

A STUDY OF THE ATTITUDES OF NURSING STUDENTS  
TOWARD THE ELDERLY FOLLOWING A CLINICAL PRACTICE

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## Abstract

The purpose of this descriptive study was to examine the influence of a clinical practice on the attitudes of diploma nursing students toward the elderly. A pretest-posttest approach, using Kogan's Old People Scale, provided data on the attitudes of nursing students upon entry to the diploma nursing program, and the effect of a clinical practice on those attitudes. A comparison was made of the effect of a clinical practice in special care homes and in acute care institutions on the attitudes of the nursing students toward the elderly. Analysis of the attitudes of nursing students toward the elderly and the demographic characteristics was made. The demographic characteristics examined were age, level of education, previous social contact with the elderly, previous work or volunteer experience with the elderly, religiosity and location of residence.

The attitudes of the nursing students upon entry to the nursing program were found to be positive. Of the 181 respondents to the pretest, 98.3% had positive attitudes toward the elderly according to the Kogan's Old People Scale. No significant change in the attitudes of the nursing students toward the elderly was found following the clinical practice. There was no significant difference in the attitudes of the students who had a clinical practice in a special care home and those who had a clinical practice in an acute care institution. A significant difference in the attitudes of the nursing students toward the elderly was found according to age of the student and the previous social contact

the student had had with the elderly. As the age and the amount of social contact with the elderly increased the attitudes of nursing students toward the elderly became more positive. However, students who had lived with an elderly person were less positive in their attitudes toward the elderly.

Recommendations for further research were made based on the findings of the study and the research methodology used in this study. These recommendations have significance for persons involved in the education of health care workers, particularly nursing students.

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## CHAPTER 1

### INTRODUCTION

#### PREPARATION OF NURSES TO CARE FOR THE ELDERLY

Nurses are dealing with continually increasing numbers of elderly patients (see Appendix A). There is a general concern that nurses are adequately prepared to provide the specialized care the elderly patient requires (see Saskatchewan Registered Nurses Association [SRNA] Statement on Nursing Services to the Elderly, Appendix B). In the future, Saskatchewan will need many nurses who are highly knowledgeable, skilled and keenly interested in providing nursing care to the elderly (L.J. Knox, Executive Director, SRNA, personal communication, October 11, 1983). The nurse acquires the major part of this knowledge, these skills and attitudes during her nursing education.

#### ATTITUDES OF NURSES

Attitudes toward patients, as mentioned, are learned in part from the nursing education program. The nursing program has a responsibility to graduate nurses who will deal professionally with all patients.

'Consideration of such factors as client's race, religion, ethnic origin, social status, sex or age may not be permitted to compromise the nurse's commitment to the client's care' (Canadian Nurses' Association Draft Code of Ethics for Nursing, Nov. 1983, p. 93).

The review of the literature suggests that the attitude a nurse possesses toward a patient will directly affect the quality of care that patient receives. If the nurse has a positive attitude toward the patient, that patient is likely to receive a higher quality of care.

When the nurse has a negative attitude toward the patient, the care the patient receives is likely to be less than optimal.

#### INFLUENCES OF NURSING PROGRAMS

#### ON ATTITUDES OF STUDENT NURSES

This study is especially concerned with the influence of the nursing education program on the attitudes of nursing students toward the elderly. Before a nursing education program can make any statements about the attitudes of its graduates toward the elderly, the program must take a serious look at its influence on the attitude of its students. The nursing program needs to examine the effects of the theory and clinical practice it provides on the attitudes of the nursing students toward the elderly. Once this is known the program can implement learning activities which will reinforce positive attitudes and discourage negative attitudes toward the elderly in the nursing students. The program can assist the nursing student to accept the ideal of all patients being equal and equally deserving of receiving optimal nursing care.

As an instructor in a diploma nursing program, this researcher has been concerned about the effect of the program on the attitudes of nursing students toward the elderly. The nursing students experience some of their clinical practice in an acute care institution and some clinical practice in a special care home. The influence of these clinical practice experiences on the attitudes of nursing students toward the elderly has been a question in the mind of this researcher for some time. Since the graduates of this nursing program will be working with many elderly patients, this researcher believes it is important to

determine the effects of the nursing program on the attitudes of the nursing students.

#### ATTITUDE STUDIES

A review of the literature has indicated that many studies have been done in the United States on the attitudes toward the elderly of different groups of people including nursing students. There were only three studies of the attitudes of health care workers toward the elderly done in Canada. The respondents included baccalaureate nursing students in a Maritime University; registered nurses involved in a gerontological nursing course, and medical doctors, registered nurses and auxillary staff of an acute care institution also in Western Canada. There are no Canadian studies which examined the attitudes of diploma nursing students or the effect of a clinical practice on the attitudes of nursing students toward the elderly. There has been no comparison made in any of the literature of the effect of an acute care clinical practice and the effect of a special care home clinical practice on attitudes toward the elderly of nursing students. An analysis of the differences in the attitudes of the respondents toward the elderly and the various demographic characteristics of the respondents was made by many researchers in the United States. Findings from these studies were inconclusive. The literature reviewed showed that the demographic variables most often addressed were age, level of education, previous social contact with the elderly, previous work or volunteer experience with the elderly, religiosity, and location of residence of the respondent.

### THE NURSING EDUCATION PROGRAMS IN SASKATCHEWAN

The nursing education programs in Saskatchewan are the baccalaureate program at the University of Saskatchewan and the diploma nursing programs of the Kelsey and Wascana Institutes. The baccalaureate program is four years long, while the diploma programs are two years in length. The format of the diploma programs differ. In the Wascana program, students who wish to become registered nurses, registered psychiatric nurses and certified nursing assistants initially take the same courses. This is referred to as a core program. Each type of student then branches off into a separate program for that particular type of health care worker. The Kelsey program is a typical two year nonhospital-based diploma nursing program. All three programs are evaluated by the SRNA.

### THE SETTING

The nursing program of particular concern to this study was the Kelsey Diploma Nursing Program. The program is offered in a technical institute and is only one of several health care worker programs offered by the health sciences department of that institution.

The first year of the program is composed of three semesters. The students are taught the fundamentals of nursing and introductory medical and surgical nursing. Theory is presented in the classroom, in laboratory sessions and in a clinical practice. The students rotate to a new ward for clinical practice with each semester. The clinical practice could be in either an acute care or special care institution. In conjunction with the nursing classes the students also take courses in microbiology, pharmacology, anatomy and physiology, psychology,



sociology, nursing perspectives, communicative arts and recreation skills. During the second year of the program more comprehensive medical-surgical, pediatric, obstetric and psychiatric nursing is presented. The program ends with a course designed to consolidate the nursing skills the students have learned previously. Theory and clinical practice for these courses are presented concurrently. No courses except nursing are taken in the second year. The clinical practice is structured and supervised closely by nursing instructors.

The aim of the diploma nursing program is to prepare nurses capable of giving direct patient care in a variety of health agencies. The philosophy of this program recognizes that students need an opportunity to learn attitudes and values as part of their education (see Appendix C). As graduates, they will be in direct contact with ever increasing numbers of elderly people. It is hoped that the nursing education program equips these nurses with the knowledge, attitudes and skills necessary to give quality care to the elderly.

#### OBJECTIVES OF THE STUDY

Before any statements can be made about predicting the attitudes of graduate nurses toward the elderly, it was necessary to determine the attitudes of the nursing students toward the elderly and how the nursing program was affecting those attitudes. Knowledge of the difference in attitudes according to the various demographic characteristics of the student was needed to be able to predict attitudes. The demographic factors studied were age, level of education, previous social contact, previous work and volunteer contact with the elderly, religiosity and

location of residence of the students. This study provided the diploma nursing program with information about the beginning students' attitudes toward the elderly. The effect of a clinical rotation on those attitudes and the differences in attitudes of nursing students according to their different demographic characteristics.

#### THE RESEARCH PROBLEM

This study was designed to gather information about nursing students' attitudes toward the elderly. It examined the attitudes of nursing students upon entry to a diploma nursing program and tried to establish if there were differences in the attitudes of the nursing students according to their various demographic characteristics. The influence of a clinical practice on the attitudes of the nursing students toward the elderly was evaluated. A comparison was made of the effect of a clinical practice in an acute care institution and the effect of a clinical practice in a special care home on the attitudes of nursing students toward the elderly.

## CHAPTER 2

### LITERATURE REVIEW

This review will examine the relevant literature dealing with the concept attitude. The importance of the attitudes of nurses as related to patient care will be presented. Festinger's theory of Cognitive Dissonance which is the theoretical basis of this study will be reviewed. Festinger's theory explains why attitude change occurs. The literature about the attitudes toward the elderly held by society and specific groups within society will be outlined. The research designs, statistical tests, instruments and the respondents of each study will be reviewed. Studies of the differences in the attitudes of the respondents according to the respondents' demographic characteristics will be summarized. A review of the different types of nursing courses and clinical practice experiences and their effects on the participant's attitudes toward the elderly will be included. A comparison between the clinical practice in a special care home and an acute care institution will be made.

#### IMPORTANCE OF ATTITUDES IN NURSING

Writers have recognized for a long time that attitudes are an important part of nursing care of the elderly. 'The way we [nurses] care for our older clients depends on our attitude toward aging . . . negative stereotyping permeates our society today and health care workers are bound to be influenced by this prejudice' (Podnieks, 1983, p. 34). 'Our attitudes create expectations. A negative attitude toward the aging patient conveys our expectations of failure, weakness and decline'

(Tangorra, 1982, p. 58). When nurses are prejudiced toward a patient their ability to give optimal care to that patient is affected (Briant, 1976; White, 1977). It has been shown that when nurses have positive attitudes toward the elderly they are more inclined to demonstrate favourable behaviour toward these patients (Hatton, 1977; Robb, 1979). It may be unrealistic to expect that all nurses will overcome all of their negative attitudes toward the elderly. If the attitude of the nurse cannot be changed to a positive one, then the nurse should be taught the skills necessary to prevent the conveyance of that negative attitude to the patient (Griffiths, 1972; White, 1977).

#### ATTITUDE

Attitude is a concept that has been defined by many writers in the fields of psychology and sociology. A readiness or ingrained tendency on the part of the individual to respond in a predictable way to a specific person, object or situation is a common assumption found in all the definitions of attitude (Fantino, Fischer, Krebs, Reynolds and Rubin, 1974; Smith & Bass, 1979; Wrightsman & Sanford, 1975; Zimbardo & Ruch, 1977).

#### Components

Attitude is made up of three components identified as the cognitive, affective and behavioural. The cognitive or belief component is the idea or image the individual holds about a particular person, object or situation. The feeling or emotion the individual has toward this idea or image is the affective component. The behavioural or action component is the tendency to act in a certain way toward the particular person, object or situation. Generally there is a consistent, supporting relationship

among the three components which makes the attitude resistant to change. However, when one component is changed it makes it more difficult to retain the other two components in their original form. The cognitive component can be changed by exposure to new information, whereas, the affective component is changed by direct contact with a new individual or situation such as a role model. The rewards and punishments rendered by society, family or peers result in changes in the behavioural component. When one component changes, it becomes inconsistent with the other two components and they will likely change as well (Fantino et al., 1974; Festinger, 1957; Smith & Bass, 1979; Wrightsman & Sanford, 1975; Zimbardo & Ruch, 1977).

#### Assumptions

All of the definitions make the assumption that attitude could be used to predict response. There are exceptions to this assumption. Compliance to the standards of a group or avoidance of rejection or punishment may cause people to behave in a manner that is contrary to their attitudes. Individuals may also identify with and copy the behaviour of another person. Usually the individual will maintain these responses only as long as there is reason to do so and will then revert to the former responses. The change in behavior will not produce a change in attitude until the behavior change is internalized. Internalization occurs when the individual receives rewards from the behavior itself. The behaviour has to be useful to the individual and congruent with that person's value system to produce a permanent attitude change (Fantino et al., 1974; Festinger, 1957; Griffiths, 1972; Smith & Bass, 1979; White, 1977).

### Theoretical Background

There have been numerous theories developed to explain attitude change. Skinner (Smith & Bass, 1979, p. 30) believed attitudes to be nothing more than conditioned responses. According to the behaviorist theory, attitudes were determined solely by the individual's past experience.

Another group of theorists felt there is a tendency on the part of the individual to maintain a consistency among attitudes, beliefs and behavior. If an inconsistency develops, the individual will attempt to return to a balanced internal state. Heider contends that 'to maintain internal balance or consistency a person attempts to keep his feelings regarding another person consistent with this perception of their mutual like or dislike for a third person, or for an object, event or idea' (Smith & Bass, 1979, p.32). Newcomb (Smith & Bass, 1979, p. 33) built on Heider's model by explaining the perspectives of both people involved in the relationship. The extent and direction of change in attitude in a relationship was the extension added by Osgood and Tannenbaum (Smith & Bass, 1979, p. 34) to Heider's and Newcomb's theories.

Festinger (1957) developed a theory of Cognitive Dissonance. Festinger contends that individuals hold a set of beliefs about themselves and their environment. Dissonance occurs when the individual makes a decision which conflicts with these beliefs. Cognitive dissonance is the condition that exists when a person holds two beliefs or attitudes that disagree with each other. The individual will attempt to reduce the dissonance by avoiding situations which increase the ,

conflict, by repressing information which conflicts with held beliefs or if possible by revoking the decision which caused the dissonance. If the dissonance is not reduced then the individual will change the existing attitude in order to attain a state of cognitive balance (Festinger, 1957).

Festinger's theory of Cognitive Dissonance was chosen as the theoretical framework for this study because it best explains the attitude changes students experience during their nursing education and especially during the clinical practice component of the education. Nursing students enter the nursing program with a set of attitudes and beliefs that have been developed from their past experiences. Some of those attitudes will be reinforced by the theory and experiences the student is subjected to during the nursing education. Those attitudes will remain unchanged according to Festinger. However, some of the attitudes the students possess when entering the nursing program will conflict with the theory and experiences presented in the nursing program (Speight, 1974). This results in the Cognitive Dissonance to which Festinger refers. The individual student will use the methods Festinger (1957) suggests to decrease the dissonance. These methods include avoiding situations which cause conflict, repressing the information or revoking the decision. If the dissonance is not reduced the individual will change the attitude.

The other theories do not adequately explain how attitude change occurs in a nursing student during the nursing education. There are many situations in nursing where the presentation of knowledge will change the

student's attitude (Speight, 1974). The behaviorist view of attitude being the result of conditioning does not explain all the attitude changes that occur in nursing education. In many situations it is the influence of a group (Griffiths, 1972) which will result in an attitude change in an individual. Heider, Newcomb, and Osgoode and Tannenbaum (Smith & Bass, 1979) see attitude change as occurring in a situation involving only two people. Festinger's Theory of Cognitive Dissonance (Festinger, 1957) is more general in nature and will explain many situations where attitude change occurs.

#### Formation

Attitudes are learned from the society in which the individual grows up (Fantino et al., 1974; Griffiths, 1972; Speight, 1974; White, 1977; Wrightsman & Sanford, 1975; Zimbardo & Ruch, 1977). 'Growing up in a certain family, ethnic group, class and country provides a person with a certain fundamental attitudes early in life' (Fantino, 1974, p.257). One would assume that the nursing students would have the same attitude toward a particular person or object as does the society to which they belong. The Canadian society holds many negative stereotypes toward the elderly (Ontario Advisory Council on Senior Citizens, 1980; Ontario Welfare Council, 1980; Podnieks, 1983). A study of baccalaureate nursing students conducted in Eastern Canada showed no suggestion of negative attitudes toward the elderly in these nursing students (Downe-Wambolt & Melanson, 1983).



### ATTITUDE MEASUREMENT DESIGNS

It is difficult to make comparisons among the studies which examine attitudes toward the elderly. The studies not only have different objectives, but also use different methodologies, samples, instruments and data analyses procedures. In some of the studies attitude was measured directly while in other studies, attitudes were inferred from less direct measurement methods.

#### Direct Measurement

In true experimental research there is direct control of the independent variables by actively manipulating at least one variable and by randomization, which means assigning subjects to groups at random or assigning treatments to groups at random (Kerlinger, 1973). None of the studies reviewed for this project met both of the above requirements. For this reason they must be classified as ex post facto approaches of a comparative, descriptive or exploratory nature. (The specific studies will be listed according to the procedures used by the researchers.)

