Exploring Nursing Students' Perceptions of Older Adults: The Impact of Gerontological Education

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Abstract

The number of Americans age 65 years and older is increasing. Each day, 10,000 individuals celebrate a 65th birthday. This growth rate is projected to continue for the next 19 years (Alliance for Aging Research, 2006). As individuals age, they are more likely to develop chronic illnesses and use healthcare services more frequently. This high demand will ultimately result in an increase encounter with healthcare workers. The attitude of nurses toward older adults is of interest since their perception toward this group can impact the quality of care they provide, as well as their interest in a career in geriatric nursing. This study examined the impact of a four week educational intervention (four weeks of gerontological content and clinical practicum in a nursing home) on nursing students' perceptions toward older adults. The study further examined their perceived interest in working with this group. A qualitative research design was used for data gathering. Data were obtained from researcher interviews and students' journal entries. Findings were complemented by quantitative data from Kogan's Attitude Toward Old People (KAOP) Scale. Eight (N=8) second level practical nursing students participated in the study. The results identified student nurses as having more positive attitudes toward older adults after the intervention. Emerging themes were, (1) valuing and admiration for older adults, (2) awareness of the complexities of aging, (3) increased competency in caring for older adults, and (4) formation of perceptions. At the end of the study, they expressed more positive perceptions towards older adults, but no significant change in their interest in their desire to seek a career in gerontological nursing. Implicit in these findings is a need to review nursing curricula to ensure a substantial inclusion of gerontological content, as well as adopting an intentional approach to ensure practicum assignments in settings with older adult.

Keywords: Ageism, attitude, clinical practicum, perceptions, practical nurse, stereotypical

Note: The variant version of ageism is used to maintain consistency with the language found in leading literatures.

CHAPTER I

The elderly population in America is growing rapidly. An old person is defined as an individual over the chronological age of 65 years (World Health Organization, 2010). Tabloski (2010) confirmed that 39 million people in the United States were 65 or older, approximately 13% of the population. By 2030 when all surviving baby boomers will be over 65, there will be 72 million older adults, about 20% of the population. The 85 and over United States population, the fastest growing cohort in the country is projected to rise from 5.8 million to 19 million in 2050 (Russakoff, 2010). As individuals age they are more at risk for developing multiple health problems and the likelihood of requiring health and social services increases (Rosenwaike, 1985). According to Volland and Berkman (2004), older adults experience an average of three chronic health problems simultaneously. These chronic conditions include arthritis, hypertension, and heart disease (U.S. Senate Special Committee on Aging, 1991). Consequently, the health care system will serve a large portion of this population.

Adults age 65 and older represent 65% of all ambulatory adult primary care visits, 80% of all home visits, 50% of inpatient care, and 85% of residents in nursing homes (Hartford Geriatric Nursing Initiative, 2006). Nurses have an important role in meeting the health care needs of the elderly (Reid, Beall, & Baumhover, 1992). As the older adult population increases this need becomes more urgent. Attitudes of health care workers toward older adults are becoming more important (Cozort, 2008). Nursing students will likely provide care to a significant number of older adults during clinical practicum and as professional nurses. Attitudes toward older adults are developed as a result of exposure to societal values and personal encounters with older adults (Sheffler, 1998). These attitudes can be negative or positive. A major goal of nursing education is to impact students' understanding and attitudes toward care

of the older adult patients and influence their career choices toward meeting the health care needs of this growing aging population (Grocki & Fox, 2004).

Purpose of the Study

This study explored the impact of an educational intervention with enhanced gerontology content and a clinical practicum in a nursing home on practical nursing (PN) students' perceptions of older adults.

Specifically, this study:

1. Explored the impact of an educational intervention with gerontological content on the attitudes and perceptions of second level practical nursing students toward older adults before and after the educational intervention.
2. Explored nursing students' work preferences after the educational intervention with older adults.

Background and Rationale

The background of this study included the individual, social, and institutional contexts which influenced and shaped practical nursing students' attitudes and perceptions toward older adults. The impact of practical nursing students' attitudes toward caring for older adults was addressed, in an effort to substantiate the significance of the study.

Research has found that student nurses hold both positive attitudes (Aday & Campbell, 1995; Ferrario, Freeman, Nellett, & Scheel, 2008; Haigh, Christ, & Dias, 1994), and negative attitudes (Gallagher, Bennett, & Halford, 2006; Goebel, 1984; Lookinland & Anson, 1995; McLafferty & Morrison, 2004) toward older patients. However, more researchers report nursing students as having negative attitudes toward older patients than those reporting positive attitudes.

Factors influencing both positive and negative attitudes are continually being investigated, and several researchers have identified factors that influence these attitudes.

Positive attitudes toward older adults are fostered when students spend time with healthy older adults and grandparents, (Buschmann, Burnes, & Jones, 1981; Haigh, Christ, & Dias, 1994; Giardina-Roche & Blake, 1990; Ryan, Melby, & Mitchell, 2006). Buschmann et al. confirmed that previous interaction with older people and grandparents had a strong positive influence on nursing students' attitudes and perceptions of older adults.

It has been purported that there is a relationship between gerontology curriculum and the attitudes of student nurses toward older adults. Attitudes toward older patients were more likely to be positive if educators implement strategies to promote a positive learning environment (McGarry, Aubeeluck, Simpson, & Williams, 2009). Sheffler (1998) observed that nursing curricula and faculty can greatly influence the development of positive attitudes toward older adults. The author further stated that when clinical faculty demonstrated positive attitudes toward older adults, students displayed similar attitudes toward elderly patients. Aday and Campbell (1995) conducted research to determine whether nursing students' attitudes toward older adults would change if curriculum included gerontological content. The results of the study supported a relationship between an educational program and positive attitudes toward older adults. Ferrario, Freeman, Nellett, and Scheel (2008) surveyed two separate groups of student nurses before and after curriculum changes. The changes included incorporating positive

aspects of aging in nursing curriculum, preparing faculty as aging specialists, and clinical assignments with both fragile and healthy older adults. Students who participated in the second survey articulated more positive views about aging compared with students in the first survey.

Other proposed strategies to improve and cultivate positive attitudes toward older adults included innovative teaching strategies which allowed nursing students to interact with and learn about older adults while reflecting on these experiences. Some examples included:

- Exposing young people to healthy older adults (Buschmann, Burns, & Jones, 1981)
- Conducting needs assessment before the development and implication of gerontology nursing program using Kogan's (1961) Attitude Toward Old People Scale and Palmore's (1998*)* Facts on Aging Quiz
- Implicit Association Test (Archambault,Van Rhee, Marion, & Crandall, 2008)
- Drawings and reflections used by Roberts, Hearn, and Holman (2003)
- The Aging Game as a learning tool (Pacala, Boult, & Hepburn, 2006)
- Life Expectancy Exercise (Altpeter & Marshall, 2003)
- Reminiscence interaction between students and older adults (Shellyman, 2006)
- Capstone course in gerontological nursing (Fox & World, 1996)
- Intergenerational program (Hernandez & Gonzalez, 2008)
- Service learning project (Dorfman, Murty, Ingram, Evans, & Power, 2004)
- Curriculum redesigns (Ferrario, Freeman, Nellett, & Scheel 2008), implement gerontology nursing programs as a stand-alone course or incorporate those contents in the nursing curriculum (Aday & Campbell, 1995).

- Assigned clinical rotations in nursing homes with home-like environment (Rosher & Robinson, 2005).

Negative attitudes toward older adults have been observed in society (Brandt-Ryan, 1979; Selvin, 1991). Meshel and McGlynn (2004) suggested that these negative attitudes are assimilated on some level by young people. Other studies conducted by Hagestad and Uhlenberg (2005) and Prudent and Tan (2002) also reported that "young people and children consider older people as being pessimistic, conservative, and petulant, and sometimes treat them derogatorily, as seen in the language they often use" (p.426). Some reasons for these negative attitudes toward older adults may be related to ageism (Lookinland & Anson, 1994; McGuire, Kleine, & Couper, 2008). According to Cuddy, Norton, and Fiske (2005), ageism is stereotypical behavior, prejudice, and discrimination against the elderly. In addition, ageism results in older people being viewed as incompetent and needy (Cuddy et al., 2005). This poem by Silverstein (1981), exemplified an ageist attitude toward older people:

Said the little boy, "Sometimes I drop my spoon."
Said the little old man, "I do that too."
The little boy whispered, "I wet my pants."
"I do that too," laughed the little old man.
Said the little boy, "I often cry."
The old man nodded, "So do I."
"But worst of all," said the boy, "it seems
Grown-ups don't pay attention to me."

And he felt the warmth of the wrinkled old hand.

"I know what you mean," said the little old man.

Silverstein, 1981, "The Little Boy and the Old Man"

Unfortunately, these negative attitudes toward older adults have been demonstrated among health care professionals (Giles, Paterson, Butler, & Stewart, 2002; Horowitz, Savino, & Krauss, 1999; Miller, 2004), including nursing faculty (McLafferty & Morrison, 2004) and nursing students (Ryan & McCauley, 2005). Carmel, Cwikel, and Galinsky (1992) suggested that negative attitudes of nursing students toward older adults are a reflection of the negative stereotypes of the elderly held by society at large. Goebel's (1984) study explored age stereotypes held by nursing students confirmed that students perceived older adults as having questionable sanity and mental capacity. Older adults were also perceived as being incapable, dependent, unimportant, and worthless.

MacNeil (1991) suggested that the perceived attitudes of course instructors can influence student nurses' attitudes toward older adults. Wilhite and Johnson (1976) revealed that nursing students' stereotypical attitudes were decreased during a gerontology course, suggesting a relationship between change in students and faculty's attitudes toward the elderly.

Researchers have identified a link between instructors' attitudes toward the older adults and students' interest in working with this population. McLafferty and Morrison (2004) confirmed that "the perceived attitudes of course instructors toward older adults influence

student nurses' attitude toward this group. Negative attitudes are transmitted when faculty are not specialists in providing care for elderly persons" (p. 452). Henderson, Xiao, Siegloff, Kelton, and Paterson (2008) proposed additional reasons for these negative attitudes. Those included (a) poor experience of providing care for older people, (b) the slow and demanding nature of the work, (c) a perception that work with older adults would not be challenging enough, or would be depressing, (d) an inability to relate to older people, and (e) an inability to deal with death and suffering.

Other researchers cited the depressing environment of nursing homes including unpleasant odor (Chen, Melcher, Witucki, & McKibben, 2002) and the fear of death (Brock, 1977) as added reasons for student nurses' negative attitude toward older persons. Gomez, Young and Gomez (1991) confirmed that seeing older people often remind persons of the imminence of death. Since aging is a precursor to death, this concept may influence attitudes toward the elderly.

Nursing students' attitudes toward older adults are believed to impact work preference, whether these attitudes are positive or negative. Both positive and negative attitudes influence work preferences. Working with older adults after graduating continues to be student nurses' least preferred career choice (Fajemilehin, 2004; Williams, Nowak, & Scobee, 2006). Aday and Campbell's (1995) study examined nursing students' preferences for working with the elderly. Results of the study indicated a preference for working with the elderly population because they

demonstrated appreciation for the nursing care they receive and "*they teach you things*" (p. 256). Dellasega and Curriero (1991) investigated nursing students' intent to work with older clients. The result of the study indicated student nurses had positive attitudes toward elderly patients, but intent to work with elderly patients was low.

Attitudes of student nurses towards the elderly, and their interest in working with this group is influenced by the student's present area of practice. Lookinland and Anson (1994) confirmed that nursing students with extended exposure to long-term-care setting had more negative attitudes toward the elderly than those assigned to acute care areas. Henderson, Xiao, Siegloff, Kelton, and Paterson (2008) identified that nursing students' lack of interest in working with older adults is the result of the perceived lack of challenge and reward of working with that group. Henderson et al. further stated that students with prior experiences in working in age care settings chose working with older people as the least preferred option. The reasons cited included "I have already worked with the elderly and don't find is as challenging as I do other aspects of nursing." Or "I'm already working in that field and want something more rewarding" (p. 38). Consequently, Waters (1992) suggested that nursing students need to have a broad scope of experiences with the elderly. These clinical experiences should include senior centers, retirement communities, senior housing sites, churches, and programs that provide services to elderly in their homes in an effort to engender positive attitudes toward elderly patients.

Negative attitudes toward older adults can impact the number of healthcare professionals who are available to work with older adults. Hartford Geriatric Nursing Initiative (2006) reported fewer than one out of four bachelor level nursing programs have a required course in geriatrics. Similarly, several studies (Gunter, 1971; Kayser & Minnigerode, 1975; Robb, 1979) identified students as being more reluctant or unwilling to work with elderly clients when compared to clients of other age groups. Approximately 90% of nursing homes reported an insufficient number of nurses to provide even the most basic care (Hartford Geriatric Nursing Initiative). Nursing students with positive attitudes toward the elderly are reluctant to work in elder care (Dellasega & Curriero, 1991). Their reluctance to work with older adults reduces the number of available health care professionals in the field of gerontology.

Negative attitudes toward older adults can threaten the quality of care they receive (Sheffler, 1998). If student nurses hold negative attitudes and stereotypes toward older adults, it is likely that as new nurses they will approach this population with less enthusiasm and provide poor quality care. Moreover, negative attitudes in health care settings correspond with a devaluation of the care provided to older adults (Bernard, 1998).

Conclusion

Research has shown that healthcare professionals have more negative attitudes toward older patients than they have toward younger patients (Palmore, 1990). These negative attitudes are also found among and nursing students (Ryan & McCauley, 2005). Negative attitudes and

perceptions of nursing students toward older adults have implications on how these older adults perceive their abilities (Hummert, Garstka, Shaner, & Strahm, 1995). McGuire, Kleene and Chen (2008) confirmed that when older adults are consistently exposed to stereotypes some individual behaviors will be influenced by these negative feelings. If a nurse projects an attitude that older adults are incompetent the older adult may perceive this stereotype as true. Attitudes toward older adults are influenced by clinical instructors, (Sheffler, 1998), gerontology education (Ferrario, Freeman, Nellette, and Scheel, 2008) cultural norms (Carmel, Cwikel, & Galinsky, 1992) and interactions with older adults (Ryan, Melby, & Mitchell, 2008).

Being cognizant of the growing older population, the increasing need for care, and the impact of nurses' attitude on the quality of care for the elderly, it is imperative that health care professionals seek to become more aware of all the factors that may influence attitudes toward the aged and how they might impact student work preferences (Gomez, Young, & Gomez, 1991).

Research Question and sub question

The research questions in this study were:

1) *What is the impact of gerontology education on nursing students' perceptions of older adults?*

2) *What are the work preferences of nursing students after an educational intervention with older adults?*

Based upon the literature written within the context of nursing students' attitudes toward older adults, participants will be asked the following sub-questions:

- *What was nursing students' perceptions of older adults before and after the clinical practicum?*
- *What factors influenced nursing students' perceptions of older adults?*
- *How did nursing students rank their preference for providing nursing care to clients of different age groups?*

Many researchers used a quantitative design to investigate student nurses' attitudes toward older patients. Based on an exhaustive literature review, few researchers have explored this phenomenon using both qualitative design and components of quantitative design simultaneously.

Assumption

It is assumed that data received from participants will be an honest reflection of their perceptions of older adults.

Delimitation

The name of the survey instrument (Kogan's Attitude Toward Old People Scale) may bias the results of the study.

Definition of Terms

The following operational definitions were used in this research study:

Age discrimination is treating people in some unjustly negative manner because of their chronological age or their appearance of age and for no other reason (Atchley, 2000).

Ageism is defined as stereotyping and discrimination against people because they are old (Butler, 1993).

Aging is an inevitable and steady progressive process that begins at conception and continues through-out the remainder of life (Tabloski, 2010).

Clinical Practicum: Four weeks of students providing assigned physical, social, and emotional care to older adults in a nursing home under the supervision of the clinical instructor.

Educational Intervention: Didactic gerontology instructions including discussion of audiovisual presentation, and journal article of age related topics before and during clinical practicum in a nursing home. The interventions occurred in four phases over four weeks of gerontology clinical practicum.

Elderly Interviews were interviews of an older adults conducted by students

Gerontological Nursing involves the care of aging people and emphasizes the promotion of a high quality of life and wellness (Eliopoulos, 2001).

Healthcare as one word refers to a system or systems to offer, provide, and deliver health care (two words).

Health care as two words refers to what happens to a patient or refer to provider action (Medical Malprocess, n.d.).

A licensed practical nurse is someone who completes a program of study in nursing, is awarded a diploma and is qualified to write the National Council of State Board of Nursing (NCLEX-PN) examination for practical nurses. Practical nurses provide direct nursing care for individual clients with common health needs in structured health care settings under the direction and supervision of a registered nurse or physician.

Stereotypes are a set of beliefs which purport to describe typical members of a category of people, objects, or ideas. These beliefs are then acted upon as if they were true, regardless of the empirical facts (Seltzer & Atchley, 1971).

Weekly Journals refer to the weekly guided reflections that were completed by nursing students during the clinical practicum experiences in a nursing home.

This dissertation is divided in five chapters. The first chapter provided an introduction and a background of the research problem. Chapter two presented a comprehensive review of literature. The third chapter described the research methods including the four phases of the research procedure. Phase one described the preparation for the clinical practicum. Phase two included the orientation, phase three described the actual clinical practicum, and phase four included researcher and students interviews. Chapter four presented highlighted the results of the research data. Chapter five discussed the results of the study, the implications for practice, and future research.

