialty Certification/Training Subgroups were chosen because of their significance in the literature.

Methodology

Population

The study population was active non-student members (N=5358) of the Michigan Chapter NASW. NASW is a major national professional organization for social workers in the United States with a total membership of 109,000 workers from a wide variety of settings. Social work practitioners, social work professors and students preparing for social work careers join NASW for professional identity and development and to support on-going political advocacy/action regarding societal issues and causes. Membership in NASW also offers opportunity for professional certification for independent practice and clinical expertise. The Michigan Chapter was selected for the study because it encompassed a sizable number of professional social
workers in diverse practice specialties and never had been a subject for a study of attitude toward the elderly or intergenerational contact. The Chapter is 72% female and 28% male of whom 87% are Caucasian and 13% minorities (Downs, 1987). The population definition was restricted to non-student Chapter members in order to increase the expected return rate. Students comprised approximately ten percent of the total Michigan Chapter NASW membership. Though many are engaged in internships, students are not considered to be qualified practicing social workers. Their elimination from the study population, then, was not expected to diminish the relevance of the data for the field of social work and it would provide clearer links between the sample and the population given the expected increase in response rate.

Sample

A sample of 536 names, not to be replaced, was randomly selected from the December 1987 Michigan Chapter NASW membership register by a systematic sampling procedure excluding persons previously involved in any aspect of the study (e.g., pilot, field reviews). The number was determined to insure a representative number of returns based on the approximated field study return rate of non-student participants. The names on the NASW register, exclusive of students, were numbered consecutively from 1 to 5358. The population total was then divided by the desired sample size, 536, which provided the sampling interval, 10. The first sample member number was obtained by blindly touching a table of random numbers to reveal the initial member of
the sample. Every tenth name following the randomly obtained number was selected until 536 had been obtained. While a minimum of 360 returns was needed for the sample to be representative of the target population (Krejcie & Morgan, 1970), the sample size was slightly larger than recommended because of proposed analysis on subgroups of the population by demographic characteristic (e.g., Gender, Specialty Certification/Training).

Procedure

A three-wave contact procedure was designed with a subsidiary study of non-respondents to verify generalizations to the population.

Initial Mailing

Each member of the sample was mailed a copy of the form of the instrument in final form (Appendix E) with a cover letter on WMU letterhead explaining the purpose of the study and requesting participation. The cover letter emphasized the need for data from social workers of all practice specialties. The questionnaire was coded so that non-returns might be identified for reminder notifications. A stamped return envelope was enclosed with every questionnaire.

Follow-up Procedures

Postcard reminders were mailed to all non-responders at the end of the third week following the initial mailing. Request was made for completion and return of the instruments within one week. The
name of each individual in the greeting was hand written and each postcard signed individually by the investigator in order to improve response rate.

A second wave of coded questionnaires and return envelopes was mailed to those who had not responded by the conclusion of the sixth week. A cover letter on WMU letterhead reminded the individual of the prior mailing six weeks earlier, briefly explained the purpose of the study and requested a response within one week. The letters were signed individually by the investigator and the inside greeting along with envelope address hand written to personalize the mailing and improve response rate.

Non-Respondent Study

A systematic study of non-respondents was planned because of a possible low return rate. A random sample would be drawn from those not responding by the conclusion of ten days following the mailing of the second reminder notification, and telephone interviews conducted to insure that the returns were an adequate representation of the study population. The following four questions would be asked in the interview: (1) Was the questionnaire received?, (2) Was the questionnaire too long?, (3) Did you consider that your responding would be irrelevant?, and if so, why?, (4) What was the primary reason that you were unable to return the questionnaire?

Data Analysis

The responses were coded for analysis. The analysis plan
required by the research questions was:

(1) Frequency distributions, means and standard deviations were tabulated for the attitude variable scores of the sample to describe their distribution, central tendency and variability. The measure of the variable was analyzed with respect to its internal consistency. The sum of the scores on items 1-32 was used as the attitude variable score.

(2) Frequency distributions, means and standard deviations were generated for the intergenerational contact variable scores to describe their distribution, central tendency and variability. The sum of items 33-41 was used as the intergenerational contact variable score. The measure of the variable was analyzed with respect to its internal consistency.

(3) Pearson correlation coefficients (r) were calculated for the attitude and intergenerational contact variable scores in order to determine the existence, direction and strength of the relationship between the two variables.

(4) Attitude and intergenerational contact variable score means and standard deviations were tabulated and the correlation coefficient calculated for these two variables, for the demographic items of Gender and Ethnicity, the Work Settings and the Specialty Certification/ Training subgroups and tests of difference conducted in order to make comparisons between the groups.

The data obtained from the analysis provided the basis for answering the research questions regarding the attitudes toward the elderly and intergenerational contact of the sample along with the
relationship between these variables.
CHAPTER IV

FINDINGS

Introduction

This chapter begins with a summary of the survey response and the study of non-respondents. The demographics of the sample are described and the attitude and intergenerational contact data analyzed. Correlation coefficients for the attitude and intergenerational contact scores are discussed. A summary of findings concludes the chapter.

Survey Response and Non-Respondent Study

Response to the initial mailing of the questionnaires (N=536) totaled 227 during a three week time period. Post card reminders were then sent to all non-respondents. During the ensuing three weeks 49 additional returns were received. Following the second questionnaire mailing 106 more were received bringing the final total to 382 for a response rate of 71%. Fifteen of this number were eliminated because of incomplete quality leaving 367 (68%) usable for analysis which was over the number required to generalize the findings to the population (Krejcie & Morgan 1970). In 11 of the incomplete returns the attitude items had not been completed and the respondents indicated that this was done because of an inability to
generalize their attitudes toward older people. The response summary is illustrated in Figure 1.

**Non-Respondent Study**

A survey of a 10% sample of non-respondents (N=180) was conducted by telephone three weeks following the second questionnaire mailing. The sample was asked: (a) if the questionnaire had been received, (b) if it was considered to be too long, (c) if the individual felt his/her response would be irrelevant and (d) the primary reason for not returning the questionnaire.

Four of 18 people (22%) said that they had no recollection of receiving a questionnaire. No one indicated that the questionnaire was too long or irrelevant but one individual of 18 (5%) said that it was too difficult to estimate one's attitude about such a large population as the elderly. Six members of the sample of 18 (33%) said they were too busy to respond and four (22%) indicated that they still planned to return their questionnaires. Three additional individuals (17%) stated that they did not respond because they either no longer were practicing social workers or members of NASW. The Non-respondent Study data are summarized in Table 1. Most non-respondents failed to respond due either to being too busy to do so, mailing list error (failure to receive a questionnaire) or cessation of professional practice/NASW membership. The results can be generalized to the non-respondent population based on the sample size and randomness of its selection (Ary et al., 1979).
Figure 1. Response to Mailed Questionnaire.
Table 1
Telephone Survey of Non-respondents

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not receive questionnaire</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Questionnaire too long</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Response considered difficult</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Too busy to respond</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>Still plan to respond</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>No longer practicing/NASW member</td>
<td>3</td>
<td>17</td>
</tr>
</tbody>
</table>

Demographic Characteristics of the Sample

The importance of the demographic data was that they provide a description of the sample and support its representation of the population. The only known characteristics of the Michigan Chapter, NASW are those of gender and ethnicity. The degree, specialty certification and work setting groups paint a more detailed picture of the sample, however, and allow for discussion of subgroups whose relevancy to the study focus was suggested by the literature.

The sample, for the most part, was female (74%) and Caucasian (88%) with a mean age of forty-one years. The majority of the respondents (93%) had received either an MSW or MSSW degree. The mean for the respondents' time in social work was thirteen years. The gender, ethnic and degree demographics are illustrated in
Table 2.

Table 2
Demographic Characteristics of the Sample for Gender, Ethnicity, Degree

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Known Population Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>270</td>
<td>74</td>
<td>72</td>
</tr>
<tr>
<td>Male</td>
<td>95</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>324</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Minority</td>
<td>28</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>No Response</td>
<td>15</td>
<td>4</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BSW</td>
<td>16</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>MSW/MSSW</td>
<td>341</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>DSW/Ph.D.</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

The sample gender and ethnic composition closely approximated the known population characteristics for females (72%), males (28%), Caucasians (88%) and minorities (8%) (Downs, 1987) supporting the representativeness of the sample. The demographics also bear similarities to the Ohio social workers (N=200) studied by Barresi and Brubaker (1979) who were predominately female, middle aged and holding the MSW degree 15.4 years.
Approximately 80% of those who responded to the item indicated having had specialty certification/training, with the areas of School Social Work (16%), Substance Abuse (14%) and Administration (12%) predominating among these individuals. Those having had specialty certification/training in gerontology were 7% of the sample, a small portion, perhaps, but a specialty group that has been identified with positive attitudes toward the elderly as noted in Chapter II. The Other category in the Specialty Certification/Training (SPTR), Degree and Work Setting groups was used for responses by those respondents who felt that the subgroups choices provided did not reflect their situation. This category for SPTR was quite large including 40% (n=147) of the sample. A total of 33 different SPTR areas were identified by the respondents. One-half of these individuals indicated specialty certification/training in either clinical casework (n=27), mental health (n=27) or child welfare (n=21). It is unknown if these self-reported specialties had explicit training associated with them other than clinical casework which is provided routinely in preparation for the Master of Social Work degree. Many of the specializations may well have resulted from continued employment in an area over a period of time.