#### Pretest-Posttest Designs

The pretest-posttest procedure was used in many studies to measure the attitudes of the respondents toward the elderly. In this procedure an attitude scale is administered to measure the attitudes of the respondents before the treatment is administered. The treatment in these studies was either a course in gerontology and/or some type of interaction with the elderly. Following the administration of the treatment, a second application of the attitude scale to the respondents measured any changes in their attitudes resulting from the treatment.

(Chamberland, Rawls, Powell & Roberts, 1978; Fulton & Hobbs, 1982, 1983; Gordon & Hallauer, 1976; Gunter, 1971; Hannon, 1980; Hart, Freel & Crowell, 1976; Hooper, 1981 a & b; King & Cobb, 1983; Powell & Roberts, 1978; Robb, 1979; Wilhite & Johnson, 1976).

The respondents in all these studies were nursing students except for registered nurses (Fulton & Hobbs, 1982, 1983; Hannon, 1980) and university students (Gordon & Hallauer, 1976). The only Canadian study of this type was done by Fulton and Hobbs (1982, 1983), on the effect of a geronological course on the attitudes of registered nurses toward the elderly.

The instruments used in these studies were designed specifically to measure attitudes toward the elderly. Instruments used included Kogan's Old People Scale [KOPS] (Fulton & Hobbs, 1982, 1983; Gordon & Hallauer, 1976; Hannon, 1980; Hooper, 1981; Robb, 1979), Tuckman Lorge Attitude Questionnaire [TLAQ] (Chamberland et al., 1978; Gunter, 1971; Hart et al., 1976; Powell & Roberts, 1978; Wilhite and Johnson, 1976) and Palmore's Facts on Aging Quiz (Hannon, 1980; King & Cobb, 1983) which measures attitudes toward the elderly indirectly. In these studies the researchers were wishing to determine if there was a difference and what the difference was, in the instrument scores from the pretest to the posttest.

The attitudes of the respondents could either become more positive, more negative or remain unchanged. The t-ratio or t-test can be used to determine if the difference in the mean scores is significant (Kerlinger, 1973, p.220). The t-test was used by Robb (1979) and Gunter

(1971) to determine if the differences in means of the attitude scales from the pretest to the posttest were significant. The t-test determined if the change of attitude was great enough to be caused by the treatment rather than occurring because of chance alone.

Chi square is another statistical test of significance. It determines if a systematic relationship exists between two variables. The larger the difference between the expected (due to chance) frequencies and the actual frequencies, the larger the chi square. A large chi square indicates that the variables are not operating independently (Nie, Hull, Jenkins, Steinbrenner & Bent, 1975, p.223). Gordon & Hallauer (1976) found the results of the KOPS at both pretest and posttest to be highly skewed and for this reason used chi square as a statistical test. Since the skewing was present and the groups had unequal numbers a chi square was used on the number of responses above and below the median response rather than using parametric procedures to determine any difference in the frequencies of the responses of the groups (Gordon & Hallauer, 1976). The positive and negative items of the KOPS instrument were analysed separately by chi square in the Gordon and Hallauer (1976) study. A higher chi square value would indicate that an attitude change had occurred and that the change was greater than what would have occurred by chance alone.

'Analysis of covariance is a form of analyses of variance that tests the significance of the differences between means of final experimental data by taking into account the correlation between the dependent variable and one or more covariates, and by adjusting initial mean

differences in the experimental groups' (Kerlinger, 1973, p.370). The mean scores from the TLAQ pretest and the adjusted posttest mean scores were correlated by a t-test in the statistical analysis done by Wilhite and Johnson (1976). The adjusted posttest mean score was calculated by an analysis of covariance procedure. The t-test determined if the difference in the adjusted posttest and pretest means was significant. If the difference was found to be significant then the treatment would be assumed to have caused the change in attitude.

King & Cobb (1983) and Hannon (1980) simply calculated the difference in the per cent of errors from the pretest to the posttest for the Palmore Facts on Aging Quiz. A greater per cent of anti-age errors than pro-age errors indicated a negative attitude toward the elderly. The reverse of this, the more pro-age than anti-age errors - indicated a positive attitude toward the elderly. The statistical analysis procedure used by Hannon (1980) was to calculate the mean score for the positive scale and the mean score of the negative scale of the KOPS instrument and to calculate the difference in the means of each scale at the pretest and posttest. An increase in the mean of positive scale indicated a more positive attitude and an increase in the mean of the negative scale indicated a more negative attitude. A decrease in the mean of either score indicated the opposite change in attitude. A pattern of contradiction could exist should the mean of one scale move in the opposite direction to the mean of the opposite scale. Statistical analysis procedures used by the other researchers reviewed here were not specified in the literature.

### Other Designs

In other descriptive-exploratory studies of attitudes toward the elderly, the attitude scale was only administered once during the study. In some studies the attitudes measured by the scales were compared across different respondent groups including registered nurses, medical doctors, associate staff, caregivers and gerontological patients (Farkas, Herman & Day, 1984), registered nurses, medical doctors and social workers (Futrell & Jones, 1977), licensed practical nurses, registered nurses and nurses' aides (Campbell, 1971; Gillis, 1973), registered nurses (Hatton, 1977; Taylor & Harned, 1978), nursing students (Downe-Wambolt & Melanson, 1983, Hart et al., 1976, Kayser & Minnigerode, 1975), and practicing nurses, nursing students and nursing faculty (Tollett & Adamson, 1983). The KOPS (Futrell & Jones, 1977; Hatton, 1977; Taylor & Harned, 1978; Thorson et al., 1974); the TLAQ (Campbell, 1971; Hart et al., 1975; Kayser & Minnigerode, 1975; Penner Ludenia & Mead, 1983; Tollett & Adamson, 1982); the Opinions About Old People Scale (Downe-Wambolt & Melanson, 1983); and Lowry's revised instrument (Gillis, 1973) were used to measure attitudes in these studies.

Hatton (1977) compared the score of the KOPS positive scale with the per cent of the respondent's nursing behaviors rated as positive by the researcher and the negative scale score with per cent of negative nursing behaviors in an effort to correlate nursing behavior and attitudes toward the elderly. The statistical analysis procedure used by Taylor and Harned (1978) was to compare the mean KOPS scores across the groups of registered nurses participating in the study. A lower mean score indicated a more positive attitude in that study.

In the study conducted by Gillis (1978) a one-way analysis of variance was used to determine differences in the mean scores of the Lowry instrument by the different groups participating in the test. That same statistical analyses procedure was used for the KOPS mean scores of the participating groups in the study done by Penner et al. (1983). The F-ratio determined the level of significance of the differences in the mean. Analysis of variance is 'a method of identifying, breaking down and testing for statistical significance variances that come from different sources of variation' (Kerlinger, 1973, p.147). The total variation of the dependent variable is due partially to experimental treatment, error & other causes. An analyses of variance determines how much of the variation came from each source. If the F-ratio is significant then there are differences between the group in attitudes. In this situation the higher the score the more positive the attitude of the group. Downe-Wambolt & Melanson (1983) used the same procedure for the Opinions about People Questionnaire. For the groups where the F-test from the analyses of variance was significant, Downe-Wambolt & Melanson (1983) used the Scheffe multiple comparison procedure to identify where significant differences rested between group means.

The nonparametric test, the Kruskal-Wallace one-way analyses of variance, was used on the results of the TLAQ administered by Kayser & Minnigerode (1975) and Tollett & Adamson (1982). Nonparametric analyses of variance depends on ranking while parametric methods assume that the samples have been drawn from population that are normally distributed, that the variances within groups are statistically the same and that the measures used are continuous measures with equal intervals (Kerlinger, 1975, pp.286-288). If the results of the Kruskal-Wallace test were

significant, then a difference in attitude existed between the groups studied.

In another study the means and variances of the KOPS were calculated and compared across the groups of respondents, employing a t-test to determine the level of significance of the comparisons (Futrell & Jones, 1977). A significant t-test indicated a difference in the attitudes of the groups. The higher the mean score, the more positive was the attitude of the group. The mean per cent acceptance of stereotypes on the TLAQ were compared across the groups studied by Campbell (1971). The more stereotypes accepted by a group the more negative was its attitude.

#### Instruments

Several different attitude scales were used in the previous studies. A more detailed description of these instruments will be given here. When comparing the studies it is necessary to consider the differences in the various scales. There was a consensus among the writers that attitudes could be measured (Fantino et al., 1974; Golde & Kogan, 1959; Speight, 1974; Wrightsman & Sanford, 1975; Zimbarde & Ruch, 1977). Any tool that is constructed to measure attitude should contain only dimensions of the concept to be measured. Fact statements, which can be answered with a 'yes' or 'no' should not be included because they do not necessarily produce an expression of attitude. The dimensions of the attitude must first be determined and then a rating scale be constructed to measure each dimension. Attitudes and beliefs about old people are qualitatively different from those attitudes concerning the larger class of people in general (Fantino et al., 1974; Golde & Kogan, 1959; Speight, 1974; Wrightsman and Sanford, 1975; Zimbardo & Ruch, 1977).

Kogan's Old People Scale [KOPS]

In 1961 Kogan developed and tested a Likert scale for measuring attitudes toward the elderly. The instrument consists of two, 17-item, matched scales, one of which contains positive statements and one of which contains negative statements about the elderly (Kogan, 1961). After administering the questionnaire, Kogan found that the subjects tended to disagree to a greater extent with negative statements than they agreed with the positive statements. The product moment coefficients between the positive and negative scales range from .46-.52 and are significant beyond the .01 level. They are in the content direction but are of moderate size. The reliability coefficients were found to range from .66 to .83. There was greater reliability in the negative scale (.73-.83) than in the positive scale (.66-.77) (Kogan, 1961).

Silverman (1966) found that the Kogan scale is capable of predicting disposition to associate with older people on a measure taken three months after its original administration. To minimize response set KOPS uses matched positive-negative statements. Silverman (1966) found the KOPS was contaminated to some degree by social desirability response set. Social desirability set is defined by Robb (1979) as 'the tendency of individuals to try to appear in favourable light by endorsing favourable words, phrases or statements when describing the target object' (p. 44).

Robb (1979) used the Marlowe-Crowne Social Desirability Scale and Kogan's scale in her study of nursing students' attitudes toward the elderly. She found that the students she tested responded in terms of descriptive aspects of traits rather than in favourability values. She concluded



that the response pattern was not one of social desirability.

The KOPS scale has been used extensively in a wide variety of research situations. Studies reviewed in this project which used Kogans Old People scale included: Fulton and Hobbs (1982; 1983), Futrell and Jones (1977), Gordon and Hallauer (1976), Hannon (1980), Hatton (1977), Hooper (1981), Kogan (1961), Penner et al. (1983), Robb (1979), Silverman (1966), Taylor and Harned (1978) and Thorson et al. (1974).

#### Tuckman-Lorge Old People Scale [TLAQ]

In 1953, Tuckman and Lorge developed a 137 item scale. Participants showed acceptance or rejection of the misconceptions and stereotypes about aging by a 'yes-no' response. Stereotypes are defined as 'preconceived notions, often having no rational basis, about particular people or groups, oversimplified, hard to change way of seeing people who belong to some group' (Fantino et al., 1974, p. 431). A large number of 'yes' answers indicated a negative attitude toward the elderly. The writers state this about the items on their scale: 'For some of these statements there is a valid basis; for others the evidence is sketchy and inconclusive; for the majority experimental evidence is completely lacking (Tuckman & Lorge, 1953, p. 249).

Axelrod and Eisdorfer (1961) evaluated the Tuckman-Lorge scale. They supported the authors statement that many of the items are not proven statements. Axelrod and Eisdorfer found that 30 of items from this scale had test-retest coefficients ranging from 0.36 - 0.62. Their item analysis indicated that many of the items did not have stimulus-group validity. Eisdorfer (1966) conferred with the finding on stimulus-group validity. Golde & Kogan (1959) noted that the

Tuckman-Lorge scale does not control for response set effects. They also question the fact that some of the items could be true of all people not just the elderly. Although the scale is easy to answer and score, 137 questions is a large number to expect subjects to respond.

#### Facts on Aging Quiz

Developed by Palmore in 1977, the Facts on Aging Quiz consists of 25 true and false items. It is a test of knowledge about aging. Attitude can be measured only indirectly as a positive or negative bias toward the elderly (Palmore, 1977). The author states that there is a low correlation in attitude measured by his scale and attitude measured by Kogan's Old People Scale, a direct measure of attitude (Palmore, 1980). Palmore developed a second similar quiz in 1981 which also measures attitude indirectly (Palmore, 1981).

#### Opinions about People Scale

The Ontario Welfare Council, Section on Aging, in 1970, developed a 32 statement questionnaire to measure attitudes toward the elderly. The instrument was designed as a learning evaluation tool to be used in workshops for personnel working with the elderly (Ontario Welfare Council, 1980). Validity and reliability scores are not available at this time (Downe-Wambolt & Melanson, 1983, p. 4; Report of the Attitudes Toward Aging Committee, 1971, p. 15).

#### Findings

The attitudes of the respondents were found to vary considerably. These results are measurements taken from the administration of the attitude scales in the single test studies and the pretest measurement

where a pretest-posttest procedure was used. Negative or stereotype attitudes toward the elderly were found in groups of college students, college faculty, medical doctors, baccalaureate, masters, diploma and licensed practical nurses, nurses aides, family caregivers and nursing faculty (Campbell, 1971; Farkas et al., 1984; Marsh, 1983; Mercadante, 1983; Palmore, 1977, 1981; Tollet & Adamson, 1982; Tuckman & Lorge, 1953). Nursing students were also found to accept a number of stereotypes about the elderly, indicating a negative attitude toward this age group (Gunter, 1971; Hannon, 1980; Kayser & Minnegerode, 1975; King & Cobb, 1983; Tollett & Adamson, 1982). In other studies, college students, registered nurses, doctors, social workers and employees who worked with the elderly, were positive in their attitudes toward the elderly (Fulton & Hobbs, 1982, 1983; Futrell & Jones, 1977; Gordon & Hallauer, 1976; Kogan, 1961; Taylor & Harned, 1978; Thorson et al., 1974). Nursing students were also shown to have positive attitudes toward the elderly (Downe-Wambolt & Melanson, 1983; Robb, 1979).

### Indirect Measures

#### Questionnaires

Approaches other than a direct measurement of attitude by a scale have been used to determine attitudes toward the elderly. Questionnaires constructed by the researchers asked respondents to rate their preferences for the different nursing specialties, ages of patient, work settings, and their intentions to take geriatric courses. A positive attitude toward the elderly was indicated if preference was given to geriatrics, elderly patients, nursing homes and strong intentions to take courses in geriatrics (Delora & Moses, 1969; Campbell, 1971; Gunter,

1971; Hart et al., 1976; Kayser & Minnigerode, 1975; Robb, 1979; Tollett & Adamson, 1982).

Several statistical tests were used with this data. The differences in the per cent of selection for each preference were calculated and ranked (Delora & Moses, 1969; Gunter, 1971). Nonparametric tests (Kendall's coefficient of concordance, Spearman rank-order correlation coefficient, Kruskal-Wallis Test) were used by Kayser & Minnigerode (1975) and Tollett & Adamson (1982). The test result was significant when a correlation between attitude and the particular preference for patient age, or setting etc. was assumed to exist. The means of the responses to the questionnaires on patient age groups and work settings were ranked to show the order of preference chosen by the respondents in the study done by Hart et al. (1976).

#### Findings

The conclusions drawn from the indirect measurement of attitudes toward the elderly were varied. Students' preference for geriatrics was very low (Delora & Moses, 1969; Kayser & Minnigerode, 1975). Studies which correlated the nursing students' attitude toward the elderly and their desire to work with the elderly were contradictory. Hart et al (1976) and Robb (1979) indicated that the students who were the least stereotyped in their attitudes showed an increased preference for working with the elderly. However, Gunter (1971) showed that the students who accepted the least number of stereotypes about the elderly also had the least interest in working with the elderly.

## Conclusions

In the measurement of attitudes toward the elderly the comparative exploratory design, incorporating a pretest-posttest procedure, was used most frequently. The KOPS and TLAQ were the attitude scales used by most researchers. Several different tests were used to determine if there was a difference in the pretest-posttest results and if the difference was significant, including T-test of difference of the means, analysis of covariance, chi square, and differences in the per cent of errors on the pretest-posttest. The findings of the studies seem to indicate a slight trend toward negative attitudes toward the elderly. A significant finding for the statistical tests indicates that the course or interaction with the elderly had caused a change in the attitude of the respondents. In other studies, only a single administration of the instrument was used to determine if there were differences in the attitudes of the respondent groups.

