

A COMPARISON OF NURSING STUDENTS' AND REGISTERED
NURSES' ATTITUDES TOWARD THE ELDERLY

A THESIS
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DEDICATION

To
Dickie, Esmi, Sherrilyn,
and
Grandma Fodor,
my "support group"

ACKNOWLEDGMENTS

The author wishes to acknowledge the assistance of those who helped make this thesis a reality. Gratitude is expressed to Elizabeth Anderson, chairman of the committee, and to the other members of the committee, Dr. Carolyn Adamson and Dr. Susan Tollett. Each gave their own special kind of guidance and encouragement throughout the writing of this paper.

FOREWORD

Miss Winiford Evelyn Constance McGee
invited our dolls to an afternoon tea.

"Don't bring them all, my table's too small."
"Let each little mother bring her dearest,"
said she.

I felt in my heart it would not be polite to take
my poor Rosie,
she slept in my bed all through the night.

So I dressed Bonnie Belle in finest array and then
don't you know,
when the time came to go I grabbed up my Rosie and
ran all the way.

And what do you think of the six dolls that were
there.
There were four that were blind and two that were
lame.

But, each little mother explained to the other
"She's old but I love her just the same."

TABLE OF CONTENTS

DEDICATION	iii
ACKNOWLEDGMENTS	iv
FOREWORD	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
Chapter	
1. INTRODUCTION	1
Problem of Study	2
Justification of Problem	3
Theoretical Framework	7
Assumptions	8
Research Questions	9
Definition of Terms	9
Limitations	10
Summary	11
2. REVIEW OF THE LITERATURE	12
Elderly in Today's Society	12
Attitudes Toward the Elderly	15
Measurement of Attitudes Toward the Elderly	17
Nurses' Attitudes Toward the Elderly	20
Summary	25
3. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA	27
Setting	27
Sample	28
Protection of Human Subjects	28
Instrument	29
Data Collection	32
Treatment of Data	33
Summary	34

Chapter

4. ANALYSIS OF DATA	35
Data Scoring	35
Description of Sample	36
Findings	41
Summary of Findings	43
5. SUMMARY OF THE STUDY	44
Summary	44
Discussion of Findings	45
Conclusions	48
Implications	49
Recommendations	50
APPENDIX A: CONSENT FORMS	51
APPENDIX B: QUESTIONNAIRE PACKET	55
APPENDIX C: SECOND PILOT TESTING	64
APPENDIX D: INSTRUMENT FACTOR ANALYSIS	69
REFERENCES	71

LIST OF TABLES

Table

1.	Mean, Standard Deviation, and Age Range for Registered Nurses and Nursing Students Who Responded to the Tollett-Adamson Scale	37
2.	Distribution of Cultural Backgrounds for Registered Nurses and Nursing Students Who Responded to the Tollett-Adamson Scale	38
3.	Highest Education Completed for Registered Nurses and Nursing Students Who Responded to the Tollett-Adamson Scale	38
4.	Health Status of Elderly and Major Contact of Registered Nurses and Nursing Students Who Responded to the Tollett-Adamson Scale	40

LIST OF FIGURES

Figure

- | | |
|--|---|
| 1. Nurse-Elderly Interaction Cycle | 6 |
|--|---|

CHAPTER 1

INTRODUCTION

The process of aging has always been contemplated by man. As far back as Biblical times, a long life was considered a blessing to the faithful. More recently Ponce de Leon searched for "The Fountain of Youth." Today's youth-oriented society continues to be preoccupied with the passing of time, and aging has assumed negative stereotypes and characteristics.

One reason aging is so emotionally charged is that it is tied to our own mortality (Butler, 1975). When we speak of aging each of us is talking about our future. In presenting prejudice toward the elderly, we are attempting to shield ourselves from our own aging and eventual death. Unfortunately, nurses who are called on to care for the elderly are not immune to considering their own mortality or to sharing the negative stereotypic attitudes society has toward the elderly.

Since the susceptibility of illness is well-linked to age, the elderly constitute a large segment of the population with multiple health care needs. Additionally, there exists a crucial shortage of health care providers willing

to work with the elderly. Consequently, for the elderly to have optimum care, gerontology must examine not only the disease process that brings the elderly to the health care arena, but also must scrutinize the attitudes toward the elderly of nurses as health care providers.

Nurses, who play a critical role in meeting the physical and psychosocial needs of elderly patients, share society's pervasive negative attitudes toward the elderly (Butler, 1975). For the older person to have optimum health care, a supportive environment is necessary. Nurses' negative attitudes must be determined and, if needed, changed to provide a more positive climate for the elderly patient. In order to change the nurses' negative attitudes, it is important to examine when in the nurses' career these attitudes are formed. Are negative attitudes present at the student level or do they develop as the nurse continues to practice? To determine when negative attitudes toward the elderly occur, the attitudes of students and practitioners were compared.

Problem of Study

The goals of this study were:

1. To determine senior nursing students' attitudes toward the elderly as measured by the Tollett-Adamson Attitude Toward Aging Scale (TAS) (Tollett & Adamson, 1980).

2. To determine practicing registered nurses' attitudes toward the elderly as measured by the Tollett-Adamson Attitude Toward Aging Scale.
3. To determine the difference between senior nursing students and practicing registered nurses in terms of attitudes toward the elderly.
4. To determine if sex, age, educational level, cultural background, and previous contact with the elderly are related to nursing students' and registered nurses' attitudes toward the elderly.

Justification of Problem

The number of elderly persons in the United States exceeds 24.5 million, representing more than 11% of the population. By the year 2000, the elderly will account for 11.77% of the total population (Kart, Metress, & Metress, 1978). Based on current projections, the elderly will comprise 17% of the total population by 2030 (Butler, 1980). This increase is especially significant because of the multitude of health problems encountered by the elderly. About 86% of those persons 65 years and older have one or more chronic health problems. Multiple problems in the same individual are common (Butler & Lewis, 1977). The elderly also have more admissions to hospitals and stay longer than any other group. They are the prime users of nursing homes,

home health agencies, and long term care facilities (Heller & Walsh, 1976). Nurses, by virtue of their job description, comprise the professional group which comes in contact most often with the elderly. Unfortunately, both Coe (1967) and Campbell (1971), as well as others, reported negative attitudes of nurses and nursing students toward the elderly.

The nurses' negative attitudes must be viewed within the confines of today's youth-oriented culture, the misconceptions about aging, the universal feeling of man's mortality, and the actual physical and mental limitations of aging. The negative attitudes expressed by nurses have two detrimental effects on the elderly. Firstly, studies indicate nurses generally prefer not to work with the elderly (Hart, Freil, & Crowell, 1976; Kayser & Minningerode, 1975). Secondly, negative attitudes can affect the quantity and quality of care given to elderly patients (Campbell, 1971; Hickey, Rakowski, Hultsch, & Fatula, 1976; Robb, 1979). Not only may elderly patients be living in a climate which is incongruent with good adjustment in latter years (Wilhite & Johnson, 1976), i.e., integrity versus despair (Erikson, 1953), but nursing attitudes can affect the actual behavior of elderly patients (Lowenthal, 1977). Consequently, it becomes a vicious cycle: nurses have negative attitudes

about the elderly which are reflected in the nurses' behavior. In turn, nurses' behavior affects older persons' attitudes about themselves which affects older persons' behaviors (Figure 1).

The question becomes how to break this vicious cycle. The undergraduate nursing program for the soon-to-be practitioner may be the most appropriate place to intervene. Does the student have the same negative attitudes that contribute to unhealthy behaviors in the elderly as the practitioner? Or does the student start with a more positive attitude than the practitioner, and with increased practice, the negative attitude evolves? This study compared the difference in the students' and practitioners' attitudes toward the elderly.

For comparison of attitudes this study used a newly developed instrument, the Tollett-Adamson Attitude Toward Aging Scale (TAS) (Tollett-Adamson, 1980). By contributing baseline data for the new tool, this study contributed to attitudinal research about the elderly. In the past, a major stumbling block to geriatric attitudinal research has been the lack of a reliable and valid instrument for measurement. The two most widely used geriatric attitude instruments, the Tuckman Lorge and the Kogan Old People, have significant methodological shortcomings (Cunningham, 1978; Kogan, 1979b; McTavish, 1971).