The largest commonality in the Other category of Work Setting was individuals working in public welfare (n=11). Additional responses to Other work settings included residential treatment, private agency, hospice, family services, court, preschool education, planning, attorney, community center, shelter, third world development, volunteer programs, adoption, politics, rehabilitation
and church. Also, Industrial Social Work had such a small number of responses (n=3) that it was included in the Other category for the purpose of analysis.

The demographic data for SPTR and Work Setting are presented in Table 3.

Table 3
Demographic Characteristics of the Sample for Specialty Certification/Training and Work Setting Subgroups

<table>
<thead>
<tr>
<th>Specialty Certification/Training</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>52</td>
<td>14</td>
</tr>
<tr>
<td>Gerontology</td>
<td>26</td>
<td>07</td>
</tr>
<tr>
<td>School Social Work</td>
<td>59</td>
<td>16</td>
</tr>
<tr>
<td>Administration</td>
<td>44</td>
<td>12</td>
</tr>
<tr>
<td>Holistic Health Care</td>
<td>14</td>
<td>04</td>
</tr>
<tr>
<td>*Mental Health</td>
<td>27</td>
<td>08</td>
</tr>
<tr>
<td>*Clinical Casework</td>
<td>27</td>
<td>08</td>
</tr>
<tr>
<td>*Child Welfare</td>
<td>21</td>
<td>05</td>
</tr>
<tr>
<td>Other</td>
<td>72</td>
<td>19</td>
</tr>
<tr>
<td>No Response</td>
<td>25</td>
<td>07</td>
</tr>
</tbody>
</table>

* reported by respondents as Specialty Certification/Training

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Health Care</td>
<td>73</td>
<td>20</td>
</tr>
<tr>
<td>Mental Health</td>
<td>107</td>
<td>29</td>
</tr>
<tr>
<td>Corrections</td>
<td>9</td>
<td>03</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>19</td>
<td>05</td>
</tr>
<tr>
<td>Education</td>
<td>14</td>
<td>04</td>
</tr>
<tr>
<td>School Social Work</td>
<td>31</td>
<td>08</td>
</tr>
<tr>
<td>Industrial Social Work</td>
<td>3</td>
<td>01</td>
</tr>
<tr>
<td>Child/Family</td>
<td>46</td>
<td>12</td>
</tr>
<tr>
<td>Independent Practice</td>
<td>26</td>
<td>07</td>
</tr>
<tr>
<td>Other</td>
<td>39</td>
<td>11</td>
</tr>
</tbody>
</table>

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Attitude Variable Scores

The reliability analysis of the attitude variable items revealed a reliability alpha of .93 and no negative item total correlations.

The distribution of the attitude variable scores for the full sample was negatively skewed with a majority of the scores above the 112 midpoint of the 32-224 scoring range as illustrated in the frequency histogram, Figure 2. The extreme at the low end outlier score represents one partially completed instrument. This score indicates response to attitude items in the most negative zone of the scales and may reflect a tendency toward quite negative attitudes regarding the elderly or to the study itself by a respondent.

The profile of the attitude item mean scores, Figure 3, shows the scores to be in the high, left or positive zone of the bipolar scales. The low point items reflected scores that were in the neutral, right or negative, zone of the scales characterizing the elderly as somewhat conservative, poor, unhealthy and inflexible. It should be noted that the bipolars presented in Figure 3 are not in the same presentation order as they appeared on the instrument. Figure 3 shows the positive adjective consistently on the left side of the scales. The mean score for the attitude variable was 137.76, 25.76 above the midpoint, with a standard deviation of 22.41.

Gender Subgroups

A t test of was performed at the $\alpha=.05$ level of significance to
Count Interval (One symbol (*) equals approximately 2.00 occurrences)

<table>
<thead>
<tr>
<th>Count</th>
<th>Interval</th>
</tr>
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<tbody>
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<td>5-15</td>
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<tr>
<td>0</td>
<td>15-25</td>
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<td>25-35</td>
</tr>
<tr>
<td>0</td>
<td>35-45</td>
</tr>
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<td>0</td>
<td>45-55</td>
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<td>55-65</td>
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<tr>
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<td>65-75</td>
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<tr>
<td>15</td>
<td>105-115</td>
</tr>
<tr>
<td>64</td>
<td>115-125</td>
</tr>
<tr>
<td>87</td>
<td>125-135</td>
</tr>
<tr>
<td>50</td>
<td>135-145</td>
</tr>
<tr>
<td>52</td>
<td>145-155</td>
</tr>
<tr>
<td>36</td>
<td>155-165</td>
</tr>
<tr>
<td>31</td>
<td>165-175</td>
</tr>
<tr>
<td>9</td>
<td>175-185</td>
</tr>
<tr>
<td>5</td>
<td>185-195</td>
</tr>
<tr>
<td>1</td>
<td>195-205</td>
</tr>
<tr>
<td>1</td>
<td>205-215</td>
</tr>
</tbody>
</table>

Mean 137.766  Mode 132.000  Median 135.000

Maximum 208.000  Minimum 12.000  Std dev 22.411

Skewness - .347

Figure 2. Frequency Histogram of Attitude Variable Scores.
Figure 3. Profile of Mean Scores of Attitude Items.
test the null hypothesis that no difference existed between the attitude scale means of the Genders \(H_0: \mu_1=\mu_2\). A test statistic resulted of -.14 which failed to exceed the critical value of 1.645. The null hypothesis, thus, was not rejected. It was concluded that the difference between the scores may be due to sampling variation within the groups. The Ethnic scores were not analyzed due to the small size of the minority subgroup.

The attitude scale scores and test of difference results for the Gender subgroups are illustrated in Table 4.

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Attitude Variable Scores and Test of Difference For Gender Subgroups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Score</td>
</tr>
<tr>
<td>Female</td>
<td>270</td>
</tr>
<tr>
<td>Male</td>
<td>95</td>
</tr>
</tbody>
</table>

Specialty Certification/Training Subgroups

Scale score means for SPTR subgroups were above the range midpoint.

The attitude variable scores for the Specialty Certification/Training (SPTR) subgroups of Administration, School Social Work, Gerontology, Substance Abuse, Mental Health, Clinical Casework and Child Welfare were tested for difference by analysis of variance (ANOVA) at the \(\alpha=.05\) level of significance. The null hypothesis was
tested that no difference existed between the scores of the subgroups ($H_0: \mu_1 = \mu_2 = \mu_3 = \mu_4 = \mu_5 = \mu_6 = \mu_7$). Comparisons of the Gerontology subgroup with the others was of particular interest because the literature indicated positive attitudes toward the elderly among social workers with this background. The Holistic Health Care subgroup was not included in the analysis due to its small size.

The $F$ ratio of 1.35 that resulted from the ANOVA failed to exceed the $F$ critical value of 2.65. The null hypothesis, thus, was not rejected. It was concluded that the difference in the variable scores could be attributed to sampling variation. The ANOVA results are reported in Table 5.

**Work Setting Subgroups**

All of the Work Setting subgroups' attitude variable scores were above the range midpoint.

A $t$ test was performed at the $\alpha=.05$ level of significance to test the null hypothesis that no difference existed between the attitude variable scores of the Medical/Health Care and Mental Health subgroups ($H_0: \mu_1 = \mu_2$). Those subgroups were selected because of their larger size in comparison to the other Work Setting subgroups and that they, together, included approximately one-half of the study participants who responded to the Work Setting items. The Mental Health subgroup's score was of particular interest because of data indicating a history of negative attitudes toward the elderly by mental health professionals as noted in Chapter II.
Table 5
ANOVA Test of Difference Between Attitude Variable Scores of SPTR Subgroups

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Square Between</td>
<td>4269.2</td>
<td>6</td>
<td>711.5</td>
<td>1.36</td>
<td>p&gt;.05</td>
</tr>
<tr>
<td>Residual</td>
<td>129736.4</td>
<td>249</td>
<td>521.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPTR Subgroup</th>
<th>N</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>44</td>
<td>141.5</td>
<td>18.4</td>
</tr>
<tr>
<td>School Social Work</td>
<td>59</td>
<td>140.1</td>
<td>23.1</td>
</tr>
<tr>
<td>Clinical Casework</td>
<td>27</td>
<td>137.4</td>
<td>26.38</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>21</td>
<td>137.4</td>
<td>21.72</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>52</td>
<td>134.7</td>
<td>21.2</td>
</tr>
<tr>
<td>Gerontology</td>
<td>26</td>
<td>132.6</td>
<td>32.1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>27</td>
<td>128.3</td>
<td>17.7</td>
</tr>
</tbody>
</table>

A test statistic of $t=1.37$ resulted which failed to exceed the critical value of ±1.645. The null hypothesis of no difference between the scores, thus, was not rejected. The Work Setting attitude variable scores and $t$ test results are illustrated in Table 6.