The studies which measured attitude indirectly appeared to indicate that there is a slight trend toward a negative attitude toward the elderly in several different groups of society and nursing students. In the case of the nursing students there was a decreased desire to work with this age group.

## INFLUENCE OF DEMOGRAPHIC VARIABLES ON ATTITUDES

Various studies have considered the effect of certain demographic factors on the attitudes of individuals toward the elderly. The demographic factors considered in this literature review are age, level of education, social contact with elderly, work and volunteer contact

with the elderly, religiosity and location of residence. These demographic factors were the ones most commonly found in the literature on nurses' and students nurses' attitudes toward the elderly.

In all of the studies reviewed, the data on the demographic variables were gathered by asking the respondent to answer specific demographic items on a questionnaire. Statistical analysis procedures included chi square (Delora & Moses, 1969), the nonparametric Mann-Whitney U Test (Kayser & Minnigerode, 1975); analysis of variance of mean scores (Downe-Wambolt & Melanson, 1983; Gillis, 1973; Thorson et al., 1974) stepwise multiple regression (Penner et al., 1983) and Pearson product moment correlation (Robb, 1979) to compare attitude and demographic variables. A significant finding indicated a difference in the attitude of the respondent according to the specific demographic characteristics of the respondent.

### Age

In many studies there was no evidence of a difference in the respondents' attitudes toward the elderly and their age. Subjects of these studies included doctors and all levels of graduate nurses (Campbell, 1971; Futrell & Jones, 1977; Gillis, 1973; Mercadante, 1983). Robb (1979) found no significant difference in the attitudes of the nursing students and their age. Palmore (1980) reviewed the findings from many studies that had used his "Facts on Aging" quiz and determined that there was no difference in the attitudes of the respondents according to their age. Registered nurses were found to become more positive toward the elderly as they grew older (Brown, 1966; Futrell &

Jones, 1977; Penner et al., 1983). Social workers, college students, personnel who worked with the elderly and registered nurses were shown to be more negative in their attitudes toward the elderly as they became older (Futrell & Jones, 1977; Taylor & Harned, 1978; Thorson et al., 1974). The concensus seems to be that there is no difference in attitude toward the elderly according to the person's age.

#### Level of Education

Studies analysing the level of education of the subjects and their attitude toward the elderly have been numerous. As the professional education of nurses increased, the more positive was their attitude toward the elderly (Brown, 1966; Campbell, 1971; Gillis, 1973). An exception to this contention was that baccalaureate nurses were less positive than either licensed practical nurses or registered nurses in their attitudes toward the elderly (Gillis, 1973). Studies of doctors and nurses indicated that there was no difference in the attitudes of these respondents according to the level of professional education of the respondent (Futrell & Jones, 1977; Mercadante, 1983; Penner et al., 1983). As the professional education of social workers increased, their attitudes toward the elderly became more stereotyped (Futrell & Jones, 1977). An increase in the general education of nursing students, college students and personnel working with the elderly was shown to correspond with a more positive attitude toward the elderly (Hooper, 1981; Thorson et al., 1974). Robb (1979) found no differences in the attitudes toward the elderly of the nursing students and the level of education of the

nursing student. Campbell (1971) held that a geriatric course did not change the attitudes of nurses' aides, licensed practical nurses and registered nurses. There appears to be a trend toward the premise that as education, (either professional or general) increases, the person's attitude becomes more positive toward the elderly.

#### Previous Social Contact with the Elderly

Some of the studies reviewed found no difference in the attitudes of registered nurses and nursing students according to their previous social contact with the elderly (Campbell, 1971; Hart et al., 1976; Robb, 1979). A more positive attitude toward the elderly was demonstrated in nurses who had had less social contact with the elderly (Taylor & Harned, 1978). Robb (1979) found that the number of living grandparents students had did not affect their attitudes toward the elderly. However, the more positive the students perceived their relationships to be with their grandparents the more positive was their attitude toward the elderly (Robb, 1979). The majority of the studies showed no difference in the attitudes of the respondents according to their previous social contact with the elderly.

#### Work or Volunteer Experience with the Elderly

Another demographic variable researchers have analysed with attitude toward the elderly is the work or volunteer experience which the student had before entering the nursing program. No difference in attitude according to work or volunteer experience with the elderly was found by Robb (1979). A positive attitude was shown in nursing students with work experience with the elderly (Hooper, 1981). Kayser and Minnigerode



(1975), and Hart et al. (1976) found that students who had had previous volunteer or work experience with the elderly were more negative in their attitudes toward the elderly. No trend was established for these variables.

#### Religiosity

Attitude toward the elderly and the religious beliefs of respondents were compared in studies done by Perril (1963) and Hickey et al (1968). No trend was established in these studies. (Both studies were cited in McTavish, 1971.)

#### Location of Residence

Only two studies addressed the attitude toward the elderly of the respondent and the location of residence of the respondents. No trend was established for these two variables in Taylor & Harned's (1978) study of registered nurses or Robb's (1979) study of nursing students.

#### Conclusions

Many of the studies which assessed attitudes toward the elderly also looked at the demographic characteristics of the respondents. Chi square, Mann-Whitney U-tests, analysis of variance, stepwise multiple regression and the Pearson moment correlation tests were the statistical tests used to correlate attitude toward the elderly and the demographic variables. The findings showed that there appears to be no difference in attitude toward the elderly according to the age or previous social contact with the elderly. For the demographic variables of work or volunteer experience with the elderly, religiosity, and location of residence, no trend was established in the studies. It did

appear that as education increased, the respondent's attitude toward the elderly became more positive. The Canadian studies did not indicate any significant findings related to the attitudes toward the elderly and any of the demographic variables.

#### INFLUENCE OF CLINICAL PRACTICE ON ATTITUDE

Studies have found that whether nursing theory on aging is presented alone or whether such theory has been combined with a friendly visit to a 'well' elderly or whether both are combined with a clinical practice with an 'ill' elderly, that all resulted in more positive attitudes toward the elderly in nursing students (Gordon & Hallauer, 1976; Gunter, 1971; Hannon, 1980; Hart et al., 1976; King & Cobb, 1983). When theory on aging was presented in conjunction with a clinical practice in a nursing home<sup>1</sup> the student nurse's attitude became more positive toward the elderly (Wilhite & Johnson, 1976). Studies done by other researchers found the opposite results (Chamberland et al., 1978; Hooper, 1981; Powell & Roberts, 1978). Chamberland et al. (1978) found that when they changed the format of their clinical practice the students had more positive attitudes toward the elderly. When nursing students received only a clinical practice without theoretical input on aging, their attitudes toward the elderly became more positive (Hooper, 1981). Studies done by Downe-Wambolt and Melanson (1983) and Robb (1979) showed

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<sup>1</sup>A nursing home in the United States is comparable to a special care home in Canada.

that a four year baccalaureate nursing program did not significantly change student nurse's attitudes toward the elderly. A Canadian study done with registered nurses showed that a gerontological course would make the respondent's attitudes toward the elderly more positive (Fulton & Hobbs, 1982, 1983). An experience with a 'well' elderly person appears to make students more positive in their attitudes toward elderly people. The findings are less conclusive in regards to the effect of theoretical input and clinical practice on the attitudes of nursing students toward the elderly.

#### Treatment

In the studies reviewed by this researcher, the length of the clinical practice ranged from 10 to 18 hours and included either giving direct patient care or interviewing patients (Hannon, 1980; King & Cobb, 1983; Robb, 1979; Wilhite & Johnson, 1976). In all cases the students' attitudes became more positive.

#### Clientele

One of the greatest differences between clinical practice in a special care home and an acute care institution is the clientele to whom the student will be giving care. In a special care home a large majority of the patients are elderly (Donnelly, 1968; SHSP, 1982; J.S. Sinclair, personal correspondence, September, 1983). Many of the patients in these homes have one or more chronic illnesses (Barrett & Metz, 1981; Brown & Kramer, 1968; Donnelly, 1968; Senior Citizen's Provincial Council, 1983a). The patients are residents for long periods of time in the special care home (Reiter, 1964; Vogelberger, 1970). The average length

of stay for adults and children in acute care institutions in Saskatchewan is 8.2 days (SHSP, 1982, p. 48).

### Staff Training

The educational background of the staff in the two types of institutions differs. In the special care home direct patient care is given by the nonprofessional staff. In the hospital the direct patient care is done by certified nursing assistants and registered nurses. The professional nursing staff in the special care home are less involved in direct patient care and more involved in administrative duties (Vogelberger, 1970). Medical doctors visit the special care home patients much less frequently than hospital patients. The number of other departments such as laboratories are fewer in the special care home than in the hospital (Brown & Kramer, 1968; Donnelly, 1968; Vogelberger, 1970).

The nursing staff member the student has the most contact with in the special care home is the nonprofessional health care worker. It is this worker who is responsible for the continuation of the patient care when the student leaves the ward. The nonprofessional nursing staff member serves as the role model for the student in the special care home (Brown & Kramer, 1968; Vogelberger, 1970). In the acute care setting the certified nursing assistant and the registered nurse are the health team members with whom the student has contact. They then become the main role models for the student. The more educated health care worker would presumably be a better professional role model and would have more knowledge to share with the student than would the nonprofessional worker.

### Patient Care Expectations

Nursing care in the special care home is broad in scope, focused on physical and psychosocial problems which require health maintenance and rehabilitation (Brown & Kramer, 1968; Donnelly, 1968; Vogelberger, 1970). 'Patients here [in the nursing home] have not responded to medicine's efforts to cure, their primary need is for nursing care, for rehabilitative, sustaining, nurturing measures that are recognized quite universally as independent nursing functions' (Reiter, 1964, p. 65). The SHSP definition of a special care home [level three] supports this view. (SHSP Annual Report, 1982, p. 69)

In the hospital the nursing care is usually related to one specific medical problem. The aim of the care is for a cure or at least an improvement in the condition of the patient. If an acute care patient requires nursing care of a more comprehensive nature, it will likely be for only a short period of time.

The psychosocial needs of the patients in the special care home are different from those of the acute care patient. The patient in the special care home is learning to adjust to a new home and other changes brought by chronic illness and old age. These patients are dealing with long term problems of daily living (Donnelly, 1968; Senior Citizen's Provincial Council, 1983a, p. 36; Vogelberger, 1970). The psychosocial needs of many of the acute care patients are due to a temporary disruption in their lifestyle and in some cases, will be resolved upon discharge.

The slower pace of the special care home causes less stress in nursing students than does the fast pace of the acute care institution. The acute care patient's condition is often complicated by the possibility or presence of a medical emergency. The treatment routines and technical equipment used in the care of the hospitalized patient are complex (Barrett & Metz, 1981; Donnelly, 1968; Vogelberger, 1970). In the special care home the patients may have advanced illnesses but their conditions are stabilized and not expected to deteriorate rapidly (SHSP, 1982).

#### Patient/Caregiver Relationships

There is a chance for the student nurse to establish long term relationships with patients in the special care home. Since the average length of stay of the special care home patient is long, the student can have contact with the same patient for several successive weeks of the clinical practice. The special care home instructor can choose a patient core group and rotate the assignment of these patients to each student. Intervention started for these long term patients by one student can be followed up by another student. The information about the patient gathered by one student can be shared with the other students who are also familiar with that patient (Barrett & Metz, 1981). More time and opportunity are available for the effective use of the nursing process when the patient group is constant for a long period of time. The student has the chance to experience the deep satisfaction that can be derived from the prolonged nurse-patient relationship. The outcomes of the care of special care home patients are the maintenance of function and a prevention of complications (Reiter, 1964).

In the acute care setting patient turnover occurs every 8-9 days. If the students only have their clinical practice one or two days per week, they will have a new patient assignment each week. The length of the student-patient contact in many cases will be only two days at the most and may be inadequate length of time for the student to establish a relationship with the patient. The student may not be able to apply all steps of the nursing process to the patient's care because of the short contact time. The outcomes of the care of hospitalized patients tend to be more dramatic than is the case in the special care home. The majority of these acute care patients will recover completely or their conditions will be much improved and they will be discharged from the hospital.

#### Conclusions

The studies showed that a clinical practice experience could result in an attitude change. The majority of the studies which addressed different types of contact with both 'well' and 'ill' elderly patients showed that the respondents' attitudes became more positive after the experience. Most of these studies included theory related to aging or gerontological nursing in conjunction with the experience with the elderly. The clientele in a special care home are mostly elderly and usually chronically ill. In an acute care institution less than 50 per cent of the patients are elderly. The health care worker the student has contact with in the special care home is the nonprofessional staff member while in the hospital the student has contact with registered nurses and certified nursing assistants. The patients in the nursing home are not expected to be discharged and will require nursing care for the rest of

their lives. In an acute care institution the focus is to 'cure' the patients and send them home to their former way of life. Since the patients in the special care home are long term residents of that facility, nursing students have longer periods of contact with these patients. Acute care institution patients are hospitalized for short periods of time resulting in the nursing student having no more than one or two days contact with these patients. The longer periods of patient contact encourage the nursing student to establish deeper relationships with these patients. The differences in the clinical practice a nursing student experiences in a special care home and an acute care institution are significant.

#### SUMMARY

The society in which one grows up is a major influence in the development of an individual's attitudes. The attitude of the Canadian society toward the elderly appears to be negative. It would follow that the attitudes of nursing students growing up in this society would also be negative toward the elderly. It is during the clinical practice that the student is exposed to new knowledge about and new experiences with the elderly. If the input about the elderly is positive, then those students who already have positive attitudes toward the elderly will have those attitudes reinforced. If the student has a negative attitude toward the elderly, then the new input may be sufficiently strong to cause dissonance and rejection of the old attitude. Where the input is negative, then the positive attitude may be changed and the negative one reinforced. The theory content and clinical practice nursing students



experienced varied considerably among studies. The most frequently used research design was the comparative-exploratory. A pretest-posttest procedure to study the attitude change resulting from theoretical input and/or clinical experiences with the elderly was a common approach. The instruments the researchers used most often were KOPS and TLAQ. Statistical analysis procedures used most often were nonparametric, especially T-tests and chi square. The differences in attitudes of respondents were inconsistent according to the demographic characteristics of the respondents. The instruments used to measure attitude are very different, a fact that should be kept in mind when reviewing the reports of the studies. The findings on attitudes toward the elderly were quite varied in the studies.

## CHAPTER 3

### PURPOSE OF STUDY AND RESEARCH QUESTIONS

The purpose of this study and the research questions to be addressed including the rationale for the selection of these questions will be presented. The definitions used, the limitations, delimitations and assumptions of this study will be outlined.

Only one study (Hooper, 1981) addressed the question of the influence of a clinical practice, which was not accompanied by the formal presentation of theory on gerontological nursing, on the attitudes of nursing students toward the elderly. In all other studies the combined effect of the presentation of theory on gerontological nursing and a clinical practice with elderly patients on the attitudes of nursing students toward the elderly was measured. None of the studies addressed the effect of a clinical practice in acute care institutions compared with the effect of a clinical practice in special care institutions on the attitudes of nursing students toward the elderly. The relationship of various demographic variables and attitudes toward the elderly was studied by many researchers but results were inconclusive in the studies.

#### PURPOSE OF THE STUDY

This study compared the influence of a clinical practice experience in an acute care institution and in a special care home on the attitudes of nursing students toward the elderly.

#### THE RESEARCH QUESTIONS

1. What were the attitudes of the diploma nursing students toward the elderly at the commencement of the nursing education program?

2. Did the attitudes of the nursing students toward the elderly change upon completion of the first clinical practice of the diploma nursing program?

3. Was the attitude change the same when nursing students had their clinical practice in an acute care institution and a special care home?

4. Was there a significant difference between the attitudes of the nursing students at the commencement of the nursing education program according to their age, level of education, previous volunteer or work contact with the elderly, previous social contact with the elderly, religiosity or location of residence?

#### RATIONALE FOR SELECTING RESEARCH QUESTIONS

The first research question addressed the attitudes of nursing students toward the elderly when they enter the nursing program. There are many American studies measuring attitudes of baccalaureate and masters nursing students. In Canada, one study had been done with baccalaureate nursing students in the Maritime provinces. No studies had been done with diploma nurses. Since culture influences the formation of attitudes, it would follow that the attitudes of nursing students in Western Canada could be different from those of students in Eastern Canada or the United States. Also in Saskatchewan 12% of the population are elderly, compared to only 9.7% of the population of Canada (Statistics Canada, Census of Canada, 1981, cited in Senior Citizens' Provincial Council, 1983b).