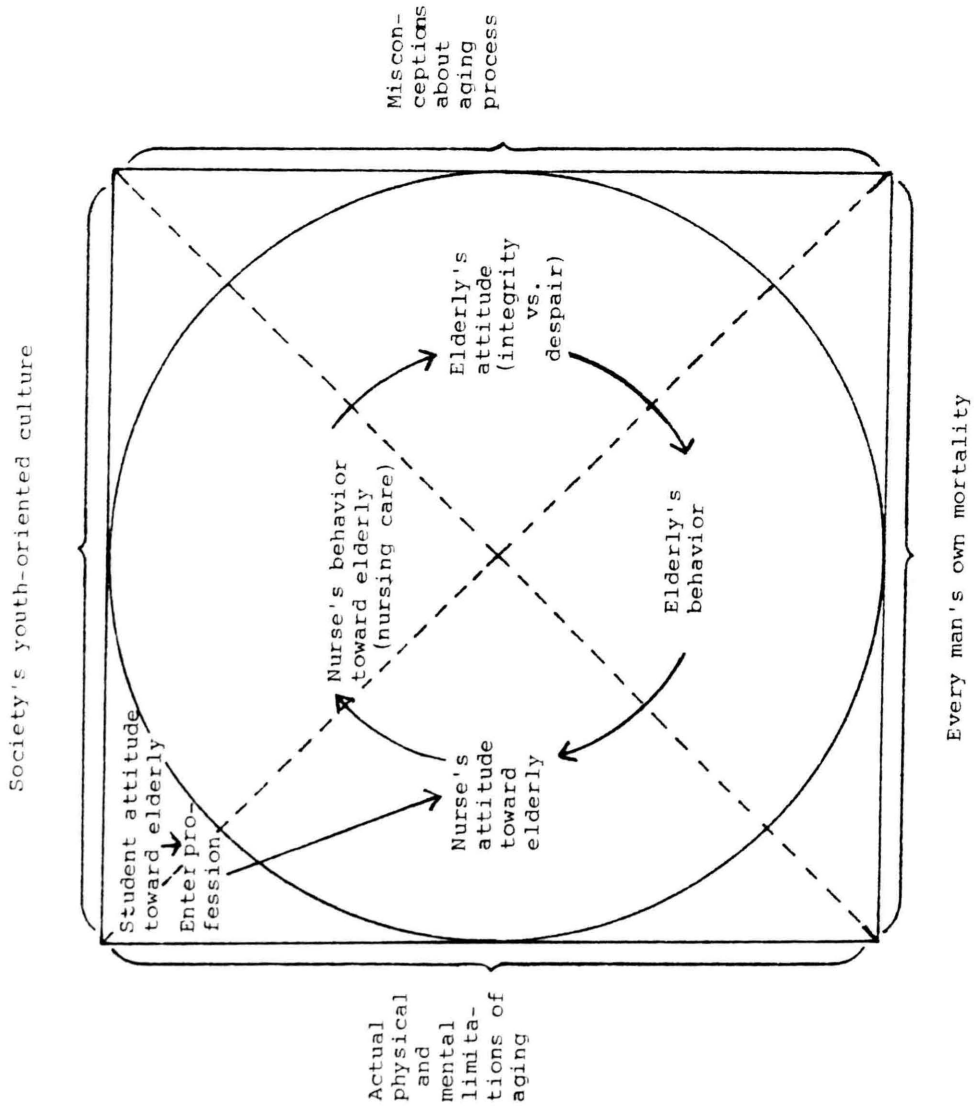


Figure 1. Nurse-elderly interaction cycle.

The reliability and validity of the TAS has been established; further research with the instrument allowed additional scrutiny of its parts.

Theoretical Framework

Erik H. Erikson's (1953) developmental theory, The Eight Stages of Man, served as the theoretical framework for this study. Erikson stated anything that grows has a ground plan and from this plan the stages arise. Each particular stage has its time of dominance until that stage has risen to form the functioning whole. He further emphasized that the initial growth and awareness in a meaningful stage function together with a shift of instinctual energy. This beginning growth causes a specific attack within each stage. Consequently, each step or movement forward to another stage or within a stage is a potential crisis (Erikson, 1950).

Erikson (1959) viewed the final (eighth) stage, integrity versus despair, as the stage of old age. Healthy personalities in this stage accept both their own lifestyles and those of the people who have become significant to them. They develop a sense of comradeship with men and women of different eras who have expressed the worth of human dignity and love. Although aware and respectful of other lifestyles, individuals with integrity defend the dignity of their own

lifestyles. Crisis arises when integrity is being established or when integrity is being threatened. The lack or loss of integrity is represented by despair and often an unconscious fear of death. Despair implies that time is short; too short to recapture or regain the vital segment of the eighth stage, integrity (Erikson, 1959).

The threat to integrity can be brought on by retirement or by declining health which is so prominent with advancing years. Often, at this time of poor health, the nurse has her initial contact with the aged individual. If the nurse is to help the elderly person regain or establish integrity, his/her attitude toward the elderly must be a positive, healthy one. Erikson's theory provides a framework within which the nurse can view aging in order to promote integrity and minimize despair.

Assumptions

For the purpose of this study, the following were assumed:

1. Old age is not an illness; it is the final stage in the life cycle.
2. The final stage in the life cycle is despair versus integrity.
3. Students and registered nurses have attitudes about aging that can be measured.

Research Questions

The problem of study generated the following research questions:

1. Is there a difference between attitudes of senior nursing students and practicing registered nurses toward the elderly?
2. What is the relationship between selected demographic variables and attitudes toward the elderly in senior nursing students and practicing registered nurses?
3. Does previous contact with the elderly affect attitudes toward the elderly in senior nursing students and practicing registered nurses?

Definition of Terms

The following terms were defined for this study:

1. Attitude--The amount of feeling for or against some target object, such as the elderly (Fishbein & Ajzen, 1975, p. 11).
2. Attitudes toward the elderly--Defined by positive and negative aspects. Positive attitudes are those which reflect acceptance of the elderly as equals and as worthwhile human beings. Negative attitudes are indicated by stereotyping the elderly as burdensome and by viewing aging with regret and apprehension. Measured as a total score of 22 items on the Tollett-Adamson Scale.

3. Elderly, aged, or older person--These three terms are used interchangeably to mean an individual in later maturity or the old age stage of development in the life cycle; individuals 65 years of age or older.
4. Graduate nursing students--Registered nurses with Baccalaureate Degrees who are pursuing Master's Degrees in Nursing.
5. Nursing students--Registered nurses with Baccalaureate Degrees who are pursuing Master's Degrees in Nursing.
6. Practicing registered nurses--Registered nurses with either a Baccalaureate or Associate Degree who are currently employed full time in nursing.

Limitations

These limitations were applied to the study:

1. Convenience sampling technique was used, thus restricting the generalizability of conclusions to the groups actually selected.
2. Certain extraneous variables, namely geriatric/gerontology content in schools of nursing curricula and personal experiences of students and practitioners with the elderly may have influenced the participants' attitudes toward the elderly. However, it was beyond the scope of this study to control for these variables.

Summary

This study examined the difference between students' and registered nurses' attitudes toward the elderly and the relationship of certain selected variables and attitudes toward older people.

In Chapter 2, a review of the literature and research related to the elderly and attitudes toward the elderly is presented. Chapter 3 describes the procedure used for collection and treatment of data, and Chapter 4 presents the analysis of the data. In Chapter 5, a brief summary of the study, discussion of findings, conclusions and implications are discussed. Recommendations for further research conclude the paper.

CHAPTER 2

REVIEW OF THE LITERATURE

In this chapter a review of literature pertinent to the study is discussed. The chapter is divided into four sections: (1) the elderly in today's society; (2) attitudes toward the elderly; (3) measurement of attitudes toward the elderly; and (4) nursing students' and registered nurses' attitudes toward the elderly.