Summary

The attitude variable score was in the positive zone of the bipolar scales. This also was true of the SPTR and Work Setting subgroups that were of substantial size. No statistically significant difference was found between the attitude variable scores
of the genders or those of the demographic subgroups.

Table 6

Attitude Variable Scores for Work Setting Subgroups and Results of Test of Difference Between Medical/Health Care and Mental Health

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Frequency</th>
<th>Score</th>
<th>Standard Deviation</th>
<th>t</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Health Care</td>
<td>73</td>
<td>137.0</td>
<td>22.4</td>
<td>1.37</td>
<td>p&gt;.05</td>
</tr>
<tr>
<td>Mental Health</td>
<td>107</td>
<td>132.3</td>
<td>23.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrections</td>
<td>9</td>
<td>145.8</td>
<td>17.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>19</td>
<td>136.6</td>
<td>18.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>14</td>
<td>145.6</td>
<td>16.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Social Work</td>
<td>31</td>
<td>141.8</td>
<td>22.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Family</td>
<td>46</td>
<td>138.8</td>
<td>20.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Practice</td>
<td>26</td>
<td>138.4</td>
<td>23.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>142.6</td>
<td>23.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It was noted that the Gerontology SPTR subgroup's attitude score was several points below that of the full sample. On the basis of the Williams (1982) study, one might have anticipated a subgroup with gerontology background to reflect an attitude score that was even higher than that of the full sample.

The Mental Health subgroup's attitude score also was several points lower than the full sample's. However, it also fell in the positive zone of the item scales. This occurrence is a change from data showing a history of negative attitudes by mental health professionals toward older people noted in Chapter II.

Intergenerational Contact Variable Scores

The reliability analysis of the intergenerational contact
variable items revealed a reliability alpha of .82 and no negative item-total correlation coefficients.

The distribution of the intergenerational contact variable scores of the sample was slightly positively skewed with the majority of the scores above the 31.5 midpoint of the 9-63 scoring range as illustrated in the frequency histogram, Figure 4. The profile of the item mean scores shows the scoring to be in the direction of frequent contact and meaningful relationships with the elderly, Figure 5. The mean intergenerational contact variable score for the sample was 37.18, and the standard deviation 8.33.

Gender Subgroup

A $t$ test was performed at the $\alpha=.05$ level of significance to test the null hypothesis that no difference existed between the intergenerational contact scores of the genders ($H_0: \mu_1=\mu_2$). A test statistic of .47 resulted which failed to exceed the critical value of ±1.645. Thus the null hypothesis was not rejected. It was concluded that the difference between the scores may have been due to sampling variation. As in the case of the attitude score analysis, the Ethnic scores were not analyzed due to the small size of the Minority subgroup. The intergenerational contact variable scores and test of difference results for the Genders are reported in Table 7.
Count Interval (One symbol (*) equals approximately 120 occurrences)

<table>
<thead>
<tr>
<th>Count</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11.75-14.25</td>
</tr>
<tr>
<td>1</td>
<td>14.25-16.75</td>
</tr>
<tr>
<td>5</td>
<td>16.75-19.25</td>
</tr>
<tr>
<td>2</td>
<td>19.25-21.75</td>
</tr>
<tr>
<td>16</td>
<td>21.75-24.25</td>
</tr>
<tr>
<td>10</td>
<td>24.25-26.75</td>
</tr>
<tr>
<td>79</td>
<td>26.75-29.25</td>
</tr>
<tr>
<td>29</td>
<td>29.25-31.75</td>
</tr>
<tr>
<td>50</td>
<td>31.75-34.25</td>
</tr>
<tr>
<td>30</td>
<td>34.25-36.75</td>
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<tr>
<td>52</td>
<td>36.75-39.25</td>
</tr>
<tr>
<td>34</td>
<td>39.25-41.75</td>
</tr>
<tr>
<td>39</td>
<td>41.75-44.25</td>
</tr>
<tr>
<td>14</td>
<td>44.25-46.75</td>
</tr>
<tr>
<td>24</td>
<td>46.75-49.25</td>
</tr>
<tr>
<td>12</td>
<td>49.25-51.75</td>
</tr>
<tr>
<td>11</td>
<td>51.75-54.25</td>
</tr>
<tr>
<td>4</td>
<td>54.25-56.75</td>
</tr>
<tr>
<td>1</td>
<td>56.75-59.25</td>
</tr>
<tr>
<td>0</td>
<td>59.25-61.75</td>
</tr>
<tr>
<td>1</td>
<td>61.75-64.25</td>
</tr>
</tbody>
</table>

I........I........I........I........I........I

(Frequency)

Mean 37,188  Maximum 62,000  Skewness 0.029
Mode 38,000  Minimum 14,000
Median 37,000  Std dev 8,339

Figure 4. Frequency Histogram of Intergenerational Contact Variable Scores.
Contacts  __ __ __ __ __ __  
Exchange    __ __ __ __ __ __
Relationship __ __ __ __ __ __
Personal Residence __ __ __ __ __ __
Multigenerational Household __ __ __ __ __ __
Other Community Settings __ __ __ __ __ __
Soc/Pol Settings __ __ __ __ __ __  
Health Care Settings __ __ __ __ __ __
Professional Service Contacts __ __ __ __ __ __

1.0 2.0 3.0 4.0 5.0 6.0 7.0

1= no contact/exchange/relationship
2= very infrequent/no meaningful
3= infrequent/somewhat meaningful
4= moderate
5= frequent/meaningful
6= very frequent/meaningful
7= extremely frequent/meaningful

Figure 5. Profile of Mean Scores of Intergenerational Contact Items.
Table 7
Intergenerational Contact Variable Scores
and Test of Difference for Genders

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Score</th>
<th>Standard Deviation</th>
<th>t</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>270</td>
<td>37.27</td>
<td>8.68</td>
<td>.47</td>
<td>p&gt;.05</td>
</tr>
<tr>
<td>Male</td>
<td>95</td>
<td>36.80</td>
<td>7.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specialty Certification/Training Subgroups

The intergenerational contact variable scores for the SPTR subgroups all were above the 31.5 midpoint of the 9-63 scoring range.

An ANOVA was performed at the $\alpha=.05$ level of significance to test the null hypothesis that no difference existed among the mean intergenerational contact scores of the SPTR Administration, Gerontology, School Social Work, Substance Abuse, Mental Health, Clinical Casework and Child Welfare Subgroups ($H_0: \mu_1=\mu_2=\mu_3=\mu_4=\mu_5=\mu_6=\mu_7$), using the same category definitions as in the analysis of the attitude scores.

The ANOVA indicated an $F$ ratio of 4.5 that exceeded the $F$ critical value of $F_{CV} 1.650$ rejecting the null hypothesis in favor of the non-directional alternative that a difference did exist between the subgroups ($H_a: \mu_1\neq\mu_2\neq\mu_3\neq\mu_4\neq\mu_5\neq\mu_6\neq\mu_7$). A Newman-Keuls procedure was then performed and both the Gerontology and Administration subgroups' scores were found to be statistically different from those of School Social Work and Substance Abuse. The Gerontology and
Administration subgroups' scores were the higher and those of the School Social Work and Substance Abuse subgroups the lower of the SPTR category. These data appear to indicate that the respondents with Gerontological and Administrative training experienced more frequent and meaningful contact with older people than did those with School Social Work and Substance Abuse backgrounds. The SPTR intergenerational contact ANOVA results are reported in Table 8.

Table 8
ANOVA Test of Difference Between SPTR Intergenerational Contact Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>DF</th>
<th>MS</th>
<th>F</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Square Between Residual</td>
<td>1780.3</td>
<td>6</td>
<td>296.7</td>
<td>4.5</td>
<td>p&lt;.05</td>
</tr>
<tr>
<td>Residual</td>
<td>16183.4</td>
<td>249</td>
<td>64.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPTR Subgroup</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Significantly Different Subgroups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerontology</td>
<td>26</td>
<td>42.38</td>
<td>8.94</td>
<td>X</td>
</tr>
<tr>
<td>Administration</td>
<td>44</td>
<td>40.40</td>
<td>6.56</td>
<td>X</td>
</tr>
<tr>
<td>Clinical Casework</td>
<td>27</td>
<td>37.26</td>
<td>8.84</td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td>21</td>
<td>36.71</td>
<td>5.96</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>27</td>
<td>36.63</td>
<td>8.64</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>52</td>
<td>35.13</td>
<td>7.46</td>
<td></td>
</tr>
<tr>
<td>School Social Work</td>
<td>59</td>
<td>34.61</td>
<td>9.11</td>
<td></td>
</tr>
</tbody>
</table>

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Work Setting Subgroups

The intergenerational contact scores all were above the midpoint of the 9-63 scoring range with the exception of the School Social Work subgroup's which was 30.6.