The effect of a clinical practice on the attitudes of nursing students was the focus of the second research question. In most studies both a structured education program and a clinical experience were given

together to the nursing students. If an attitude change was found in the study, it could not be determined if it was caused by the theory or the clinical experience or both. Hooper (1981) in an English study looked at the effect of a clinical experience with the elderly on the attitude of nursing students. However the classes of nursing students she compared were from different types of nursing programs. The question of the effect of a clinical experience on the attitudes of nursing students in the same nursing program needed to be addressed.

A comparison of the effect of clinical experience in an acute care and special care institution, on the attitude of nursing students toward the elderly was addressed by the third research question. No other studies had addressed this question. Since the philosophy of nursing care of the elderly and the education of the caregivers was different in these institutions the effect of the clinical experience on the attitudes of the nursing student may have been different. The lack of research to confirm or dispute this contention supported the need for further study of this question.

The fourth research question examined attitudes toward the elderly and demographic variables. A review of the literature indicated that there was no consensus in the research findings. Further study was needed to either establish or disprove differences in attitudes of the respondents according to their various demographic characteristics. The demographic variables, age, level of education, social contact with the elderly, religiosity and location of residence were the ones most frequently studied in the literature.

### DEFINITIONS

For the purposes of this study these definitions will be used:

Acute Care Institution: The Saskatchewan Hospital Services Plan definition was used. 'Level 6 - Acute Care. This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals' (SHSP Annual Report, 1982, p. 70).

Age: Is the chronological age of the respondent. The categories of choice offered were 16-20 years; 21-25 years; 26-30 years and over 30 years of age.

Attitude: Is a relatively stable, emotionalized, predisposition to respond in some consistent way toward some person or group of people or situations (Zimbardo, 1977, p. 586). In this study attitude refers to 'the amount of affect for or against some object, measured by the location of an individual on a bipolar (positive-negative) scale in regard to a specific target object' (Robb, 1979, p. 44). The scale to be used is Kogan's Old People Scale (Kogan, 1961).

Attitude change: In this study refers to a change in the nursing students' attitude toward the elderly following the clinical practice experience of Semester 1. It is the difference between the pretest mean scores obtained at the beginning of the clinical practice, Semester 1 and the posttest mean scores obtained at the end of the clinical practice, Semester 1 as measured by Kogan's Old People Scale (KOPS).

Clinical practice: The experiential component of the nursing course that involves actual patient care in an acute care institution or special care home. A nursing instructor is present to plan and supervise the experience.

Elderly: A person who has reached 65 years of age or more.

Employment or volunteer contact with the elderly: The respondent was asked if they had worked or done volunteer work with the elderly.

Level of Education: The highest level of education attained by the respondent. The categories were ranked from the lowest level being grade 12, then attendance at Bible school, then technical institute or trade school diploma, then some university classes and the highest level being one or more university degrees.

Location of residence: The respondents were presented with a choice of rural area, town or village, or city (population over 5000).

Nursing Student: A student enrolled in the first semester of a specific diploma nursing program. The student must be enrolled in the Nursing I course and taking the accompanying clinical practice (August 1983 - December 1983).

Religiosity: The respondent was asked to rate themselves as to not religious at all, somewhat religious or very religious.

Social Contact with the Elderly: Is previous social contact with the elderly ranging from no contact at all, to some contact but did not establish a close relationship with a person over 65, to established a close relationship with a person over 65 or lived with a person over 65 for more than 3 months.

Special Care Home: The Saskatchewan Hospital Services Plan definition was used. 'Level 3 - Basic Nursing Care. This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day' (SHSP Annual Report, 1982, p. 69).

#### LIMITATIONS

The following limitations have been recognized in this study:

1. Participation was voluntary and may not accurately represent first year nursing students.
2. The instrument used was the Kogan's Old People Scale. It is moderately reliable (.73-.83 for the positive scale and .66-.77 for the negative scale,  $p = .01$ ) (Kogan, 1961, p. 48).
3. It has been suggested that before attitudes become permanent they must be internalized by the individual (Fantino et al., 1974). The length of the clinical practice may not have been adequate to allow for internalization of attitudes by these students. Later experiences or influences may change a newly formed attitude if it has not been internalized.
4. The important role the instructor played in influencing attitude change in students had been frequently mentioned in the literature

(Brock, 1977; Frenay, 1968; Kayser & Minnigerode, 1975; Wilhite & Johnson, 1976; Vogelberger, 1970). This variable was not addressed in this study.

5. Some of the nursing instructors were aware of the nature of this study. This knowledge may have influenced their instruction of these students.

6. The number of students having clinical practice in each acute care and special care institution was dependent upon the number of instructors assigned to teach in these agencies. There were approximately twice as many instructors and therefore twice as many students assigned to the acute care institutions as to the special care institutions. The researcher had no control over this as the nursing program determined the placement of the students and instructors.

7. The use of the pretest-posttest format familiarized the respondent with the test instrument and may have influenced the way the respondents' posttest answer.

#### DELIMITATIONS

This study is delimited to the first year Diploma Nursing students at the Kelsey Institute of Applied Arts and Sciences for the 1983 fall semester.

#### ASSUMPTIONS

These are the assumptions of this study:

1. The students answered the questionnaire honestly.
2. Other factors such as examinations did not influence the students' response to the questionnaire.



3. Other factors such as past experience, cultural or racial background, or socio-economic status, which might have influenced the responses of the students to the instrument were randomized equally between the treatment groups.

#### SUMMARY

The purpose of this study was to examine the effect of a clinical practice on the attitudes of nursing students towards the elderly. The research questions of this study investigated the attitudes of beginning nursing students and determined if a clinical practice had a significant effect on those attitudes. Some consideration was also given to whether or not there was any significant difference between the attitude of the student nurses and certain demographic factors.

The definitions of specific terms used in this study were included. Limitations of the study are related to the voluntary participation of the respondents and the instrument. Another limitation acknowledged was length of time of the clinical practice. Factors which may affect the students' responses to the test instrument were also included.

## CHAPTER 4

### DESIGN AND METHODOLOGY

This chapter begins with a description of the respondents in this study. The research design and a description of the treatment is followed by a description of the data collection procedure. A review of the Kogan Old People Scale is included. The calculations done in this study are outlined. The outcomes of the data analysis as they were used to answer the research questions ends the chapter.

#### THE POPULATION

The student group used in this study was the 1983 Semester 1, Year 1, Kelsey Diploma Nursing students enrolled in the Nursing Foundations (Nursing 1) class. Of the 209 students in this class, only 2 were male. The range of ages of these students was 17-43 years with the average age being 22.8 years (M. Montgomery, personal communication, December, 1983).

The time frame of this study was Semester 1 which took place between August and December, 1983. The clinical practice, which was the focus of this study, was a part of the Nursing Foundations class taken during Semester 1. For this reason, only the students taking the Nursing Foundations class were included in this study.

There were lectures, laboratory practice and clinical practice included in this course. Theory received in the lectures and laboratory practice was standardized throughout the entire Nursing 1 student group. All students had approximately 9 mornings, each 4 hours long, of clinical practice in Semester 1. The students had a clinical instructor present

to supervise their experience. The mornings were scheduled to include a 1/2 hour preconference, 2-1/2 hours of direct patient care and a 1 hour postconference. The first semester clinical practice was chosen because the students had not yet had any clinical practice in the program. If a later semester had been used, the students would have had varying clinical practices and it would have been difficult to control the effects of these different experiences.

This particular diploma nursing program was chosen for this study because over one half of the registered nurses who graduate each year in this province receive their education in this program. The large number of students enrolled in the first year of the program provided an adequate sample for this study. There was consistency in the presentation of theory to the entire student group for the laboratory and lecture sessions of the course. Any effects these sessions had on the attitudes of the student would be similar for all students.

For the clinical practice the students were assigned to groups of 8-9 at the beginning of the semester by the institution. Two of these student groups were then assigned to an instructor and were referred to as an instructor group in this study. Each instructor supervised the clinical practice of the students on one particular ward in either a special care home or an acute care institution. There were 4 instructors supervising a total of 63 students assigned to the special care homes and 9 instructors supervising 146 students assigned to the acute care institutions. All the instructor groups assigned to one type of institution were referred to as an agency group in this study.

Permission for conducting this study was received from the program head of the diploma nursing program and the principal of the Kelsey Institute of Applied Arts and Sciences where the course is offered through personal interviews with these people by the researcher. This was later confirmed by letter (see Appendix E). Conditions of the study were stipulated. Students were to participate on a voluntary basis and their consent was to be assumed by their answering of the questionnaire.

#### RESEARCH DESIGN

The research design used in this study was a comparative-exploratory design, using a pretest-posttest procedure. Studies done by Chamberland et al. (1978), Fulton and Hobbs (1982, 1983), Gordon and Hallauer (1976), Gunter (1971), Hannon (1980), Hart et al. (1976), Hooper (1981), King and Cobb (1983), Powell and Roberts (1978), Robb (1979), Wilhite and Johnson (1976) used this design to address the influence of theory and clinical practice on attitudes toward the elderly.

#### Treatment Groups

In this study the respondents were assigned to the treatment groups by the Kelsey Diploma Nursing faculty to serve their own purposes. The researcher had no control over the assignment of respondents to the groups. The treatment groups in this study were the student groups formed by the institution faculty to provide the clinical practice component of the program. The respondents were subjected to two forms of the same treatment, that being the clinical practice. For this reason a comparative-exploratory rather than an experimental design was chosen for this study.

A group of students who could serve as an adequate control group for this study was not available. All of the students enrolled in this nursing program take part in a clinical experience in either an acute care institution or special care home. Students from another program within the Kelsey institution were possibly sufficiently different in their characteristics and the experiences of their education program so as to provide inadequate control. Entrance requirements and male-female ratios in other classes were different from nursing. Since no control group was available an experimental design using the pretest-posttest approach could not be used. Since the purpose of this study was to determine the effect of a clinical practice on attitude, it was best done by the pretest-posttest approach.

The respondents were assigned to the two treatment groups by the educational institution. In this study the students were assigned to an instructor group and the assignment of the instructor to the group determined the health care institution where the clinical practice will take place. The first treatment group had their clinical practice in an acute care institution. The second treatment group was in the special care home for their clinical practice.

### Treatment

#### Purpose of Clinical Practice

The purpose of the clinical practice was to provide the students with an opportunity to apply the theory and skills learned in lectures and laboratory practice to an actual patient situation. The Nursing Fundamentals course focused on the student learning basic nursing skills,

communication skills and using the nursing process in meeting the basic needs of patients (Saskatchewan Continuing Education, 1982). This learning was carried out in the context of the nursing care required by the patients on the particular ward to which the student was assigned.

#### Clientele

The patient group the student worked with in a special care home was considerably different from the patient group the student encountered in the acute care institution. The majority of the patients in the special care homes were elderly and not expected to return to an active life in the community (Reiter, 1964; Vogelberger, 1970). In the acute care institutions slightly more than 50% of the patients were not elderly and would probably resume their former way of life upon discharge, as would some of the elderly acute care patients (SHSP, 1982). The elderly patients in the acute care institution who cannot return to their former ways of life were seen as temporary residents in these acute care institutions and would be transferred to another long term institution as soon as possible.

#### Patient Care Philosophy

The philosophy of nursing conveyed to the students by the instructor and institution staff was considerably different between the two types of institutions. The emphasis in the special care home was on maintaining the present level of functioning in the patients and making them feel 'at home' in the institution (Brown & Kramer, 1968; Donnelly, 1968; Vogelberger, 1970). In the acute care institution the patients were expected to be 'cured'. This 'care' versus 'cure' way of thinking about

nursing was a major influence on the students and was the basis of the difference in the clinical practice experience the students had in the two types of institutions (Reiter, 1964). The philosophies of both the special care homes used for clinical practice by the students in this study made reference to the institution being a permanent residence for the patient. Both of these institutions tended to strive to create an environment that is secure and comfortable for the patient. Quality of life was emphasized in both institutions. The philosophies of the acute care institutions did not make reference to these agencies being a permanent home for their patients. (See Appendix D.) In both the special care homes of this study diversional activities were scheduled as a part of the patient's daily routine. One institution had staff hired specifically for this purpose while both institutions involved volunteers to help with the diversional activities. The acute care institutions also provided diversional activities for their patients. However, these activities tended to be on a short term individual basis. The activities in the special care homes were long term and are group and community orientated.

#### Theory Presented in Conjunction With Clinical Practice

An important aspect of the clinical practice was the theory the instructor presented to the students during this experience. Part of this theory was the reinforcement and extension of the curriculum content the student received in the lecture and laboratory practice part of the course. However, the instructor also introduced new content which focused on the care of the particular patients in the institution where

the clinical practice took place. The nursing staff in the institutions also shared their expertise on patient care with the students. In a special care home the focus was on geriatric nursing but this emphasis would be minimal or absent in the acute care institution.

#### Student Experiences

Some of the experiences the student had in a clinical practice in the acute care institution were not available in the special care home. These included assisting with diagnostic procedures and treatment procedures such as intravenous therapy. Equipment (especially specialized equipment) was not available in the special care home. Contact with medical doctors and some of the other members of the health team was reduced in the special care home. Special care home patient charts were often incomplete and for this reason have decreased value as learning tools for students (Vogelberger, 1970).

#### Conclusions

The major differences in the treatment that each respondent group received was due to the differences in the institutions in which the students had their clinical experience. The clientele of the two institutions were different. The philosophies of the two institutions were different. The acute care institution had a philosophy based on 'curing' patients while special care home saw their role as maintenance or 'care' not 'cure'. The level of education of the staff in the two institutions was different and the assistance they offered the student was different. The special care home was the patient's 'home'. This was not the case in the acute care institution. In each institution the



instructor presented theory pertinent to the patient group with which the student was in contact. The influence of the clinical experience on the student was different in the two institutions because of these factors.

An exploratory study of the relationship between the attitudes of nursing students at the beginning of their nursing education program and six demographic variables was done in this project. From the review of the literature it was determined that the demographic variables most frequently correlated with attitude toward the elderly were age, level of education, previous social contact with the elderly, previous volunteer or work contact with the elderly, religiosity and location of residences. This study addressed these variables. The literature also indicated inconsistent findings as to the relationship of these demographic variables and attitudes toward the elderly. For this reason further study of these relationships had been warranted.

#### DATA COLLECTION PROCEDURES

Data for this study was collected by the administration of a pretest before the students began their clinical practice and a posttest administered at the completion of the clinical practice for Semester 1. The Kogan's Old People Scale was used for both observations. The six demographic questions were included with the pretest only.

The diploma nursing faculty was asked to arrange times convenient to them for the administration of the questionnaires by the researcher. The students were assembled in a large classroom and the researcher administered her own instrument. The researcher read the instructions to the students to ensure each group received the same directions. The

students were asked not to discuss the questions with others who had not yet taken the questionnaire. It was emphasized by the researcher that participation was voluntary. To maintain confidentiality the questionnaire was numbered and placed in a similar numbered envelope. One number was used for the pretest and a second number for the posttest. The students were asked to not put their names on the questionnaire. However the researcher asked that the students write their name on the envelope. In this way the pretest and posttest numbers for each student were determined and their questionnaire results compared. The researcher recorded the questionnaire responses by the student number, not by student name. The students were assured that at no time were the responses be identified with their name. The nursing faculty was not allowed to see the responses at any time. The sample from which the data were collected was those students available and willing to participate in the study on the days the instrument was administered. The students responded on the question sheet. The researcher transferred the student responses to computer sheets for computer analysis.

The pretest was administered to a quarter of the class at a time on October 4, 6, 11 and 13, 1983. A faculty member introduced the researcher to the student group and then left the room. The researcher explained the nature and purpose of the study and asked for voluntary participation. At a later time that morning those students who agreed to participate were met by the researcher in the designated room. Instructions for writing the questionnaire were given by the researcher who remained in the room while the students answered the questionnaire.

The posttest was administered on December 6, 1983 to all the class at once. Again a faculty member introduced the researcher and then left the classroom. The researcher reminded the students of the purpose of the study and that participation was voluntary. The students who did not wish to participate were free to leave. The researcher repeated the directions for answering the questionnaire and remained with the students until they were finished.

### INSTRUMENTS

The Kogan's Old People Scale was chosen for this study because it has been used extensively by many researchers as indicated in the literature review. The statistical reliability and validity of this instrument were the best of any of the instruments reviewed. The Kogan's Old People Scale specifically and directly measures attitudes toward the elderly. (This conclusion was confirmed by Professor N. Stewart of the College of Nursing of University of Saskatchewan. Professor Stewart had done an extensive search for an instrument to measure the attitude change of registered nurses following a course in gerontological nursing. She chose the KOPS because of the reasons given above. Research Seminar, College of Nursing, University of Saskatchewan, April 13, 1984.)