Elderly in Today's Society

The number of elderly in the United States has been steadily increasing since 1900 when slightly more than three million people were 65 years of age or older. In 1975 there were more than 22 million elderly (Reinhardt & Quinn, 1979). Many factors can be attributed to this increasing number of older adults in American society. Fertility is partly responsible for the present large number of older persons since the number of people who reach 65 years depends on the number of births 65 years earlier. Cohort groups born in the early 1900s resulted in a large number of living elderly persons 65 years later. Consequently, the post war "baby boom" is expected to create a "geriatric boom" in the years 2010 to 2020 (Yurick, Robb,

Spier, & Ebert, 1980). Additionally, reduced mortality rates have removed fewer people from the groups born each year. More people have survived to 65 years and beyond because of advances in modern medicine, public health knowledge, and better nutrition (Weber, 1980). Life expectancy has been extended from an average of 47 years in the early 1900s to an average of more than 70 years in 1970 and is still increasing (Gunter & Estes, 1979). More elderly are alive today than ever before and this trend is expected to continue (Butler, 1975).

Today, the elderly in America are considered not only to have the actual physical and mental changes that accompany aging but must be viewed within the context of society as well. American society emphasizes youth and beauty. The "Detroit Syndrome" described by Maggie Kuhn (Reinhardt & Quinn, 1979, p. 7) has been a major influence in our society. This syndrome builds obsolescence into American products. Only the new model is desirable or marketable. When older persons are viewed in a youth-oriented culture, they are seen as surplus, as people who cannot produce, or even as nonfunctioning members of society (Gunter & Estes, 1979; Hultsch & Deutsch, 1981).

Older persons today are stereotyped not only because of society's emphasis on youth but also because of five

myths that are widely held about them (Butler & Lewis, 1977; Gunter & Estes, 1979). Firstly, it is a myth to measure age solely chronologically because individual rates of physiological, psychological, and social aging are vastly different. Secondly, it is a myth that older persons are unproductive. In the absence of disease elderly persons can remain productive. The prevalence of these two myths is illustrated by the results of the National Council on Aging attitude survey which showed that the general public is not sensitive to the individual differences that exist among older people or to the untapped productivity of the elderly (Shaver, 1978). Thirdly, it is a myth that older people wish to withdraw from society, to live alone or only with their peers. Skoglund (1977) found in a study of 70 to 80 year olds that older persons enjoy activities and social relations if they remain in fairly good health. The fourth myth that older people are inflexible is inaccurate. Neugarten (1964) concluded from research on a Kansas City sample that there is no sharp discontinuity with age in regard to adaptational qualities or personality organization; coping patterns become stable over time, and the self develops mechanisms to compensate for various losses as these occur in the aging process. Flexibility has more to do with one's lifelong character than one's age. The

belief that older persons are senile is another myth. Many of the behaviors labelled as senile are treatable and reversible. Cohen (1979) pointed out that the treatment of mental impairment in elderly people is far from hopeless. Based on realistic expectations, much can be done to prolong their active involvement in today's society.

Contact with elderly persons reminds each individual that he/she is mortal and that some day he/she too will reach old age and eventually die (Butler, 1975). Thus, avoidance or negative attitudes toward the elderly often represent society's response to, or fear of, their own aging (Hultsch & Deutsch, 1981).

Attitudes Toward the Elderly

Many authors have identified the importance of public concern for the health care needs of the older population in the United States. This concern is related to the increasing number of older persons and to the resulting demand for services. However, the number of health care professionals interested in caring for the elderly has not increased (Gunter, 1971). The limited number of health professionals willing to work with the older person may be related to negative attitudes toward the elderly (Kalish, 1975). Because of the far-reaching implications of this assumption, a considerable research effort in gerontology

has focused on attitudes toward the elderly (Hicks, Rogers, & Shemberg, 1976). The primary reason for the interest in attitudes is that they are an indication of the behavioral tendencies of their holders and an indication of a particular social climate (Brubaker & Powers, 1976; Lowenthal, 1977; Lutsky, 1980). Both the research reviews of Brubaker and Powers (1976) and McTavish (1971) have documented the existence of negative attitudes and stereotypic perceptions of the elderly.

Researchers have considered a number of variables that may be correlates of attitudes toward the elderly. However, McTavish (1971) found that after reviewing over 30 studies the relationship between certain variables and attitudes toward the elderly was small and even inconsistent. Lutsky (1980) reported that

research findings on variables associated with differences in attitudinal evaluations of older persons may be misleading in at least two ways. For one, significant group differences or correlations may reflect the impact of other hidden variables. Secondly, the likelihood of finding an association between two variables is dependent on the extent to which general variability on either is restricted. (p. 304)

Four variables most consistently studied were perceiver age, cultural background, educational level, and previous contact with elderly persons.

Inconsistency of research findings existed in the relationship between the variable of age and attitudes

toward older persons. Kilty and Feld (1976) found that persons 65 years of age or over judged their peers more positively. Whereas, Kogan (1979a) and Bell and Stanfield (1973) found no difference between the elderly's attitudes and the attitudes of others with regard to attitudes toward older persons. Among persons in a working relationship with the elderly, negative attitudes have been weakly associated with older age (Hickey, Rakowski, Hultsch, & Fatula, 1976; Thorson, Whatley, & Hancock, 1974).

In general, cultural background does not seem to influence attitudes toward the elderly (Lutsky, 1980). Education, however, especially of professionals, has been linked to more positive attitudes toward older persons with higher education indicative of a more positive attitude (Campbell, 1971; Keith, 1977; Thorson, Whatley, & Hancock, 1974).

Research regarding contact with the elderly has shown this variable to be an unreliable determinant of attitudes toward the older person. Kidwell and Booth (1977) found positive attitudes to be related to greater exposure to the elderly, whereas Robb (1979) found no such relationship.

Measurement of Attitudes Toward the Elderly

Attitudes are an integral part of personality. Kerlinger (1973) defined attitudes as:

an organized predisposition to think, feel, perceive, and behave toward a referent or cognitive object. It is an enduring structure of beliefs that predisposes the individual to behave selectively toward a category, class or set of phenomena. (p. 495)

Researchers have been working to refine gerontological attitudinal instruments for at least two decades (McTavish, 1971). Much of the instrument research to measure attitudes has been patterned after methods prevalent in social psychology. In this type of research, respondents are presented with a brief statement with which they are instructed to agree or disagree. Two instruments have been widely used to measure attitudes toward the elderly. The first, the Tuckman-Lorge Attitudes Toward Old People Scale (TLQ) (Tuckman & Lorge, 1953) consists of 137 items expressing erroneous views about old people in general. Subjects circle "yes" or "no" indicating agreement or disagreement with the statement. Scores consist of the total number of "yes" responses (McTavish, 1971). There is little evidence with regard to the validity of the TLQ or to the appropriateness of using a total score based on items cited in the questionnaire (Kilty & Feld, 1976). The second widely used instrument, the Old People Scale (KOP), was developed by Kogan (1961). It consists of 17 positive and 17 negative items to which respondents are asked to indicate the extent of agreement. Validity of the KOP was tested by correlating

items scores with total scores (Kogan, 1961). These correlations ranged from .09 to .70 suggesting Kogan's scale may not reflect a single attitudinal domain (Kilty & Feld, 1976).

Unfortunately, neither the TLQ nor the KOP has the quality of focusing on various factors that comprise the concepts of attitudes toward the elderly. In a research study Hicks, Rogers, and Shemberg (1976) compared measures of "attitudes" toward the elderly including the TLQ and the KOP. They noted that attitudes toward older persons should be considered a multi-dimensional construct and that the TLQ and KOP may be measuring different components of this construct. Until a better understanding of what these two instruments are measuring is attained, the authors proposed that research designs should include multiple instruments. Additionally, they noted the practice of using a single instrument and then drawing conclusions about attitudes toward the elderly in general has only added confusion to the existing literature. Robb (1980) advised nurses who wish to assess attitudes toward older persons to select newer instruments that have been developed with finer attention to conceptual and psychometric properties.

Nurses' Attitudes Toward the Elderly

Research within the last 10 years that focused on nursing students' and registered nurses' attitudes toward the elderly was reviewed. Studies regarding nursing students' attitudes toward the elderly are reported first.