CHAPTER II: LITERATURE REVIEW

Older adults presently form the largest sector of industrialized society (McGuire, Klein, & Couper, 2005). An old person is defined as an individual over the chronological age of 65 years {World Health Organization (W.H.O) 2010}. Tabloski (2010) subdivided old age into young old (65-74), middle old (75-84), and old-old (85 and older). This definition however is arbitrary and is often associated with the age at which one can begin to receive pension benefits. The use of calendar to mark the start of old age is not often equivalent with biological age, indeed the two are not necessarily synonymous. In addition, age classification varies between countries and over time may reflect social class differences, functionality, or the political or economic situation (W.H.O., 2010).

Historical Perspectives

The United States Census Bureau (2007) reported that:

> Older adults numbered 37.9 million representing 12.6% of the population or more than one in every eight Americans. The number of older Americans increased by 3.8 million or 11.2% since 1997 compared to an increase of 12.9% for the under-65 population. Furthermore, the number of Americans aged 45-64 who will reach 65 over the next two decades increased by 38% during this period. Since 1900 the percentage of Americans 65 and over has tripled (from 4.1% in 1900 to 12.6% in 2007) and the number has increased 12 times (from 3.1 million to 37.9 million). Moreover, the older population itself is getting older. In 2007, the 65-74 age groups (19.4 million) was over 8.8 times larger than in 1900, but the 75-84 group, (13.0 million) was 17 times larger and the 85 and over group (5.5 million) was 45 times larger. There were 80,771 persons aged 100

> or more in 2007 (0.21% of the total 65+ population). This is a 117% increase from the 1990 figure of 37,306 (United States census, 2007).

Aging may be synonymous with multiple health problems, and the likelihood of requiring health and social services increase (Rosenwaike, 1985). Older adults represent the core of health care consumers (Burbank, Dowling-Castronovo, Crowther, & Capezuti, 2006). Today people over 65 years of age represent 60% of all ambulatory adult primary care, 80% of home care visits, 50% of inpatient care, and 85% of residents in nursing homes (Hartford Geriatric Nursing Initiative, 2006). This prolific use of the healthcare system has led to a highly specialized branch of medicine for older adults.

According to Rosin and Abramovitz (1997):

> Geriatrics has developed as a discipline mainly because of the increasing health care needs of the growing older population. However, education in geriatrics has been slow to develop in some professional areas because of attitudes of 'ageism,' unclear definition of its scientific basis, uncertain definitions of goals in patient management, and a perception of poor prospects for professional advancement. Academic recognition of geriatrics in university and college programs has been patchy but increasing in the last 20 years. Much geriatric education is also carried out in non-formal frameworks. The more geriatrics becomes a recognized and respectable educational area, the better are the prospects for real advances in treatment of the elderly (p. 91-103).

This relatively new and unpopular career path is less sought after consequently, there is insufficient nursing personnel to provide care for this population (Robb, 1979), as well as an insufficient number of faculties with expertise in gerontological nursing {Hartford Geriatric

Nursing Initiative (HGNI, 2006)}. Powers, Savidge, Allen, and Cooper-Witt (2002) reported that less than 1% of all RNs are certified as gerontological nurses. Only 3% of advanced practice nurses are certified in geriatrics. After graduation, the majority of nursing students spend at least 50% of their time working with the elderly yet few nursing students pursue education or careers in geriatrics. (HGNI, 2006 study further found that more than 19,400 RN vacancies exist in long-term care settings. According to Rosseter (2009), these vacancies coupled with an additional 116,000 open positions in hospitals bring the total RN vacancies in the U.S. to more than 135,000. These findings reflect a nursing crisis that threatens the quality of care for older adults. There is therefore a need to educate more nurses to provide the unique care required by older adults.

Recruitment statistics reported that caring for older adults is a particularly unpopular specialty among nurses (McKinlay & Cowan, 2003). Ironside, Tagliareni, McLaughlin, King, and Mengel (2009) conducted a study with the National League for Nursing, Laerdal Medical Corporation, and The Community College of Philadelphia to examine how students in associate degree (AD) nursing programs are currently prepared to care for older adults. The study included focus groups, site visits to selected geographically diverse AD schools, environment scan, and a national survey of 851 AD nursing programs. The results were as follows, 38% of respondents identified insufficient faculty with expertise in geriatric content and 32% of schools reported having a part-time faculty with expertise in geriatric at a master's level. During site visits students also noted this lack of faculty expertise in geriatrics. Ironside et al. further identified a need for faculty development. Such education would equip them with the skills in both geriatric nursing and teaching strategies that would better prepare students to care for older adults. This seemingly lack of interest and enthusiasm in working with older adults, or pursing

gerontological nursing as a specialty has prompted researchers, including this author to explore how exposing nursing students to a clinical practicum in nursing home, along with didactic gerontological content can impact their perceptions of older adults and their interest in working with this group.

Suggested reasons for the unpopularity included ageism (McGuire, Klein, & Chen, 2008), attitude of health care personnel toward the elderly (Gallagher, Bennett, & Halford, 2006; Treharne, 1990), workload (Pursey & Luker, 1995), and educational levels (Lookinland & Anson, 1995). Unfavorable attitudes that occur because of old age are referred to as ageism. Ageism is not a new phenomenon, but more recent studies identified a growing trend in the United States of America. Butler (1993) described ageism as a systematic stereotyping of, and discrimination against people because they are old. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills. Butler (1993) further stated that ageism allows the younger generation to see the older people as different from themselves; thus they subtly cease to identify with their elders as human beings. Attitudes toward older adults may be the result of cultural influence and may contribute to favorable and unfavorable reaction toward them (Katz, 1991).

McGuire, Klein, and Chen (2008) used the Ageism Survey (Palmore, 2001) to measure the frequency and occurrence of ageism. The study examined the types of ageism reported by older adults in the East Tennessee region of the United States. Sixty two percent of participants reported that they were told a joke that ridiculed older people. The author further stated that, 51.4% of the participants indicated they were sent a birthday card that poked fun at older people, 40% of participants reported being ignored or not taken seriously patronized or ‘talked down to’ because of their age. In addition, 22.8% of the participants recorded that they were treated with

less dignity and respect because of their age. Positive attitudes about aging promote longevity and healthy aging (McGuire, Klein, & Chen). Ageism on the other hand, retards recruitment of healthcare professionals to work with older adults (Ferrario, Freeman, Nellett, & Scheel, 2008).

Ageism in modern society is reflected in the motivation and interest of young females entering nursing. Selvin (1991) identified alarming similarities between the attitudes towards elderly score of high school students and nursing students. Attitudes of both groups were found to be not highly positive but more negative than desirable. Similar findings were reported by other researchers. For example, Lookinland and Anson (1995) reported that both registered nurses and nursing students working with elderly people in clinical settings expressed stereotypical views about older adults. For example, old people were perceived as rigid and inflexible, wise or were interesting historians.

Reports from several studies dealing with student nurses' attitudes toward older adults indicated that student nurses hold both negative (Ryan, & McCauley, 2005; Higgins, Van Der Riet, Slater, & Peek, 2007), and positive (McKinley, & Cowan, 2003; Gardina-Roche, & Black, 1990) attitudes toward the elderly. Mellor, Chew, and Greenhill (2007) found that a strongly positive attitude score existed among nurses working in multi-purpose health services in Australia. A display of positive attitude toward the elder may be a response to external motivation and pressure, instead of a genuine reflection from within.

A survey incorporating questions from the Theory of Planned Behavior (Ajzen, 1991) was used to explore attitudes toward older people. The result was a display of positive intentions towards working with the elderly. Those intentions were based on what others would wish them to do and not on their own attitudes and beliefs. The participants believed that their behavior towards older patients was to a large extent under volitional control.

Goebel ‘s (1984) study of 72 Caucasian student nurses reported that students endorsed negative characteristic of old adults and held significantly more negative attitudes toward older adults than toward other age groups. When compared to all other age groups older adults were more likely to be perceived as being of questionable sanity and mental competence, incapable of dependence, and difficult to get along with.

A lack of knowledge about aging is documented as a contributing factor of student nurses’ negative attitudes toward the elderly. Palmore’s (1998) Facts of Aging Quiz was used to measure junior and senior nursing students’ knowledge of old people. The results were a lack of knowledge and perceptions of negative attitudes toward older adults. It was noted that seniors scored better, possibly due to exposure to more course content (Ryan & McCauley, 2005). Other studies have identified reasons for perceived attitudes toward older adults. Those included the absence or inclusion of geriatric content in the nursing curriculum (Aday, & Campbell, 1995; Ryan, Melby, & Mitchell, 2007), exposure to healthy older adults (Buschmann, Burns, & Jones, 1981; Heliker, Brophy, Haughton-Walsh, Druyan, Hungelmann, Jacobs, LaPalio, Sabbia-Madden, & Schulte, 1993), or ill elderly adults (Higgins, Van Der Riet, Slater, & Peek, 2007), or the age of nursing students (Haigh, Christ, & James, 1994). In another study by Kotzabassaki, Vardaki, Andres, and Parissopoulos (2002), students felt that their experiences with older adults affected their attitudes towards the care of their clients. Positive feelings were mainly described as love and affection.

Other studies suggested that attitude of nursing personnel towards older adults is dependent on work setting. For example, nurses were more likely to hold positive attitudes if they worked for a service provider rather than an agency, had completed gerontological education, and worked mainly in non-residential settings (Wells, Foreman, Gething, & Walter,

2004). Treharne's (1990) study identified an increased stress scale score associated with a more negative attitude toward older adults. Another study by Lookinland and Anson (1995), investigated the relevance of demographic variables on the attitudes of RNs and healthcare students (HCS), and found that prolonged exposure (half of the participants had worked more than 15 years) of nurses to ill and infirmed elderly people contributed to emotional rejection of them. McGarry, Aubeeluck, Simpson, and Williams (2009) stated that an environment that is in conflict with an individual's personal and professional ideals may have a negative effect on students who are trying to establish their image as a caring professional. Similarly, an environment that practices person-centered care promotes positive attitudes toward the elderly (Rosher & Robinson, 2005).

The Ageing Opinion Questionnaire (Kafer, Rakowski, & Hickey, 1980) designed to determine the relationship between selected independent variables and baccalaureate nursing students' attitudes toward the elderly did not support the assumption that educational background or nursing contact time with the elderly had a strong correlation to student attitudes toward the elderly. On the other hand, Rosher and Robinson (2005) identified increase in positive attitudes toward the elderly when students were reassigned to a nursing home that was redesigned (the Eden Alternative) with plants and animals and staff were educated about the new concept of housing for the elderly. Promoting elder-friendly health care is more challenging because of the lack of nursing student interest in gerontology nursing (Diachun, Dumbrell, Byrne, & Esbaugh, 2006). This lack of interest is directly linked to unfavorable attitudes towards older adults (Mclafferty & Morrison, 2004).

Nursing students' attitude toward older adults can impact career choices. Henderson, Xiao, Siegloff, Kelton, and Paterson (2008) conducted a survey with 262 commencing nursing

students at a south Australian university. The results of the initial survey showed that although beginning nursing students had positive attitudes toward the elderly they did not want to work with them. The reasons cited for a lack of interest in working with this group included inexperience in providing care for older people, an inability to relate or to communicate with older people, and a perception that the work is boring and depressing. Henderson et al. further stated that after completing the nursing program working with the elderly remained the least option, only four students selected age care as their first preference for practice. Thirty seven percent of the respondents nominate working with older people as their least preferred option.

A similar study conducted by Ganz and Kahana (2006) supported previous findings of student nurses' lack of interest in pursuing gerontology nursing as a specialty. Another study by Happell (1999) ranked nine areas of nursing interests among 793 nursing students and found participants tended to favor those areas of nursing practice that were concerned with children and babies, and the highly technical areas such as intensive/critical care and operating room nursing. Students displayed little interest in community health, psychiatric nursing, and aged care. Although there was a high level of interest in being employed in areas that are considered more interesting (Ganz & Kahana, 2006), and highly technical such as pediatric and critical care nursing (Happell, 1999), there was a discrepancy between the level of student interest and the likelihood of employment within these areas. For example, aged care which accounts for 25.8% of nursing employment attracted only two percent of students' first preferences (Happell).

Dellasenga and Curriero (1991) also found nursing students' intent to work with older clients remained low after completion of a clinical experience with well elderly persons living independently than after completion of a clinical experience with ill elderly persons in a nursing home. While studies identified the desire of student nurses to work with the elderly population

(Aday & Campbell, 1995; McKinley & Cowan, 2003), responses remain low in comparison to other clinical specialties. For example, Rowland and Shoemaker (1995) examined student nurses' attitudes towards the elderly before and after placement in a nursing home. After the practicum 30% reported that they would like to work professionally with the elderly.

Attitude toward older adults can influence quality of care. Negative attitudes toward older adults can become an obstacle to the delivery of meaningful health care (Giles, Paterson, Butler, & Stewart, 2002). Nursing students who hold negative attitudes and stereotypes toward older adults are likely as new nurses to approach this population with less than enthusiasm and provide poor quality care. Moreover, negative attitudes in healthcare settings correspond with a devaluation of the care provided to older adults (Bernard, 1998).

Amidst the profusion of research citing the negative attitudes of student nurses to older adults, there are several suggested strategies to improve and cultivate positive attitudes toward the elderly. In order to help students attain a positive attitude toward the elderly and the field of gerontology, both clinical experiences (Hernandez, & Gonzalez, 2008; Rowland & Shoemaker, 1995), and a nursing curriculum rich in gerontological content (Ferrario, Freeman, Nellett, & Scheel, 2008) are essential. Selvin (1991) confirmed that the existence of ageism in society leads to young people developing negative attitudes toward elderly and is reflected in the motivation and interest of young females entering nursing. The author, therefore, suggested the implications of social policies including curriculum in schools, as well as ongoing debate about aging especially in caring profession to promote caring and positive attitudes toward older adults. Haigh, Christ, and Dias (1994) recommended exposing student nurses to well elderly people as clients. This strategy has a lasting effect on nursing students' attitudes toward older people. Similarly, Blunk and Williams (1997) recommended that pre-school children have early

exposure to gerontology education as another means of fostering positive attitudes toward older adults. Studies have found that students develop positive attitudes toward older adults when nurses in the clinical settings exhibit a positive interest in older adults. Alabaster (2007) confirmed that:

> Nurses can be good role models for student nurses. Nurses who are not 'too posh to wash,' but are committed to working in age-specific or non-acute areas are more likely to demonstrate a positive approach towards aging and chronicity, work in partnership with older people, consider personal care as integral to their role, and encourage students to support person-centeredness (p. 28).

Nursing faculty should seek to work in partnership with such nurses when placing nursing students in clinical settings.

Schwartz and Simmons (2001) confirmed that contact with healthy and independent elderly adults is more likely to have a positive impact on nursing students and serve to support positive attitudes toward older adults. In like manner, negative attitudes about older adults can be transmitted to students by faculty members. Sheffler (1995) further suggested a correlation between knowledge and experience with older adults and more positive attitudes. The more knowledge and experience health care providers have with older adults, the more positive their attitudes.

Although there are conflicting results concerning the use of clinical placement or curriculum change to influence positive attitudes towards the elderly, there is sufficient evidence to support the use of both these strategies in engendering positive attitudes. Aday and Campbell (1995) confirmed that students held fewer negative stereotypical views of the elderly patient at the end of their nursing program than at the beginning, and had greater sentiment for working

with the elderly population at the end of the nursing program. Ferrario, Freeman, Nellett, and Scheel (2008) examined and compared the knowledge and attitude of student nurses before and after curriculum change and faculty development. This study found more positive views about aging compared with students' views in the first survey. The result of this study suggested students' attitudes toward older adults can be improved with role modeling of pro-aging attitudes by faculty educated as specialists in gerontological nursing, and by bolstering undergraduate curriculum with the positive aspects of aging.

While incorporating gerontology nursing education in nursing curriculum and nursing programs, implementing teaching strategies and assessment instruments that allow students to reflect on their attitudes and perceptions of aging will enhance positive attitudes towards the elderly population. Roberts, Hearn, and Holman (2003) used drawings to engage students in reflecting on their own aging process. Altpeter and Marshall (2003) used sensitivity exercise to help sensitize students to the process of aging. Finally, Pacala, Boult, and Hepburn (2006) used an aging game as a learning tool. "The Aging Game Workshop is a simulation exercise designed to sensitize learners to the experience of aging with disability and to promote self- reflection about attitudes toward caring for older persons" (p. 147). Pacala et al. further reported that a quantitative student evaluation revealed excellent value of raising student awareness of the field of geriatrics and enhanced student understanding and contemplation of the aging experience and geriatric care. Students felt the exercise was 'rather intriguing,' but the aging game also uncovered and raised awareness of, and sensitivity to aging.

Reminiscence interaction between students and older adults is a worthwhile tool for sensitivity training (Shellman, 2006). The author further stated that "activities such as reminiscing help older adults and reminiscing help students. The connection that is achieved

through reminiscing led to student reflection and a deeper understanding of the older adult culture. Fox and World's (1996) capstone course in gerontological nursing resulted in meaningful positive attitude changes among the senior nursing students. Hernandez and Gonzalez (2008) identified the incorporation of an intergenerational program to reduce stereotype attitudes about aging. Nursing students, who participated in Service Learning Project, showed significant positive changes overall attitude toward working with elders during the posttest (Dorfman, Murty, Ingram, Evans, & Power, 2004).

Gerontology nursing courses should satisfy the needs of the recipients, and should, therefore, include stakeholders such as nursing students, faculty, and aging consumer of health care. Ryan and McCauley (2005) reported not being able to implement a pilot program in gerontology for senior baccalaureate nursing students because of lack of interest. Helping students identify the negative attitudes they have toward older adults, as well as knowledge deficits about aging was a first step in effectively implementing a new gerontology nursing program. Kogan's (1961) Attitude Towards Old People and Palmore's (1998), Facts on Aging questionnaires are recommended tools for exploring attitudes toward older adults and knowledge about aging respectively. Archambault, Van Rhee, Marion, and Crandall (2008) recommended the Implicit Association Test (IAT) as a tool to identify implicit bias so that future nursing students can be counseled on the potential impact on medical decision-making.