A t test was performed at the α=.05 level of significance to test the null hypothesis that no difference existed between the intergenerational contact variable scores of the Work Setting subgroups of Medical/Health Care and Mental Health (H₀: μ₁=μ₂). These subgroups were selected, as they were in the attitude variable score analysis, because of their size in comparison to the rest of the Work Setting subgroups.

A test statistic of t=4.93 resulted that exceeded the tCV of ±1.645. The null hypothesis, thus, was rejected in favor of the non-directional alternative that a difference did exist between the scores (Hₐ: μ₁≠μ₂). It was concluded that the respondents working in Mental Health Settings experienced less frequent contact and meaningful relationships with older people than did those in Medical/Health Care.

The Work Setting intergenerational contact variable scores and t test result are reported in Table 9.

Summary

The intergenerational contact variable scores fell in the frequent and meaningful contact zone of the scale. The sample subgroups evidenced more heterogeneity in the intergenerational contact scores than they did in the attitude scores. Diverse contact
was experienced among the SPTR Subgroups and the major Work Settings. No statistically significant difference was found between the intergenerational contact variable scores of the Genders, but a differentiation was found between the SPTR Administration and Gerontology subgroups and those of School Social Work and Substance Abuse, although Administration and Gerontology cannot be differentiated from each other. A statistically significant difference also was found between the Work Setting subgroups of Mental Health and Medical/Health Care.

Table 9

Intergenerational Contact Variable Scores for Work Setting Subgroups and Test of Difference Between Medical/Health Care and Mental Health

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Frequency</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t</th>
<th>Probability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Health Care</td>
<td>73</td>
<td>42.20</td>
<td>7.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>107</td>
<td>36.39</td>
<td>8.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrections</td>
<td>9</td>
<td>40.66</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>19</td>
<td>34.00</td>
<td>6.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>14</td>
<td>36.14</td>
<td>9.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Social Work</td>
<td>31</td>
<td>30.61</td>
<td>7.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Family</td>
<td>46</td>
<td>38.50</td>
<td>8.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Practice</td>
<td>26</td>
<td>37.15</td>
<td>8.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>42</td>
<td>34.95</td>
<td>7.34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Relationship Between Attitude and Intergenerational Contact

The Pearson correlation coefficient for the sample attitude and intergenerational contact variable scores was positive and low ($r = .24$). The correlation coefficients of the Genders, SPTR and Work Setting subgroups are reported in Table 10.

### Table 10

Pearson Correlation Coefficients for Attitude and Intergenerational Contact Variables Scores of Genders, SPTR and Work Setting Subgroups

<table>
<thead>
<tr>
<th>Gender</th>
<th>$r$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>.28</td>
</tr>
<tr>
<td>Male</td>
<td>.11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPTR</th>
<th>$r$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>.25</td>
</tr>
<tr>
<td>Gerontology</td>
<td>.45</td>
</tr>
<tr>
<td>School Social Work</td>
<td>.20</td>
</tr>
<tr>
<td>Administration</td>
<td>.34</td>
</tr>
<tr>
<td>Mental Health</td>
<td>.29</td>
</tr>
<tr>
<td>Clinical Casework</td>
<td>.006</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>.014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>$r$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Health Care</td>
<td>.35</td>
</tr>
<tr>
<td>Mental Health</td>
<td>.31</td>
</tr>
<tr>
<td>Corrections</td>
<td>.35</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>.08</td>
</tr>
<tr>
<td>Education</td>
<td>.46</td>
</tr>
<tr>
<td>School Social Work</td>
<td>.39</td>
</tr>
<tr>
<td>Child/Family</td>
<td>.21</td>
</tr>
<tr>
<td>Independent Practice</td>
<td>.16</td>
</tr>
<tr>
<td>Other</td>
<td>.23</td>
</tr>
</tbody>
</table>
A *t* test was performed at the $\alpha=.05$ level of significance to test the null hypothesis of zero correlation between the variables' scores ($H_0: r=0$). A test statistic of $t=-3.47$ resulted which exceeded the critical value of ±.195 ($p<.05$). The null hypothesis, thus was rejected in favor of the non-directional alternative that a relationship does exist between the variables ($H_a: r\neq 0$).

The null hypothesis of no difference between the correlation coefficients of the genders was tested at the $\alpha=.05$ level of significance using the Fisher's log transformation ($z_r$) ($H_0: r_1=r_2$). A test statistic of $z=1.465$ resulted which did not exceed the critical value of 1.960 ($p>.05$). It was concluded that the difference in the correlation coefficient values was not statistically significant but could be due to sampling variation.

**Specialty Certification/Training Subgroups**

The Gerontology subgroup was selected as the primary SPTR reference group for tests of difference with the correlation coefficients of the other SPTR subgroups of notable size. The selection was based on the size of the Gerontology correlation coefficient ($r=.45$) and data identifying social workers from this background with positive attitude toward the elderly-intergenerational contact relationships. The following null hypotheses were tested using the Fisher's log transformation at $\alpha=.05$ level of significance: no difference exists between the Gerontology correlation coefficient and the Administration correlation coefficient ($H_0: r_1=r_2$), no difference exists between the Gerontology correlation coefficient and the School Social Work correlation coefficient.
coefficient \( (H_0: r_1 = r_3) \), no difference exists between the Gerontology correlation coefficient and the Substance Abuse correlation coefficient \( (H_0: r_1 = r_4) \), no difference exists between the Gerontology correlation coefficient and the Mental Health correlation coefficient \( (H_0: r_1 = r_5) \), no difference exists between the Gerontology correlation coefficient and the Clinical Case Work correlation coefficient \( (H_0: r_1 = r_6) \) and no difference exists between the Gerontology correlation coefficient and the Child Welfare correlation coefficient \( (H_0: r_1 = r_7) \). The Holistic Health Care subgroup was not included in the analysis because of its small size.

The \( z \) test statistics that resulted in all six tests failed to exceed the critical value of \( \pm 1.645 \) indicating that there was no statistically significant difference between the Gerontology correlation coefficient and those of the other subgroups \( (p > .05) \). The null hypotheses of no difference, thus, were not rejected. It was concluded that the differences in the correlation coefficient values may be due to sampling variation.

**Work Setting Subgroups**

The null hypothesis of no difference between the correlation coefficients of the Medical/Health Care \( (r = .35) \) and Mental Health \( (r = .31) \) subgroups was tested using the Fisher’s log transformation at the \( \alpha = .05 \) level of significance. The rest of the Work Setting Subgroups were not tested because their sizes were so variable.

The \( z \) test statistic \( (z = .2904) \) failed to exceed the critical value of \( \pm 1.645 \). The null hypothesis, thus, was not rejected indicating that there was no statistically significant difference
between these subgroups. It was concluded that the difference in
their correlation coefficient values may be due to sampling
variation.

Summary

The existence of a positive and low relationship between the
attitude and intergenerational contact variables was confirmed, as
was the absence of difference between the correlation coefficients of
the genders and the other demographic subgroups of substantial size
in the SPTR and Work Setting categories. The Gerontology subgroup’s
sample correlation coefficient was larger than those of the other
major SPTR subgroups but the difference was not statistically
significant. The relationship between attitudes and contact was
small regardless of specialty training or work setting.

Summary of Findings

A total of three-hundred and sixty seven usable questionnaires
(68%) were returned by the sample which exceeded the number of
replies needed to generalize the study findings to the population.
The survey of non-respondents indicated that a majority had not
responded because they were too busy, had no recollection of
receiving a questionnaire or felt that their response would have been
inappropriate because they were no longer were active in social work
or NASW.

The sample approximated the known characteristics of the
population. It was predominately female, Caucasian with a mean age
of forty-one years, had received the MSW/MSSW degree and practiced
social work for thirteen years. Over one-half of the respondents were employed in mental health, medical/health care and child/family services.

The attitude variable scores were in the positive zone of the item scales. The demographic subgroups' scores generally were aligned with those of the full sample. The Mental Health Work Setting and Gerontology SPTR subgroups' attitude variable scores were several points below that of the full sample, though they fell in the positive zone of the item scales. No statistically significant difference was found between the attitude variable scores of the genders, the SPTR subgroups of substantial size or the Work Setting subgroups of Mental Health and Medical/Health Care.