Nursing Students' Attitudes

Gunter (1971) hypothesized that it would be helpful for nursing students to have more knowledge about healthy, successful aging. Senior students (162) were enrolled in a course that focused on normal development in later life. The Tuckman-Lorge Attitude Questionnaire (TLQ) was used to measure stereotyped responses before and after the course. Students were found to have negative attitudes toward the aged adult both before and after the course. In fact, students expressed more negative attitudes at the end of the course than at the beginning. Gunter's explanation for this was that the students had either felt freer to express their preference at the end of the course or had obtained more insight into their feelings about the aged as a result of the course. Additionally, the students showed a low preference for working with the elderly. Gunter (1971) suggested that a series of growth and development courses throughout the student experience rather than a single gerontology course in the senior year might be more

beneficial in improving attitudes and increasing preference for geriatric practice. She conjectured that the student sample may have felt the single course superfluous, therefore unsuccessful in changing student attitudes.

Kayser and Minnigerode (1975) tested Gunter's suggestion when they studied a group (311) of baccalaureate students who were required to take a series of growth and development courses which included contact with the "well" elderly. These students' attitudes toward the elderly were measured by the TLQ. The results again showed that students had negative attitudes toward the elderly and a low preference for working with this group. The findings also indicated that the more stereotyped the student attitudes toward the elderly, the more likely nursing students were to choose working with older patients. The authors suggested that perhaps those students who had more stereotypic attitudes perceived the elderly as dependent, assumed a more nurturing attitude, and consequently showed greater preference in working with them.

Hart, Freil, and Crowell (1976) continued to build on the research of Gunter (1971) and Kayser and Minnigerode (1975) by studying whether or not students' attitudes toward the elderly could be improved with an increased knowledge base about the aged and with students' sustained contact

with a number of older persons. The TLQ was used for attitude measurement; prior to the course and contact with the elderly, students were again found to have negative attitudes toward the elderly. However, results of the study indicated that as students became more interested in working with the elderly they also tended to have more positive attitudes toward the elderly.

Heller and Walsh (1976) also researched the effect of education on students' attitudes toward the elderly. They developed a program that emphasized the healthy aspects of aging and provided a series of positive experiences with "well elderly." The Kogan Old People Scale (KOP) was used to measure the attitudes toward old people of 110 associate degree nursing students both before and after the designed program of study. The initial measurement of attitudes indicated that students held negative attitudes toward the elderly. However, negative attitudes decreased after a series of selected learning experiences. Additionally, more students expressed interest in working with the elderly after completing the course than prior to entering the program. The authors pointed out that one important implication for the study was that more positive aspects of gerontological nursing need to be incorporated into nursing education.

Wilhite and Johnson (1976) continued to study attitudes of nursing students toward the elderly. They tried to determine if the negative attitudes of 80 first year students toward the elderly could be diminished during an eight-week educational program. The program, taught by instructors with positive attitudes toward the elderly, included a general introduction to nursing and the stages in the life cycle. The TLQ was used to measure attitudes both pre- and post-program. The pretest showed students' attitudes toward the elderly were negative; the posttest showed that students' attitudes were less negative. The authors reported that educational treatment can decrease negative attitudes toward the elderly. They cautioned, however, that no conclusions can be made about quality of care or the value system of students toward the elderly.

More recently, Robb (1979) studied the impact of a gerontological nursing course on beliefs and behavioral intentions of baccalaureate nursing students toward the elderly. As one segment of the study, the KOP was used to measure students' (153) attitudes toward the elderly. Robb found little evidence that nursing students in this study held negative attitudes toward the elderly either before or after the gerontological nursing course. However, the students still did not prefer to work with the elderly.

Registered Nurses' Attitudes

A number of research studies have been published that measured attitudes toward the elderly of practitioners who provided services to the aged. However, there is a paucity of studies that measure attitudes of registered nurses. Consequently, only two studies since 1971 were found that specifically measure attitudes of registered nurses toward the elderly. The first, Campbell (1971), is a classic article and quoted throughout the literature on attitudes toward aging. The purpose of the study was to determine the nurses' and nursing personnel's attitudes toward the elderly and then to relate the attitudes to selected variables. The TLQ was used to measure the stereotypes about old people. The author stated the results indicated that "no one tested in this study demonstrated a lack of stereotypic attitudes concerning the elderly" (p. 151). However, as the level of education increased, the stereotypic acceptance decreased. Additionally, the older nurses had more favorable attitudes toward the elderly.

Gillis (1973) also studied registered nurses as part of her research to determine if a difference in attitudes toward the elderly could be based on four selected variables--age, education, length of employment, and type of agency. Thirty-two registered nurses were given a 100-item instrument developed by Lowy (1968) to measure attitudes

toward the elderly. The results of the study indicated that registered nurses had a positive attitude during the first two years of employment but a sudden decrease in positive attitudes occurred thereafter. Contrary to Campbell's (1971) findings, education appeared to have a negative effect on attitudes toward the elderly. Gillis speculated that the negative effect of education on attitudes was related to the curriculum content or the practice setting chosen for testing.

Summary

The literature reviewed supports the contention that the elderly are indeed increasing in number and that this trend will continue. However, the number of nurses willing to work with the elderly is not increasing. Many sources suggest that nurses' low preference for geriatrics is due to the negative attitudes held by society toward the elderly. Consequently, a major thrust in gerontological research has been the measurement of these attitudes among health care workers. Two commonly used instruments to measure attitudes toward the elderly have been the TLQ and KOP. Research findings have indicated that both have methodological shortcomings. Additionally, inconsistency has been demonstrated in the relationship of age, cultural background, educational level, and previous contact with elderly

persons with attitudes toward them. However, a consistent finding among those studies reviewed was that students, as well as nurses, exhibited negative attitudes toward the elderly.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

An explanatory study with a nonexperimental, ex post facto design was used to compare attitudes of senior baccalaureate nursing students and registered nurses (Polit & Hungler, 1978). The independent variables were identified as sex, age, educational level, cultural background, and previous contact with the elderly. The dependent variable consisted of students' and registered nurses' attitudes toward the elderly. The data for this study were collected from two larger studies conducted to develop a scale to measure attitudes toward the elderly and to survey staff attitudes toward the elderly (Tollett & Adamson, 1980). Convenience sampling was used in selecting both the setting and sample.

Setting

A university, an acute care hospital, and an extended care facility, all part of a 200 acre, 23 building world-famous medical center in a large metropolitan area of the southwestern United States, provided the setting for the study. The university was a state-supported, National League for Nursing accredited institution of higher

education. In addition to the baccalaureate degrees available, it offered both master and doctoral degrees. The hospital was a large, public institution associated with a medical school. A modern, multi-story, church-sponsored extended care facility was the third site for data collection.

Sample

Nonprobability, convenience sampling was used to select the nursing students and practicing registered nurses. Fifty-six senior nursing students participated by completing the Tollett-Adamson Attitude Toward Aging Scale (TAS). The students had no particular geriatric/gerontology course; any content pertinent to aging was integrated into basic nursing courses.

The sample of 45 registered nurses was composed of staff nurses as well as graduate students from a state supported university. The staff nurses were employed at a large city hospital and a church-affiliated extended care facility.

Protection of Human Subjects

The study was in compliance with the rules and regulations of the Human Research Review Committee at Texas Woman's University (Appendix A). Agency permission was also obtained from both the hospital and long term care facility

(Appendix A). Anonymity of all subjects was maintained. Each voluntary participant was given a description of the study, and a signed consent form was obtained from each subject (Appendix B).

Instrument

The Tollett-Adamson Attitude Toward Aging Scale (TAS) (Tollett-Adamson, 1980), a scale developed to measure attitudes toward the elderly, was used to collect data for this study (Appendix B). The scale, a five-point Likert-type scale, was comprised of a set of questions assumed to be of approximate equal "attitude value." These items elicited responses ranging from strongly agree to strongly disagree. The individual items were given a rating of one to five with the higher score reflecting a more positive attitude. The sum of the item scores represented the individual's attitude score. The intent of the summated rating scale was to determine where to place an individual on a continuum of attitudes toward the elderly (Kerlinger, 1973). A demographic data sheet accompanied the scales (Appendix B).