Theoretical Context

Theories of Attitude Formation and Ageism

Examination of the attitudes and perceptions of nursing students toward older adults requires an understanding of attitude function and formation. An understanding of the role of

stereotypes and prejudices will be also meaningful. Bandura's Theory of Social Behaviors (1977) will be discussed as a background to support the theory of social behavior.

Attitude is an individual perception to evaluate a symbol, object or aspects of an individual's world as positive or negative (Katz, 1991). The concept of attitude is a three-fold component consisting of: (a) cognitive (stereotypes), (b) affective (prejudice), and (c) behavioral component (discrimination). In other words, how we erroneously (a) think of, (b) feel for, and (c) act towards aging individuals based on chronological age or age categorization. Knowledge forms the basis of our attitudes, and it provides a means for us to understand our world. According to Lookinland and Anson (1994), whenever we hear words such as 'old' associated with a person we immediately have mental pictures. According to Butler (1993), ageism is stereotype and prejudice against individual or group because of age. Stereotypes and generalizations provide a framework for interpreting our world.

Katz's (1991) theory confirms that attitudes can be positive or negative. The Theory of Ageism, on the other hand, suggests attitudes that are purely negative. Students enter the nursing program with both positive and negative attitudes toward older adults. Attitudes can influence the quality of care that older adults receive (Bernard, 1989).

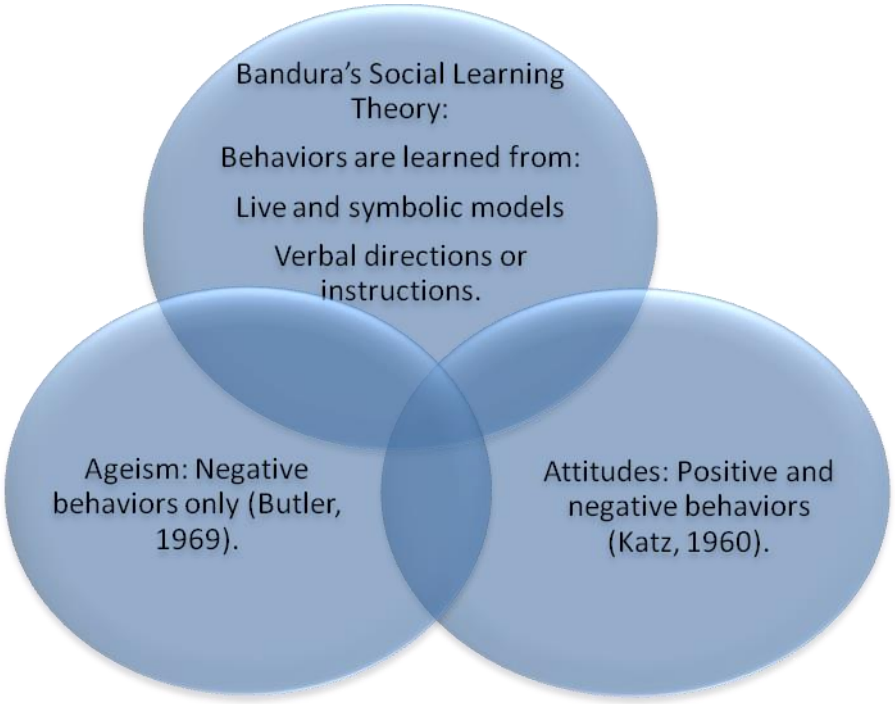
Social Learning Theory

Bandura's (1977*)* Social Learning Theory posits that people learn from each other. Therefore, behavior that is learned is first modeled. Modeling is prompted by stimuli such as a live model, symbolic models, or verbal directions or instructions. Clinical instructors and nursing staff, organizational framework and policies, and instructional content can influence students' perceptions of older adults. Figures 1A & 1B illustrate the interrelationship and explanation of the Theories of Ageism, Attitude Formation, and Social Learning. Negative

attitudes (Butler, 1969) or unfavorable reactions (Katz, 1960) toward older adults can be modified by observing appropriately modeled behaviors (Bandura, 1977).

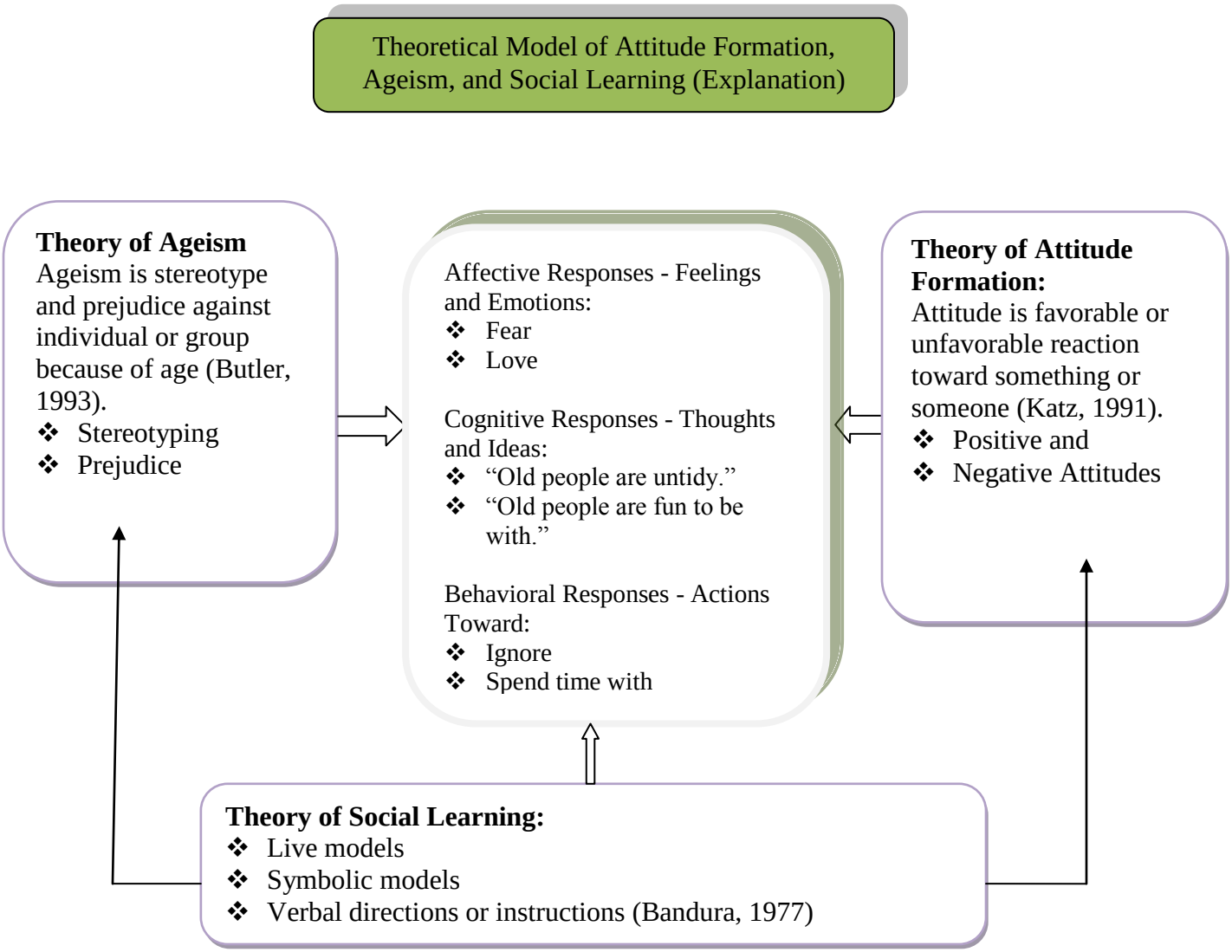
Figure 1A. *Theories of Attitude Formation*

Theoretical Model Illustrating the Relationship Among Attitude Formation, Ageism, and Social Learning



Note. Adopted from Katz (1960) Theory of Attitude Formation, Butler's (1969) Theory of Ageism and Bandura's (1977) Social Learning Theory. According to the Theory of Social Learning (Bandura, 1977), behaviors are communicated through live or symbolic models, or through verbal ques. These attitudes and behaviors can be either positive or negative.

Figure. 1B *Theories of Attitude Formation and Ageism and Behavior Change*



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Note. Adopted from Katz (1960) Theory of Attitude Formation, Butler's (1969) Theory of Ageism and Bandura's (1977) Social Learning theory. This diagram illustrates samples of affective, cognitive, and behavioral manifestations of positive and negative attitudes and behaviors toward older adults.

Summary

This chapter chronicled the increase in the number of older adults in America, the shortage of personnel to provide health care for them, and the suggested reasons for those findings. Suggested reasons included ageism (McGuire, Klein, & Chen, 2008), attitude of health care personnel toward the elderly (Gallagher, Bennett, & Halford, 2006), work environment

(Pursey & Luker, 1995), and educational context (Lookinland & Anson, 1995) as reasons for the unpopularity of gerontology as a specialty among nurses.

Reports from several studies dealing with student nurses' attitudes toward older adults indicated that student nurses hold both negative (Higgins, Van Der Riet, Slater, & Peek, 2007) and positive (McKinley, & Cowan, 2003) attitudes toward older adults. Suggested reasons for those attitudes included the absence or inclusion of geriatric content in the nursing curriculum (Ryan, Melby, & Mitchell, 2007), exposure to healthy older adults (Buschmann, Burns, & Jones, 1981), exposure to ill elderly adults (Higgins, Van Der Riet, Slater, & Peek, 2007), or the age of nursing students (Haigh, Christ, & James, 1994). Finally, the content of this chapter included the theoretical frame works of the study. Theories of Attitude Formation, Ageism and Social Learning were used to support the formation of students' perceptions toward older adults. The following chapter contains an in-depth description of the research methodology and the procedures implemented in gathering and analyzing data.

CHAPTER III: METHODS AND PROCEDURES

This chapter presents the methods and procedures that were used in this study. In addition, the sample size, data collection procedures, a detailed description of the research tools as well as methods used to analyze the data are included.

Research Design

The principal methodology of this study was qualitative with a quantitative component. Both components of the study provided different perspectives. The quantitative data results provided general information about the relationships among variables. The qualitative data results provided in-depth understanding of the phenomenon (Creswell & Plano Clarke, 2011). This research designed answered the following research questions:

1. *What is the impact of gerontology education on nursing students' perceptions of older adults?*

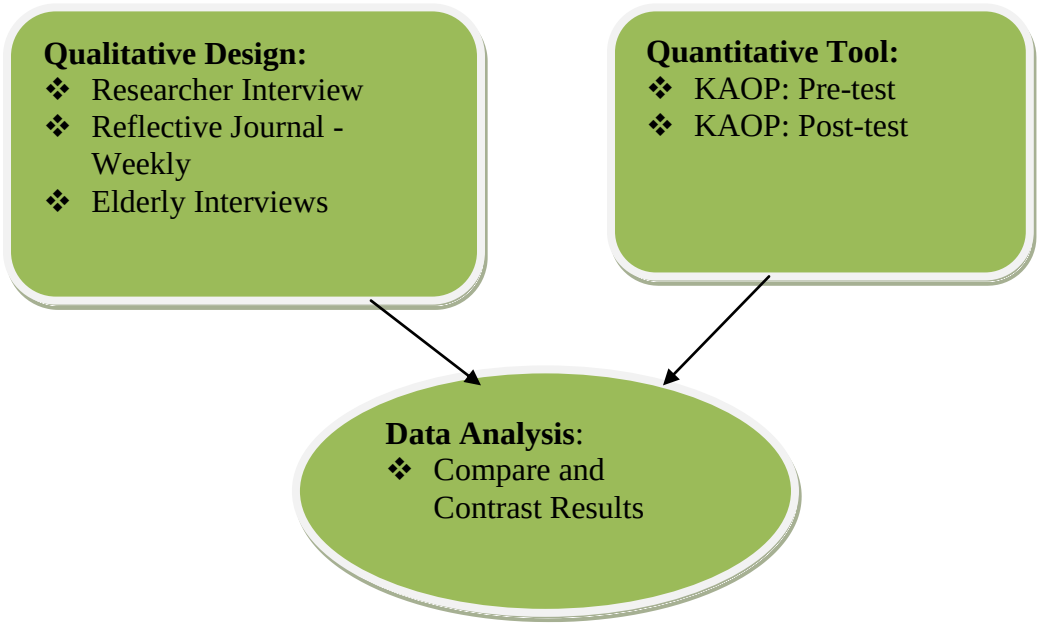
2) What are the work preferences of nursing students after an educational intervention with older adults?

A hermeneutics phenomenology, a form of qualitative research design was used to guide the qualitative data collection process. "Phenomenology focuses on the meaning of lived experiences of humans. Hermeneutics uses lived experiences as a tool for better understanding the social, cultural, political, or historical context in which those experiences occur" (Polit & Beck, 2008, p. 223). Students were assigned in a nursing home to complete four weeks of clinical practicum in order to conceptualize the lived experience. Creswell (2007) confirmed that researchers use qualitative research whenever a problem needs to be explored, or further detailed understanding of an issue is needed. This detail can only be authenticated by talking with people and allowing

them to share their stories. In this study, the shared stories were conveyed through students' weekly reflective journals.

Pre-and post-test survey using Kogan's Attitude Toward Old People Scale provided data for the quantitative component of the research. The use of qualitative data design with a quantitative component has been authenticated by several researchers. Creswell and Plano Clarke (2011) confirmed that the use of both designs in a single study provides an understanding of a research problem that would not be achieved with either approach alone. In this study, the research results were compared for similarities and differences (Figure 2A).

Figure 2A. *Example of Qualitative Method with a Quantitative Component*



Note. Qualitative research design (interviews) with a quantitative component (KAOP Scale). The research findings were compared for similarities and differences.

Identification of Sample

A convenience sample of eight (N=8) practical nursing (PN) students from a Midwestern community college participated in the study. Phenomenologists often use small samples of 10 or fewer participants. Polit and Beck (2008) noted that there are no rules for sample size in

qualitative research. Sample size should be based on information needed. Hence, a guiding principle in sampling is data saturation, identified when each new interviewee adds no new information and redundancy is reached. Although sampling size is consequential in qualitative studies, Creswell (2007) concurred that a more important sampling strategy for phenomenological study is that all participants experience the phenomenon being studied. In addition, a sample of convenience ensured that informants constituted "a group of people that can best inform the researcher about the research problem under examination" (p. 118).

The inclusion criteria for the study were second level practical nursing students who (a) voluntarily agreed to participate, (b) completed 24 weeks of adult medical surgical theory incorporating diseases affecting older adults, and (c) completed 16 weeks of clinical rotation on medical surgical nursing units where they provided care for older adults, and (d) were assigned to commence clinical practicum in a long-term-care facility in the fall of 2010. By confirming specific criteria that defined who would be eligible to participate in the study Polit & Beck (2008) believed individuals who are selected should be good examples of the desired population.

Educational Intervention

For this study students engaged in learning activities which incorporated didactic gerontological nursing information (Table 1) and direct care to older adults . Didactic content represented a holistic approach to gerontology education covering physical, emotional, and social aspects of aging. Teaching strategies included audiovisual presentation, discussions, interviews, and reflective journal writing. These multiple teaching strategies were used to facilitate learning in cognitive, affective and psychomotor domains. The educational intervention was conducted in *three phases* and was integrated with topics covering basic concepts of ageing. During the *first phase* journal articles and a video were posted on Student

Academic Information Link (SAIL). Students were instructed to read one journal article ("Embedded") and viewed the video ("See Me") before the clinical orientation.

Table 1. *List of Resources Used During the Four Weeks of Clinical Practicum*

Week	**Title of Articles**	**Content Focus**
One	Embedded (Corbet, 2007) "See me" video (Gilbert, 2010) Why do we Stereotype our Elderly Patients? (Fletcher, 1986) Vocalizations among cognitively impaired elders (Clavel, 1999)	Perceptions of older adults Ageism Communicating with non-verbal residents
Two	Unlocking the silent prison (Wicker, 2010) Age-related changes (Smeltzer, Bare, Hinkle & Cheever, 2007) Ensuring quality long-term care for older people (OECD, 2005)	Communicating with Alzheimer's patients Pathophysiological changes Long-term care cost
Three	Exploiting the elderly (Bendix, 2006) Family carevigers (Schumacher, Beck, & Marren, 2006) Romance takes on a new wrinkle (Omaha World Herald, 2006)	Financial abuse Cost of long-term-care Romance and elderly patients
Four	Vit. D deficiency linked with depression in the elderly (Pulsetiday, 2010) Elderly suicide (Caruso, 2009) Depression in elderly (Healthy Place.com, 2008)	Depression Suicide Depression

Note. Discussion articles represented a holistic approach to gerontological education.

During phase two nursing students were orientated to the clinical site, facility policies, residents, and nursing personnel. That activity included (a) a scavenger hunt (to become familiar with the setting), (b) introduction to assigned residents and staff, (c) a review of policies and procedures, (d) group discussion of pre-assigned article and video, and (e) student assignment for the clinical rotation. The orientation exercise prepared students for the practicum experience, set the tone and created a mind set for working with older adults.