The intergenerational contact variable scores fell in the frequent/meaningful zone of the scales. A statistically significant difference was found between the scores of respondents with administrative or gerontological training and those who reported training in school social work or substance abuse. The difference between the Medical/Health Care and Mental Health Work Setting scores also was found to be statistically significant. These data appear to indicate that the gerontological or administration respondents experienced more frequent and meaningful contact with older people than did those with school social work or substance abuse training. The same conclusion may be drawn regarding those working in medical/health care compared with respondents employed in mental health.

The relationship between the attitude and intergenerational contact variables was found to be positive and low for the sample.
No statistically significant difference was found between the correlation coefficients of the genders or the other demographic subgroups in the SPTR or Work Setting categories. The relationship between attitudes and contact was small regardless of specialty training or work setting.
CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

Introduction

This chapter is concerned with a summary, conclusions and recommendations of the study. The summary section also includes a discussion of the study limitations.

Summary

The study has focused on assessing the attitudes of social workers toward the elderly along with their contact with older people and the relationship between the variables of attitude and contact.

A review of relevant literature revealed that negative societal stereotyping of older people has existed for some time in the American society. In addition, health care workers, as well as those preparing for professional health care careers, have been found to adhere to these stereotypes. Exceptions were found among those specializing in care of the elderly and individuals having had meaningful contact with older people. A survey was designed to assess the attitudes of social workers toward the elderly, their level of intergenerational contact and the relationship between the attitudes and contact.

An assessment instrument was utilized that included measures for the attitude, contact and demographic characteristics of the sample.
The Aging Semantic Differential (Rosencranz & McNevin, 1969) measured attitude. A measure for intergenerational contact was developed and field tested for the study. The instrument was mailed to a random sample of 538 members of the Michigan Chapter, National Association of Social Workers. A total of 367 of the questionnaires that were returned, 68% of the number mailed, had been completed sufficiently for analysis.

The following four research questions were addressed: (1) What are the attitudes of social workers toward the elderly? (2) What intergenerational contact has been experienced by social workers? (3) Is there a relationship between the social workers' attitudes and their intergenerational contact and, if a relationship exists, is it in a positive or negative direction? (4) What differences in the relationship of the attitude and contact variables appear when the demographic characteristics of gender, ethnicity, work setting and specialty certification/training are considered?

The positive zone of the attitude measures was chiefly reflected in the data. No statistically significant differences were found between the attitude scores of the genders, the SPTR or the Work Setting subgroups tested. The intergenerational contact variable scores of the sample fell in the frequent/meaningful zone of the scales. Respondents with administrative and gerontology training and those working in Medical/Health Care reported contact scores that differed with statistical significance from the other major subgroups in their respective categories. The correlation coefficient for the attitude and intergenerational contact scores was positive and low.
The coefficients of the Specialty Certification/Training in Gerontontology and Education subgroups approached the moderate range. A statistically significant difference was not found between the Gerontology correlation coefficient and those of the other SPTR subgroups.

Study Limitations

The study limitations included the potential difficulty inherent in the mailed questionnaire survey research design, the danger of misinterpretation of directions, even after careful pilot-testing of the instrumentation. The unsuitability of fifteen of the returns because of their incompleteness appeared to stem generally from a failure of those respondents to correctly interpret what was being requested.

Also, while the attitude measure was designed to obtain an affective evaluation of the elderly, the likelihood was present that the respondents' beliefs and behavioral predispositions toward older people, as noted in Chapter II, would influence their responses. Additionally, the determination of the amount of contact signified by each intergenerational contact scale interval designation (Infrequent, Moderate, etc.) was left to the respondent which allowed for a potential variety of interpretations.

Conclusions

A major goal of the study was to obtain descriptive data on the attitudes toward the elderly of a substantial sample of social
workers. This was accomplished and the data provide a base for future investigations into the attitudes toward the elderly by this discipline.

The evidence from the study supports a positive attitude by the sample. Although the interpretation was not comparative, it reflected a change from the history of negative attitudes toward the elderly by social workers and other health care professionals. The positive attitude score of the Mental Health subgroup is especially noteworthy, though it was several points lower than that of the full sample. Mental health professionals have been singled out in the past for their negative attitudes toward the elderly.

The absence of difference between the attitude scores of the various demographic subgroups is indication that the sample's attitudes were rather homogeneous across specialty training and work settings. The lower attitude variable score of the Gerontology subgroup was unusual. Individuals with training in concepts about aging generally would be expected to exhibit quite positive attitudes toward the elderly. There is a possibility that the lowness of the subgroup's score may have been related to the location or context in which these respondents encountered older people. It was noted in Chapter I that the location of the contact may be linked to the positiveness or negativeness of the attitudes of those who contact the elderly within it. Health care and professional service settings have been identified with negative attitudes toward the elderly and the personal community residences of older people with positive attitudes toward them. It is possible that the Gerontology subgroup
experienced more contact with the elderly in negative contexts, such as when providing them with health care and, as a result, formed less positive attitudes. A separate measure of location of contact was not developed for the study, however, though location/context was one of the elements included in the intergenerational contact measure. It will be the task of future research to address the location of contact as a separate variable.

A baseline for the intergenerational contact of social workers also was obtained. The positioning of the variable scores in the frequent/meaningful contact zone of the scale may have been indication that the sample had more than minimal involvement with older people. The contact of respondents from the Administration, Gerontology and Medical/Health Care subgroups was significantly greater/more meaningful than the other major subgroups in their respective demographic categories and, therefore, merits further investigation into the locations of their contacts with the elderly. As mentioned above, the specification and measurement of a separate location variable might have contributed information that could improve understanding of the data.

The focus of the study was on the potential relationship between the attitude and intergenerational contact variables. The data confirmed a positive relationship but the lowness of the correlation coefficient was of concern. The studies noted in Chapter II suggested that a larger value might have been anticipated. The Gerontology subgroup's correlation coefficient approached this range, though its difference from the other SPTR subgroups was not
statistically significant. The more homogeneous response by the sample on both variables may have tended to suppress their relationship. Here, again, the unmeasured location/context of the intergenerational contact that was experienced by the sample could have been influential in this occurrence.

On the basis of the study data, it is concluded that the research variables of attitude and intergenerational contact were not strongly related for the sample that was studied. The contact with older people that was experienced by the majority of the sample may have had some influence on the attitudes that were formed toward the elderly. However, it cannot be concluded that the influence was substantial. Consequently, the implication of the data for the education/training of social workers may be that contact with the elderly is not a major factor in the formation of positive attitudes by social workers toward them.

Recommendations

It is recommended that attitude studies be conducted in other geographic areas with similar samples of social workers. Comparisons could then be made with these data to determine whether or not a more positive attitude toward the elderly may exist across the social work profession. Expanding the investigations to include measurement of the subjects' beliefs about older people, in addition to the affective dimension of the attitudes, might provide a more comprehensive perspective.

Studies of intergenerational contact experienced by social
workers should be encouraged in which the location/context of the contact is included as a separate variable. This added dimension may shed light on some of the difficulty that was encountered in the completed study regarding the low attitude score of the Gerontology subgroup and low correlation coefficient of the sample attitude and intergenerational contact scores.

Consideration of experimental attitude studies may then be feasible that involve social worker contact with the elderly in diverse locations/contexts. Experiments of this nature might provide data for establishing causal relationships between the attitudes and the contact locations which is not possible in a correlational study.

Clinical social work specialties providing services to older people should consider initiating client preference surveys among their clinicians along with assessing the satisfaction of older clients with social work services. It would be especially important that these be conducted in the clinical areas of mental health services and where the elderly are being served by workers having specialty certification/training in gerontology.
Appendix A

Sample Intergenerational Contact Items
Submitted to Panel of Experts
DIRECTIONS FOR PANEL

This study involves two variables, Attitude toward the elderly and intergenerational contact. The instrument for measuring attitude toward the elderly is traditional and has been well defined. The measure for intergenerational contact is new, however, and needs expert judgement of the extent to which the items operationalize the definition that is provided.

Intergenerational contact, as a variable, is defined as "the interaction of different age groups in a variety of situations at a level that provides close communication, sharing of feelings and ideas, and cooperative activity in meaningful tasks (emphasis added)" (Peacock & Tally, 1984, p. 13).

The variable definition has clear components that are (1) quantitative (the amount/extent of the interaction), (2) qualitative (opportunity for communication, sharing and activity) and (3) contextual (the location/environmental setting of the interaction).