The Kogan's Old People Scale was used to measure the nursing students' attitudes toward the elderly in the pretest and posttest observations. After the initial testing of the instrument, Kogan suggested several revisions be made to the instrument (Kogan, 1961, p. 47, 49). The revisions made to the original KOPS instrument, directions for scoring the KOPS instrument and the revised questionnaire used in

this study can be found in Appendix F. Permission to use the KOPS instrument was received from the publisher and author and is found in Appendix E.

Demographic questions were included with the KOPS instrument on the pretest only. The questions were written by the researcher and evaluated by a panel of experts to establish face validity (see Appendix F).

#### DATA CUMULATION

##### Kogan's Old People Scale

The respondents were given a choice of 7 responses on the KOPS instrument. For a response of strongly disagree a score of 1 was given and a score of 7 for a strongly agree. The choices ranging between these two points were awarded scores of 2, 3, 5, & 6 respectively for disagree, slightly disagree, slightly agree and agree. A score of 4 was given for no opinion or no response.

Seventeen of the statements on the instrument made up the positive scale and 17 statements made up the negative scale. A total score was calculated for each scale. Since the scores in this state cannot be compared the negative scale score was reversed. The positive and negative scale scores were now compared. A total score for the instrument is obtained by averaging the positive and reversed negative scale totals (see Appendix F). Robb (1979) combined the positive and negative scales to yield one score. 'This total was assumed to represent the evaluative aspect of the individual's beliefs about the elderly' (p.45). The higher the total of the two scales, the more positive is the attitude of the respondent. This gives the following calculations for

each student: a positive and negative scale total and a KOPS scale total (Futtrell & Jones, 1977; Gordon & Hallauer, 1976; Hannon, 1980; Hart et al, 1976; Hatton, 1977; Hooper, 1981; Robb, 1981; Taylor & Harned, 1978; Thorson et al, 1974). These calculations were done by computer.

For the agency groups, group means were calculated from the individual scores for positive and negative scale totals and the combined scale total. A total sample median was calculated. These calculations were done for both the pretest and posttest.

To determine if a significant difference existed between the pretest and posttest scores, a chi square was calculated. Chi square was chosen because the design is not experimental so parametric analysis of variance should not be used (Kerlinger 1975, p.147). The agency groups were of unequal size and there was a possibility of skewing of the results as occurred in Gordon & Hallauer (1976) study. Chi square indicated if the change in the KOPS score was greater than what would occur because of chance alone. Gordon & Hallauer (1976) used chi square as a statistical test in their study. The chi square was calculated on the frequencies of the responses above and below the median score for the pretest and then the posttest for the special care home group and the acute home care group. The level of significance chosen for chi square is  $<.05$  (Gordon & Hallauer, 1976; Kerlinger, 1976; p.166-172).

#### Demographic Questions

The questions asked the respondents about demographic factors are included in Appendix F. To analyse the relationship between the demographic variables and attitude toward the elderly a crossbreak's table

was set up. 'A crossbreak is a numerical tabular presentation of data, usually in frequency or percentage form, in which variables are cross-partitioned in order to study the relations between them . . . Its principal use, is with categorial or nominal data' (Kerlinger, 1976, p.160). The frequencies of each category of the demographic variable were plotted against a positive or negative category of the respondents' attitude toward the elderly. The positive and negative categories of attitude were established by plotting the total KOPS score against the sample median. If the total KOPS score was higher than the median the respondent were classified as having a positive attitude toward the elderly. Should the total KOPS score be lower than the sample median the individual was classified as having a negative attitude toward the elderly. In the crossbreaks table, frequency totals for the rows and columns have been indicated.

In this part of the study, a relationship between demographic variables and attitudes toward the elderly was sought. Chi square established if a relationship existed and if so, the level of significance of the relationship. Chi square was used by Delora and Moses (1969) to correlate attitude and demographic variables. Since the dependent variable, attitude, has now been reduced to two categories it means that the more powerful statistical tests cannot be used. To use a nonparametric analyses of variance such as the Freedman test, Kruskal-Wallis one way analysis of variance and the Mann-Whitney U test, requires that the data be measured at an ordinal level (Nie et al., 1975,

p.230, 232 & 237). Since an experimental design was not used parametric statistical tests cannot be used (Kerlinger, 1975, p.2). A chi square test can be used with nominal data. A .05 level of significance was established (Gordon & Hallauer, 1976; Kerlinger, 1975, p.166, 172). A chi square result, which when checked on a chi square table, that was higher than the critical value of the .05 level of significance indicated a correlation between the demographic variable and the attitude toward the elderly.

#### APPLICATION TO RESEARCH QUESTIONS

The data were used in the following way to address the research questions:

The first research question was:

What were the attitudes of diploma nursing students toward the elderly at the commencement of the nursing education program?

To answer this question the pretest KOPS scores were examined. A total KOPS score was calculated. From this score, if it is assumed to represent the evaluative aspects of the individual's beliefs about the elderly (Robb, 1979, p.45) the individual's attitude toward the elderly was determined. The neutral response on the KOPS scale is 4. If a neutral response were given for the 34 questions the total score would be 136. A total KOPS score above 136 indicated a positive attitude toward the elderly while a score below 136 indicated a negative attitude toward the elderly.

The second research question was:

Did the attitudes of nursing students change upon completion of the first clinical practice of a diploma nursing program?

The distributions of the KOPS pretest scores between the treatment groups was equal as determined when the chi square was calculated for these responses. The difference between the pretest and posttest KOPS scores was used to determine if an attitude change had occurred. A change in attitudes toward the elderly would occur because of the increase in the students knowledge and the experiences of the clinical practice. A chi square critical value higher than the .05 level of significance indicated a change in attitude from the pretest to the posttest.

The third research question was:

Was the attitude change the same when nursing students had their clinical practice in an acute care institution and a special care home?

A greater change in attitude had been expected to occur in the special care homes because the student would have increased contact with, and theory about, the elderly. The difference in the pretest and posttest total KOPS scores for each agency group was subjected to a chi square test. A chi square value above the critical value for the .05 level of significance indicated a change in attitude has occurred. The direction of the change was determined by looking at the KOPS scores. If the KOPS score increased then attitude became more positive; a decreased score indicates the attitude became more negative. The larger the chi square value the greater was the change that had occurred. To determine if there was any difference in the attitude change of the two agencies, the posttest frequencies were subjected to a chi square test.



The fourth research question was:

Was there a significant difference between the attitudes of nursing students at the commencement of the nursing education program according to their age, level of education, previous volunteer and work contact with the elderly, previous social contact with the elderly, religiosity and location of residence?

A chi square value greater than the critical value for the .05 level of significance indicated a difference in attitude toward the elderly according to the demographic characteristics of the nursing students. To categorize the attitude as negative or positive the median pretest score was used. A KOPS score above the pretest median score was considered more positive and a score below the median score was less positive. The expected frequencies were compared with the actual observed frequencies. If the variables were not operating independently as indicated by a significant chi square, then there was a relationship between the variables.

#### SUMMARY

The setting of this study was a diploma nursing program. The respondents were diploma nursing students enrolled in Semester I of the nursing program. The research design used in this study was a comparative-exploratory design, using a pretest-posttest procedure.

The treatment groups, formed by the institution were the groups assembled for the clinical practice component of the course. The treatment the respondents were subjected to was the clinical practice in

either a special care home or an acute care institution. The difference in the treatments the students experienced was outlined. The attitude of the nursing students toward the elderly was measured by Kogan's Old People Scale in a pretest administered before the clinical practice began and in a posttest administered at the completion of the clinical practice. Information regarding six demographic variables was collected by questionnaire at the time of the pretest.

The score on the pretest KOPS was used to assess the nursing students' attitudes toward the elderly upon entry to the program. Chi square was used to determine if there was a difference between the pretest-posttest scores and between the agency group scores. The significance of the relationship between the demographic variables and the nursing students' attitude was determined by using chi square. The data were used to address the research questions as outlined.

## CHAPTER 5

## RESEARCH FINDINGS

This chapter will present the research findings of this study. Shown first will be the demographic characteristics of the study group. A summary of the participation of the respondents in the various aspects of the study will be given. Following this are the results of the pretest administration of the Kogan's Old People Scale. The pretest results are used to assess the first research question which addresses the attitudes of the nursing students toward the elderly upon entering the nursing program. The results of the posttest administration of the Kogan's Old People scale are included next. A comparison of the pretest and posttest KOPS scores is made and used as a response to the second research question. This question addresses the attitude change which may have occurred following the clinical practice. The responses of the acute care institution clinical practice students and the special care home clinical practice students will be analysed for differences between the agency groups. This information will be used to respond to the third research question. The final research question addresses a comparison of demographic characteristics of the nursing students and their attitudes toward the elderly. The results of this comparison will be presented last.

DEMOGRAPHIC CHARACTERISTICS OF THE STUDY GROUP

The demographic questions were included with the pretest Kogan's Old People scale (see Appendix F). The number of students responding to these questions was 181, however some respondents provided incomplete information.

Age

Of the 181 nursing students responding to the pretest, 126 (69.6%) were 20 years of age and younger. Another 34 nursing students (18.8%) were 21 to 25 years of age. When these two categories were combined 160 (88.4%) students were 25 years of age and younger. Table 1 shows the ages of the nursing students at the time of the pretest.

Table 1  
Age of Nursing Students

Age Ranges	n	%
16 - 20 Years	126	69.6
21 - 25 Years	34	18.8
26 - 30 Years	8	4.4
Over 30 Years	13	7.2
TOTAL	181	100.0

Level of Education

The highest levels of education attained by the responding students is shown in Table 2. The majority, 121 students (66.9%) of the study group had completed grade 12 but had no further education.

Table 2

## Highest Level of Education Attained by Nursing Students

Level of Education	n	%
Grade 12	121	66.9
Bible School Attendance	2	1.1
Trade/Technical School Diploma	20	11.0
Some University Courses	34	18.8
One or More University Degrees	4	2.2
Total	181	100.0

Previous Social Contact with the Elderly

The majority of the nursing students, 104 (57.5%), had established a close relationship with an elderly person. Only 2 (1.1%) of the students had had no social contact with an elderly person. The responses of the nursing students with regard to their previous contact with the elderly are shown in Table 3.

Table 3

## Previous Social Contact of Nursing Students with the Elderly

Social Contact with the Elderly	n	%
No contact at all	2	1.1
Some contact but did not establish a close relationship	43	23.7
Established a close relationship	104	57.5
Lived in the same residence as an elderly person for three months or more	32	17.7
TOTAL	181	100.0

### Previous Work or Volunteer Experience with the Elderly

The student group in this study indicated that 88 (48.9%) of the nursing students had had work or volunteer experience which put them in direct contact with the elderly. The remaining 92 (51.1%) nursing students had not had work or volunteer experience with the elderly.

### Religiosity

In response to the question asking how religious the students rated themselves, 119 (66.5%) of the nursing students considered themselves somewhat religious. Table 4 shows the nursing students responses regarding their religious beliefs.

Table 4

Religiosity of Nursing Students

Religiosity	n	%
Not religious at all	19	10.6
Somewhat religious	119	66.5
Very religious	41	22.9
TOTAL	179	100.0

### Location of Residence

The responses of the students with regard to the location of residence where they had spent the most of their life are shown in Table 5.

Table 5  
Location of Residence of Nursing Students

Location of Residence	n	%
Rural	67	37.4
Town or Village	63	35.2
City (population over 5000)	49	27.4
TOTAL	179	100.0

#### STUDENT PARTICIPATION

The enrolment in the diploma nursing class used in this study was 209 students at the time of the writing of the pretest. The students who wrote the pretest totalled 181 which is 86.6% of the total class. At the time of the writing of the posttest 9 students had resigned from the program. Of the 200 remaining students, 164 (82%) wrote the posttest. Six of the students writing the posttest had not written the pretest. Writing both the pretest and the posttest were 158 (79%) of the 200 remaining nursing students. One respondent's pretest and another respondent's posttest were rejected because the students had not answered 20 of the 34 questions. A second posttest was rejected because the respondent did not put a name on the envelope so it could not be identified to match with the pretest. The responses of all the students writing the pretest and posttest were used to calculate the median scores and to determine the attitude of the nursing students at the commencement of the education program. However only the responses of the students writing both the pretest and the posttest were used when the change in attitude was assessed.

Students were assigned to instructor groups for clinical practice in either an acute care or special care institution. Of the 146 students assigned to the acute care agencies, 103 (71%) wrote both the pretest and posttest. In the special care home group there were originally 63 students and 52 (83%) of these students wrote both tests. (These numbers do not include the rejected papers.)

#### PRETEST RESULTS

The first research question of this study dealt with the attitudes toward the elderly of the nursing students at the beginning of the diploma nursing program. The responses to the pretest administration of the Kogan's Old People Scale were used to answer this question.

The possible range of scores on the KOPS instrument is 34 to 238, with 136 the neutral point. A score above 136 is considered to show a positive attitude and a score below 136 is considered to show a negative attitude toward the elderly. The range of scores from the pretest administration of KOPS was 122 to 210. Scores above 136 totaled 98.3% of the respondents. The mean score was 174.59; the median score was 175 and the standard deviation 16.87.

The results of the pretest for the agency groups were also determined. Table 6 shows the agency groups' pretest results.



Table 6  
KOPS Pretest Results by Agency Groups

Agency	Range	Mean	Median	S.D.*	% of Scores Above 136
Acute Care ( <u>n</u> = 103)	122-210	174.67	175.67	16.92	97.1
Special Care ( <u>n</u> = 52)	140-210	173.48	172.5	17.07	100

\*S.D. = standard deviation

#### POSTTEST RESULTS

The posttest KOPS results were not used to directly answer any of the research questions. However they were used to determine if a change in attitude had occurred following the clinical practice.

The scoring of the KOPS instrument was the same for both the pretest and the posttest. The possible range of scores is 34 to 238 with a score of 136 as the neutral point. Scores above 136 are considered to indicate a positive attitude toward the elderly while scores below 136 are negative. The range of scores on the posttest was 123 to 213 with 98.8% of the scores above 136. The mean score was 178.93; the median score was 179.88 and the standard deviation was 17.67.

The results of the posttest for the agency groups were also calculated. Table 7 shows the agency groups' posttest results.

Table 7  
KOPS Posttest Results by Agency Group

Agency	Range	Mean	Median	S.D.*	% of Scores Above 136
Acute Care (n=103)	123-212	178.76	180.20	18.15	98.1
Special Care (n=52)	152-213	181.33	180.50	16.76	100

\*S.D. = standard deviation

#### PRETEST-POSTTEST COMPARISON

The comparison of the pretest and posttest results was used to answer the research question addressing a possible change in the attitudes of nursing students following a clinical practice. To make this comparison, only the responses of the 155 students who wrote both the pretest and the posttest were used. (The rejected papers were not included in these calculations.)

In order to determine whether the students' responses were similarly distributed across the agency groups for the pretest, a chi-square test was performed. Table 8 shows that the responses were similarly distributed across the two agency groups as the chi square test was not significant.

Table 8

## Distribution of Pretest Scores Across Agency Groups

KOPS Pretest Scores	Agency Groups		Totals
	Special Care n	Acute Care n	
175 and Under	30 (27.17)	51 (53.83)	81
176 and Over	22 (24.83)	52 (49.17)	74
TOTALS	52	103	155

Note: Expected frequencies in parentheses,  $\chi^2(1, N=155) = .92, p > .05$ .

To determine if a change in attitude toward the elderly had occurred from the pretest to the posttest writing, Chi square tests on the number of responses above and below the pretest KOPS median score were used. The pretest median score was determined from the responses of all the students writing the pretest and was 175. Table 9 shows the comparison of the pretest and posttest responses for the study group.

Table 9

## Comparison of Pretest-Posttest Results for the Study Group

KOPS Pretest Posttest Scores	Test Times		Total
	Pretest n	Posttest n	
175 and Under	81 (72.5)	64 (72.5)	145
176 and Over	74 (82.5)	91 (82.5)	165
TOTAL	155	155	310

Note: Expected frequencies in parentheses,  $\chi^2(1, N=310) = 3.76, p > .05$ .

The difference between the pretest and posttest observations for this study group was not significant.

The next research question was concerned with the effect on the attitudes of the nursing students toward the elderly of a clinical practice in an acute care institution as compared with the effect of a clinical practice in a special care institution. Chi square tests were conducted for the pretest and posttest results for each clinical group on the responses above and below the pretest median of 175. Table 10 shows the results for the acute care institution clinical groups of the comparison of the pretest-posttest results. Table 11 shows the same results for the special care institution clinical groups.