Table 2. *Summary of Educational Intervention*

Educational Interventions	**Meaning**
Phase 1: View and read • Video- "See Me" • Journal Article-"Embedded"	Preparation for clinical practicum
Phase 2: • Introduction to assigned residents • Site tour-scavenger hunt • Orientation to policies and procedures: • Skin • Hydration • Falls • Hypo/hyperglycemia • Discussion of article "Embedded" and video "See Me."	General Orientation
Phase 3: • Pre-conference meetings • Nursing care of residents • Social interaction with residents • Faculty supervision and support • Post-conference discussion on assigned articles • Elderly interviews • Weekly reflective journal	Clinical practicum

Note. *This table presents a detailed summary to illustrate how educational intervention was integrated into the clinical practicum experience*.

During the third phase of the educational intervention students provided nursing care for residents. They assisted residents with activities of daily living (ADLs), administered medications, provided treatment, and participated in the social and recreational activities such as

holding their hands, talking, singing or telling jokes, engaged in play, accompanied residents to social activities or assisted with a manicure. One or two students were assigned to facilitate the post-conference discussion each day. During each post-conference session the instructor facilitated the student- led group discussion that was based on one or more of the pre-assigned topics (Table 1). The robust theoretical content of gerontological nursing education helped in supporting the educational interventions during the clinical practicum. Table 2 includes a summary of the educational intervention that was integrated into the clinical practicum experience for practical nursing students.

Ethical Considerations

Eight second level practical nursing students received a letter inviting (Appendix A) them to voluntarily participate in the research study. Each student was given a copy of the Adult Consent Form (Appendix B) and The Rights of Research Participants form (Appendix C) that was approved by the Institutional Review Board at the College of Saint Mary. In addition, the Vice-president and Dean of Academic Affairs, as well as the Director of Nursing of the institution all gave written permission for the study to be conducted (Appendix D). A written consent was obtained from each student before participation in the study. The consent formed indicated that students were asked to participate in the study because they met the criteria. Furthermore, the purpose of the study was included as the intent of the researcher to examine the impact of an educational intervention with gerontology content on the perceptions of nursing students toward older adults, and examine their perceptions for working with this population before and after educational interventions. Creswell (2007) indicated that in a phenomenological study in which the sample includes participants who have experienced the phenomenon, written permission is consequential. The consent form further stated that nursing students were free to

discontinue or reschedule the interview at any time, or withdraw from the study without explanation. All participants gave permission to have the interview tape-recorded.

Confidentiality of all documents was maintained by changing participants' names to pseudonyms (non-identifying names). Kogan Attitude Toward Old People Scale pre-and post-tests were coded with numbers that were identifiable only by participants, while making it possible for the researcher to identify respondents of both pre-and post-tests.

Qualitative data were reported in groups and individual quotes were identified by pseudonyms. Records of data with actual names of participants are kept in a locked cabinet in the researcher's office and will remain there for seven years after completing the research. Only the researcher has access to these records.

Demographics

Participants consisted of eight (N=8) second level nursing students, six females and two males. Of the sample, 50% were Caucasian, 25% African American, 12% Asian, and 12.5% Hispanic/Latino. The majority (75%) were between 20 and 39 years of age (Table 3). The group's exposure to older adults varied from working with healthy or ill older adults to spending time with grandparents. Some participants (62.5%) worked as care givers for older adults (Table 4). Of the 62.5%, four (50%) had less than six years work experience. Four (50%) participants reported working with older adults in nursing homes or assisted living facilities, one (12.5%) participant worked with older adults at a recreational facility. It must be noted that residents in nursing homes and assisted living facilities experience varying levels of health and wellness. Those conditions ranged from mild physical and cognitive disability requiring minimal assistance with activities of daily living to more severe disabilities requiring total assistance with activities of daily living.

Table 3. *Frequencies Variables of Age, Gender, Race, Experiences, Number of Years Order Analysis*

	Frequency	Percentage
Age		
Under 20	1	12.5
20-29	3	37.5
30-39	3	37.5
40-49	1	12.5
Total	8	100.0
Gender		
Male	2	25.0
Female	6	75.0
Total	8	100.0
Race		
White	4	50.0
Black/AA	2	25.0
Asian	1	12.5
Hispanic/Latino	1	12.5
Total	8	100.0

Note. Frequencies Variables of Age, Gender, and Race

Participants described having various levels of social interactions with older adult family members during their childhood and adult lives (Table 5). Geographical location of participant or the family member was a major factor in determining the extent and quality of those interactions. Some participants (62.5%) reported minimal interaction with grandparents because grandparents lived in another state (37.5%) or the participants migrated (25%) to the United States.

Table 4. *Frequencies Variables of Number Years of Experience Order Analysis*

	Frequency	Percentage (%)
Work Experience		
Yes	5	62.5
No	3	37.5
Total	8	100.0
Number of Years		
1-5	4	50.0
6-10	1	12.5
Total	5	62.5
No Experience	3	37.5
Total	8	100.0

Note. PASW data analysis of frequency variable of number of participants who worked with older adult.

Others (25%) reported living with or living within close proximity to grandparents. All participants (100%) were fluent in the English language. When asked about interaction with older family members, participants frequently referred to grandmother only.

Description of Setting

The participating institution was a Community College in the Midwestern section of the United States. Two levels of nursing programs are offered, namely the Practical Nurse (PN) and the Associate Degree in Nursing (ADN). The Practical Nursing program of study prepares graduates to provide direct nursing care for individual clients with common health needs in structured health care settings under the direction and supervision of a registered nurse or physician. Graduates are awarded a diploma and are qualified to write the National Council of State Board of Nursing (NCLEX-PN) examination for practical nurses.

Table 5. *Type of Interactions with Older Adult Family Members*

Quality of Interaction	Reasons	Percentage (%)
Minimal interaction	Participant migrated to U.S	25
	Distance to grandparents	37.5
Frequent interaction	Lived with grandparent/s	12.5
	Lived close by grandparents	25
Present interaction Minimal	Distance to relative	37.5
No interaction	Deceased relative	62.5
	Both grandparents	50
	Grandmother	37.5
	Grandfather	12.5

Note: Interactions

Before being accepted into the nursing program students must hold a current, valid Certified Nursing Assistant (CNA) certificate and complete 17 credits from the designated general education courses. Once accepted into the PN program, students will earn an additional 26 credits by completing the program of study that is offered over in semesters. Courses such as Foundations of Nursing and Practical Nursing provide nursing students with the knowledge, competencies and skills to provide direct nursing care for individual clients (including older adults) with common health needs. Students are taught to care for clients with conditions that are frequently experienced by older adults; for example, benign prostatic hypertrophy, anemia, osteoporosis, incontinence, constipation, and dementia.

Data Gathering Tools

Qualitative data were obtained from (a) researcher interviews, (b) students' weekly reflective journal entries, and (c) a guided written reflection of the elderly interview. Each student wrote a weekly reflective journal (Appendix E) during the four weeks of practicum in the nursing home. Researcher interviews (Appendix F) and students' reflective journals of the elderly interviews (Appendix G) were conducted after the practicum experience (Figure 2B).

Quantitative data were obtained from pre-and post-tests using the Kogan's (1961) Attitudes Toward Old People (KAOP) Scale, (Appendix H) before and after completing practicum in a long-term care setting. Permission to use this tool was granted by the author on August 2, 2010 (Appendix I). The KAOP scale is a self-administered questionnaire that covers stereotypes in respect to residential patterns, personality and discomfort with older adults. The KAOP scale is a 34-item tool with a six-point Likert like scale. The point descriptors range from strongly disagree (1) to strongly agree (6). KAOP scale has 17 positively rated and 17 negatively rated statements about older adults. The range of score for the KAOP scale is 34 to 204 with the higher score representing a more positive attitude. The scale has been used extensively by researchers to measure attitudes toward older people among a range of professional groups (Lookinland & Anson, 1995; Ryan & McCauley, 2005; Ryan, Melby, & Mitchell, 2007). Validity and reliability of the instrument among health care professionals and students have been established. Hicks, Rogers, and Shomberg (1976) reported a Cronbach's alpha coefficient of 0.75 and 0.73 for the negative and positive scales respectively. Cronbach's alpha values for pre-test and post-test for this study were .512 and .880 respectively, confirming greater validity of the instrument for post-test.

Threats to the validity of the KAOP scale in this study were minimized by randomly ordering each item on the scale to prevent logical consistency. "Logical consistency is not what the KAOP Scale is trying to measure. Rather, you want your respondents to report their feelings about each item without reference to other items in the scale. This is why I recommended a random ordering to break up the logically opposite pairings" (N. Kogan, personal communication, August 4, 2010). Demographic data gathered included age, gender, and prior experiences with older adults (Appendix J).

Data Gathering Procedure

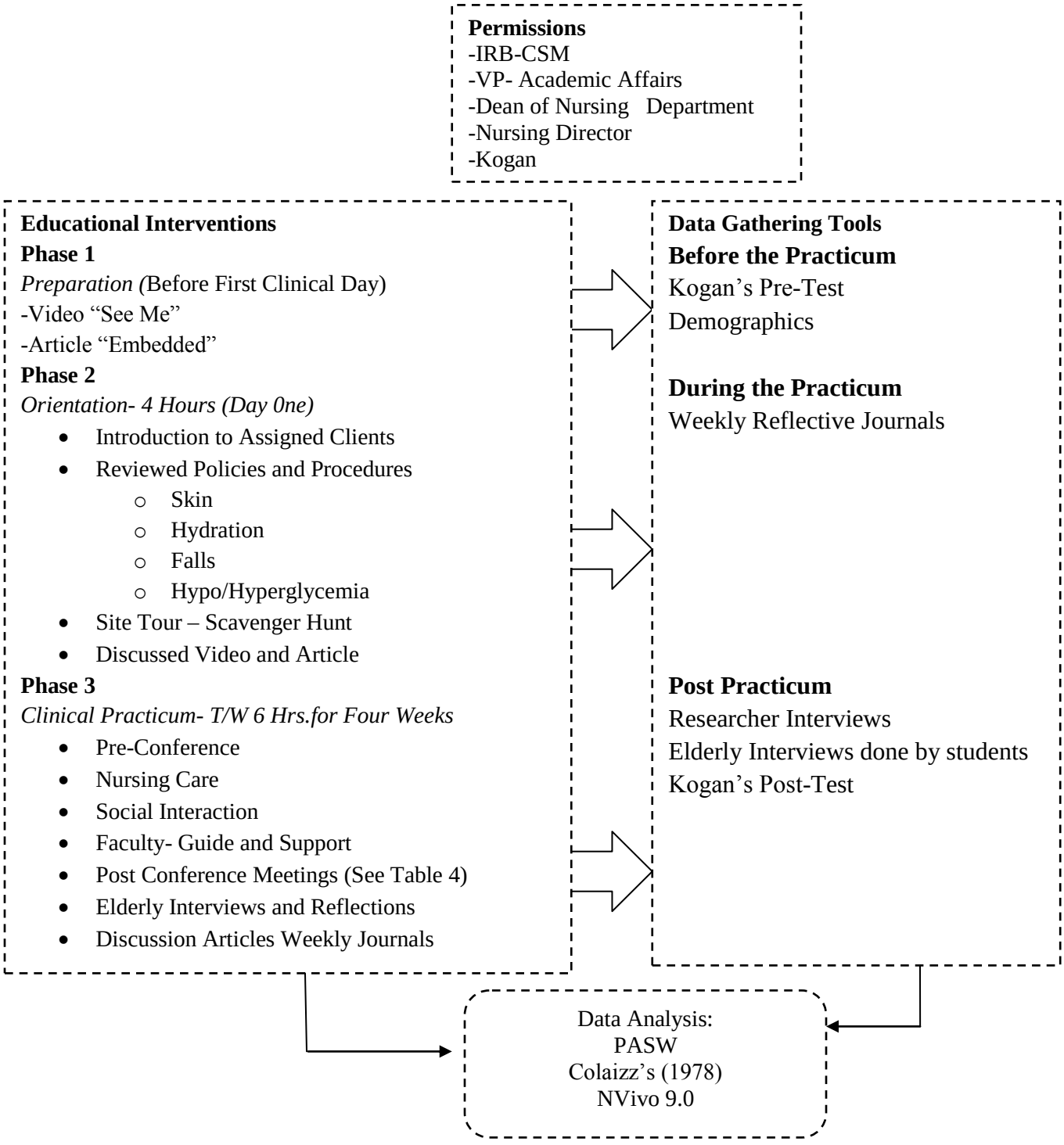
Permission to conduct the study was obtained from the Vice President of Academic Affairs and the Director of Nursing at a Midwestern Community College. Students who met the inclusion criteria received an invitation letter hand delivered by the Director of Nursing. The letter described the purpose of the study, participant expectations, and data gathering strategies, analysis, and presentation. Participants indicated their willingness to participate by verbally informing the researcher. Inconvenience was minimized by allowing participants to arrange the time of interviews. Hence, all interviews were conducted on dates that were mutually acceptable to the students and to the researcher.

Data gathering was conducted in three stages which occurred before the clinical practicum, during the practicum, and after the practicum. One week prior to the start of the clinical rotation students who volunteered to participate in the study met in a classroom and completed both demographic questionnaire and the Kogan's Attitude Toward Old People (KAOP) pre-test after a signed consent by students. Pre-test questionnaires were distributed and collected by the Director of Nursing who gave instructions on completing each item. Students were asked to indicate their degree of agreement or disagreement with each KAOP statement.

During the practicum assignment, students completed weekly reflective journal entries which described their experiences and interactions with clients in the clinical setting. The post practicum stage included all eight participants completing the KAOP post-tests during. Those were conducted on the last clinical day in a classroom under the supervision of the Director of Nursing. One week later the researcher commenced interviews with students. In-depth conversation style interviews (Antle, 1989) were conducted in a quiet uninterrupted classroom. Students responded to 15 pre-written questions. Each session lasted between 35 and 45 minutes. Figure 2B includes a summary of the data gathering procedure.

The research questions were designed to explore the impact of a nursing intervention with gerontology content on nursing students' attitudes and perceptions of older adults before and after the practicum, and their interest in working with that population. Finally, each student interviewed an older adult and prepared a written summary of the experience (Appendix G describes interview guidelines). Each interview by the researcher was taped-recorded and transcribed verbatim. Data were analyzed according to Colaizzi's (1978) phenomenological method to "identify essential themes" (Polit & Beck, 2008, p. 519). The researcher read each transcript several times to gain an understanding of the interview. The data were checked for accuracy by listening and comparing it to the transcribed notes. The second step involved reading each successive transcript to identify significant phrase or sentences that were relevant to participants' lived experiences with older adults. During the third step the researcher formulated meaning units from significant statements and phrases.

Figure 2B. *Research and Data Gathering and Analysis Procedure*



Note. This table illustrates the relationship between the educational intervention and the data gathering and analysis process.

Meaning units are words, phrases, sentences, or passages (Polit & Beck, 2008). Finally, all formulated meanings were clustered into themes. An in-depth description of emerging themes is presented as the final product of the phenomenon (Creswell, 2007).

Weekly journal entry and students' reflections on the elderly interviews were read several times to become familiar with the contents. Issues raised by participants were annotated in the text to identify significant statements and phrases that reflect students lived experience in the clinical setting. Those were formulated into emerging themes. Emerging themes were combined into final themes. Finally, the researcher reviewed all journal entries to verify consistency with emerging themes. Additional data analysis for both interviews and journal entries, and reflections on elderly interviews were conducted using NVivo 9.0 computer program. Quantitative data which included pre and post surveys and demographic data were analyzed using PASW.

Data Quality Measures

All interviews were conducted by this researcher to promote consistency and reduce bias. Researchers use various strategies and methods to eliminate and minimize systems bias and ultimately strengthen the rigor of their studies. Triangulation is one such approach (Polit & Beck, 2008). This researcher used interviews, journal entries, elderly interview reflections, and surveys along with an extensive literature review on attitudes of nursing students toward elderly patients to reinforce the rigor of the study.

Polit and Beck (2008) recommended that researchers begin the study with bracketing and use strategies throughout the research that will maintain the process. This strategy was necessary to reduce research bias. Therefore, the researcher (a) identified personal views for lack of

neutrality, (2) ensured literature review accurately reflect research findings, instead of cultural background of researcher, and (c) reflected on the result of data analysis after it was written.

Credibility and reliability were established by debriefing, member check (See appendix K) and audit trail (Appendix L). According to O'Leary (2010), research is conducted to produce new knowledge; knowledge that others need to trust and rely on; therefore, the production of this knowledge needs to be credible. Member check was achieved by asking participants to review transcribed interview notes, to verify if the researcher's interpretation represents their intent. The doctoral committee chair compared transcribed data with recorded interviews for accuracy (audit trail). Transferability and generalization were established by providing quotes of participants illustrating themes. Lincoln and Guba (1985) noted that researchers are expected to provide sufficient rich and descriptive data in the research report so that consumers are able to evaluate the applicability of the data to other contexts.

Summary

This study explored the attitudes and perceptions of nursing students toward older adults before and after educational interventions and clinical experience in a long-term-care setting. The researcher also examined students' work preferences. Data were obtained from interview of students, reflection of students' interviews of older adults, students' journal entries, and a demographic questionnaire and complemented by findings from KAOP pre-and post-tests. The phenomenon was examined using a qualitative design with a quantitative component. Participants were drawn from the nursing program of a Midwestern community college in the United States. A convenience sample was used to select participants. After consent was obtained, each student completed a demographic questionnaire, and KAOP pre-and post-tests, were interviewed by the researcher and wrote reflected journals. The lived experience was

achieved as students completed eight days of clinical practicum in a nursing home and interviewed older adults.