Tasks
A. Sample items are provided and you are asked to rate each item as to its relevance to the definition, clarity (for social workers) and the relationship of the scale to the item. The rating may be either 3 (highly relevant), 2 (moderately relevant) or 1 (not relevant).
B. Please write additional items which you consider to be related to the definition of intergenerational contact.
Intergenerational Contact Item Rating

(*note: the items are directed to the quantity and quality of intergenerational contact experienced by social workers in their job and other social contacts)

### Part I  Quantitative Component

3 = Highly Relevant  
2 = Moderately Relevant  
1 = Not Relevant

<table>
<thead>
<tr>
<th>Item</th>
<th>Highly Relevant</th>
<th>Moderately Relevant</th>
<th>Not Relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The extent of my contact with an older person (non-client) can best be described as</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>no contact</td>
<td>very infrequent contact</td>
<td>frequent contact</td>
<td>very frequent contact</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The extent of my professional contact with an older person can best be described as</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>no contact</td>
<td>very infrequent contact</td>
<td>frequent contact</td>
<td>very frequent contact</td>
</tr>
</tbody>
</table>

97
### Part II Qualitative Component

3 = Highly Relevant  
2 = Moderately Relevant  
1 = Not Relevant

<table>
<thead>
<tr>
<th>1) The closeness of the communication that occurred during my contact with an older person can best be described as</th>
</tr>
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<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>not close</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Highly Relevant</td>
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</table>

<table>
<thead>
<tr>
<th>2) The meaningful communication that occurred during my contact with an older person can best be described as</th>
</tr>
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<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>not meaningful</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Highly Relevant</td>
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</table>

<table>
<thead>
<tr>
<th>3) The sharing of feelings and ideas that occurred during my contact with an older person can best be described as</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>no sharing</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Highly Relevant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4) The cooperation in meaningful tasks that occurred during my contact with an older person can best be described as</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>no cooperation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Highly Relevant</td>
</tr>
</tbody>
</table>
### Part III. Contextual Component

1 = Highly Relevant  
2 = Moderately Relevant  
3 = Not Relevant

<table>
<thead>
<tr>
<th></th>
<th>Highly Relevant</th>
<th>Moderately Relevant</th>
<th>Not Relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

(1) My contact with an older person in his/her residence can best be described as

1 = no contact  
2 = very infrequent contact  
3 = infrequent contact  
4 = moderate contact  
5 = frequent contact  
6 = very frequent contact  
7 = extremely frequent contact

(2) My contact with an older person in my/shared residence can best be described as

1 = no contact  
2 = very infrequent contact  
3 = infrequent contact  
4 = moderate contact  
5 = frequent contact  
6 = very frequent contact  
7 = extremely frequent contact

(3) My contact with an older person in a congregate living environment (seniors' residence, etc.) can best be described as

1 = no contact  
2 = very infrequent contact  
3 = infrequent contact  
4 = moderate contact  
5 = frequent contact  
6 = very frequent contact  
7 = extremely frequent contact

(4) My contact with an older person in a care or service setting (hospital, nursing home, service agency) can best be described as

1 = no contact  
2 = very infrequent contact  
3 = infrequent contact  
4 = moderate contact  
5 = frequent contact  
6 = very frequent contact  
7 = extremely frequent contact
Appendix B

Attitude, Intergenerational Contact and Demographic Pilot Test Items
QUESTIONNAIRE

Directions

The questionnaire requests your perceptions of people over age 65, the quantity, quality and location of your contact with them, and demographic data. This is not a test, so there are no right or wrong answers.

The first section lists bipolar adjectives separated by a seven-point scale. You are asked to place a check mark along the scale between each pair of adjectives that best describes your perception of people over age 65. Make each item a separate and independent judgement. It is your first impression that is wanted.

An example, regarding one's perception of an elephant, would be:

Fast ...: ...: ...: ...: ...: ...: Slow
(view that elephants are quite slow)

I Perceptions of Older People

1. Progressive:........................................Old-Fashioned
2. Consistent:........................................Inconsistent
3. Independent:........................................Dependent
4. Rich:................................................Poor
5. Generous:..........................................Selfish
6. Productive:.........................................Unproductive
7. Busy:................................................Idle
8. Secure:.............................................Insecure
9. Strong:.............................................Weak
10. Healthy:..........................................Unhealthy
11. Active:............................................Passive
12. Handsome:.......................................Ugly
13. Cooperative:.................................Uncooperative
14. Optimistic:......................................Pessimistic
15. Satisfied:........................................Dissatisfied
16. Expectant:......................................Resigned
17. Flexible:..........................................Inflexible
18. Hopeful:..........................................Dejected
19. Organized:......................................Disorganized
20. Happy:...........................................Sad
21. Friendly:........................................Unfriendly

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II Intergenerational Contact

By intergenerational contact is meant the spontaneous, consistent encounters with an older person(s) in which opportunity occurred for an exchange of ideas and understanding and/or the development of a meaningful relationship for you. The items are concerned with your overall life contacts with older people, not just those you may be experiencing at the present time. Please consider this when responding.

33. From my childhood until the present my contacts with older relatives, neighbors and others can best be described as

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
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<tr>
<td>infrequent</td>
<td>exchange</td>
<td>exchange</td>
<td>exchange</td>
<td>exchange</td>
<td>exchange</td>
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</table>

34. The exchange of ideas and understanding that usually occurred for me during these contacts can best be described as

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<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>frequent</td>
<td>exchange</td>
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<td>exchange</td>
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<td>exchange</td>
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35. The relationship that usually developed for me between the older person and myself as a result of these contacts can best be described as

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<th>4</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>hardly</td>
<td>somewhat</td>
<td>moderately</td>
<td>meaningful</td>
<td>meaningful</td>
<td>meaningful</td>
</tr>
<tr>
<td>somewhat</td>
<td>moderately</td>
<td>meaningful</td>
<td>meaningful</td>
<td>meaningful</td>
<td>meaningful</td>
<td>meaningful</td>
<td>meaningful</td>
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36. The occurrence of these contacts in the personal residence of the older person(s) can best be described as

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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>frequent</td>
<td>contact</td>
<td>contact</td>
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<td>contact</td>
<td>contact</td>
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<td>contact</td>
<td>contact</td>
<td>contact</td>
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<td>contact</td>
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</table>
37. The occurrence of these contacts in a multigenerational household (both of us living in the same residence) can best be described as

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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>contact</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>moderate</td>
<td>frequent</td>
<td>very</td>
<td>extremely</td>
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<tr>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
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38. The occurrence of these contacts in other community settings (church, school, community activity areas, etc.) can best be described as

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<tbody>
<tr>
<td>contact</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>moderate</td>
<td>frequent</td>
<td>very</td>
<td>extremely</td>
</tr>
<tr>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
<td>frequent</td>
<td>frequent</td>
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</table>

39. The occurrence of these contacts in social/political settings (committees, boards, projects, etc.) can best be described as

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<tbody>
<tr>
<td>contact</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>moderate</td>
<td>frequent</td>
<td>very</td>
<td>extremely</td>
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<tr>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
<td>frequent</td>
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40. The occurrence of these contacts in a health care setting (hospital, nursing home, human service agency, etc.) can best be described as

<table>
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<tr>
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<th>5</th>
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<tbody>
<tr>
<td>contact</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>moderate</td>
<td>frequent</td>
<td>very</td>
<td>extremely</td>
</tr>
<tr>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
<td>frequent</td>
<td>frequent</td>
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</table>

41. The extent of my professional service contacts with older persons/clients can best be described as

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<th>3</th>
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<tbody>
<tr>
<td>contact</td>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>moderate</td>
<td>frequent</td>
<td>very</td>
<td>extremely</td>
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<tr>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
<td>frequent</td>
<td>frequent</td>
</tr>
</tbody>
</table>

III. Demographic Information

42. Degree: __BSW  __MSW  __DSW/PhD  __Other (specify _____________

   Specialty Certificate:  __Substance Abuse  __Gerontology
   __Holistic Health Care  __Other (specify _____________

43. Work Setting:  __Medical  __Mental Health  __Corrections
   __Substance Abuse  __Child/Family  __Administration
   __Other (specify _____________

44. Length of Time in Social Work:  ___years

45. What percentage of your work is with, or for, each of the specified client age groups? (be sure this sums to 100%): ___0-12 yrs, ___13-18 yrs, ___19-40 yrs, ___41-64 yrs, ___65 yrs & older

45. Gender:  __Female  __Male
46. Age: ___ years
47. Ethnicity: ___ Caucasian ___ Afro-American ___ Hispanic ___ Asian ___ Other
48. If the return of your questionaire was to an address outside of Michigan, would this affect your willingness to respond?
   ___ I would still respond ___ I would not respond ___ Undecided
49. Was any question unclear? ___ yes ___ no
   If yes, which one ______________________
50. Comments:
Appendix C

Revised Instrument for Field Test
with Cover Letter
Dear Colleague:

I am conducting a study of NASW, Michigan Chapter members for my doctoral dissertation at Western Michigan University. The purpose of the study is to better understand the experiences and attitudes of social workers with respect to older people. The results will be shared with NASW and the field of social work, and should provide some insights about the profession.