Table 10  
Comparison of Pretest-Posttest KOPS Scores  
for the Acute Care Institution Group

KOPS Scores	Test Times		Totals
	Pretest n	Posttest n	
175 and Under	51 (46.5)	42 (46.5)	93
176 and Over	52 (56.5)	61 (56.5)	113
TOTALS	103	103	206

Note: Expected frequencies in parentheses,  $\chi^2(1, N=206) = 1.60, p > .05$ .

The difference between the pretest and posttest responses for the acute care clinical groups was not significant.

Table 11  
Comparison of the Pretest-Posttest KOPS  
Scores for the Special Care Group

Special Care	Test Times		Total
	Pretest n	Posttest n	
175 and Under	30 (26)	22 (26)	52
176 and Over	22 (26)	30 (26)	52
TOTAL	52	52	104

Note: Expected frequencies in parentheses,  $\chi^2(1, N=104) = 2.48, p > .05$ .

The difference in the pretest and posttest results of the special care home clinical groups was not significant.

In comparing the pretest and posttest results of the agency groups it was noted that a larger per cent of the special care home nursing student's scores changed from 175 and below to 176 and above than did the acute care institution scores. In the special care home group, 8 (15.38%) out of 52 scores changed to 176 and over from 175 and under (see Table 11). In the acute care institution group, 9 (8.74%) out of 103 scores changed to 176 and over from 175 and under (see Table 10). Although not significant, there was a greater increase in the number of students who became more positive in their attitudes toward the elderly in the special care home group as compared to the acute care institution group.

To determine if there was a difference in the posttest results of the special care home and acute care institution clinical groups, a chi square test was performed on the posttest KOPS responses above and below the posttest median. The posttest KOPS median was calculated to be 180.

Table 12 shows the comparison of the posttest results of the clinical groups from the acute care institutions and special care homes.

Table 12  
Comparison of Posttest Scores for Special Care Institutions  
and Acute Care Institution Groups

KOPS Posttest Scores	Clinical Experience Groups		Totals
	Special Care n	Acute Care n	
180 and under	26 (26.5)	53 (52.5)	79
181 and over	26 (25.5)	50 (50.5)	76
TOTALS	52	103	155

Note: Expected frequencies in parentheses,  $\chi^2(1, N=155) = .02, p > .05$ .

The difference in the posttest scores of the special care home and acute care institution clinical groups was not significant.

#### DEMOGRAPHIC CHARACTERISTICS AND ATTITUDES TOWARD THE ELDERLY

The last research question was concerned with whether or not there were any differences in the attitudes toward the elderly of the respondents according to various demographic characteristics of the respondents. The demographic information was collected from questions appended to the KOPS pretest (see Appendix F). Demographic variables addressed included age, level of education, previous social contact with the elderly, previous work or volunteer contact with the elderly, religious beliefs and location of residence.

The highlights of the responses to the demographic questions were outlined in the section on the demographic characteristics of the study

group at the beginning of this chapter. The differences in the attitudes of the respondents according to their various demographic characteristics will be presented here.

The dependent variable attitude toward the elderly was recoded into two categories. The KOPS pretest scores above the pretest median of 175 were assigned one category while those equal to and below the median of 175 were assigned to the second category. Since nearly all the pretest scores were above the neutral point of 136 and therefore considered positive, this becomes a comparison of more positive (above 175) and less positive responses (below 175). The responses to the demographic questions were plotted against the two categories of attitudes toward the elderly. The statistical test was chi square, with the level of significance being .05. Since not all students responded to each question there are differences in the number of responses for the various demographic variables.

When the crossbreaks tables were set up for the demographic variables, it was determined that a number of cells had less than the required number of frequencies. (Daniel and Terrill, 1983, p. 382.) The categories of the particular variable were combined to provide the required frequencies for each cell. The crossbreak tables were then set up using the recoded categories.

#### Age

The question regarding age gave four choices of response. When the crossbreaks tables were established, two of the cells had less than the minimum required frequencies. The categories of 26-30 years and over 30 years were recoded to a single category. The recoded responses for the dependent variable attitude toward the elderly and age are shown in Table 13.

Table 13  
Age and Attitude Toward the Elderly

KOPS Pretest Scores	Age			Totals
	16-20 years n	21-25 years n	Over 25 years n	
175 and under	71 (64.04)	16 (17.28)	5 (10.67)	92
176 and over	55 (61.96)	18 (16.72)	16 (10.33)	89
Totals	126	34	21	181

Note: Expected frequencies in parentheses,  $X^2(2, N=181) = 7.85, p < .02$ .

There was a significant difference found for the nursing students attitudes toward the elderly according to the age of the nursing student. It appears that as the age of the students increases the attitudes toward the elderly become more positive.

#### Level of Education

The respondents were asked to choose from five categories to indicate the highest level of education they had attained. Two of these categories, attended bible school, and having one or more university degrees, had very few responses. The category of having attended bible school was combined with the category of having completed grade 12. The student had to have completed grade 12 to enter the diploma nursing program and therefore has met the stipulation of the grade 12 category. The category of having one or more university degrees was combined with the category of having completed some university classes. The recoded responses for attitudes toward the elderly and highest level of education attained are shown in Table 14.



Table 14  
Level of Education and Attitude Toward the Elderly

KOPS Pretest	Level of Education			Totals
	Grade 12 n	Technical/ Tradeschool Diploma n	Has Some University Classes n	
175 and under	68 (62.52)	6 (10.17)	18 (19.3)	92
176 and over	55 (60.48)	14 ( 9.83)	20 (18.69)	89
Totals	123	20	38	181

Note: Expected frequencies in parentheses,  $X^2(2, N=181) = 4.64, p > .05$ .

No significant difference was found in the attitudes of nursing students toward the elderly according to the level of education of the nursing students.

#### Previous Social Contact With the Elderly

In answering the question regarding previous social contact with the elderly, two respondents indicated that they had had no social contact with an elderly person. These two responses were included with the responses to the category of having some social contact with, but did not establish a close relationship with the elderly. Table 15 shows the recoded responses for attitudes toward the elderly and social contact with the elderly.

Table 15  
Social Contact and Attitude Toward the Elderly

KOPS Pretest Scores	Social Contact			Totals
	Some Contact	Close	Lived	
	No Close Relationship n	Relationship n	With Elderly n	
175 and under	29 (22.87)	45 (52.86)	18 (16.27)	92
176 and over	16 (22.13)	59 (51.14)	14 (15.73)	89
Totals	45	104	32	181

Note: Expected frequencies in parentheses,  $\chi^2(2, N=181) = 6.09, p > .05$ .

A significant difference was found in the attitudes of nursing students toward the elderly and the amount of social contact the student had had with the elderly. It appears that when student nurses have some contact with the elderly, but do not establish a close relationship with the elderly, they have less positive attitudes toward the elderly. When the students have established a close relationship with the elderly they have more positive attitudes toward the elderly. Living with an elderly person appears to make students less positive in their attitudes toward the elderly.

#### Previous Work or Volunteer Experience With the Elderly

From the responses to the question on previous work or volunteer experience with the elderly, 88 (48.9%) had had this experience whereas 92 (51.1%) had not had any work or volunteer experience with the elderly. Table 16 shows the recoded attitude categories and the work or volunteer experience responses.

Table 16  
Work or Volunteer Experience With the Elderly

KOPS Pretest Scores	Work/Volunteer Experience		Totals
	Had Work/Volunteer Experience n	Had No Work/Volunteer Experience n	
175 and under	38 (44.49)	53 (46.51)	91
176 and over	50 (43.51)	39 (45.49)	89
Totals	88	92	180

Note: Expected frequencies in parentheses,  $\chi^2(1, N=180) = 3.76, p > .05$ .

There appears to be no significant difference in the students' attitudes toward the elderly according to their previous work or volunteer experience with the elderly.

### Religiosity

The respondents were asked to rate themselves as either not religious at all, somewhat religious or very religious. Table 17 shows the recoded attitude responses and the responses of the students to the religious beliefs question.

Table 17  
Religiosity and Attitudes Toward the Elderly

KOPS Pretest	Religiosity			Totals
	Not, Religious at all n	Somewhat Religious n	Very Religious n	
175 and under	11 (9.66)	58 (60.5)	22 (20.84)	91
176 and over	8 (9.34)	61 (58.5)	19 (20.16)	88
Totals	19	119	41	179

Note: Expected frequencies in parentheses,  $\chi^2(2, N=179) = .72, p > .05$ .

There appears to be no significant difference in the attitudes of the nursing students toward the elderly according to the religiosity of the student.

#### Location of Residence

The respondents were asked to indicate where they had spent most of their lives. The choices were a rural area, a town or village or a city. Table 18 indicates the attitude responses and the location of residence of the student.

Table 18

## Location of Residence and Attitude Toward the Elderly

KOPS Pretest Scores	Location of Residence			Totals
	Rural n	Town/Village n	City n	
175 and under	34 (33.88)	28 (31.35)	28 (24.78)	90
176 and over	33 (33.12)	34 (30.65)	21 (24.22)	88
Totals	67	62	49	178

Note: Expected frequencies in parentheses,  $\chi^2(2, N=178) = 1.58, p > .05$ .

There appears to be no significant difference in the attitudes of the nursing students toward the elderly according to their location of residence.

SUMMARY

The majority of the students participating in this study had a Grade 12 education and were 25 years of age or younger. Over half of the students (57.7%) had established a close relationship with an elderly person. Slightly less than 50% of the students had had work or volunteer experience with the elderly. The majority of the students saw themselves as somewhat religious. The distribution of the students who had lived in a rural area, a town or village or a city was fairly equal.

Of the original 209 students enrolled in the diploma nursing program, 200 remained at the time of the posttest. 158 (79%) of the 200 students completed both the pretest and the posttest. A higher percentage of the students in the special care institution groups (83%) completed both the pretest and the posttest than did the acute care institution students (71%).

The pretest KOPS results showed the majority (98.3%) of the respondents to have scores well above the neutral point of the scale, and in the positive range. The posttest KOPS scores were slightly higher. The change between the pretest and the posttest scores was not significant for either the study group as a whole or for the agency groups separately. There was no significant difference between the special care home and the acute care institution clinical group scores on the posttest.

In comparing the attitudes toward the elderly and the demographic characteristics of the students a significant difference in attitude was found with the age and previous social contact with the elderly of the student. No significant difference in attitude was found for the level of education, previous work or volunteer experience with the elderly, religiosity and location of residence of the student.

## CHAPTER 6

## DISCUSSION, CONCLUSIONS AND IMPLICATIONS OF THE STUDY

Conclusions drawn from the findings of the study will be presented and discussed in this chapter. The data were analyzed by linking the research findings and the literature review. The attitudes of the nursing students toward the elderly are presented. A comparison of the attitudes of the nursing students toward the elderly before and after a clinical practice is made. The effect of a clinical practice in an acute care institution as compared with the effect of a clinical practice in a special care home on the attitudes of nursing students toward the elderly is included. A correlation of various demographic variables and the attitudes of nursing students toward the elderly will be shown. Implications of the study findings and recommendations for further research as indicated by the study findings will be made. The limitations of the study, determined after the data collection was completed, will be indicated.

Discussion of Study FindingsAttitudes of Nursing Students Toward the Elderly  
at the Commencement of a Diploma Nursing Program

The first research question sought to determine the attitudes of nursing students toward the elderly upon entry into a diploma nursing program. The response to the pretest administration of the Kogan's Old People Scale was used to determine the attitudes of the nursing students at the beginning of their nursing education. The pretest KOPS scores showed 98.3% of the students had scores above 136 and were therefore

considered to have positive attitudes toward the elderly (see page 68).

In reviewing the literature, studies which indicated that nursing students had positive attitudes toward the elderly were Downe-Wambolt and Melanson (1983), and Robb (1979). In other studies where the respondents were college students, registered nurses, medical doctors, social workers and employees who worked with the elderly, positive attitudes toward the elderly were also found (Fulton & Hobbs, 1982, 1983; Futrell & Jones, 1977; Gordon and Hallauer, 1976; Kogan, 1961; Taylor & Harned, 1978; Thorson et al., 1974).

Attitudes are learned from the society in which one is raised (Fantino et al., 1974; Griffiths, 1972; Speight, 1974; White, 1977; Wrightsman & Sanford, 1975; Zimbardo & Ruch, 1977). The attitudes of the Canadian society toward the elderly are supposedly negative (Ontario Advisory Council on Senior Citizens, 1980; Ontario Welfare Council, 1980). It was expected that nursing students would have the same negative attitudes toward the elderly as did the rest of the Canadian society. However, the nursing students in this study were found to have very positive attitudes toward the elderly. The only other Canadian study done with nursing students found those students to have positive attitudes toward the elderly also (Downe-Wambolt & Melanson, 1983).

There are several possible reasons why the nursing students had positive attitudes toward the elderly. The studies quoted (Ontario Advisory Council on Senior Citizens, 1980; Ontario Welfare Council, 1980) were both done in Ontario. The attitudes of the society in Saskatchewan may be different from the attitudes of the residents of Ontario.



Saskatchewan residents may have more positive attitudes toward the elderly as compared with Ontario residents. If the attitudes of the Saskatchewan society as a whole are positive, it would follow that these nursing students growing up in this society would have positive attitudes toward the elderly.

It may also be possible that individuals who choose nursing as a career have different attitudes toward the elderly than does the rest of society. Delora and Moses (1969) studied the motivational aspects of the career choice of nursing students. They found that nursing students ranked considerably higher in the altruistic category than did their contemporary non-nursing peers. Altruism was defined in the Delora and Moses (1969) study as 'help others serve society' (p.141). In ranking a list of qualities sought in an occupation the nursing students ranked as the most important 'Give me a chance to be helpful to others' (Delora & Moses, 1969, p.141).

Kogan (1961) found 'the more nurturant subjects being more positively disposed toward the elderly' (p.54). 'If persons with strong nurturant needs are attracted to those in need of succorance, old people may be highly appropriate objects of this regard' (Kogan, 1961, p.53). Campbell (1975) and Kayser and Minnigerode (1975) based the discussion of the findings of their studies on the relationship between a nurturant personality and a positive attitude toward the elderly as stated by Kogan (1961). Hart et al. (1976) disagreed with Campbell (1975) and Kayser and Minnigerode (1975). Nursing students in the Hart et al. (1976) study ranked nursing of the elderly and pediatrics at opposite ends of a

continuum of interest. Both groups require nurturing so should have been ranked together if the basis of their decision was a nurturant need. The student nurses may have a more nurturant personality than does society as a whole and for that reason are positive in their attitudes toward the elderly.

The nursing students in this study may have responded to the KOPS instrument more in terms of socially desirable responses than in terms of their own beliefs. Festinger (1957) suggests that people may display overt behavior that is contrary to their beliefs because of fear of punishment or rejection. However, once the individual has left the threatening situation, their behavior reverts to behavior congruent with their beliefs. At this stage of their nursing education, the students may have felt the need to appear in a favourable light in regard to their attitude toward the elderly. This feeling of having to make a socially desirable response may have developed because of peer pressure, the student's individual beliefs about nursing, or the expectations of the nursing education program. Their actual beliefs about the elderly may be more negative than the scores reflect. Robb (1979) contended that the nursing students in her study did not show social desirability in their responses.

The attitudes of the nursing students toward the elderly were found to be positive in this study. Since studies had indicated that the attitudes of the Canadian society toward the elderly were negative, it was expected that the nursing students would also have negative attitudes toward the elderly. Reasons suggested for the nursing students'

attitudes being positive were that the attitudes of the Saskatchewan society are actually positive and therefore the nursing students' attitudes would be positive as well. It has been determined that a nurturant personality correlates with a positive attitude toward the elderly. If the nursing students have a more nurturant personality than does the rest of society, they may have positive attitudes toward the elderly for that reason. The students may also have responded more in terms of socially desirable responses rather than their true beliefs about the elderly.

#### Effects of a Clinical Practice on Attitudes of Nursing Students Toward the Elderly

The second research question sought to determine if there was a change in the attitudes of nursing students toward the elderly following a clinical practice. The response of the study group to the KOPS scale at pretest was compared to the response of the same group to the KOPS scale at posttest. The pretest KOPS scale had been administered before the students began their clinical practice. The posttest KOPS was administered to the nursing students when they had completed the clinical practice. No significant difference was found between the pretest and posttest KOPS responses for the study group (see Table 9, p. 71). However, there was a slight increase in the KOPS mean scores from pretest (mean 174.59) to posttest (mean 178.93). This indicates a slight trend toward a more positive attitude toward the elderly of nursing students following a clinical practice.