Credibility was established by saturation, triangulation, and member checking. Qualitative data were analyzed according to Colaizzi's (1978) method of analysis to identify significant phrases, emerging themes, and present an extensive description of the phenomenon (Creswell, 2007). NVivo 9.0 computer software and PASW were used to conduct additional analysis of both qualitative and quantitative data, respectively.

CHAPTER IV: RESULTS

Introduction

This chapter will discuss the methods used to analyze the data, data results for each research question, and a summary of significant findings. The quantitative data gathered from Kogan's Attitudes Toward Old People (KAOP) pre-test and post-test results of eight (N=8) second level practical nursing students are discussed. The results of qualitative data which include the individual researcher interviews, students' reflections of the elderly interviews, and weekly clinical journals are also explored.

Data Analysis: Quantitative Data

Data were analyzed using descriptive measures which included the mean and standard deviation of the KOAP pre-test and post-test group scores for all participants. The mean and standard deviation are presented in Table 6. Participants had higher post-test scores compared with the mean pre-test scores.

Table 6. *Descriptive Statistics of Paired pre-test and post-test scored for sample of eight (N=8) Participants.*

	Minimum score	**Maximum score**	**Mean**	**SD**
Pre-test total score	132.00	164.00	149.2500	10.48468
Post-test score	118.00	177.00	152.8750	17.58601

A paired two-tailed sample test of .262 represented slight differences in tests results. A small sample size of eight (N=8) participants may have also contributed to the less than

significant difference in the mean score of the pre-test and post-test survey. The differences in test scores however suggested a positive impact of the educational intervention on nursing students' attitudes toward older adults.

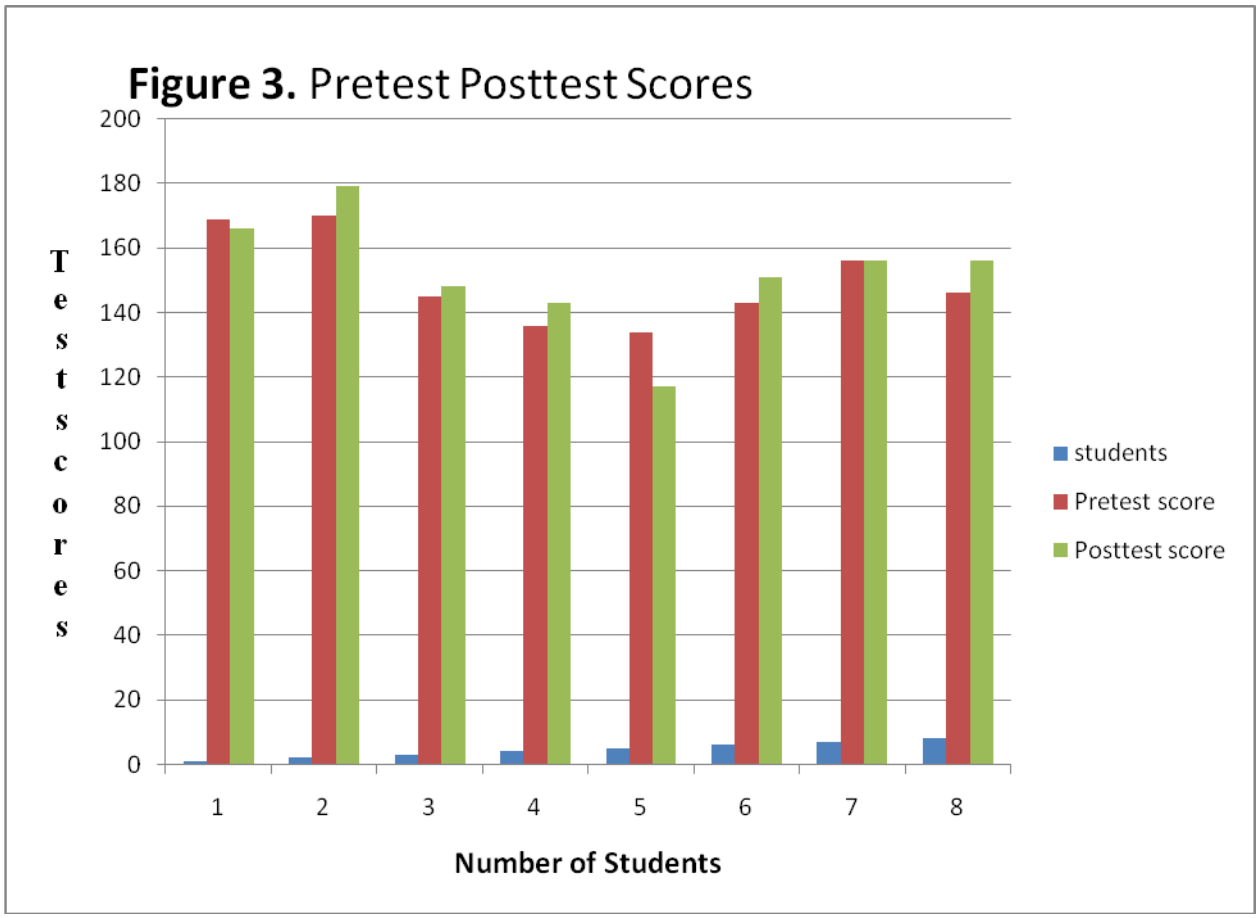
The researcher further compared the pre-and post-test scores of each student (Figure 3 and Table 7). Different patterns and themes emerged. Five (67.5%) students had post-test scores that were higher than their pre-test scores and two (25%) students (#1 and 5) had post-test scores that were less than their pre-test scores. Those results suggested that the educational intervention influenced individual students' attitudes toward older adults in different ways since some students reported more positive attitudes while others reported more negative attitudes toward older adults after the educational intervention.

Table 7. *KAOP Individual Pre-test and Post-test Scores.*

Student	Total Pre-test Scores	Total Post-test Scores	Differences
#1	**169**	**166**	**-3**
#2	170	179	+9
#3	145	148	+3
#4	136	143	+7
#5	**134**	**117**	**-17**
#6	143	151	+8
#7	156	156	0
#8	146	156	+10

Note. Detailed representation of the pre-test and post-test score of individual students. This table identified students with significant changes in their scores.

Figure 3. *KAOP Individual Pre-test and Post-test Scores*



Note. *A comparison of the pre-test and post-test scores of KAOP scales survey. The range of scores for the KAOP is 34 to 204 with the highest scores representing a more positive attitude*.

Students' responses to all 34 items (descriptors) on both pre-test and post-test were compared for noticeable shifts on the Likert scale. A shift of three or more spaces in either direction was considered noticeable. Six post-test descriptors had noticeable shifts in both directions. Those shifts were identified on the post-test of seven (87.5%) students. The items with noticeable shifts are listed in Table 8.

Table 8. *KAOP Post-test Results of Six Items (Descriptors) with Noticeable Shift*

KAOP Statement	Pre-test Response	Post-test Response
1. Most old people make one feel ill at ease	PN 1- Slightly agree	Strongly disagree
	PN 7- Agree	Slightly disagree
	PN 8- Strongly disagree	Disagree
2. You can count on finding a nice neighborhood when there is a sizable number of older people living there	PN 3- Slightly agree	Slightly disagree
	PN 5- Slightly agree	Disagree
	PN 8- Disagree	Agree
3. Most old people need no more love and assurance than anyone else	PN 1- Slightly agree	Slightly disagree
	PN 7- Slightly disagree	Slightly agree
4. Most old people make excessive demand for love and reassurance than anyone else	PN 1- Strongly agree	Slightly disagree
	PN 5 – Slightly agree	Disagree
5. Most old people are capable of new adjustments when the situation demands it	PN 2- Strongly disagree	Agree
	PN 5- Slightly agree	Disagree
6. People grow wiser with the coming of age	PN 5- Slightly agree	Disagree
	PN 6- Disagree	Slightly agree

The six items (Table 8) on each post-test scale were further analyzed for emerging themes (Table 9). Kogan's survey items are naturally descriptive of stereotypes of personality, discomfort with older adults, and residential living. Items describing discomfort with older adults had the greatest number of positive response, four out of five (80%).

Table 9. *Emerging Themes of Six Items with Noticeable Shifts*

Descriptor	**Agree**	**Disagree**
Residential Living		
1. You can count on finding a nice neighborhood when there is a sizable number of older people living there	1	2
Discomfort with older adults		
1. Most old people make one feel ill at ease	0	3
2. Most old people need no more love and reassurance than anyone else	1	1
Personality		
1. Most old people make excessive demand for love and reassurance	1	1
2. Most old people are capable of new adjustments when the situation demands it	1	1
3. People grow wiser with the coming of age	1	1

Two students (#1 and #5) had post-test scores that were lower than their pre-test scores. In addition, several items on their post-test survey had noticeable shifts in both directions on the Likert scale. Student #1 (Table 10) had seven post-test items with noticeable shifts. Four

(57.1%) items represented changes from negative to positive responses. Those post-test responses identified greater level of comfort with older adults.

Table 10. *Post-test Item Analysis of Student # 1*

KOAP Statement	**Pre-test**	**Post-test**
Discomfort with older adults		
1. Most old people make one feel ill at ease	Slightly agree	Strongly disagree
2. Most old people need no more love and assurance than anyone else	Slightly agree	Strongly disagree
3. Most old people make excessive demand for love and reassurance than anyone else	Strongly agree	Slightly disagree
Personality		
1. It is evident that most old people are very different from one another	Disagree	Strongly agree
2. There is something different about most people, it's hard to find out what makes them tick	Strongly disagree	Slightly agree
3. One seldom hears old people complaining about the behavior of the younger generation	Slightly agree	Slightly disagree
Residential Living		
1. It would probably be better if most old people live in residential units with people their own age	Strongly disagree	Agree

Post-test survey of student #5 (Table 11) had six items with noticeable shifts. Four (66.6%) were changes from positive to negative response. The majority of those items (83%) were personality descriptors.

Table 11. *Responses of Student # 5 Representing Items with Noticeable Shifts on the Likert Scale*

KOAP Statement	Pre-test	Post-test
Residential Living You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it	Strongly agree	Disagree
Discomfort with older adults Most old people make excessive demands for love and reassurance than anyone else	Strongly agree	Disagree
Personality Most old people seem quite clean and neat in their personal appearance	Strongly agree	Slightly disagree
Most old people are capable of new adjustments when the situation demands it.	Strongly agree	Strongly disagree
People grow wiser with the coming of old age	Strongly agree	Disagree
Most old people are cheerful, agreeable, and good humored	Strongly agree	Strongly disagree

The post-test responses of student #1 reflected more positive perceptions of the personalities of older adults and greater comfort in being with them. On the contrary, post-test responses of student # 5 reflected increased comfort with older adults but more negative attitudes toward the personalities of older adults.

Finally, all 34 item descriptors of the pre-test and post-test of all students (8) were analyzed for emerging themes. Items descriptors of personality stereotypes had the least noticeable shifts by all students. Most shifts were one point in either direction on the Likert scale. Item descriptors of residential living received the most negative responses. For example, the pre-test survey identified that six (75%) students agreed with the statement, “In order to

maintain a nice neighborhood, it would be best if too many old people did not live in it" on their pretest survey. Eight (100%) students agreed with that statement on their post test.

These findings suggested that nursing students had more positive attitudes toward older adults after the clinical practicum in a nursing home. These results provided some evidence that after the educational intervention, students reported more favorable responses to personality descriptors, were more comfortable with older adults, but less willing to have older adults reside the same neighborhood as they did.

The relationship between the demographic data and Kogan's mean pre-test and post-test scores were minimal. However, some patterns were observed when the data was analyzed separately. For example, three (37.5%) students with the highest pre-test and post-test scores were females, two of whom had no previous experience working with older adults. Students whose post-test scores were lower than their pre-test scores (25%) were both presently employed as caregivers to older adults.

Data Analysis: Qualitative Data

Nursing students provided nursing care and interacted with older adults under the supervision and guidance of the clinical instructor. At the end of the clinical practicum the researcher interviewed eight students (N= 8). The goal of the interviews was aimed at identifying any differences in perceptions towards older adults before and after the educational intervention. Another goal was that of identifying their level of interest in working with older adults. Those interviews commenced one week after students completed their clinical practicum in the nursing home. The following questions were used to gather data about students' perceptions toward older adults and their work preferences.

- *What is the impact of a gerontological educational intervention on nursing students' perceptions of older adults?*
- *What are the work preferences of nursing students after a gerontological educational intervention in a nursing home?*

Several sub-questions were also asked to facilitate in-depth exploration of the phenomenon. These questions were designed to identify perceptions before and after the educational intervention; factors which influenced perceptions; and work preferences.

When asked to describe how they felt about older adults before and after completing the educational experience in the nursing home data analysis of the responses revealed five emerging themes.

(1) Valuing and Admiration of Older Adults, (*2*) Increased Awareness of the Complexity of Aging, (*3*) Competence in Providing Care, (4) Internalizing the Values of Older Adults, and (5) Formation of Perceptions.

Theme 1: Valuing and Admiration of Older Adults

In response to the general question of how they perceived older adults before the educational intervention, five (62.5%) students reported having positive perceptions (Table 12) toward older adults before the educational intervention. Two (25%) students reported having negative perceptions. One (12.5%) student admitted having perceptions that were purely negative while another student had perceptions that were both positive and negative.

Positive perceptions reflected an admiration of personality and character. For example, "Some of the nicest people who I know are older adults." "They have lots of stories to share." "My grandparents lived not far away and we were always around them."

Table 12. *Statements Describing Positive Perceptions of Older Adults Before the Educational Experience*

Positive Statements	Categories of Descriptors	Formulated Meanings
It is nice to sit and talk with them, listen to what they have to say	Comfort with older adults	Students enjoyed being with older adults
We normally talked about God. They were thankful and they would never, ever waste food.	Positive role model Positive values	Older adults modeled positive values
They wanted simple things, and their happiness was walking to church… talking to their neighbors.	Positive values	Older adults valued family and their community
I kind of look up to them, I want to be like them.	Role models	Values are passively transmission from one generation to another
They were knowledgeable and had a sense of history of where they lived.	Role models	Older adults live exemplary lives
I give them respect.	Valuing	Student valued older adults
Some of the nicest people who I know are older adults.	Positive personality	Students admired older adults

Note. *Statements of positive perceptions of older adults Older Adults as Role Models*

Several students described the relationship with elderly patients as similar to the relationship they shared with a grandparent. "I work in a nursing home, they become like your

grandparents." Overall, students' positive perceptions reflected a love for older adults and an appreciation of who they were.

Students perceived older adults as persons who lived exemplary lives and were good role models. They were described as having admirable religious, community, and family values. One student reported, "Lots of church going, and they would never, ever waste food." Another student spoke fondly of her grandparents' attitudes of thankfulness and of their openness in talking to their grandchildren about God. Students expressed appreciation for the guidance they received from older adults in the past. For example, "They told me how I should do certain things, as soon as I started doing them everything started working out." Students' perceptions of older adults reflected a valuing of that population.

Data revealed that some students began the clinical rotation with negative perceptions toward older adults. Negative descriptions of older adults focused primarily on attributes of personalities. Older adults were perceived as having unpleasant personalities such as being grumpy and crabby (Table 13). The following statements confirmed those perceptions. "I thought they were grumpy." "There was always a mean one." making reference to a neighbor. Another example of negative statement was, "Older adults are needy, confused, and wanting interaction." Data findings revealed that negative perceptions were primarily aimed at older adults who resided in nursing homes. Nursing home residents were viewed as sad, unhappy, and grumpy. Some students assumed that persons living in a nursing home were naturally unhappy, "I thought the nursing home ones would be grumpier." The statement reflected generalization and ageist perception of older adults.

Table 13. *Statements of Negative Perceptions of Older Adults Before Educational Intervention*

Negative Statements	**Descriptors Categor**ies	**Formulated Meanings**
First I thought older people were just mean, some of them can be mean it's just an expression of who they are	Personality	Students had stereotypical perceptions of older adults
Crabby at first.	Personality	Student's preconception about older adults
Needy, needy, and confused. It seemed like the majority of them were needy and confused	Personality	Student had ageist attitude about older adults
I thought they would be grumpy	Personality	Student had negative perceptions about the personality of older adults

Nursing students were also asked to describe the perceptions that they had of older adults after their clinical practicum in the nursing home. Students' perceptions of older adults were noticeably more positive after the educational intervention (Table 14). There was a shift from admiration of personality and character to a deeper emotional connection. Students expressed having happy and sad feelings toward older adults. The following statements by students confirmed their feelings. "You get attached and it's hard to say that I won't be here next week." "She had a touch of Alzheimer's that made me sad to see her on the decline." Several statements confirmed that students liked spending time with residents in the nursing home. For example, "I like older adults I think they are just like younger adults." "I actually found out they have a sense

of humor." Some students acknowledged that they enjoyed having social interactions with residents. They identified deriving pleasure from spending time with residents while they listened to music, played games, or were engaged in other activities. Statements such as "Well I became much more comfortable with them," or I wanted to try to connect with them" supported findings of a less discomfort with older adults after the educational intervention.

Table 14. *Statements of Perceptions Toward Older Adults After the Educational Intervention.*

Statements	**Categories of Descriptors**	**Formulated Meaning**
Older adults are fun to be with	Personality	
They are not angry with their situation	Personality	Older adults are adaptable
They have a sense of humor	Personality	Older adults are happy people
I like older adults. I think they are just like younger adults.		
They are lively and fun	Comfort with older adults	Students expressed ease in spending time with older adults
I like to interact with them	Comfort with older adults	
Caring for older adults:		
It's sad to see them dependent	Emotional connections	Students expressed emotional connections with older adults
You get attached.	Emotional connections	

Participants (25%) who clearly identified having negative perceptions toward older adults before the clinical practicum reported more positive perceptions toward older adults after the educational intervention. They were also more accepting of older adults. For example, one

student said, “I think I won’t have a stereotypical mind set. I probable will try to get to know each older adult on a more personal level. Just because one person is one way does not mean the next person will be similar.” The second student reported “I thought older people were just mean. Once you get to know them they are some of the nicest people.” The results suggested that spending time with older adults helped to transcend barriers of negative feelings.