You have been selected as part of a sample from the Chapter membership and your responses are crucial in that they will influence the procedures of the study. It takes about twenty minutes to complete the enclosed questionnaire and I hope you will take the time to do so. After you have provided information about your feelings and experiences with respect to the elderly, you will be asked to describe yourself. The demographic information will be used primarily to describe the quality of the sample against known characteristics of NASW.

Of course your answers will be kept completely confidential. The code number on the questionnaire is only to keep track of who has returned the instrument and who may need a friendly reminder. All coding will be destroyed before the data are prepared for analysis. Only group data will be reported.

Your responses are contributing to instrument development. Please circle anything that you find difficult to understand. If you would like a copy of the field test summary, please fill out the bottom of this page and return it to me with the completed instrument. Do not staple or attach the form to the questionnaire so that the confidentiality of the data is insured.

This study has the approval of Peter D. Weidenaar, ACSW, Executive Director, NASW Michigan Chapter.

Thank you for your cooperation.

Sincerely yours,

William D. Vickers, ACSW
Mary Anne Bunda, Ph.D.
W.MU. Advisor

Please send me a copy of the field test findings.
Name: ____________________________________________
Address: ________________________________________
Dear Colleague:

I am conducting a study of NASW, Michigan Chapter members for my doctoral dissertation at Western Michigan University. The purpose of the study is to better understand the experiences and attitudes of social workers with respect to older people. The results will be shared with NASW and the field of social work, and should provide some insights about the profession.

You have been selected as part of a sample from the Chapter membership and your responses are crucial in that they will influence the procedures of the study. It takes about twenty minutes to complete the enclosed questionnaire and I hope you will take the time to do so. After you have provided information about your feelings and experiences with respect to the elderly, you will be asked to describe yourself. The demographic information will be used primarily to describe the quality of the sample against known characteristics of NASW.

Of course your answers will be kept completely confidential. The code number on the questionnaire is only to keep track of who has returned the instrument and who may need a friendly reminder. All coding will be destroyed before the data are prepared for analysis. Only group data will be reported.

Your responses are contributing to instrument. Please circle anything that you find difficult to understand. If you would like a copy of the field test summary, please fill out the bottom of this page and return it to me with the completed instrument. Do not staple or attach the form to the questionnaire so that the confidentiality of the data is insured.

This study has the approval of Peter D. Weidenaar, ACSW, Executive Director, NASW, Michigan Chapter.

Thank you for your cooperation.

Sincerely yours,

Peter D. Weidenaar, ACSW
Executive Director
NASW, Michigan Chapter

Please send me a copy of the field test findings.

Name:________________________________________

Address:________________________________________

MEMBER UNITS: FLINT AREA • MUSKEGON • METROPOLITAN DETROIT • NORTHERN LOWER PENINSULA • SAGINAW VALLEY • SOUTHWESTERN • ST. CLAIR • WESTERN • UPPER PENINSULA

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QUESTIONNAIRE

Directions

The questionnaire requests your perceptions of people over age 65, the quantity, quality and location of your contact with them, and demographic data. This is not a test so there are no right or wrong answers.

The first section lists bipolar adjectives separated by a seven-point scale. You are asked to place a check mark along the scale between each pair of adjectives that best describes your perception of people over age 65. Make each item a separate and independent judgement. It is your first impression that is wanted.

An example, regarding one's perception of an elephant, would be:

Fast ....: ....: ....: ....: ....: X: ....: Slow
(view that elephants are quite slow)

I Perceptions of Older People

1. Progressive ....: ....: ....: ....: ....: ....: ....: Old-Fashioned
2. Inconsistent ....: ....: ....: ....: ....: ....: ....: Consistent
3. Independent ....: ....: ....: ....: ....: ....: ....: Dependent
4. Rich ....: ....: ....: ....: ....: ....: ....: Poor
5. Selfish ....: ....: ....: ....: ....: ....: ....: Generous
6. Productive ....: ....: ....: ....: ....: ....: ....: Unproductive
7. Busy ....: ....: ....: ....: ....: ....: ....: Idle
8. Insecure ....: ....: ....: ....: ....: ....: ....: Secure
9. Strong ....: ....: ....: ....: ....: ....: ....: Weak
10. Healthy ....: ....: ....: ....: ....: ....: ....: Unhealthy
11. Passive ....: ....: ....: ....: ....: ....: ....: Active
12. Handsome ....: ....: ....: ....: ....: ....: ....: Ugly
13. Cooperative ....: ....: ....: ....: ....: ....: ....: Uncooperative
14. Pessimistic ....: ....: ....: ....: ....: ....: ....: Optimistic
15. Satisfied ....: ....: ....: ....: ....: ....: ....: Dissatisfied
16. Expectant ....: ....: ....: ....: ....: ....: ....: Resigned
17. Inflexible ....: ....: ....: ....: ....: ....: ....: Flexible
18. Hopeful ....: ....: ....: ....: ....: ....: ....: Dejected
19. Organized ....: ....: ....: ....: ....: ....: ....: Disorganized
20. Sad ....: ....: ....: ....: ....: ....: ....: Happy
Directions
You are asked to place a check mark along the scale between each pair of adjectives that best describes your perception of people over age 65. Make each item a separate and independent judgement. It is your first impression that is wanted.

21. Friendly ....: ....: ....: ....: ....: ....: Unfriendly
22. Neat ....: ....: ....: ....: ....: ....: Untidy
23. Suspicious ....: ....: ....: ....: ....: ....: Trustful
24. Self-Reliant ....: ....: ....: ....: ....: ....: Dependent
25. Conservative ....: ....: ....: ....: ....: ....: Liberal
26. Certain ....: ....: ....: ....: ....: ....: Uncertain
27. Tolerant ....: ....: ....: ....: ....: ....: Intolerant
28. Unpleasant ....: ....: ....: ....: ....: ....: Pleasant
29. Ordinary ....: ....: ....: ....: ....: ....: Eccentric
30. Aggressive ....: ....: ....: ....: ....: ....: Defensive
31. Dull ....: ....: ....: ....: ....: ....: Exciting
32. Decisive ....: ....: ....: ....: ....: ....: Indecisive

II Intergenerational Contact
By intergenerational contact is meant the spontaneous, consistent encounters with an older person(s) in which opportunity occurred for an exchange of ideas and understanding and/or the development of a meaningful relationship for you. The items are concerned with your overall life contacts with older people, not just those you may be experiencing at the present time. Please consider this when responding. Circle the appropriate number.

33. From my childhood until the present my CONTACTS with older relatives, neighbors and others can best be described as
   1 2 3 4 5 6 7
   no very infrequent moderate frequent very extremely
   contact contact contact contact contact contact contact

34. The EXCHANGE OF IDEAS AND UNDERSTANDING that usually occurred for me during these contacts can best be described as
   1 2 3 4 5 6 7
   no very infrequent moderate frequent very extremely
   exchange exchange exchange exchange exchange exchange exchange

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Directions

The items are concerned with your overall life contacts with older people, not just those you may be experiencing at the present time. Please consider this when responding. Circle the appropriate number.

35. The RELATIONSHIP that usually developed for me between the older person(s) and myself as a result of these contacts can best be described as

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>5</th>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>no</td>
<td>somewhat</td>
<td>moderately meaningful</td>
<td>very</td>
<td>extremely</td>
<td>relation</td>
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<tr>
<td>ship</td>
<td>ship</td>
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<td>ship</td>
<td>ship</td>
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</table>

36. The occurrence of these contacts in the PERSONAL RESIDENCE of the older person(s) can best be described as

<table>
<thead>
<tr>
<th>1</th>
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<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
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<td>contact</td>
<td>infrequent</td>
<td>contact</td>
<td>frequent</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
</tbody>
</table>

37. The occurrence of these contacts in a MULTIGENERATIONAL HOUSEHOLD (both of us living in the same residence) can best be described as

<table>
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<tr>
<th>1</th>
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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
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<tbody>
<tr>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
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<tr>
<td>contact</td>
<td>infrequent</td>
<td>contact</td>
<td>frequent</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
</tbody>
</table>

38. The occurrence of these contacts in OTHER COMMUNITY SETTINGS (church, school, community activity areas, etc.) can best be described as

<table>
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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
<tr>
<td>contact</td>
<td>infrequent</td>
<td>contact</td>
<td>frequent</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
</tbody>
</table>

39. The occurrence of these contacts in SOCIAL/POLITICAL SETTINGS (Committees, boards, projects, etc.) can best be described as

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
<tr>
<td>contact</td>
<td>infrequent</td>
<td>contact</td>
<td>frequent</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
</tbody>
</table>

40. The occurrence of these contacts in a HEALTH CARE SETTING (hospital, nursing home, human service agency, etc.) can best be described as

<table>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>very</td>
<td>infrequent</td>
<td>contact</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
<tr>
<td>contact</td>
<td>infrequent</td>
<td>contact</td>
<td>frequent</td>
<td>contact</td>
<td>contact</td>
<td>frequent</td>
</tr>
</tbody>
</table>
Directions

The items are concerned with your overall life contacts with older people, not just those you may be experiencing at the present time. Please consider this when responding. Circle the appropriate number

41. The extent of my PROFESSIONAL SERVICE contacts with older person(s) can best be described as

1 2 3 4 5 6 7
no very infrequent moderate frequent very extremely contact infrequent contact contact contact frequent frequent contact contact

III Demographic Information

The following items pertain to you as a respondent. Complete each one with the response that is appropriate to you. Since this is a field test of the instrumentation, your added comments will have value for its development.