Many of the studies reviewed dealt with the effect of a clinical practice, a gerontological course or a nursing course on the attitudes of the participants toward the elderly. The studies done by Downe-Wambolt and Melanson (1983) and Robb (1979) showed these types of experiences to not have changed the attitudes toward the elderly of the student nurses who participated. In all of the other studies a change in attitude either to more positive (Fulton & Hobbs, 1982, 1983; Gordon & Hallauer, 1976; Gunter, 1971; Hannon, 1980; Hart et al., 1976; King & Cobb, 1983; Wilhite & Johnson, 1976) or more negative (Chamberland et al., 1978; Hooper, 1981; Powell & Roberts, 1978) was found to have occurred.

Attitudes are changed because the person is exposed to new knowledge, new experiences or new people. Sometimes a change occurs because of the rewards and punishments offered to people to change their attitudes. Once a change in attitude occurs, sufficient time must elapse for the attitude change to become internalized in the individual and thus for the attitude change to become permanent (Fantino et al., 1974; Festinger, 1957; Smith & Bass, 1974; Wrightsman & Sanford, 1975; Zimbardo & Ruch, 1977).

The reason why there was no change in the attitudes of the nursing students in this study may be related to the length of time the students spent in clinical practice. The nursing students spent approximately 17 to 22 hours in clinical practice, excluding conference time. In the Robb (1979) study, the nursing students spent a similar length of time in clinical practice but recorded no significant attitude change. Robb (1979) suggested that there was no attitude change because information

gained by the students during the course may have failed to change beliefs (p.49). The information acquired by the students, and the influences of the new experiences and new people the students had contact with during this short experience may have been inadequate to produce a change in the attitudes of these nursing students. Also, if an attitude change did occur in the nursing students, the short time period may not have allowed the student to internalize those attitudes, so the previous attitude remained unchanged.

If these nursing students with positive attitudes were exposed to information or experiences which conveyed a negative attitude toward the elderly, it appears that the students were successful in decreasing the dissonance caused by the exposure to conflicting attitudes. Festinger (1957) suggested methods of decreasing dissonance and resisting attitude change include avoiding situations of conflict, repressing conflicting information or, if a decision to change attitude had been made, then the decision would be revoked. In other situations where the nursing student's attitude is different from that of another person, the student may discount the worth of the individual expressing the opposing viewpoint. If the student believes the other person is worthless, then any beliefs expressed by that person will be disregarded by the student. The students would possibly utilize the above techniques when they came in contact with role models or ward situations where a negative attitude toward the elderly was expressed.

Comparison of the Effects of a Clinical Practice  
in a Special Care Home and an Acute Care Institution

The third research question addressed the effects of a clinical practice in a special care home compared with a clinical practice in an acute care institution on the attitudes of nursing students towards the elderly. No significant difference was found in the posttest KOPS scores when the agency groups were compared (see Table 12, p. 74). The pretest KOPS scores were also compared and no significant difference was found between the agency groups. The agency groups showed a similar distribution of scores for the pretest so could be considered equal (see Table 8, p. 71). No significant change in attitude was found to have occurred for the study group following the clinical practice (see Table 9, p. 71). There was no significant difference in the agency group responses on either the pretest or the posttest. Therefore, it can be assumed that there was no difference in the effect on the attitudes of nursing students of the clinical practice whether it was in an acute care institution or in a special care home. There was no literature found which addressed the effect of clinical practice in various types of health care institutions on the attitudes of nursing students toward the elderly.

It had been surmised by the researcher that the increased contact with the elderly (Donnelly, 1968; SHSP, 1982; J.S. Sinclair, personal correspondence, September, 1983) and the increased theory on gerontological nursing, presented to the clinical groups in the special care homes would result in higher KOPS scores in those nursing students

having clinical practice in those institutions. There was a slightly greater although not significant increase in the mean KOPS scores of the special care home group as compared with the acute care institution group (see Tables 6 & 7, pp. 69-70).

The possible reason why the effect of a clinical practice in a special care home was no different from the effect of a clinical practice in an acute care institution on the attitudes of nursing students toward the elderly may be related also to the length of the clinical practice. As was true with the previous research question, the experience may not have been long enough to have had any major impact on the attitudes of the students. The students may have had insufficient interaction with the ward staff and involvement with specific ward routines to be influenced by the ward staff or atmosphere.

There was a slightly greater although not significant increase in the posttest scores of the special care home students. This may have resulted from the increased contact with elderly patients (Donnelly, 1968; SHSP, 1982; J.S. Sinclair, personal correspondence, September, 1983) in the clinical practice in the special care home.

#### Demographic Characteristics and Attitudes Toward the Elderly

When considering the analysis of demographic factors with the attitudes of the nursing students toward the elderly, it must be kept in mind that these students may be different from the respondents in the other studies quoted here. The other studies were done in various localities in the United States. The students of this study are from Western Canada. The nursing students in the other studies were all

baccalaureate students. In this study the nursing students are in a diploma nursing program. These factors may contribute to the findings of this study.

#### Age

A significant difference was found between the attitude of the nursing student toward the elderly and the age of the student (see Table 13, p. 76). As the age of the nursing student increased, the number of students with KOPS pretest scores of 176 or over increased. As age increased, the students appeared to become more positive in their attitudes toward the elderly. Studies done with registered nurses found that as the age of the nurse increased, the nurses became more positive in their attitudes toward the elderly (Brown, 1966; Futrell & Jones, 1977).

Futrell and Jones (1977) suggested that older registered nurses were more positive toward the elderly because of the nurses increased working experience with the elderly. The nurses' attitudes grew out of their increased contact with the elderly. This explanation could possibly be extended to explain the results of the present study. The older student, because of having lived longer, may have had more contact with the elderly including older parents and grandparents. Some of these older students were certified nursing assistants and licensed practical nurses who also had work experience with the elderly. The finding that the increased social contact of students with the elderly correlated to a more positive attitude toward the elderly also supports this explanation. As contact with the elderly increased, attitudes appeared to become more positive.



However, when some of the other findings in this present study are considered there appears to be a contradiction to increased contact with the elderly being the only reason for a positive attitude toward the elderly. Increased work or volunteer experience of the student with the elderly did not result in the student having a positive attitude toward the elderly. Students who had lived in the same residence as an elderly person were less positive in their attitudes toward the elderly. It appears that many factors may be operating to influence the attitudes of nursing students toward the elderly with regard to demographic variables.

#### Level of Education

No significant difference was found between the level of education of the nursing students and their attitudes toward the elderly. There was a slight trend indicating that as the level of education increased nursing students became more positive in their attitudes toward the elderly (see Table 14, p. 77). Studies which found no significant difference in the attitudes of registered nurses toward the elderly and the level of their education of the nurse include Futrell and Jones, 1977, and Mercadante, 1983. Robb (1979) found no difference in the attitude of nursing students toward the elderly in accordance with their level of education.

#### Previous Social Contact with the Elderly

A significant difference was found in the attitudes of the student nurses according to the amount of social contact with the elderly the students had experienced. The nursing students who had some contact, but did not establish a close relationship with the elderly were less

positive in their attitudes toward the elderly. Students who had increased contact and had established a close relationship with the elderly were more positive in their attitudes toward the elderly. Students who had lived with the elderly were less positive in their attitudes toward the elderly (see Table 15, p. 78). None of the studies reviewed support this finding. As was the case with the variables of age and attitude, probably a number of factors are operating to influence the attitude of the nursing students toward the elderly.

#### Work or Volunteer Experience with the Elderly

There was no significant difference found in the attitudes of the nursing students toward the elderly according to their previous work or volunteer experience with the elderly (see Table 16, p. 79). Robb (1979) also found no difference in the attitudes of nursing students according to their previous work or volunteer experience with the elderly.

#### Religiosity

There was no significant difference found in the attitudes of the nursing students toward the elderly according to the religiosity of the nursing students (see Table 17, p. 80). Studies done by Perril (1963) and Hickey et al. (1968) (both studies cited in McTavish, 1971) found similar results.

#### Location of Residence

There was no significant difference found in the attitudes of the nursing students toward the elderly according to the location of residence of the nursing students. Studies done by Robb (1979) and Taylor and Harned (1978) also found no difference in the attitudes of the students according to the location of residence of the respondents.

### Summary of the Conclusions

The nursing students of this study were very positive in their attitudes toward elderly. A clinical practice caused no significant change in attitudes of the nursing student toward the elderly. There was no significant difference in the attitudes of the nursing students who had a clinical practice in a special care home or in an acute care institution. A significant difference was found in the attitudes of nursing students toward the elderly according to the demographic characteristics of age and previous social contact with the elderly.

### Implications of Study Findings

The results of this study indicated that the students who were admitted to this diploma nursing program had positive attitudes toward the elderly. The existing methods of recruitment and selection of students for this program are such that student nurses with positive attitudes toward the elderly are being registered in the program. If this program has an objective of having students with positive attitudes toward the elderly, then it is recommended that the same recruitment and selection methods be retained.

It has been shown in this study that there was no attitude change following the first clinical practice in this diploma nursing. The approach used in this clinical practice did not produce a change in the attitudes of nursing students toward the elderly. If a change in the attitudes of the nursing students toward elderly is to be a goal of the clinical practice, it may be necessary to change the approach used in the clinical practice.

No significant difference was found between the effect of a clinical practice in a special care home and a clinical practice in an acute care institution. The clinical practice in the special care homes did not produce any different attitudes towards the elderly in the nursing students than did the clinical practice in the acute care institutions. If the program is expecting the clinical practices to produce different attitudes in the nursing students, it may be necessary to change the approach used in the clinical practices of the acute care and special care institutions.

The only demographic characteristics for which a significant difference in attitude toward the elderly was found were age and previous social contact. Increased age and increased social contact with the elderly correlate with a more positive attitude toward the elderly. However the students who had the experience of living with the elderly appeared to have a less positive attitude toward the elderly. The demographic factors of increased age and increased social contact with the elderly could be used to identify students with positive attitudes toward the elderly. Students who lived with the elderly or had not had much social contact with the elderly could be identified as having less positive attitudes toward the elderly.

#### Recommendations

Several recommendations for further research have arisen from this study. It is suggested that the attitudes toward the elderly of these students be re-examined at the beginning and completion of the second year of their nursing education and after they have been employed as

registered nurses for a period of time. This would determine if these nursing students retain their positive attitudes toward the elderly or at what point in their education or career their attitudes change. A follow-up of these students could be done to determine how many actually seek employment in agencies where they would be dealing primarily with the elderly. An assessment could be made of the amount of factual knowledge these students possess about gerontological nursing and this information correlated with the students' attitudes toward the elderly. It would be hoped that there would be a correlation between increased knowledge about gerontological nursing and a positive attitude toward the elderly.

The clinical practice examined in this study did not produce an attitude change in the nursing students. There was no significant difference found in the attitudes of the nursing students who had their clinical practice in the acute care institutions or the special care homes. The effects of clinical practices on the attitudes of nursing students toward the elderly needs to be examined in detail. The effects of clinical practices which are longer and shorter both in terms of the length of the semester and the daily clinical time need to be evaluated. The effects of clinical practices which occur at later stages in the nursing students' education should be assessed. Comparison of the effects of the special care institution and the acute care institution clinical practices should be made with all these investigations.

In subsequent studies of the effects of the clinical practice on the attitudes of nursing students, an experimental design would provide more

information. Use of the pretest-posttest approach with random assignment of respondents to treatment groups and treatments to respondent groups would provide such data. A control group should be used along with the treatment groups. If possible, it would be helpful to use samples of nursing students from several different programs and to compare the responses of these different samples.

The data should be collected using several different methods. An attitude scale used in conjunction with an unobtrusive observation of student-patient interaction with elderly patients would provide information about the attitude of the nursing student and how that attitude correlates with the nursing behaviors the student displays (Robb, 1979). Further information could be collected from logs kept by the students of their feelings about the clinical experience (King & Cobb, 1983). Another source of information would be the patients themselves who could state their perceptions of the interaction with the nursing student (Gordon & Hallauer, 1976; Robb, 1979). The information from all of these sources could be correlated to provide a more informed conclusion with regard to the student's attitude toward the elderly.

The attitude scales available at this time could be improved in their reliability. The development of a scale which is contemporary and has good reliability and validity statistics is needed if this data collection approach is to be used in subsequent studies.

A study of the effects of the nursing instructor on the attitudes of nursing students toward the elderly should be made. Factors such as the instructor's attitude toward the elderly, years of experience of the

instructor caring for elderly patients, personal interaction with the elderly, and the agency and type of patient admitted to the ward where the instructor supervises the clinical practice of the students should be examined. Specific demographic factors including especially age and level of education of the instructor should be considered.

#### Limitations

The following limitation was discovered upon completion of the data gathering for this study. The demographic characteristics chosen to be examined in this study were the ones most frequently examined in the studies reviewed for this project. The demographic characteristic questions were constructed by the researcher and reviewed by a panel of experts. The question on age (question 35), work or volunteer experience with the elderly (question 38), religiosity (question 39) and location of residence (question 40) appeared to be understood by the respondents (see Appendix F).

Questions which caused confusion for the respondents included the questions on education (question 36). A very few students who had a varied educational background were unsure of how to respond to this question. For example, the student who had attended a technical institute and also had completed some university classes was unsure as to whether to mark C (technical institute or trade school diploma) and/or D (some university classes completed but did not receive a degree). A similar problem occurred in question 37 (contact with people over 65 years). For students who had lived with the elderly both responses C (established a close relationship with person(s) over 65 years of age)

and D (lived in the same residence as a person(s) over 65 years of age for three months or more) may have been appropriate. The wording of these two questions (36 & 37) was unclear to the respondents.

### Summary

The findings of this study have been discussed in this chapter. The possible reasons why the nursing students had positive attitudes toward the elderly include the geographical location of the study, the possibility that nursing students had nurturant personalities or that the test results were contaminated by social desirability set. The main reason suggested for why there was no significant attitude change found following a clinical practice was that the practice was too short. Also, because the short length of the clinical practice no significant difference was found in the effect of the clinical practice in the special care homes and in the acute care institutions. The differences in the attitudes of the nursing students according to their age and social contact with the elderly was possibly due to an overall increase in the contact of those students with the elderly.

The implications of this study include maintaining the present recruitment and selection procedures to ensure that students with positive attitudes toward the elderly are enrolled in the nursing program. A change in the format of the clinical practice may be necessary if the nursing program wishes to change the attitudes of the nursing students. The older student and the student who has had an increased social contact with the elderly were more positive in their attitudes toward the elderly. These characteristics could be used to identify students who had positive attitudes toward the elderly.



It was suggested that these nursing students be followed in a longitudinal study. A measurement of their attitudes toward the elderly could be made in the second year of their nursing education and after they had been employed as registered nurses for several years. Several different ways of measuring attitude were suggested and these might be used in subsequent studies. Other research recommendations were also made.

The limitation of the study, discovered after the data collection and cumulation were completed, was acknowledged. It pertained to the wording of the test instrument.

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APPENDIX A

POPULATION OF ELDERLY IN SASKATCHEWAN

HOSPITAL UTILIZATION OF ELDERLY IN SASKATCHEWAN

### The Elderly Population in Saskatchewan

The number of persons in our society who have reached 65 years of age or older continues to increase. There were 116,723 people in Saskatchewan in 1982 who were elderly (Saskatchewan Hospital Services Plan [SHSP] Annual Report, 1981-1982, p. 44). This age group constitutes 12% of the population of Saskatchewan whereas, it constitutes only 9.7% of the population of Canada (Statistics Canada, Census of Canada, 1981, cited in Senior Citizen's Provincial Council, 1983b). By the year 2001 the number of elderly people in Saskatchewan is projected to be 144,800. This number still will constitute 12% of the population because of the greater projected increase in the number of young people (Statistics Canada, Population Projections for Canada and the Provinces, 1976, cited in Senior Citizens' Provincial Council, 1983b).

### Hospital Utilization by the Elderly in Saskatchewan

The statistics on hospital bed utilization indicate that the 65 years and older age group is hospitalized for longer periods of time and more frequently than are other age groups. The average length of hospital stay for the elderly is 14.2 days. For the younger age groups the average length of hospital stay is 8.2 days (p. 48). This means that the elderly age group who constitute only 12% of the population, utilize 48% of the patient days in the hospitals of the province of Saskatchewan (SHSP Annual Report, 1981-1982, p. 33). There are also 9,000 long term care institution beds in Saskatchewan and 90% of them are occupied by elderly residents (J.S. Sinclair, personal communication, September 1983). 'People 65+ are now the largest consumer group of health and social services in the Province' (S.L. Skoll, 1979, p. 7).