The Physical Environment

Residents were viewed as valued and respected (Table 15) because of administrative policies, provision of care, and the behaviors of health care personnel toward each older adult. Several students commented on the impressiveness of the physical facility. “I was impressed by the facility, it was clean and cozy.” These observations suggested that the administrative and nursing staff viewed residents as valuable and worth individuals. Students provided rich descriptions of the care that was given to residents.

> “They do care about residents. They ensure proper transfer, good skin care and hydration. That is very important because many elderly patients develop complications from falls and injury sustained from improper transfer. They also ensure proper hydration of residents. Several times I was asked how much the patient consumed.”

Those observations suggested that the home-like environment and caring attitudes of the staff demonstrated that residents are valued, important, and deserving of receiving the highest standard of care.

Several students commented on the positive relationship between the staff and the residents. Six (75%) students felt that some staff members modeled respect for residents. One student commented on the positive interactions between one recreational staff and the residents. “I have

been impressed by her enthusiasm and respect for residents. She demonstrated how we should all treat residents."

Conversely, when care givers failed to interact with and engage in meaningful conversation with residents two students (25%) described those behaviors as unacceptable. "We need to take a few minutes off our busy schedule to sit and talk to residents." Another wrote, "This resident should not have been dumped in her room when there were so many things provided for personal comfort. Those comments conveyed that nursing students perceived that the hurriedness of staff members reflected negatively on the quality of care that was given to some residents. Table 19 contains additional statements.

Table 15. *Thematic Statements of Valuing and Formulated Meanings*

Thematic Statements	**Formulated Meanings**
The facility was clean, organized, had proper equipment, and staff were helpful	Physical care is important
They do care about patient safety	Caring- emotional wellbeing
I felt it was neglect for the caregiver to not provide such a basic care	Caring-poor
She sees residents as persons who still enjoy activities	Quality of life-good
I felt that it was neglect of the caregiver not to provide such basic care	Neglect-negative perception of care
I realize that not all residents are unhappy there	Emotional wellbeing

A perception of the worth and value of older adults was based on their interactions with residents, their observations of the attitudes and behaviors of employees toward residents, the availability of resources that contributed to the quality of life of residents, insights gained from post conference discussions, and faculty influence.

Theme 2: Increased Awareness of the Complexity of Aging

Research findings demonstrated an understanding that specialized knowledge and skills in gerontological nursing is required to care for older adults (Table 16 has sample statements). "I now have a big picture view of the various components of health care that may be required by an older adult," reported one participant. Students expressed having greater understanding of the implications of being an older adult. Their journal entries described insights into the physiological, social, and emotional challenges some participants experienced. Physiological changes for some older adults meant having to make adjustments to lifestyles while for others it meant being able to remain physically active. "I learned that older people find it hard to accept the dramatic change to move from their homes to an assisted living facility." The data also described students' understanding of the impact of physiological changes on one's ability to perform activities of daily living (ADLs). "It's a hard decision to depend on someone for mobility, showers and ADLs." Table 16 includes additional examples.

The impact of aging and one's social life was not missed and had both positive and negative implications. One student identified a relationship between the social lifestyle and the physiological changes that accompanied ageing. Residents were forced to exchange bowling for gulfing because of existing arthritic disease to both arms. Other changes to social lifestyle were more positive as residents reported having more time for family and friends. They were able to spend more time with grandchildren and friends. Two students reported being more aware of the health related issues which accompany aging. One wrote, "She stated that the cost of health care was a concern."

Two students (25%) identified some legal and ethical challenges which were encountered by older adults. One example was the awareness of the occurrence of elderly abuse and neglect that

was experienced by one interviewee. “She has a son who tried to financially abuse her.” The research revealed that older adults experienced varying levels of health and wellness. While some older adults were physically healthy and were able to spend more time with family and friends, others were unable to do so and reported being depressed and lonely.

Table 16. *Statements Related to the Complexity of Aging*

Thematic Statements	**Formulated Meaning**
My family keeps me busy, grand kids and all	Being old does not mean inactive
She used to bowl but golfing is easier due to arthritis in her hands	Being an older person may require change of social activity
The cost of health care is a concern.	Coping with the cost of health care
Arthritis limits her ability to do everyday things like open a jar, button and unfasten the buttons of her clothes and crochet	The impact of physical changes on social activities
Another issue we spoke about was depression	Emotional health
She stills drives, mows her lawn, and shovels snow	Older adults can remain active
How she is going to distribute her belongings equally to her children	Older adults are concerned about legal issues

While reflecting on the elderly interviews, three students reported that they made a connection between the educational interventions and the realities of ageing. “I recall a post-conference discussion about how expensive it was for an older person to live in an assisted living or skilled nursing care facility.” Another student stated that “The financial strain forces many elderly persons to stay at home even if their basic needs are being neglected.” This and other statements by students demonstrated that educational interventions during the clinical practicum served to increase their awareness of the implications and meaning of ageing. The

gerontological content of the clinical practicum provided a framework for students to relate the realities of ageing that were experienced during the interview process.

Theme 3: Competency in Caring for Older Adults

After completing the clinical rotation students were asked to describe any professional benefits of the clinical experience. Students reported positive outcome as a result of the : (a) the clinical orientation, (b) pre-and-post conference discussions, (c) the hands on care that they provided to residents and, (d) influence of clinical instructor.

The Clinical Orientation

Before providing nursing care to residents students had four hours of clinical orientation at the clinical site. The orientation involved:

(1) A tour of the facility

(2) A review of policies and procedures (skin, falls, pain, hyperglycemia)

(3) Introduction to assigned residents and staff. Instructor addressed residents by their preferred name, introduced students, and explained the purpose of the clinical practicum.

(4) Discussion of the video (See Me) and journal article (Embedded)

Six students reported that the orientation activity served to enhance their level of preparation and readiness to provide nursing care for older adults. "We had a good preparation of what our expectations will be for the coming weeks." Another student wrote, "Overall, I am ready to begin this experience."

Pre- and Post-conference Discussions

Three (37.5%) students confirmed that after viewing the video "See Me" and reading the journal article "Embedded" they had a greater appreciation of the importance of verbal and non-verbal communication with older adults. Others reported having more positive attitudes toward

older adults as a result of viewing the video. “I really appreciated the video and the article “Embedded,” I must say they changed my feelings toward nursing home residents. Another student wrote, “I remember all our talks about looking and actually “Seeing” someone, I really took it to heart.”

Hands-on Care

Several students stated that the assignment reinforced existing skills. For example, how to (a) provide care “I learned a lot about meeting resident’s needs,” (b) communicate more effectively with older adults “I have learned that communication is nonverbal,” (c) better manage some behaviors, “residents who were treated as combative can be nice and compliant by talking and listening to them.”

Some students expressed greater confidence in providing nursing care for older adults. “My fear of nursing homes is going away. I am actually seeing them in a different light.” Students further identified a relationship between their confidence in providing nursing care to older adults and the educational interventions. For example, four (50%) students reported being more aware of “elder abuse, sexuality, aging, and depression among older adults” after engaging in post conference discussion. Most students reported having the “big picture” view or a better understanding of the disciplinary team approach to care that is offered in a nursing home.

Finally research results reported that an assignment to work with older adults in a nursing home also helped some students clarify their work preferences. For example, one student reported “I learned that this not for me, I am glad that there are people that can do it.” Students expressed greater preparedness to work with older adults after the clinical rotation in the nursing home. Students reported that the clinical rotation along with the gerontological content enhanced

their preparation for providing care to older adults, reinforced their existing clinical skills, and helped to influence their perceptions of older adults.

Faculty Influence

The interest of the faculty in gerontological nursing had a positive impact on the way nursing students' perceived working with older adults. The instructor served as a role model for students and set the tone for how residents were to be treated and perceived. On day one nursing students were introduced to each assigned resident. Residents were also informed of the purpose of the clinical practicum and the length of our stay at the facility. During post conference meetings the clinical instructor actively guided each discussion and encouraged full participation of each student. Those discussions helped to shape students' perceptions of older adults. Furthermore, the instructor approached the clinical practicum with positivity, enthusiasm and zeal.

Students were encouraged to have social interactions with residents each day and become involved in the life of residents. Consequently, students reported positive feedback about their interactions with residents. For example, "I enjoyed the activity time with residents." "I felt good to be able to turn on the radio for the resident. I felt better when I was actually allowed to sit and converse with the resident for about 30 minutes." In addition, some students expressed appreciation for the leadership of the clinical instructor in the clinical setting (Table 17). Statements by students (Table 17) suggested that the robust educational interventions along with the instructor's positive attitude toward older adults made the clinical practicum more meaningful. The statements by students reflected positive perceptions of the clinical instructor, the clinical experience, and providing nursing care to older adults.

Table 17. *Statements Describing Student's Valuing of Clinical Instructor*

Statements
I am grateful for the experience
I appreciate all the help you gave
I had a really great time, thanks for the opportunity

Theme 4: Internalized Values

Nursing students expressed more personalized feelings about ageing (Table 18). For example, "This project confirmed my fear of ageing." Students in their journal entries conveyed an understanding of the relationship between one's lifestyle as a young individual and the quality of life that is experienced as an older adult. One student mentioned a desire to become thrifty in order to have a better quality of life as an older person. Student wrote, "This made me think about my family. I want to make it easy on my children by saving money and taking care of myself." The findings of this study identified that nursing students reported having a greater sense of introspection and purposefulness about the way they lived their lives. Students reported a commitment to living more intentional lives. Evidence of introspection were in the abundance of "I" statements that were made by students. For example, "I got a different perspective on a few things." By spending time with older adults students gained better insight and understanding about the aging process. By reflecting on the activity in the form of guided journal entries, students gained greater self-awareness and sensitivity to the ageing process and expressed noticeable appreciation for gerontological nursing education. The process allowed students to internalize the values of the older adult with whom they interacted.

Table 18. *Thematic Statements and Formulated Meanings About Internalized Values*

Thematic Statements	Formulated Meaning
This interview really made me think about how I live my life and the choices that I make	Relationship between lifestyle of old and young people
This project confirmed my thoughts about family values, I believe family is first.	Self-reflection
I would love to be able to say that I have been married for 50 years and have a wonderful family like D.	Desire for change
I want to be able to learn more about the elderly	Desire for growth
I learned quite a bit about myself	Self-awareness
I hope to gain a better appreciation of life in general	Self-commitment
She saved money for retirement and lived on fixed income	Quality of life

Theme 5: Formation of Perceptions

In an effort to gather more in-depth data, students were asked to describe the factors that they felt contributed to their perceptions toward older adults. Students reported (a) parental upbringing (b) interactions with older adults, and (c) cultural norms as contributing factors (Table 18 includes related statements).

Parenting

The research findings revealed that four (50%) nursing students' perceptions toward older adults were influenced by parental upbringings. For example, "I was brought up and taught to respect older adults." Another student's response to the question was, "Just growing up around them." Students described several memorable experiences with older family members. One student said, "I am becoming older I am more appreciative of my aunt who is 80 years old,

and another aunt who is 74 years of age. They are just sharp, and I look up to them, I want to be like them. They are organized, thoughtful and live simple lives. I think that's pretty inspiring." Positive perceptions toward older adults were the result of having meaningful interactions with older adults and the inculcation of specific norms and values about older adults from their parents.

Interactions with Older Adults

Several students reported that their positive perceptions toward older adults were influenced by interacting with mentors and teachers who were older adults. Some comments were, "Older adults were the first ones to tell you if you did a good job or help you out. I think that really affected my positive attitude." Also "A few older teachers maybe in their sixties, and seventies really affected my positive attitudes. They said "You are doing a good job," or "Why don't you try looking at it this way. " They really boosted my positive attitudes toward older adults." For others, perceptions of older adults were formed mainly from working with that population. "I had a grandma who passed away, so basically it was elderly who came into the emergency room." Students formed perceptions toward older adults as they provided nursing care to older patients. Research results suggested that students overtly and covertly developed positive perceptions toward older adults as those attributes were modeled by other older adults with whom they interacted.

Cultural Norms.

Perceptions of older adults were culturally grounded and were formed by overtly or covertly identifying with the behaviors of persons who modeled positive attitudes toward older adults. One student wrote that interacting with older adults was a norm in her culture. "I grew up in the immigrant neighborhood where there were mostly elderly neighbors. It was part of our

upbringing to go to their houses, to talk to them. My father volunteered at a homeless shelter with mostly elderly clients, and we would tag along." Data further identified several students who spoke more frequently of female grandparents or older adults than of males. Those findings may imply that female older adults play a more significant role in shaping the perceptions of nursing students toward older adults. Some participants (25%) who identified having negative perceptions of older adults, admitted that those perceptions were based on an assimilation of the attitudes of the wider society and personal encounter with older adults. For example, one student admitted that her grandmother was sometimes "grumpy" and therefore the student assumed that all older adults had similar personalities.

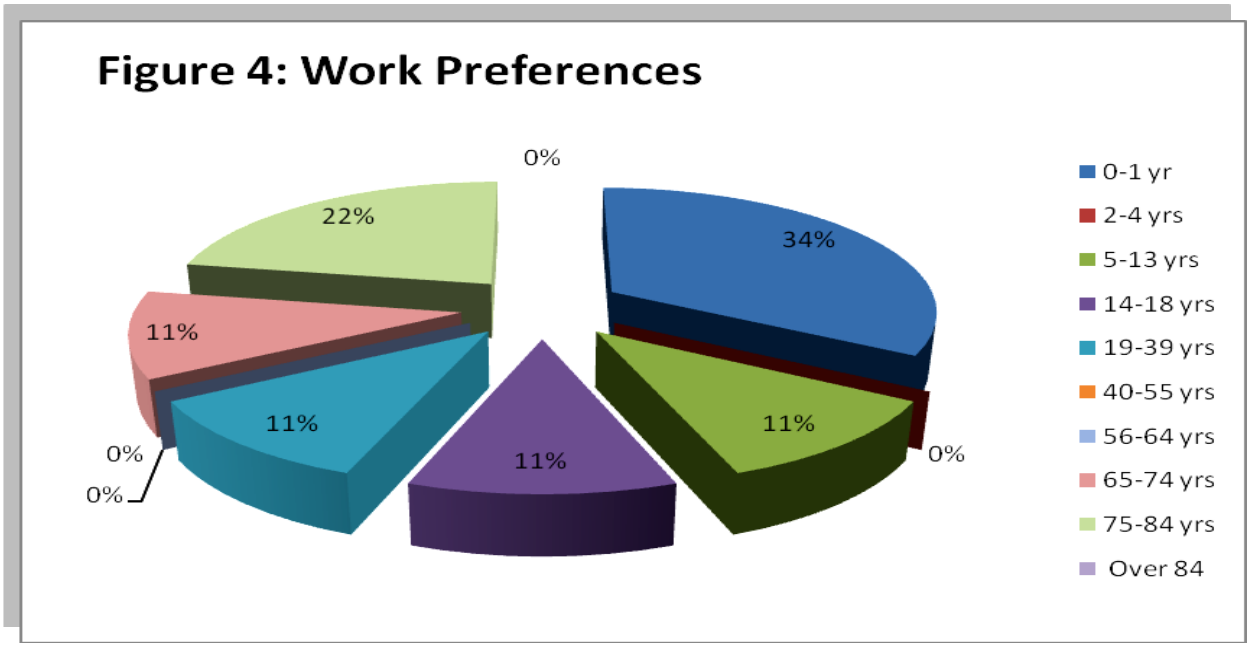
The result of the study identified that nursing students had more positive perceptions toward older adults after the educational intervention. The changes in perceptions reflected more favorable descriptions of the personality of older adults and less discomfort with older adults. Older adults were perceived as individuals who were valuable and made a difference in the lives of young adults. Perceptions were formed by vicarious parenting and by overtly and covertly assimilated the behaviors and attitudes of others toward older adults.

Work Preference

Work interest were determined by asking each student to rank their preference for providing nursing care to clients representing varying age groups (Figure 4). Three (37.5%) of eight students identified working with infants (0 to 1 year), another three identified working with adults (over 75 years) as their first preferences (Figure 4). Three students (37.5%) identified working with adults 65 to 74 years as their second choice. Two of three participants (25%) with no prior experience working with older adults indicated interest in providing nursing care that population. One student reported, "Before I would say oh I would never work in a nursing home. I think I would probably open the

door a little right now." A report of students expressing new interest in providing care for older adults suggested a relationship between the educational intervention and students intentions to provide nursing care to older adults.

Figure 4. Work Preference



Note: Work preferences based on age groups. This chart represents the percentage of nursing students who indicated a preference for working with specific age group of clients.

The reasons given for not choosing to work with older adults reflected personal choices. For example, "I enjoy working with babies." Other reasons that were identified indicated concerns about the working conditions in nursing homes. One student thought that persons who work with older adults require much patience which she did not have. Table 19 includes additional statements of students' responses. The reasons for choosing to work with a particular age group were personal or altruistic (Table 20). Three students indicated an interest in working

with older adults and other age groups because of the negative perceptions associated with that group.