Development of the Scale

A scientific approach was used to develop the TAS (Tollett-Adamson, 1979). Initially, an indepth review of literature was conducted. Both current and classic studies of attitudes toward the elderly, as well as widely used

tools to measure attitudes toward the elderly, were examined. A panel of experts, consisting of an expert in gerontology/geriatrics, a geriatric clinical nurse specialist, and a psychometrician, formulated 250 items that reflected attitudes toward the elderly. These items were divided into two parallel forms, A and B, consisting of 125 items each. The forms contained an equal distribution of positively and negatively stated items. The demographic data sheet was also developed by the panel to accompany the scales.

The first testing, using undergraduate nursing students ($N=75$), revealed an alpha reliability coefficient of $\bar{r}_{\alpha} = .90$ for Form A and $\bar{r}_{\alpha} = .93$ for Form B. Coefficient alpha was used to determine the test's reliability, and point biserial correlation was used as an initial test of the instrument's validity. Individual items were examined and those with positive point biserial correlation coefficients of .5 or higher were retained.

For the second testing, parallel forms of 30 items each were constructed from the retained items (Appendix C). A conscious effort was made to maintain an equal distribution of positive and negative statements. This pilot testing using graduate nursing students ($N=28$) revealed a coefficient alpha of $\bar{r}_{\alpha} = .87$, while the point biserial coefficients ranged from $\bar{r} = -.03$ to .68 for Form A. Point biserial correlation coefficients for Form B ranged

from $r = -.07$ to $.71$ and the coefficient alpha was $r = .91$. The Pearson product moment correlation indicated that the two forms had a high positive correlation; $r = .87$.

Factor analysis was conducted on both forms; nine factors were identified for Form A and eight for Form B (Appendix D). In Form A, Factor I contained three items that dealt with the construct of Interaction with Others. Factor II construct was Isolation and contained four items. The other factors in Form A were identified as Sensory Loss, Relationships with Others, Generosity, Usefulness, Egocentrism, Dogmatism, and Physical Activity.

Form B contained eight factors. The construct of Interaction with Others was also identified as Factor I and contained seven items. The seven other factors identified were Future Orientation, Conservatism, Independence, Egocentrism, Flexibility, Dogmatism, and Sexuality.

Final Tollett-Adamson Attitude Toward Aging Scale

In the final instrument (Appendix B), items with less than 5% explained variance as calculated by factor analysis were deleted (Polit & Hungler, 1978). Consequently in Form A, Factor IX which accounted for only 4.5% of the variance and contained one item, was dropped. Item 2 was also removed because it had a negative point biserial

correlation and did not contribute to the instrument's validity. The final version of Form A had 28 items.

In Form B, Factors VII and VIII were deleted from the final instrument since they accounted for only 4.6% and 4.1%, respectively, of the total variance. Additionally, item 7 was dropped because of its poor point biserial correlation. As a result, Form B had a total of 22 items with items 3, 5, 7, 12, 21, 23, and 27 of the original items omitted (Tollett & Adamson, 1980).

Data Collection

The data for this study represented one aspect of two primary studies. To obtain the convenience sample of nursing students, an instructor of a senior class was contacted to determine a time and date for data collection. At the specified class time, students were given an oral explanation of the study. Those students who were willing to participate signed the consent form and completed either Form A or B (125 items) of the TAS. The scale was administered by the researcher who is a registered nurse and a graduate nursing student. The 30-item, parallel Forms A and B of the scale were administered in the same manner to the graduate nursing students.

The staff nurses at the large metropolitan hospital and those at the extended care facility were contacted

individually by the researcher with permission of the director of nursing in each agency. The study was explained and nurses who agreed to participate completed the 30-item Form B TAS. The form was returned either to the head nurse or to a designated area on the nursing unit.

Treatment of Data

The final TAS (Form B) was used to measure senior nursing students' and registered nurses' attitudes toward the elderly. The score for the students and nurses who completed Form B was the sum of their responses to the 22 items on the final instrument. The scores for students who completed Form A was determined by summing the responses to 22 items that correspond by factor analysis to those on Form B. This was acceptable because the correlation of Forms A and B was $r = .87$.

The data collected from the two primary studies were treated in three phases. Descriptive statistics were used to summarize the demographic data. Frequency distributions, as well as percentages, were used to describe the variables. The mode was reported for the nominal level independent variables of sex, cultural background, educational level, and contact with persons over 65. The mean was used to describe the ratio level independent variable, age, and the ordinal level dependent variable, TAS score.

Nonparametric inferential statistics were used to test the research questions at .05 level of significance. Nonparametric statistics were used because the level of the dependent variable, TAS score, was ordinal and the sample was not determined by random selection (Kerlinger, 1973).

The Mann-Whitney U Test, a nonparametric procedure for testing the difference between two independent samples, was used to analyze the attitude scores of nursing students and registered nurses. Demographic data and previous contact with the elderly were examined in relation to the attitude scores using the Kruskal-Wallis, a nonparametric, analysis of variance technique.

Summary

An ex post facto study, designed to compare attitudes of senior nursing students and practicing registered nurses toward the elderly, was conducted using the Tollett-Adamson Attitude Toward Aging Scale. Both descriptive and inferential statistics were used in the treatment of data.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this ex post facto, nonexperimental study was to compare attitudes toward the elderly of nursing students and registered nurses. Additionally, the purpose was to compare the relationship of certain selected variables and attitudes toward the elderly. The instrument used to collect the data was the newly developed, 22 item, Tollett-Adamson Attitude Toward Aging Scale (TAS).

The statement of the problem, theoretical framework, review of literature, and methodology were presented in previous chapters. In this chapter, the data scoring, a description of the sample, and statistical analysis of the variables are reported.

Data Scoring

The final TAS (Form B) was used to measure senior nursing students' and registered nurses' attitudes toward the elderly. The total score for the students and nurses who completed Form B was the sum of their responses to the 22 items. The total score for students who completed Form A was determined by summing the responses of 22 items that corresponded by factor analysis to Form B. Items 5, 6, 7,

19, 20, and 23 were deleted from the final 28-item, Form A TAS. Percentage of variance, equal distribution of negative and positive items and topic of item were considered in item deletion. Consequently, the total score for Form A was the sum of items 1, 3, 4, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 21, 22, 24, 25, 26, 27, 28, 29, and 30 (Appendix D).

Description of Sample

Descriptive data were collected from the demographic data sheet that was part of the TAS (Appendix B). Demographic data were collected to permit description of study participants and evaluation of possible relationships of variables and attitudes toward the elderly. The data sheet contained questions regarding age, sex, marital status, cultural background, political preference, geographic location, respect for elderly, and previous contact with the elderly. The present study considered only the independent variables of age, educational level, cultural background, and previous contact with the elderly for both sample description and relationship of variables to attitudes toward the elderly. Initially, the variable of sex was to be considered, however all participants in the study were female. This section presents a description of these

identified independent variables and a description by group of the dependent variable TAS scores.

Table 1 presents the mean, standard deviation, and range for age. The mean age for the registered nurses was 28.9 years, for the students 24.4 years. A mean difference of 4.5 years was found between groups.

Table 1

Mean, Standard Deviation, and Age Range for Registered Nurses and Nursing Students Who Responded to the Tollett-Adamson Scale

	Registered Nurses (<u>n</u> =45)	Nursing Students (<u>n</u> =56)
Mean	28.9	24.4
SD	5.3	5.3
Range	23-42	20-45

Table 2 shows the distribution of cultural backgrounds for the registered nurse and student groups. The modal category for both was Anglo-American. The cultural backgrounds of the two groups appear relatively homogeneous.

The breakdown of groups by educational level is shown in Table 3. The most frequently occurring educational category for registered nurses was the baccalaureate degree; for the students, a high school diploma. Ten students held

Table 2

Distribution of Cultural Backgrounds for Registered Nurses
and Nursing Students Who Responded to the
Tollett-Adamson Scale

Cultural Background	<u>Registered Nurses</u>		<u>Nursing Students</u>	
	#	%	#	%
Anglo-American	31	68.9	41	73.2
Black-American	6	13.3	9	16.0
Mexican American	2	4.4	3	5.4
Asian and Other	3	6.7	3	5.4
Missing Observations	3	6.7	0	0.0
Totals	45	100.0	56	100.0

Table 3

Highest Education Completed for Registered Nurses and
Nursing Students Who Responded to the
Tollett-Adamson Scale

Highest Education	<u>Registered Nurses</u>		<u>Nursing Students</u>	
	#	%	#	%
Masters	6	13.3	0	0.0
Baccalaureate Degree	29	64.4	10 ^a	17.9
Associate Degree	7	15.6	5	8.9
Diploma Program	0	0.0	1	1.8
High School	0	0.0	40	71.4
Missing Observations	3	6.7	0	0.0
Totals	45	100.0	56	100.0

^aOther than in Nursing.

baccalaureate degrees in fields other than nursing and an additional six students had either a diploma from a hospital school of nursing or an associate degree.