APPENDIX B

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

STATEMENT ON NURSING SERVICES

TO THE ELDERLY IN SASKATCHEWAN

STATEMENT ON NURSING SERVICES TO THE ELDERLY IN SASKATCHEWAN

## THE SASKATCHEWAN SITUATION

In Saskatchewan, the percentage of population over 65 years is one of the highest in Canada and Statistics Canada projections indicate that this percentage will increase. This increase will be particularly marked in the population over 80 years of age whose demands for health services are high. Because of these large numbers and high demands, nurses will encounter the elderly in whatever setting in which they may function.

Health in the elderly can be seen as the ability to cope with the environment and, over the years, the elderly have developed a wide variety of coping mechanisms. Despite some level of disability, the majority of senior citizens live independently and are the tough survivors of our society. It is the responsibility of health care providers to help maintain that independence.

In order to provide appropriate health services, it is important to recognize that social and economic factors are as important as health in maintaining independence and that health in the elderly is based on life styles developed throughout an entire lifetime. In addition, the elderly "at risk" must be identified so that services may focus on their special needs.

## POSITION

Nursing as a major therapy in the care of the elderly has a responsibility to ensure that the health care needs of the elderly are met. The professional association believes that:

1. Nurses must work with a wide variety of caregivers in a colleague relationship to help senior citizens maintain independence and to delay degeneration.
2. Nurses must identify the need for and support the development of community support systems to meet the needs of elderly citizens.
3. The focus of services should be on the quality rather than the length of life and should emphasize assets rather than placing unwarranted emphasis on deficits.
4. Assistance should be given to modify lifestyles where appropriate and to plan a pattern of care with elderly individuals and/or their families.
5. Nursing education programmes must be strengthened at the undergraduate and graduate levels to develop skills in the objective assessment of needs of the elderly and ways of meeting those needs. This should include a knowledge of the normal aging process and the often subtle and multifactorial effects of disease in the elderly and the ability to differentiate between the two.
6. Continuing education programmes should be developed to upgrade the knowledge and skill of the practising nurse in a variety of settings.
7. There is a need for research in gerontology and geriatric nursing. Funding from both government and private sources must be made available to prepare nurses in research methodology and to support nursing research projects.

8. The association has a responsibility to provide support for and encouragement to experimental and innovative programmes.
9. Nurses must participate in policy-making decisions in programmes for the elderly where nursing services are involved.
10. Members of the nursing profession as responsible citizens must be prepared to take a leadership role in the development of social policy and the identification of environmental concerns with health implications for people of all ages.

Approved 1979

## APPENDIX C

## KELSEY DIPLOMA NURSING PROGRAM

1. PHILOSOPHY
2. EXPECTATIONS OF THE GRADUATE

#### 4. Learning:

- 4.1 Learning is a continuous lifelong process which results in changes in behavior.
- 4.2 Learning results from integration of cognitive, affective, and psychomotor experiences.
- 4.3 Learning is facilitated when
  - the learning activity is goal directed and meaningful for the learner;
  - learning progresses from simple to complex;
  - learning progresses from general concepts to specific elements of the concept;
  - the learner perceives the learning task as relevant to his/her own needs;
  - feedback on performance is presented in a positive manner;
  - the learner actively participates in his/her learning;
  - the environment is supportive to learning;
  - the learner assists with evaluation of his/her performance and resets goals in light of achievement.

#### 5. Learner:

- 5.1 The learner is an individual with innate, varying capacities and abilities, goals, and desires for individual and professional growth and refinement.
- 5.2 Individuals as learners have varying capabilities to meet program objectives.
- 5.3 The learner and the faculty share responsibility for the learner's growth and development.

#### 6. Nursing Education:

- 6.1 Nursing education is an ongoing process through which the learner experiences many formal and informal opportunities to develop abilities, attitudes, and values which enable her to become a health professional capable of assisting others to achieve optimum health.
- 6.2 The program can best be offered in a post secondary educational institution which has access to adequate resources and clinical facilities which support concurrent instruction and practice.
- 6.3 The instructor-student ratio in the clinical area should be at a level that permits assessment of individual learning needs and provides appropriate learning experiences.
- 6.4 Qualified faculty guide and supervise all learning experiences, are responsible for ongoing curriculum evaluation and development, and ensure that program standards are maintained.



KELSEY INSTITUTE OF APPLIED ARTS AND SCIENCES  
DIPLOMA NURSING PROGRAM

D R A F T

EXPECTATIONS OF THE GRADUATE

PRECIS:

The purpose of the Diploma Nursing Program is to educate a graduate nurse who is:

- a. an analytical individual who uses concepts and principles as a basis for action.
- b. a generalist who has acquired skills in basic nursing rather than a specialist with skills in a specific nursing area.
- c. self-directing in improving her knowledge and understanding and in seeking guidance for skills which have not yet been acquired.
- d. primarily responsible for direct patient care.
- e. prepared to accept professional responsibility.

The graduate of the Diploma Nursing Program will be prepared to function in first level staff positions. Actions are based on understanding of principles of physical, biological, behavioral, and related medical sciences. Further experiences, inservice education, and other educational programs are necessary to develop specialized nursing skills; e.g. in such areas as Labor and Delivery, Premature Nursery, Operating Room, Intensive and Emergency Care units.

Management skills (head nurse, team leader, charge nurse on evenings or nights) have not been acquired by the graduate of the Diploma Nursing Program, however, graduates will possess varying degrees of leadership potential which can be developed with guided experience.

EXPECTATIONS:

The graduate of the Diploma Nursing Program is capable of providing care for three to five individuals of all ages who require assistance to meet their needs in critical periods of their lives. The nursing interventions are directed toward sustaining and/or restoring optimal level of functioning.

The graduate will:

1. communicate effectively with patients, significant others, and colleagues.
  - 1.1 demonstrate skill and sensitivity in human relations
  - 1.2 collaborate with other health team members in the provision and coordination of quality care.
  - 1.3 report and record accurately and concisely.
  - 1.4 demonstrate skill in health teaching.
  - 1.5 demonstrate beginning skill in providing leadership within the nursing team.
2. provide quality nursing care to patients requiring basic nursing intervention.
  - 2.1 use the nursing process to provide individualized care to patient.
  - 2.2 demonstrate organizational ability in providing care.
  - 2.3 demonstrate dexterity and confidence in the application of nursing skills.
3. demonstrate professionalism in the delivery of nursing care.
  - 3.1 act as a patient advocate.
  - 3.2 exercise professional rights and responsibilities.
  - 3.3 demonstrate responsibility and accountability in nursing.

## APPENDIX D

## PHILOSOPHIES OF:

1. CENTRAL HAVEN PERSONAL CARE HOME
2. SHERBROOKE COMMUNITY CENTRE
3. ST. PAUL'S HOSPITAL
4. SASKATOON CITY HOSPITAL

## Philosophy of Central Haven Personal Care Home

### Goals:

- a) The maintenance of maximum health and independence within limits of the abilities of the residents.
- b) The provision of support and care in all aspects of ADL\* that residents can no longer manage unassisted.
- c) The provision of an environment that is secure, pleasant and home-like. To provide comfort, companionship, activity and dignity in a person's aging years.
- d) Care is aimed at
  - i) promoting a sense of personal worth.
  - ii) to live meaningfully.
  - iii) promoting well-being and ability.

\* ADL - activities of daily living

## SHERBROOKE COMMUNITY SOCIETY

### PHILOSOPHY OF SHERBROOKE COMMUNITY CENTRE

Sherbrooke Community Centre is dedicated to the provision of an environment which emphasizes quality of life and encourages growth of each individual member of its community. The resident is esteemed and entitled to the best of restorative and supportive care - emotionally, intellectually, spiritually, physically. The worth and dignity of those providing services to the residents and Day Centre participants is respected. The climate and essentials that inspire the best spontaneous giving-of-self are constantly sought.

The implementation of this philosophy includes:

1. Encouraging the co-operative effort of all residents, their families, staff members and volunteers including board members to live the philosophy of Sherbrooke Community Centre.
2. Fostering a secure and stimulating atmosphere which enhances dignity, promotes companionship and provides challenge.
3. Promoting research into creative programs that could be of benefit to the resident and the total community.
4. Planning and developing programs through a multi-disciplinary approach which also involves the residents and/or their family members.
5. Assisting residents to attain and maintain maximum health and independence by the provision of care and support in all aspects of daily living.
6. Providing opportunities which promote the education and personal development of staff and volunteers.
7. Offering the Centre's resources and facilities to community groups for educational and recreation purposes.



# ST. PAUL'S HOSPITAL [GREY NUNS'] OF SASKATOON

## PHILOSOPHY OF NURSING DEPARTMENT - JANUARY, 1983

The Philosophy of the Nursing Department is a definitive system of beliefs and values, which directs and regulates all human activity relating to patient care within the Department. The nursing staff at St. Paul's Hospital strive to minister to all with compassion and mercy, and with respect for the individual patient's needs. Since nursing gives priority to the concepts of personalization and care of patients:

We believe that the patient has a right to life - to live and die with respect and dignity.

We believe that it is essential for nursing personnel to respect the whole person encompassing his/her physical, spiritual, intellectual and emotional dimensions by demonstrating compassion and Christian concern for his/her well-being.

We believe that each patient is unique and should be respected as a person regardless of race, color, creed and social or economic status.

We believe that each patient has a right to expect and receive the appropriate nursing care to attain and maintain his/her maximum degree of health.

We believe that the individual should be considered as a member of his/her family and society, and that this should be considered in the care given during hospitalization and convalescence.

We believe in the importance of the collaborative role of all personnel of the health care team, and therefore we lend our support and cooperation to all those who serve the sick in whatever capacity.

We recognize the importance of teaching and research for the improvement of patient care and will promote, support and participate in these activities.

SASKATOON CITY HOSPITAL

NURSING SERVICE DEPARTMENT

PHILOSOPHY

The Nursing Service Department believes it is the inherent right of every individual to attain and maintain optimal wellness in a safe, comfortable environment, with assistance in those activities contributing to health or its recovery, or to a peaceful death, that he/she would perform unaided if he/she had the necessary strength, will or knowledge.

PURPOSE

The Nursing Service Department assists the patient in meeting his/her individual physical, psychological, spiritual and social needs necessary for optimal wellbeing and comfort through efficient and effective utilization of all available resources.

OBJECTIVES

1. To ensure competent staff to provide quality nursing care through established programs of orientation, continuing education, inservice education and performance appraisal for all levels of nursing staff.
2. To develop, implement and evaluate policies, procedures and standards of nursing care through a formalized committee structure.
3. To encourage and maintain open communication channels with patients, families, physicians and other department staff through consultation, patient care conferences and maintenance of appropriate records.
4. To provide quality nursing care by planning, classification of patient needs, nursing audit and appropriate staff scheduling.
5. To promote and participate in health care research through consultation and co-operation with other health care disciplines.
6. To assist in Health Care educational programs by co-operation with and contribution to clinical experiences for students in nursing, medicine and other health care disciplines.

## APPENDIX E

## PERMISSIONS FROM:

1. AMERICAN PSYCHOLOGICAL ASSOCIATION
2. DR. NATHAN KOGAN
3. MR. G. M. BROWN



## APPENDIX F

## INSTRUMENT:

1. KOGAN'S OLD PEOPLE SCALE
2. REVISIONS MADE TO THE SCALE
3. METHOD OF SCORING KOGAN'S OLD PEOPLE SCALE

# A. Kogan's Old People Scale

The statements you are about to read concern old people - people over sixty-five years of age. You are being asked for your opinion of each statement. Choose your response from this scale.

A	B	C	D	E	F	G
strongly disagree	disagree	slightly disagree	no opinion	slightly agree	agree	strongly agree

Please mark an X under the letter which indicates your opinion of that statement. There are no right or wrong responses for these statements.

Here are two examples:

Example (a) All student nurses should be required to wear black stockings with their uniforms as was the custom in the past.

If you strongly disagree with that statement you would choose A.

A	B	C	D	E	F	G
X						

Example (b) All students should have their own parking space.

You do not drive a car, so you do not care and choose D.

A	B	C	D	E	F	G
			X			

Please choose the response which in your own judgment is the best indication of your opinion of that statement.

A	B	C	D	E	F	G
strongly disagree	disagree	slightly disagree	no opinion	slightly agree	agree	strongly agree

	A	B	C	D	E	F	G
1. It would probably be better if most old people lived in residential units with people their own age.							
2. Most old people are really no different from anybody else: they're as easy to understand as younger people.							
3. People grow wiser with the coming of old age.							
4. Most old people are irritable, grouchy, and unpleasant.							
5. Most old people should be more concerned with their personal appearance; they're too untidy.							

A	B	C	D	E	F	G
strongly disagree	disagree	slightly disagree	no opinion	slightly agree	agree	strongly agree

	A	B	C	D	E	F	G
6. There is something different about most old people: it's hard to figure out what makes them tick.							
7. It would probably be better if most old people lived in residential units that also housed younger people.							
8. If old people expect to be liked, their first step is to try to get rid of their irritating faults.							
9. One seldom hears old people complaining about the behavior of the younger generation.							
10. Most old people respect others' privacy and give advice only when asked.							
11. Old people have too little power in business and politics.							
12. Most old people tend to let their homes become shabby and unattractive.							
13. Most old people are constantly complaining about the behavior of the younger generation.							
14. Most old people get set in their ways and are unable to change.							
15. Most old people make excessive demands for love and reassurance.							
16. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.							
17. Most old people make one feel ill at ease.							
18. There are a few exceptions but in general most old people are pretty much alike.							
19. Most old people are capable of new adjustments when the situation demands it.							
20. When you think about it, old people have the same faults as anybody else.							

B. Please circle the letter of the response which applies to you.

35. Your age is:

- A. 16-20 years.
- B. 21-25 years.
- C. 26-30 years.
- D. over 30 years.

36. The highest level of education you have attained to this point in time is:

- A. Grade 12.
- B. Attendance at Bible School.
- C. Technical institute or trade school diploma (i.e. CNA, secretary).
- D. Some university classes completed but did not receive a degree.
- E. One or more university degrees.

37. The contact you have had in the past with relatives or other people over sixty-five years of age is best described by:

- A. No contact at all.
- B. Some contact but did not establish a close relationship with a person(s) over sixty-five years of age.
- C. Established a close relationship with a person over sixty-five years of age.
- D. Lived in the same residence as a person(s) over sixty-five years of age for three months or more.

38. Have you been employed or done volunteer work in an institution where you were working directly with people over sixty-five years of age?

- A. Yes.
- B. No.

39. How do you rate yourself?

- A. Not religious at all.
- B. Somewhat religious.
- C. Very religious.

40. Where have you spent most of your life?

- A. In a rural area.
- B. In a town or village.
- C. in a city (population over 5,000).

## REVISIONS TO KOGAN'S OLD PEOPLE SCALE [KOPS]

The revisions made to items in the original KOPS questionnaire were suggested by the author. Items 7, 9 and 10 on the positive scale of Kogan's original instrument were changed as indicated by the author (Kogan, 1961, p. 47, 49). These items correspond to items 11, 34 and 10 on the attached KOPS. For the purposes of this study, the negative and positive items were combined and randomly assembled in the questionnaire. This was done to increase the acceptability and readability of the instrument. On the attached KOPS the following items comprise the positive scale: 2, 3, 7, 9, 10, 11, 16, 19, 20, 21, 22, 23, 25, 31, 32, 33 and 34. The remaining 17 items are the negative scale.

## SCORING OF KOPS

The instrument gives a scale of seven possible responses ranging from strongly agree to strongly disagree. The middle response is no opinion. A value of 1 was assigned to the strongly disagree response and increased to a value of 7 for the strongly agree response. The totals of the positive and negative scales will be calculated. 'The negative and positive means are made comparable by reversing the negative total. By this step, higher total values reflect more favourable attitudes for both the positive and negative items (Kogan, 1961, p. 47). For the purpose of this study, the positive total and the reversed negative total were averaged to give a KOPS total. Robb (1979) combined the positive and negative responses of the scale . . . by reversing the negative responses and averaging them with the positive responses to yield one score' (p. 45). The researcher has applied the same principle to the positive and negative scale totals to give an overall KOPS total for this study. A higher KOPS total will indicate a positive attitude toward the elderly in this study.