Table 19. *Statements and Reasons for not Choosing to Work with Older Adults*

Work Preference	**Reasons for Preferences**
Older adults as LPN Mother and babies as a RN	Personal reason
I would like to work with new born first. I like the really young babies before they have the conception that nurses could hurt them.	Personal reason
Children, I feel comfortable with them	Personal reason
New born first, older adults second	Personal reasons
I think it takes a strong and patient person to work with older adults, I have the patience but I don't have the strength."	Working condition

For example, "My first choice would be the adolescence population I think that whole generation is getting lost." Another student wrote, "I have always liked to work with older adults because I feel that they are the ones that are left out." In answering the question concerning future interest in pursuing gerontological nursing two (25%) students expressed strong interest, three students (37.5%) expressed some interest, and three students (37.5%) reported having other interest and would not consider gerontology nursing. Preference of nursing students for providing nursing care to older adults was low. Three (37.5%) of eight students identified working with older adults as their first preference. However, three (37.5%) students expressed new interest in providing care for older adults. Five students indicated some interest in pursuing gerontological nursing as future career goal. These research findings support a

correlation between students' interest in providing nursing care to older adults and the educational intervention.

Table 20. *Statements of Work Preferences.*

Work Preference	Reasons for Preferences
Adolescents, my passion	I would like to work more with adolescents, that whole generation is getting lost.
Will continue working with older adults	I've always liked to work with older adults they feel left out I feel they are neglected, I can make a difference."
Will continue working with older adults	"I like working with older adults…that's where my passion is and that's where I want to work."

Finally, research results reported that an assignment to work with older adults in a nursing home also provided some students with an additional opportunity to clarify their work preferences. For example, one student reported "I learned that this is not for me, I am glad that there are people who can do it." Never the less, some students expressed that they were better prepared to work with older adults after the educational intervention. They stated that the didactic content along with the opportunity to provide direct nursing care to older adults, reinforced their existing clinical skills, and served to influence their perception toward older adults in a positive manner. In addition to these outcomes, data results confirmed learning in cognitive, affective, and psychomotor domains (Table 21).

Relationship of Data

This research was designed to examine the influence of an educational intervention with enhanced gerontological content and a clinical practicum on nursing students' perceptions toward older adults. The study also explored nursing students' work preferences after completing clinical practicum with older adults.

Table 21. *Summary of Learning Outcome of Educational Intervention*

Themes	**Where From**	**Learning Outcome**
Valuing and Admiration of Older Adults	The result of providing care and interacting with residents Facility provision of care of residents	Affective learning domain
Increased awareness of the complexity of aging	Post conference discussion Elderly interview	Cognitive learning domain
Competency in providing care for older adults	Hands on experience of residents in nursing home Role models: Clinical faculty and facility staff	Psychomotor learning domain
Internalizing the values of older adults	Reflective journaling	Affective learning domain
Formation of perceptions • Parental upbringing • Interaction with older adults • Cultural norms	Interacting with older adults	Cognitive learning domain Affective learning domain

Note: *Summary of themes from educational interventions*

CHAPTER V: DISCUSSION AND SUMMARY

This chapter will discuss the purpose of the study, research design, interpretation of results, correlation to the literature and correlation to the theoretical context, as well as the implications for education and further research.

Purpose of the Study

This study explored the impact of an educational intervention involving didactic content and hands on nursing care, on nursing students' perceptions of older adults. In addition, the work preferences of nursing students after an educational intervention with older adults were explored. The elderly population in America is increasing. United States Census Bureau (2008) confirmed that thirty-seven million individuals in the United States are currently 65 and older. Older adults experience an average of three chronic health problems simultaneously (Volland & Berkman, 2004). The health care system will serve a large portion of the population. Attitudes towards older adults are becoming more important (Cozort, 2008). According to Sheffler (1998), nursing students will likely provide care to a significant number of older adults during their practicum and after graduation. By then they would have developed attitudes toward older adults. An awareness of attitudes and perceptions of nursing students toward older adults is important. Bernard (1998) confirmed that negative attitudes in health care settings correlates with a devaluation of care provided to older adults.

Research Design

A qualitative design with a quantitative component was used to answer the following questions

(1) *How does an educational intervention with gerontological component influence nursing students' perceptions toward older adults?*

2) What are the work preferences of nursing students after completing clinical practicum with older adults?

The result of the pre-and post-test survey identified more positive attitudes of nursing students toward older adults after the educational intervention. Qualitative data provided in-depth description of the phenomenon. Eight themes and multiple meaningful segments were identified. The following is an explanation of how each theme relates to the literature review.

Correlation to Literature Review

Theme 1: Valuing and Admiration of Older Adults

The study was designed to identify whether nursing students' perceptions of older adults changed after clinical practicum and educational intervention with gerontological content. Quantitative and qualitative data were obtained from Kogan's Attitude Towards Old People Scale and interviews and students' reflective journals respectively. A mean test score difference of (3.625) on Kogan's pre-and post-tests signified more positive attitudes of nursing students toward older adults after the clinical practicum. Those findings supported a relationship between the gerontological educational and positive attitude toward older adults reported by other researchers. Ryan, Melby and Mitchell (2007) found similar results when the attitudes of nursing students toward older people were measured after students spent time with well older adults in the community.

A more comprehensive picture of students' responses was obtained after the researcher examined individual pre-and post-tests scores. In addition, individual responses to all 34 item descriptors on the pre-and post-test were examined. The result revealed a more heterogeneous response. Although the overall test score result identified more positive attitudes toward older

adults after the clinical experience, individual test scores revealed that two (25%) students had more negative attitudes and one student's test score remained the same. The findings were that nursing students identified more favorable attitudes about the personality of older adults, and demonstrated less discomfort with that population. Those findings suggested that the clinical practicum and educational intervention impacted nursing students' perceptions in more positive different ways. Rowland and Shoemaker (1995) study corroborated these results in their study of nursing students in nursing homes. Those researchers found changes from positive to negative responses on five descriptors that related to perceptions of older adults.

Environmental factors influenced students' perceptions toward residents. The homely environment of the nursing home communicated to nursing students that residents were valued and worthwhile. Students expressed satisfaction with the conditions of the clinical practicum site. Nursing homes that were seen as pleasant may promote positive perceptions of older adults (Rosher & Robinson, 2005). Promoting an elder friendly community is linked to favorable attitudes toward older adults (Mclafferty & Morrison, 2004). The results of this study implied that the attractive environment of the nursing home made it a more enticing place for nurses to work. When equipment is available and well maintained students feel confident to practice in a safer environment. "One thing I learned at HC, they care about patient safety."

Research findings further suggested that students related the quality of care provided to residents with the administration's perceptions of that population. Some students reported that residents were treated with dignity and respect. "She sees residents as persons." Baillie (2009) confirmed that organizations that provide care which maintains the dignity of patients, demonstrate that it values care.

While nursing students had more favorable view of older adult's personality, and while they may have developed a greater level of comfort with older adults, they were less accepting of living in the same neighborhood with them. For example, on Kogan's pre-test six (75%) students agreed with the statement, "In order to maintain a nice neighborhood it would be best if too many old people did not live in it." All eight (100%) students agreed with the statement on their post test survey. According to McGuire, Klein, and Chen, (2007) individuals can demonstrate negative attitude of ageism against older adults by being involved in discrimination in housing against that population. Students' responses to the descriptors of residential living may be shaped by insights into the level of care that is required by older adults. It is possible that those responses were made because of a genuine concern for the welfare of older adults. Students may have felt that it would be in the best interest of an older adult to living in a more secured environment such as a nursing home.

There was evidence of stereotypical views of ageing reflected in descriptors of older adults despite the overall positive perceptions of nursing students toward older adults. These perceptions were reflected in statements describing older adults as "crabby, "mean," and "needy," and addressing residents as "the little old lady," or "honey." Lookinland and Anson (1995) found nursing students working with older adults expressed stereotypical views of older adults as well. In addition, students in this study made generalized statements about older adults that were negative and reflected ageist attitude. Older adults were referred to as wise, inflexible, and good historians. According to Katz (1991), generalized perceptions of older adults support ageism toward this group. Students tone of expression while reporting appeared genuine. However, whether those stereotypical views were intentional or unintentional, they demonstrated the existence of ageist attitudes among nursing students in this study. It was noted that there

were less negative statements about older adults after the clinical practicum. Again, those changes may reflect the positive outcome of the clinical practicum and the educational interventions on nursing students' perceptions of older adults. The findings of the study further suggested that changes in perceptions of older adults may require time, ongoing efforts and varied interventions before meaningful changes can be realized.

Theme 2: Increased Awareness of the Complexity of Aging.

A greater awareness of the complexity of ageing was reflected in the data gathered from journal entries. Didactic and clinical experiences helped students recognize the relationships between aging, common illnesses, and the required care. Faculty facilitated nursing students in identifying and being more aware of the complexity of aging by exposing them to content such as depression, dementia, and some common diseases of aging during the post-conference discussions. They mentioned being more aware of the challenges of health care, housing, and the losses older adults face. As a result they reported more confidence in relating to and caring for this population.

Theme 3: Competence in Providing Care

Data entries reflected competency in providing quality care for older adults. Students in this study reported that a clinical rotation in a nursing home enhanced their preparation for providing care to older adults, or reinforced their existing skills. Participants in this study confirmed that the clinical practicum and the educational intervention with gerontologial content better prepared them to provide care to older adults. Students reported increased competence in communication and behavior management with older adults because of the skills and knowledge acquired from the clinical practicum. Furthermore, students acknowledged that the knowledge and skills gained during the experience were transferrable when caring for older adults in other

health care settings. It must be noted that with the growing elderly population, nursing students and professional nurses are more likely to care for older adults in a variety of health care settings. Students reported personal and professional growth from that exercise.

Attitudes toward older patients are more likely to be positive if educators implement strategies to promote positive learning environment (McGarry, Aubeeluck, Simpson, & Williams, 2009). Students' preparation to provide care to older adults was enhanced by the educational interventions which were included in the clinical practicum. Four students (50%) confirmed that clinical orientation, group discussions, and the clinical instructor's guidance were beneficial. "We had a good preparation of our expectations." Another three (37.5%) students reported increased self-confidence because of the experience. The study identified a correlation between the educational experience and nursing students' perceptions of older adults.

Other students reported more positive perceptions toward older adults and the nursing home settings as a result of the clinical experience. Some students reported experiencing "deeper emotional connections" and satisfaction from caring for, and interacting with older adults. Henderson, Xiao, Siegloff, Kelton, and Paterson (2008) proposed reasons for negative attitudes toward older adults included poor experience of providing care for older people and an inability to relate to older people.

Research findings further suggested a relationship between the instructor's attitude and students' perceptions of the clinical rotation. "I am grateful for the rotation." "I appreciate all the help you gave me." An association between faculty's attitude toward older adult and students' perceptions of older adults was revealed in this study. All students expressed appreciation for the faculty led educational interventions that were incorporated with the clinical practicum. "I remember all our talks about really seeing someone. I really took it to heart." Another student

wrote, “I really learned a lot, thanks for the opportunity.” McGarry, Aubeeluck, Simpson, and Williams (2009) confirmed that attitudes toward older patients were more likely to be positive if educators implemented strategies to promote a positive learning environment.

Other researchers reported that in order to help students attain a positive attitude toward the elderly and the field of gerontology, both clinical experiences (Hernandez, & Gonzalez, 2008; Rowland & Shoemaker, 1995), and a nursing curriculum rich in gerontological content (Ferrario, Freeman, Nellett, & Scheel, 2008) are essential. Students identified that the enhanced skills and knowledge obtained from this clinical experience was as applicable to providing health care to older adults in a variety of settings.

Theme 4: Internalizing the Values of Older Adults

Personal growth reflected self-confidence and introspection. Several students reported internalizing the values and attitudes of the older adult with whom they interacted. Others confirmed their fear of ageing or identified changes that were needed to increase the quality of their lives. “It made me more aware of who I am and who I want to become.”

The conclusion of those findings suggested that the association of nursing students with older adults can resulted in positive change and personal and professional growth and should therefore be encouraged.

Theme 5: Formation of Perception

Students enter the clinical experience with a frame of reference about older adults. It was important to establish this frame of references before students began their clinical practicum experience with older adults. Therefore, the researcher included in the demographic questionnaire and the interview process, questions about students prior experiences with older adults. Students’ interactions with older adults included persons such as, grandparents, aunts,

teachers, and coaches. Rowland and Shoemaker (1995) confirmed that prior contacts with older adults are important in helping to shape perceptions of older adults. McCracken, Fitzwater, Lockwood, and Bjork (2005) reported that the greater the number of older persons with whom students had interactions the more positive the experiences.

The findings of this researcher's study were slightly different. Students in this study reported both favorable and unfavorable perceptions toward older adults because of their interaction with older adults. Students reported having positive perceptions toward older adults because of interactions with older adults who were positive role models, were fun to be with, and demonstrated interest in students' wellbeing. One student wrote this about her grandparents, "We were always at their house." Students' frame of reference was also shaped by interactions with older adults who were perceived as having unpleasant personalities. Students reported having negative perceptions toward older adults because of those interactions. On student confirmed that her grandmother was "always grumpy" and she therefore assumed that all older adults were grumpy. Because of various interactions with older adults prior to the clinical experience, nursing students began the clinical practicum with both positive and negative perceptions toward older adults.

Work Preferences

Working with older adults was considered as a first choice for some students. However, a response of 37.5% was considered a low ranking. The results in this study are consistent with findings of previous authors (DeKeyser and Kahana 2006; Hapell, 1999). The researcher was unable to identify possible relationships between the clinical practicum, educational intervention and students' willingness to work with older adults because this research design did not include a pre-test survey of students' work preferences. Nevertheless, three (37.5%) students without

previous experiences of working with older adults indicated more openness to consider working with older adults in the future. Those findings therefore suggested a possible correlation between clinical practicum, educational interventions and students' willingness to work with older adults in the future. Although work preferences with older adults were low, the educational experience contributed to students being more open to the possibility of working with older adults.

There were mixed reviews concerning the relationship between positive perceptions toward older adults and work preferences. Some studies confirmed that positive perceptions toward older adults did not correlate with a desire to work with that population. Dellasega and Curriero's (1991) study of nursing students' intent to work with older adults found nursing students had positive attitudes toward older adults, but low preferences for working with that population. Students in this present study had mostly positive perceptions towards older adults but interest in working with this age group was also considered low. Conversely, Aday and Campbell (1995) further confirmed that nursing students with more favorable attitudes toward older adults display greater sentiments for working with that population.

A more interesting finding of this study was the relationship of present employment as caregiver to older adults and work preference. Five students were currently employed as caregivers to older adults, however three of those five students identified working with older adults as a first preference, and two students expressed a strong decision to pursue gerontological nursing as a specialized field of study. The following response supports that assumption, "Working with older adults is my passion." Students who indicated an interest in working with older adults enjoy working with older people and express enthusiasm and passion for this area of nursing. These findings are similar to previous studies by Hendersen, Kelton, Paterson, Siegloff

and Xiao (2008). Students in those studies who had previous experiences in working with older adults demonstrated greater willingness to continue working with older adults. Other findings were conflicting. Haig, Christ, and Dias (1994) conceded that working in long-term care did not impact nursing students' preferences for working with older adults.

Students identified several reasons for their work preferences. This study reported that personal factors were of primary importance. Students reported liking to work with infants because of a preference for that group. According to Ganz and Kahana (2006), personal factors have the largest impact on perceptions of clinical specialties. The negative perceptions of a particular group motivated other students to work with that population. Four (50%) students had preferences that they felt would benefit a particular population. For example, a decision was made to work with older adults because "I feel they are the ones left out." The decision to work with adolescents as first preference was due to high incidences of social problems among teens of a particular ethnic origin. One statement was, "I would like to work more with them just because I feel like that whole generation is getting lost." It is believed that the clinical experience of spending time caring for, and having social interaction with older adults allowed students to clarify their work preferences.