Whether the respondent had previous contact with the elderly was determined by six questions, three dealing with personal contact and three with professional contact. The first question elicited information about the respondents' contact with the elderly while growing up. The second and third questions dealt with living parents and grandparents, respectively. In answer to the question, "Did a person(s) 65 years of age or older live in your home while you were growing up?", a "no" response was given by 34 (81%) of the registered nurses and 41 (74.5%) of the students. Of the registered nurses, 39 (93%) had either or both parents living whereas 54 (98%) of the students had living parents. In response to the question, "Are any of your grandparents living?", 21 (51.2%) of the registered nurses and 38 (69.1%) of the students answered "yes."

The professional contact questions included "Have you ever rendered professional care to elderly people (as a student or non-student)?" Forty (95%) of the registered nurses answered "yes" to this, whereas 43 (81%) of the students responded positively.

Table 4 illustrates the second professional contact question which asked about the status of the majority of elderly people with whom registered nurses and nursing students had been associated. The most frequent health status association for registered nurses was chronic illness, but the students' most frequent exposure was to the well elderly.

Table 4

Health Status of Elderly and Major Contact of Registered Nurses and Nursing Students Who Responded to the Tollett-Adamson Scale

Health Status	<u>Registered Nurses</u>		<u>Nursing Students</u>	
	#	%	#	%
Healthy	8	17.8	26	46.5
Acutely Ill	11	24.4	6	10.7
Chronically Ill	22	48.9	19	33.9
Missing Observations	4	8.9	5	8.9
Totals	45	100.0	56	100.0

In response to the question about the major location of association with the elderly, the greatest number, 26 (63.4%) of the registered nurses indicated hospital, with community, 5 (12.2%), and their home, 5 (12.2%) being their next choices.

The means and standard deviations for the TAS scores for registered nurses and students were calculated. The mean score for registered nurses was 79.53 with a standard deviation of 11.18. The students' mean score for the TAS was 80.02 with a standard deviation of 9.52.

Findings

In this section, the three research questions generated by the problem of study are restated individually and the data analysis follows. The level of significance was set at $p \leq .05$ for all analysis. In answer to the first research question, "Is there a difference between attitudes of senior nursing students and practicing registered nurses?", a Mann-Whitney U Test revealed no significant difference between the two groups.

Before analyzing data in relation to the second and third research questions, the registered nurse and student respondents were combined into one group ($N=101$). Age, cultural background, and educational level were the three selected demographic variables referred to in the second research question, "What is the relationship between selected demographic variables and attitudes toward the elderly?" A Kruskal-Wallis one-way analysis of variance was calculated to analyze existing differences in attitudes toward the elderly among the four categories in cultural

background. The categories of cultural background were Anglo-American, Black-American, Mexican-American, Asian and Other. The Kruskal-Wallis Test was again used to analyze the difference among the five educational categories, high school, diploma program, associate degree, baccalaureate degree, and masters. No significant differences were found between attitudes toward the elderly and educational level or cultural background.

Since age was reported as ungrouped data, a Pearson product-moment correlation was computed for age and additudinal score. The correlation ($r = -.063$) was not significant.

The third research question was, "Does previous contact with the elderly affect attitudes toward the elderly?". The question had six subquestions. A Mann-Whitney U Test showed no significant differences in attitudes toward the elderly and the responses to the following subquestions: "Did a person(s) 65 years of age or older live in your home while you were growing up? Is either or both of your parents living? Are any of your grandparents living? Have you rendered professional care to elderly?"

A Kruskal-Wallis, one-way analysis of variance was used to determine the relationship between attitudes toward the elderly and the two subquestions regarding elderly health status and location of care. The choices in the

health status subquestion included healthy, acutely ill, and chronically ill. No significant difference was found between attitudes and health status. Likewise, no significant difference was found between the location of care and attitudes toward the elderly. The categories for location of care were elderly's home, student or nurse's home, community, hospital, and extended care facility.

Summary of Findings

The demographic data and scores on the Tollett-Adamson Attitude Toward Aging Scale for registered nurses and nursing students were discussed. The demographic description revealed that the groups were relatively homogeneous on the selected variables.

The statistical analysis yielded no significant difference between the two groups in relation to attitudes toward the elderly. However, the mean scores of both groups represent attitudes toward the elderly which are neutral to slightly positive. Cultural background, educational level, and previous contact with the elderly also were not related to attitudes toward the elderly. In addition, the variable of age was not found to be significantly correlated to attitudes toward the elderly.

CHAPTER 5

SUMMARY OF THE STUDY

This study was designed to answer three research questions: (1) Is there a difference between attitudes of senior nursing students and practicing registered nurses toward the elderly? (2) What is the relationship between age, cultural background, educational level, and attitudes toward the elderly in senior nursing students and practicing registered nurses? (3) Does previous contact with the elderly affect attitudes toward the elderly in senior nursing students and practicing registered nurses? A review of the literature, procedure for data collection, data description and analysis were presented in previous chapters. This chapter summarizes the study and discusses the findings, conclusions, and implications. Finally, recommendations for future studies are identified.

Summary

A nonexperimental, ex post facto design was used in this study to compare attitudes toward the elderly of nursing students and registered nurses. Additionally, age, educational level, cultural background, and previous contact with the elderly were examined in relation to attitudes

toward the elderly. The Tollett-Adamson Attitude Toward Aging Scale (TAS) was administered to 45 registered nurses and 56 nursing students to collect demographic data and to measure attitudes toward the elderly. Convenience sampling was used for both the setting and sample selection.

The description of demographic data pointed out that the two groups, students and practitioners, were relatively homogeneous in relation to age, cultural background, and previous personal contact with the elderly. However, in professional contact with the elderly registered nurses had the most contact with chronically ill in the hospital; whereas nursing students had the most contact with well elderly in the community. Statistical analysis showed there was no significant difference between registered nurses and nursing students in relation to TAS scores. Additionally, attitudes toward the elderly were not significantly related to age, cultural background, educational level, and previous contact with the elderly.

Discussion of Findings

Since both the setting and sample were chosen by convenience sampling, not random selection, it would be inappropriate to make generalizations beyond the groups surveyed. The following is a discussion of the findings.

The demographic description did not seem to delineate the students and practitioners into two distinct groups. The difference between mean ages of the nursing students and registered nurses was only 4.5 years. Responses to the questions regarding cultural backgrounds and personal contact with the elderly were very similar. This is not surprising since the institutions used for data collection were geographically close and the service institution attracts graduates of the nursing program. However, the students and registered nurses reported a difference in their professional contact with the elderly. The most frequent contact nurses reported was with the chronically ill in a hospital setting; whereas the students' major contact was with well elderly in the community. The findings may indicate the "well-elderly" trend in curriculum planning. Both Kayser and Minnigerode (1975) and Heller and Walsh (1976) suggested that nursing students' experiences with the older person emphasize the "well elderly."

The finding that attitudes toward the elderly of nursing students and registered nurses were not significantly different may be the result of the two groups being relatively homogeneous. Unfortunately, past research studies have not compared the attitudes of students and practitioners. The scores on the TAS for both groups indicate that the registered nurses and the nursing students

held neutral to slightly positive attitudes toward the elderly. These results are inconsistent with all but one nursing research study reviewed. Hart, Freil, and Crowell (1976) and Wilhite and Johnson (1976) found nursing students had negative attitudes toward the elderly, and Campbell (1971) and Gillis (1973) reported negative attitudes also were present in registered nurses. Robb (1979), the most recent study reviewed, found that baccalaureate nursing students did not hold negative attitudes toward the elderly. Robb's study and the present study may be forerunners of a trend toward more positive attitudes about older persons. Since older persons have become more socially, politically, and economically visible in the last few years, a more positive view of the elderly may be the result.