42. Degree: ___ BSW ___ MSW/MSS ___ DSW/PhD ___ Other (specify) ___

Specialty Certification/Training:
___ Substance Abuse ___ Gerontology ___ School Social Work
___ Administration ___ Holistic Health Care
___ Other (specify) __________________________

43. Work Setting: ___ Medical/Health Care ___ Mental Health
    ___ Corrections ___ Substance Abuse ___ Education
    ___ School Social Work ___ Industrial Social Work
    ___ Child/Family ___ Independent Practice
    ___ Other (specify) __________________________

44. Length of Time in Social Work: ___ years

45. What percentage of your work is with, or for, each of the specified client age groups? (be sure this sums to 100%):
___ 0-12 yrs, ___ 13-18 yrs, ___ 19-40 yrs, ___ 41-64 yrs, ___ 65 yrs & older

46. Gender: ___ Female ___ Male

47. Age: ___ years

48. Ethnicity: ___ Caucasian ___ Afro American/Black ___ Hispanic
    ___ Asian ___ Other (specify) __________________________

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Appendix D

Letter Approving Research Protocol
HSIRB, WMU
TO: William D. Vickers
Mary Anne Bunda

FROM: Ellen Page-Robin, Chair

RE: Research Protocol

DATE: June 24, 1987

This letter will serve as confirmation that your research protocol, "The Relationship Between Attitudes Toward the Elderly and Intergenerational Contact Among Social Workers" has been approved with exempt status by the HSIRB.

If you have any further questions, please contact me at 383-4917.
Appendix E

Final Form of Instrumentation with Cover Letter
Dear Colleague:

I am conducting a study of NASW, Michigan Chapter members for my doctoral dissertation at Western Michigan University. The purpose of the study is to better understand the experiences and attitudes of social workers with respect to older people. The results will be shared with NASW and the field of social work and should provide some insights about the profession.

You have been selected as part of a sample from the Chapter membership and your responses are needed. It is especially crucial that there be response from those practicing in settings other than the field of aging. Data are needed that reflect the diversity of social work practice.

It takes about twenty minutes to complete the enclosed questionnaire and I hope you will take the time to do so. After you have provided information about your feelings and experiences with respect to the elderly, you will be asked to describe yourself. The demographic information will be used primarily to describe the quality of the sample against known characteristics of NASW.

Of course your answers will be kept completely confidential. The code number on the questionnaire is only to keep track of who has returned the questionnaire and who may need a reminder. All coding will be destroyed when the data are prepared for analysis. Only group data will be reported.

If you would like a copy of the study summary, please fill out the bottom of this page and return it to me along with the completed instrument. Do not staple or attach the form to the questionnaire so that the confidentiality of the data is insured.

This study has the approval of Peter D. Weidenaar, ACSW, Executive Director, NASW, Michigan Chapter.

Thank you for your cooperation.

Sincerely yours,

William D. Vickers, ACSW
Mary Anne Bunda, Ph.D.

Please send me a copy of the study findings.
Name: __________________________
Address: ________________________
Questionnaire

DIRECTIONS

The questionnaire requests your perceptions of people over age 65, the quantity, quality and location of your contact with them, and demographic data. This is not a test so there are no right or wrong answers.

I Perceptions of Older People

You are asked to place a check mark along the scale between each pair of bipolar adjectives that best describes your perception of people over age 65. Make each item a separate and independent judgment. It is your first impression that is wanted.

An example, regarding one's perception of an elephant, would be:

<table>
<thead>
<tr>
<th>Fast</th>
<th>X</th>
<th>Slow</th>
</tr>
</thead>
<tbody>
<tr>
<td>(view that elephants are quite slow)</td>
<td></td>
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</tbody>
</table>

1. Progressive
2. Inconsistent
3. Independent
4. Rich
5. Selfish
6. Productive
7. Busy
8. Insecure
9. Strong
10. Healthy
11. Passive
12. Handsome
13. Cooperative
14. Pessimistic
15. Satisfied
16. Expectant
17. Inflexible
18. Hopeful
19. Organized
20. Sad
21. Friendly
22. Neat
23. Suspicious
24. Self-Reliant
25. Conservative
26. Certain
27. Tolerant
28. Unpleasant
29. Ordinary
30. Aggressive
31. Dull
32. Decisive

PLEASE CONTINUE ON REVERSE SIDE
II Intergenerational Contact

By intergenerational contact is meant the spontaneous, consistent encounters with an older person(s) in which opportunity occurred for an exchange of ideas and understanding and/or the development of a meaningful relationship for you. The items are concerned with your overall life contacts with older people, not just those you may be experiencing at the present time. Please consider this when responding. Circle the appropriate number that best describes your experience.

33. From my childhood until the present my CONTACTS with older relatives, neighbors and others can best be described as

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<tbody>
<tr>
<td>no contact</td>
<td>very infrequent contact</td>
<td>infrequent contact</td>
<td>moderate contact</td>
<td>frequent contact</td>
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34. The EXCHANGE OF IDEAS AND UNDERSTANDING that usually occurred for me during these contacts can best be described as

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<tr>
<td>no exchange</td>
<td>very infrequent exchange</td>
<td>infrequent exchange</td>
<td>moderate exchange</td>
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<tbody>
<tr>
<td>no relationship</td>
<td>somewhat meaningful</td>
<td>moderately meaningful</td>
<td>very meaningful</td>
<td>moderately meaningful</td>
<td>very meaningful</td>
<td>extremely meaningful</td>
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36. The occurrence of these contacts in the PERSONAL RESIDENCE of the older person(s) can best be described as

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<tr>
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<td>very infrequent contact</td>
<td>infrequent contact</td>
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37. The occurrence of these contacts in a MULTIGENERATIONAL HOUSEHOLD (both of us living in the same residence) can best be described as

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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
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<td>very infrequent contact</td>
<td>infrequent contact</td>
<td>moderate contact</td>
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38. The occurrence of these contacts in other COMMUNITY SETTINGS (church, school, community activity areas, etc.) can best be described as

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<tbody>
<tr>
<td>no contact</td>
<td>very infrequent contact</td>
<td>infrequent contact</td>
<td>moderate contact</td>
<td>frequent contact</td>
<td>very frequent contact</td>
<td>extremely frequent contact</td>
</tr>
</tbody>
</table>
39. The occurrence of these contacts in SOCIAL/POLITICAL SETTINGS (committees, boards, projects, etc.) can best be described as

1  no contact  2  very infrequent contact  3  infrequent contact  4  moderate frequent contact  5  frequent contact  6  very frequent contact  7  extremely frequent contact

40. The occurrence of these contacts in a HEALTH CARE SETTING (hospital, nursing home, human service agency, etc.) can best be described as

1  no contact  2  very infrequent contact  3  infrequent contact  4  frequent contact  5  very frequent contact  6  extremely frequent contact

41. The extent of my PROFESSIONAL SERVICE contacts with an older person(s) can best be described as

1  no contact  2  very infrequent contact  3  infrequent contact  4  frequent contact  5  very frequent contact  6  extremely frequent contact

III Demographic Information

The following items pertain to you as a respondent. Please complete each one with the response that is appropriate to you.

42. Degree:  ___ BSW  ___ MSW/MSS  ___ DSW/PhD  ___ Other (specify) ___

43. Specialty Certification/Training:

___ Substance Abuse  ___ Gerontology  ___ School Social Work
___ Administration  ___ Holistic Health Care
___ Other (specify) ______________________________

44. Work Setting:  ___ Medical/Health Care  ___ Mental Health
___ Corrections  ___ Substance Abuse  ___ Education
___ School Social Work  ___ Industrial Social Work
___ Child/Family  ___ Independent Practice
___ Other (specify) ______________________________

45. Length of Time in Social Work:  ___ years

46. Gender:  ___ Female  ___ Male

47. Age:  ___ years

48. Ethnicity:  ___ Caucasian  ___ Afro American/Black  ___ Hispanic
___ Asian  ___ Other (specify) ______________________________
BIBLIOGRAPHY


Wisconsin Department of Public Instruction. (1983). *Intergenera-