Attitudes toward the elderly were found not to be significantly different in relation to age, cultural background, education level, and previous contact with the elderly. These findings are not surprising. Lutsky (1980) stated that inconsistency in research findings among variables and attitudes toward the elderly is common. Numerous studies exist both to refute and to concur with the present findings. For example, Kilty and Feld (1976) found persons over 65 years of age had more positive

attitudes toward the elderly than younger respondents, whereas Bell and Stanfield (1973) found no relationship between age and attitudes toward older persons. Additionally, Kidwell and Booth (1977) found positive attitudes were related to greater exposure to the elderly, but Robb (1979) found no such relationship.

The real stumbling block to isolating variables related to attitudes toward the elderly has been the variety of instruments used to measure these attitudes. It would appear instruments are not measuring equivalent attitude constructs. Consequently, it is questionable whether the results of studies using different instruments can be compared. In fact, some gerontological researchers, including Campbell (1979), have drawn conclusions without applying statistical techniques.

Conclusions

Within the limitations and findings of this study, the following conclusions were drawn:

1. Registered nurses and senior baccalaureate nursing students do not differ in their attitudes toward the elderly. These attitudes are neutral to slightly positive.

2. No one racial group, Anglo-American, Black-American, Mexican-American, or Asian, differs in its attitudes toward the elderly.
3. Level of education is not related to attitudes toward the elderly in registered nurses and nursing students.
4. Age is not related to attitudes toward the elderly in registered nurses and nursing students.
5. Previous contact with the elderly does not influence attitudes toward the elderly in registered nurses and nursing students.

Implications

The following implications are derived from this study:

1. New attitudinal tools, such as the Tolleit-Adamson Attitude Toward Aging Scale (TAS), should be refined so that attitudes toward the elderly can be accurately measured. Variables could then be identified that contribute to attitudes toward the elderly. When variables that are significantly related to attitudes are found, interventions could then be developed to change negative attitudes.
2. Doctoral programs in gerontology and master's degrees in geriatric clinical specialty should be developed to give geriatrics/gerontology clinical and academic status.

Recommendations

Based on the findings and conclusions of this study, it is recommended that further research be undertaken to:

1. Measure nurses' and elderly persons' attitudes toward the elderly to test the nurse-elderly interaction cycle.
2. Establish concurrent validity of the Tollett-Adamson Attitude Toward Aging Scale (TAS) by administering the Tuckman-Lorge Questionnaire, the Kogan's Old People Scale, and the Tollett-Adamson Attitude Toward Aging Scale to the same sample.
3. Explore the relationship between behavioral intentions and attitudes as tools to measure behavioral intentions become available.
4. Determine if the number of years working with the elderly affects attitudes toward the elderly; that is, does "burnout" occur.

APPENDIX A

CONSENT FORMS

TEXAS WOMAN'S UNIVERSITY
HOUSTON CAMPUS
HUMAN RESEARCH REVIEW COMMITTEE
REPORT

STUDENT'S NAME Susan M. Tallett and Carolyn H. Adamson
PROPOSAL TITLE Attitudes Toward the Elderly

COMMENTS: _____

DATE: February 22, 1980

James G. Robertson
~~Disapprove~~ Approve

R. P. Bennett
~~Disapprove~~ Approve

[Signature]
~~Disapprove~~ Approve

[Signature]
~~Disapprove~~ Approve



THE UNIVERSITY OF TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

COMMITTEE FOR THE PROTECTION
OF
HUMAN SUBJECTS

September 19, 1980

William S. Fields, M.D.
Chairperson
713/792-5048

P. O. Box 20036
Houston, Texas 77025

MEMORANDUM

TO: Bette Beaudry, Assistant Dean
Texas Women's University

FROM: William S. Fields, M.D.
Chairperson

RE: HSC-TWU-HH-80-005 - "Attitudes Toward the Elderly and Depersonalization in the Elderly".
P.I.: Susan M. Tollett, R.N., Ph.D.

The above mentioned proposal was reviewed by the Committee for the Protection of Human Subjects at its meeting on August 15, 1980.

The investigator was requested to make some revisions. The Committee is now in receipt of these revisions and finds that the proposal fulfills the requirements of the Committee. Approval is hereby granted for Dr. Tollett to proceed with this study.

This project is subject to future review by the Committee with respect to the execution of the methods agreed upon by the investigator and approved by the Committee. Such review is in accord with part 46.102 of Title 45 of the code of federal regulations (DHEW) as amended. When applicable, clinical material relative to the research, laboratory results, etc. must be entered in the medical record. Should review of informed consent be required by the Committee, prior notification of such review will be given.

In the event that any changes in procedure, number of kinds of subjects, or adverse reactions occur prior to annual review, it is required that the investigator submit a memo indicating such change so that the Committee can determine whether a further review will be required for continuing approval. Should any publication result from these studies, a reprint of the paper is required for our files.

WSF: eka

cc: P.W. Butcher, Ph.D., Spec. Assistant for Scientific Affairs, UTHSCH
Contracts & Grants Management, UTHSCH
S. M. Tollett, R. N., Ph.D., Texas Women's University

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSINGAGENCY PERMISSION FOR CONDUCTING STUDY*THE St. Anthony CenterGRANTS TO Carol Adamson, Ph.D., R.N. and Susan Tollett Ph.D., R.N.
faculty of Texas Woman's University.

Depersonalization in the Elderly

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the instructor when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: April 23, 1980 Barbara Lee Assistant Don
Signature of Agency Personnel_____
Signature of Faculty_____
Signature of Faculty

APPENDIX B

QUESTIONNAIRE PACKET

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
HOUSTON CENTER

Subject Consent for Participation in an Investigation of
ATTITUDES TOWARD THE ELDERLY AND DEPERSONALIZATION IN THE ELDERLY

Informed Consent for Nurse Participation

I am _____, a research assistant to Dr. Susan Tollett and Dr. Carolyn Adamson. They are conducting a study to measure depersonalization, or individual's feelings of unrealness, in the elderly and nurses' attitudes toward the elderly. In this study they hope to learn about the concepts of depersonalization in older persons. Additionally, they hope to learn how nurses feel about aging in general. You have been selected to participate in this study because you are working with one of the older persons who has consented to participate.

If you decide to participate, I would like you to complete the questionnaire and demographic data sheet. These data will provide information regarding attitudes toward the elderly.

The cost to you for this study is as follows:

1. Economic: none
2. Personal: approximately 20 minutes to complete the questionnaire.

The benefits to you are as follows:

1. Findings may result in new knowledge regarding attitudes toward the elderly.
2. New knowledge obtained about nurses' attitudes toward the elderly may assist in planning and implementing nursing care of older persons.

Any information that is obtained in connection with this study and that can be identified with you, will remain confidential and will be disclosed only with your permission.

Your decision whether or not to participate will not prejudice your future relations with Texas Woman's University or Herman Hospital. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice. Additionally, you are free to omit any portion or item of the questionnaire.

If you have any questions, please feel free to ask me. If you have any additional questions later, please contact Dr. Susan M. Tollett, Associate Professor, Texas Woman's University, 1130 M. D. Anderson Blvd., Houston, Texas, 792-7947.

-2-

This study has been approved by the University of Texas Health Science Center Committee for the Protection of Human Subjects and by the administration of Herman Hospital.

Chairman, Division of Nursing Research

Signature

Date

Witness

Date

Consent Form
TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

(Form B)

Title of Project: Attitudes Toward the Elderly

Consent to Act as A Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

Signature

Date

Witness

Date

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature

Date

Position

Witness

Date

One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee. A third copy may be made for the investigator's files.

AGING ATTITUDE SCALE

PART 1:

Instructions: Each of the following is a statement about people who are 65 years of age or older. Please place an "X" in the space to the right of each statement which best describes your reaction to that particular statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	A	B	C	D	E
1. Elderly people tend to relax previous standards of personal appearance.					
2. Elderly people should not hold positions of authority in American society.					
3. Elderly people are more resistant to new ideas and new ways of doing things than young or middle-aged people.					
4. Elderly people possess fewer prejudices against ethnic and minority groups than middle-aged people.					
5. Elderly people enjoy sexual activity.					
6. Most elderly people expect their children to take care of them.					
7. Elderly people enjoy helping each other.					
8. Elderly people are interested in the future.					
9. Living together without marriage is acceptable for young males and females but taboo for elderly males and females.					
10. Elderly people are too conservative and traditional to hold positions of authority in business.					
11. Elderly people can take care of their physical needs without assistance.					

PART II: Background Information

Instructions: Please circle the letter that answers correctly the information requested.

1. Sex
 - A. Male
 - B. Female
2. Cultural Background
 - A. Anglo-American
 - B. Black-American
 - C. Mexican-American
 - D. Asian or Asian-American
 - E. Other: Please Specify _____
3. Highest Education Completed
 - A. High School
 - B. Professional Diploma
 - C. Associate Degree
 - D. Baccalaureate Degree
 - E. Masters Degree
 - F. Earned Doctoral Degree: Please Specify _____
4. Present Education Status
 - A. Undergraduate Student
 - B. Graduate Student
 - C. Pre-doctoral Student
 - D. Doctoral Candidate
 - E. Non-Student
5. Major Area of Professional Preparation:
 - A. Nursing
 - B. Counseling
 - C. Nutrition
 - D. Education
 - E. Other: Please specify _____
6. Major Area of Professional Practice
 - A. Practitioner/Clinician
 - B. Counselor
 - C. Nutritionist/Dietitian
 - D. Educator
 - E. Administrator
7. Religious Background
 - A. Protestant
 - B. Catholic
 - C. Jewish
 - D. Other: Please Specify _____
 - E. No Particular religious affiliation

8. Political Orientation
A. Liberal
B. Conservative
C. Middle-of-the-Road
D. Other: Please Specify _____
E. No particular political orientation
9. Political Party of Choice
A. Democratic
B. Republican
C. Independent
D. Other: Please Specify _____
E. No particular political party
10. Age: _____ years
11. Marital Status
A. Single, never married
B. Single, divorced
C. Single, widowed
D. Traditional marriage
E. Open marriage
12. Did a person(s) 65 years of age or older live in your home while you were growing up?
A. Yes
B. No
13. Is either or both of your parents living?
A. Yes
B. No
14. Number of living parents 65 years of age or older
A. 1
B. 2
C. Neither
15. Are any of your grandparents living?
A. Yes
B. No
16. Number of living grandparents 65 years of age or older
A. 1
B. 2
C. 3
D. 4
E. None
17. Approximate number of individuals that you know who are 65 years of age or older and who you respect and admire (do not include parents or grandparents). _____

-3-

18. Approximate number of individuals that you know who are 65 years of age or older but who you do not respect or admire (do not include parents or grandparents). _____
19. Does a person(s) 65 years of age or older live in your home at the present time?
A. Yes
B. No
20. Have you ever taken a course related to the needs or care of elderly people?
A. Yes
B. No
21. Have you ever rendered professional care to elderly people (as a student or non-student)?
A. Yes: Please specify number of years _____
B. No
22. Health status of the majority of elderly people with whom you have been associated
A. Healthy
B. Acutely ill
C. Chronically ill
23. Location of the majority of your associations with elderly people
A. Your home
B. Their home
C. Community in which you or they live
D. Hospital
E. Extended Care Facility or Nursing Home
24. Geographic area in which you have spent the greatest proportion of your life
A. Northeast United States
B. Southeast United States
C. Central South Region of United States
D. Midwestern United States
E. Central Plains of United States
F. Northwest United States
G. Southwest United States
H. Other: Please specify _____
25. Have you ever envisioned yourself as an individual who is 65 years of age or older?
A. Yes
B. No

APPENDIX C

SECOND PILOT TESTING

FORM A

ITEM

1. It is senseless for doctors to try and treat the elderly, since they will die soon anyway.
2. Older people should be allowed to make decisions about their life.
3. Most older people would prefer to quit work and collect their pensions.
4. Most older people are relaxing to be with.
5. Most older people are easily irritated and unpleasant.
6. The elderly relate well to the young.
7. Older people are stingy.
8. Most older people care about their appearance.
9. Older people are not competent to function as professionals.
10. Older people are a drain on the economy.
11. Old people feel tired most of the time.
12. Time spent with older people is enjoyable.
13. The aged person stays in bed a lot.
14. The elderly are attracted to the fine arts.
15. Older people need help in making decisions.
16. Elderly people disregard the wishes of others.
17. Elderly people would rather talk than listen.
18. Elderly people contribute to the fun of a social gathering.
19. Elderly people are "cranky" and difficult to get along with.
20. Elderly people possess more prejudices against ethnic and minority groups than young people.
21. Elderly people frequently refuse to do anything other than what they want to do.
22. Elderly people enjoy helping each other.

23. Elderly people have difficulty in finding a reason to continue living.
24. Elderly people need constant supervision.
25. Elderly people do not contribute anything to American society.
26. Social relationships are difficult to establish with elderly people.
27. Elderly people are not interested in events that do not involve them.
28. Elderly people have good habits of daily hygiene.
29. Elderly people are interested in the appearance of their surroundings.
30. Elderly people need to feel loved and needed.

FORM B

ITEM

1. Elderly people tend to relax previous standards of personal appearance.
2. Elderly people should not hold positions of authority in American society.
3. Elderly people are psychologically rigid.
4. Elderly people are more resistant to new ideas and new ways of doing things than young or middle-aged people.
5. Elderly people believe the younger generations are headed for destruction.
6. Elderly people possess fewer prejudices against ethnic and minority groups than middle-aged people.
7. The elderly have earned any assistance which they deem desirable or necessary.
8. Elderly people enjoy sexual activity.
9. Most elderly people expect their children to take care of them.
10. Elderly people enjoy helping each other.
11. Elderly people are interested in the future.
12. Elderly people prefer friends of the opposite sex.
13. Living together without marriage is acceptable for young males and females but taboo for elderly males and females.
14. Elderly people are too conservative and traditional to hold positions of authority in business.
15. Elderly people can take care of their physical needs without assistance.
16. Most elderly people are very stoic and set in their ways.
17. Federally subsidized payments of heating costs for the elderly are unfair.
18. Most elderly people have a physical complaint of some sort.
19. Most elderly people behave as mature adults.

20. Most elderly people are capable of functioning independently within American society.
21. Elderly people tend to lecture or preach rather than converse when talking with others.
22. Elderly people are optimistic toward the future.
23. Elderly people are critical of the younger generation(s).
24. Elderly people tend to lose faith in their religious beliefs.
25. Elderly people prefer to be left alone.
26. Elderly people enjoy new experiences and traveling.
27. Elderly people are more stubborn than young or middle-aged adults.
28. Elderly people tend to be equally concerned about themselves and others.
29. Elderly people are more concerned with dying than with living.
30. Elderly people enjoy the company of both males and females of all age groups.

APPENDIX D

INSTRUMENT FACTOR ANALYSIS

FACTOR ANALYSIS

FORM A

FACTOR	ITEM	PERCENT OF VARIANCE
I. Interaction with others	9, 16, 27	36.0
II. Isolation	3, 8, 14, 30	11.7
III. Sensory Loss	15, 24, 25, 29	10.3
IV. Relationships with others	4, 5, 12, 18, 19, 23, 26, 28	9.6
V. Generosity	1, 7, 22	8.7
VI. Usefulness	10, 11	7.8
VII. Egocentricism	17, 21	6.0
VIII. Dogmatism	2, 6, 20	5.4
IX. Physical Activity	13	4.5

FACTOR ANALYSIS

FORM B

FACTOR	ITEM	PERCENT OF VARIANCE
I. Interactions with others	1, 3, 9, 13, 14, 25, 26	45.9
II. Future orientation	11, 17, 22	13.8
III. Conservatism	6, 29	10.9
IV. Independence	10, 15, 19, 28	7.7
V. Egocentricism	2, 7, 20, 24, 30	7.1
VI. Flexibility	4, 16	6.0
VII. Dogmatism	3, 5, 18, 21, 23, 27	4.6
VIII. Sexuality	12	4.1

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