Theories of Attitude Formation and Ageism

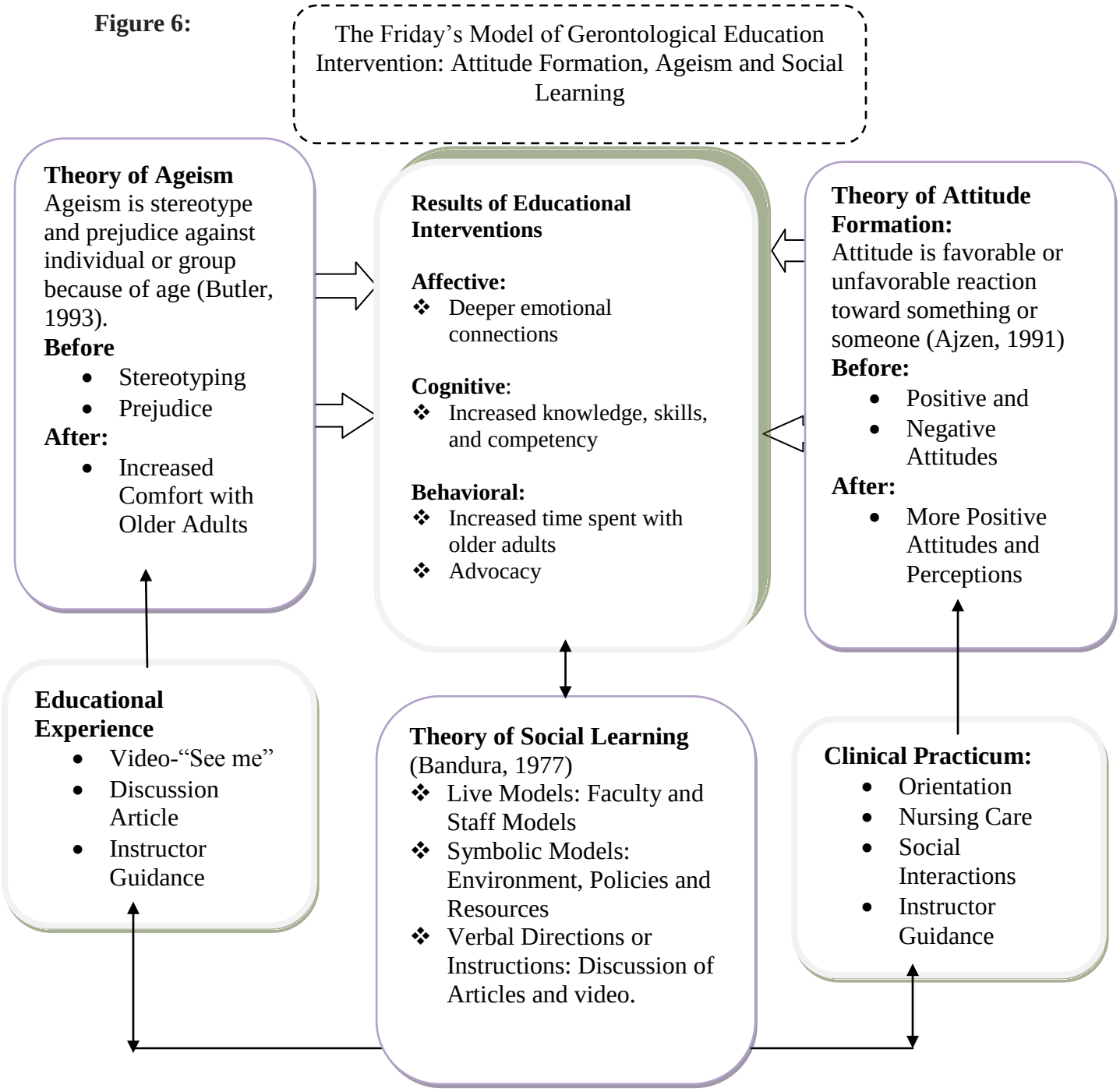
Attitude is an individual perception to evaluate an individual's world as positive or negative (Katz, 1991). The concept of attitude is a three-fold component consisting of; (1) cognitive (stereotypes), (2) affective (prejudice), and (3) behavioral component (discrimination). In other words, how we erroneously; (a) think of, (b) feel for, and (c) act towards aging individuals based on chronological age or age categorization (Figure 6). Butler (1993) defined ageism as stereotype and prejudice against individual or group because of age. Students entered the

nursing program with preconceived attitudes and perceptions toward older adults. Those attitudes and perceptions were both positive and negative.

According to Banura (1977), behavior is learned when the desired behavior is modeled. Modeling is prompted by stimuli which are live models. Students in this study contributed their positive perceptions of older adults to the influence of parents, grandparents, older teachers, clinical faculty, and nurses who modeled positive behavior attitudes toward older adults. The author further stated that the acquisition of attitudes and perceptions toward older adults can be acquired through symbolic model and verbal directions and instructions. The results of this study suggested that the practicum setting (symbolic modeling) and the educational interventions influenced students' perceptions toward older adults. Students had more positive perceptions of older adults after the practicum experience.

Similarly negative perceptions were perpetuated by inaccurate portrayals of older adults. The negative attitudes that were identified reflected ageism. A few students reported having generalized perceptions of older adults, "I thought older adults were mean." Again, those perceptions decreased toward the end of the clinical rotation. The decrease in negative perceptions toward older adults at the end of the clinical practicum and educational intervention confirmed the effectiveness of modeled behavior on students' perceptions of older adults.

Figure 6:



Note. This model was developed to illustrate the relationship between three theoretical frame works with relevance to the attitudes and perceptions of nursing students to older adults. In this diagram Theories of Ageism and Attitude Formation results in negative and positive attitudes. Bandura's (1977) Theory of Social Learning provides the framework for attitude change.

Adopted from Ajzen's (1991) Theory of Attitude Formation, Butler's (1993) Theory of Ageism and Bandura's (1977) Social Learning Theory

Implications/Recommendations for Education

Nurses' perceptions toward older adults are important for several reasons. The older population is increasing rapidly. Older adults often have three or more chronic illnesses that require frequent uses of various health care institutions. Perceptions toward working with older adults can influence career choices and the quality of care they receive. As the ageing population increase nurses are more likely to care for older adults in settings other than a nursing home. Nurses who care for this population should demonstrate an interest and willingness to work in that field. There is a need to expose nursing students to a nursing curriculum that supports the development of positive perceptions and attitudes toward older adults.

The findings of this study suggested that clinical practicum with older adults, and educational interventions with gerontological content influenced the perceptions of nursing students toward older adults. Still, less than 50% of nursing students identified working with older adults as a first preference. Nursing educators need to evaluate those strategies and make changes based on their findings.

The subtle and maybe unintentional stereotypical perceptions of nursing students toward older adults that were revealed in this study were cause for concern. The description of older adults as "needy" mirrors the findings of previous research by Cuddy, Norton, & Fiske, 2005). In that study, older people were viewed as incompetent and needy. The clinical practicum infused with gerontology content influenced nursing students' perceptions of older adults but not their work preferences. Recommendations include three approaches to curricular redesign. *First,* integrate gerontological content into existing didactic and clinical courses. *Next,* develop stand-alone gerontological nursing courses. *Finally,* incorporate one day seminars and workshops to further enhance learning opportunities. Each strategy should include an

opportunity for students to reflect on their attitudes and perceptions of older adults before, during, and after assignments. Tools such as Kogan's (1961) Attitude Toward Old People Scale, Palmore's (1998) Facts on Aging Quiz, and Altpeter and Marshall's (2003) Sensitivity Exercise are available and can be used to guide these activities. In addition, this researcher recommends that faculty have students use less formal tools to assess and reflect on their perceptions of older adults for example, reflective journals. In order to create an ethos of care for older adults, gerontological nursing education needs to be fully integrated in nursing curriculum. Both clinical experiences (Hernandez, & Gonzalez, 2008) and a nursing curriculum rich in gerontological content (Ferrario, Freeman, Nellett, & Scheel, 2008) are essential.

Nursing faculty can be champions of gerontological education through familiarization of web-based resources available from (a) The Hartford Institute for Geriatric Nursing, (b) the American Association of Colleges of Nursing (AACN), and (c) the National League for Nursing. These sites provide an abundance of resources that can form the framework of gerontological education. As faculty become more competent in their understanding of gerontology education they will be better able to model excellence in care to older adults.

A major goal of nursing education is to impact students' understanding and attitudes toward care of older adult patients, and also influence their career choices toward meeting the health care needs of this growing aging population (Grocki & Fox, 2004). This research identified a correlation between educational interventions and perceptions of nursing students toward older adults. Since nursing students had more positive perceptions toward older adults after the educational intervention which lasted six days, it is possible that a more robust gerontological education, and a lengthier period of exposure may produce greater results.

Adults age 65 and older represent 65% of all ambulatory adult primary care visits, 80% of all home visits, 50% of inpatient care, and 85% of residents in nursing homes (Hartford Geriatric Nursing Initiative, 2006). In light of these findings, gerontological nursing education needs to be expanded beyond nursing students. Other healthcare professionals who work with older adults would benefit from gerontological nursing education as well.

According to the findings of this study, working with older adults has low preferences among nursing students. Still, the results implied that clinical practicum and educational experience had some influence on students work preferences. Base on those findings a more purposeful approach to having nursing students engage in the care of older adults can result in more meaningful impact on their decisions to work with older adults.

Limitations of this Study

The results of this study have limited generalizability due to the small sample size used to obtain quantitative date. Consequently, paired sample t-test mean score was insignificant in drawing general conclusions about the perceptions of students before and after the educational intervention. In addition, the sample was drawn from one institution in the Mid-western region therefore, findings of the study will not be appropriate for generalization. Another limitation was that several survey questions were either double or triple barreled questions. This flaw in the construction of questions may have biased students' responses to those questions. A revision of the tool before subsequent use is recommended.

Further Research

Many researchers have explored attitudes and perceptions of health care workers (including nursing students) toward older adults. Some studies include interventions to support positive attitudes of nursing students toward older adults. Future research is needed to evaluate

the long-term effectiveness of those interventions. Longitudinal study would provide further insight into whether perceptions and work preferences have changed over time. Data from longitudinal studies can be used to guide future curriculum.

Research findings identified the participants as having greater interaction with older adults who were females. Future studies may explore any correlation between the attitudes of nursing students toward older adults and their interaction with older adults of a particular gender. Such an approach would promote a more focused strategy in identifying gender ratio before assigning students to complete clinical practicum experiences. This research identified a relationship between cultural norms and attitudes toward older adults. With the rapidly increasing minority and ethnic population in the USA and a similar growing minority group of health care providers, this is an area of significant research potential.

Future studies of nursing students' preferences for working with older adults should include a pre-and post-test approach of work preferences. An identification of nursing students' prior work preferences can provides more meaningful comparison of data. Another suggested area of research would be to include frequent exploration of students' work preferences at various points of training. Based on the results of this study, work preferences may have been formed before they commenced the clinical experience. Further research is needed to explore whether work preferences are made during training or before students enter the field of nursing. Additional research is likewise needed to develop tools to assess attitudes towards older adults, as well as identify nurses with an aptitude for working with older adults. Another area of study is to identify individuals who choose to work with older and conduct studies to identify particular characteristics. Nurse educators may use the results of those findings to further guide curriculum development and training.

Summary

The healthcare system serves a large portion of the ageing population (Williams, 2006). Nursing students and practicing nurses are very likely to care for an older adult in a variety of settings. The result of the study identified some relationship between the interventions and work preferences. Decisions to work with older adults was low, but was one of two highest choices. These decisions were primarily influenced by students' personal choices. There was a slight relationship between demographic data and work preferences. Some students who were presently employed as care givers to older adults indicated continued interest in working with older adults. The exploration of the attitudes and perceptions of nursing students toward older adults and their interest in working with this population must be a continued focus of nursing education.

The findings of this study demonstrated that nursing students approached a clinical practicum with negative and positive perceptions of older adults. Negative perceptions reflected ageism that ultimately reflected attitudes of the wider society (Mcguire, Klein, & Chen, 2008). Research results however identified that nursing students demonstrated more positive perceptions toward older adults after completing the practicum experience. Study results indicated that educational intervention impacted students' cognitive, affective, and psychomotor learning domains. Themes from the data reflected a valuing and admiration for older adults, increased knowledge and competence in caring for older adults, and the internalizing of some values of the older adult with whom they interacted. The research further confirmed that the change or formation of perception occurred as they spent time providing hands-on care or socializing with older adults, as they participated in post-conference discussions, or observed the positive interaction of faculty and nursing personnel toward older adults. In this study, the

concepts of Social Learning Theory provided a solid framework for these findings confirming that attitudes, perceptions, and behaviors can be changed when the desired outcome is modeled or taught.

The elderly population in America is growing rapidly. A major goal of nursing education is to impact students' understanding and attitudes toward care of the older adult patients, as well as to influence their career choices toward meeting the health care needs of this growing aging population (Grocki & Fox, 2004). This study confirmed that an educational intervention consisting of a robust gerontological nursing content, intentional interaction with older adults, and ongoing discussions and reflections of these activities can impact perceptions toward older adults in more positive.

References

Aday, R. H., & Campbell, M. J. (1995). Changes in nursing students' attitudes and work differences after a gerontology curriculum. *Educational Gerontology* 21(3). 247-260.

Ajzen, I. (1991). The theory of planned behavior. Retrieved from http://www.valuebasedmanagement.net/methods_ajzen_theory_planned_behaviour.html

Alabaster, E. (2007). Involving students in the challenges of caring for older people. *Nursing Older People*. 19(6), 23-28.

Altpeter, M., & Marshall, V. W. (2003). Making aging real for undergraduates. *Educational Gerontology*. 29, 739-756. DOI: 10.1080/03601270390231166.

Andrykowski, M. A., Beacham, A. O., Schmidt, J. E., & Harpe, F. W. K. (2006). Application of the theory of planned behavior to understand intentions to engage in physical and psychosocial health behaviors after cancer diagnosis. *Psycho-Oncology*, 15, 759-771. doi: 10.1002/pon.1007.

Antle, M. M. (1986). Interview techniques in qualitative research concerns and challenges. *In Qualitative Nursing Research: A Contemporary Dialogue.* (Morse J M Ed), Aspen, Rockville, Maryland.

Archambault, M. E., Van Rhee, J. A.., Marion, G. S., & Crandall, S. J. (2008). Utilizing implicit association. *Journal of Nursing Education*, *19*(4), 20-26.

Ash, S. L., Clayton, P. H., & Moses, B. (2009). *Learning through critical reflection: A tutorial for service-learning students.* Releigh, NC.

Atchley, R. C. (200). *Social forces and aging: An introduction to gerontology*. (9th Ed.). Belmont, CA: Thompson Learning.

Attitudes Retrieved from http://en.wikipedia.org/wiki/Theory_of_planned_behavior

Baillie, L., Ford, P., Gallagher, A., & Wainwright, P. (2009). Nurses' view on dignity in care. *Nursing Older People, 21*(8), 22-29.

Bandura, A. Social Learning Theory, Prentice-Hall, Englewood Cliffs, N.J. 1977, p. 27 Retrieved from http://www.mhhe.com/socscience/comm/bandur-s.mhtml

Barrett, A. E., & Cantwell, L. E. (2007). Drawing on stereotypes: using undergraduates' sketches of elders as a teaching tool. *Educational Gerontology*, *33*: 327–348, 2007. DOI: 10.1080/03601270701198950.

Beling, J. (2004). Impact of service learning on physical therapist students' knowledge and attitudes towards older adults and on their critical thinking ability. *Journal of Physical Therapy Education* 18(1), 13-21.

Bendix, J. (2009). Exploiting the elderly. *RN*, 42-46.

Bernard, M. (1998). Back to the future? Reflections on women, ageing and nursing. *Journal Of Advanced Nursing*, 27, 633-640.

Blunk, E., & Williams, S. W. (1997). The effects of curriculum on pre-school children's. perceptions of the elderly. *Educational Gerontology*, 23(3), 234-241.

Bradt-Ryan, B. (1979). Attitudes toward and responses to aging. *Dissertation Abstracts International.* 39, 4098.

Brock, A. (1977). Improving nursing care for the elderly: An educational task. *Journal of Gerontological Nursing*, 3, 26-28.

Buchman, T., M.B., Burns, E. M., & Jones, M. (1981). Student nurses' attitude towards the elderly. *Journal of Nursing Education*. 20(5), 7-10.

Burbank, P. M., Dowling-Castronovo, A., Crowther, M. R., & Capezuit, E. A. (2006). Improving knowledge and attitudes toward older adults through innovative educational strategies.

Journal of Professional Nursing, 22(2), 91-97.

Butler, R. N. (1993). Dispelling ageism: The cross cutting interventions. *Generations,* 93, 17(2), p. 75.

Carmel, S., Cwikel, J., & Galinsky, D. (1992). Changes in Knowledge, and attitudes, and work preferences following courses in gerontology among medical, nursing, and social worker students. *Educational Gerontology,* 18, 329-342.

Carter, H. & MacInnes, P. (1996). Nursing attitudes to the care of elderly patients at risk of continuing hospital care. *Journal of Advanced nursing,* 24, 448-455.

Caruso, K. (2009). Elderly suicide. Retrieved from www.projectinterface.org/suicide/olderadults/guide.

Chen, S., Melcher, P., Witucki, M., & McKibben, M. A. (2002). Nursing home use for clinical rotation: Taking a second look. *Nursing and Health Science*, 3, 131-137.

Cherry, K. (2005). An overview of social learning theory. *Psychology Guide. Retrieved from http://psychology.about.com*

Clavel, D. S. (1999). Vocalizations among cognitively impaired elders: What is your patient trying to tell you? *Geriatric Nursing*, 20(2), 90-93.

Cohen, E. S. (1990). The elderly mystique: Impediment to advocacy and empowerment. *Generations: Journal of the American Society on Aging, 14,* 13–16.

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Vaile & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.

Corbet, B. (2007, January/February). Embedded. Retrieved from www.aarpmaganize.org

Cozort, R. W. (2008). Student nurses' attitudes regarding older adults: Strategies for fostering

improvement through academia. *Teaching and Learning in Nursing* 3, 21-25.

Crewell, J. W., & Planto Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2007). *Qualitative inquiry & design: Choosing among five approaches*. (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Cuddy, A. J., Norton, M. I., & Fiske, S. T. (2005). This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of Social Issues,* 61, 267-285.

Dellasega, C., & Curriero, M.A. (1991). The effects of Institutional and community experiences On nursing students' intentions toward work with the elderly. *Journal of Nursing Education,* 30(9), 405-410.

Depression in elderly. (2008, December). Retrieved from www.healthyplace.com/depression.

Dorfman, L. T., Murty, S. A., Ingram, J. G., Evans, R. J., & Power, J. R. (2004). Intergenerational service-learning in five cohorts of students: is attitude change robust? *Educational Gerontology*, 30: 39–55, dio: 10.1080/03601270490248446.

Eliopoulos, C. (2001). *Gerontological Nursing*. Philadelphia: Lippincott.

Ensuring quality long-term care for older people. (2005, March). Organization for Economic Co-operation and Development. Retrieved from www.oecd.org/publications,policybriefs

Fajemilehin, B. R. (2004). Attitudes of students in health professions toward caring for older people: Needed curricula revision in Nigeria. *Educational Gerontology*, 30, 383-390.

Ferrario, C. G., Freeman, F. L., Nellett, G., & Scheel, J. (2008). Changing nursing students' attitudes about aging: an argument for successful aging paradigm, *Educational Gerontology,* 34, 51-66.

Fletcher, D. M. (1986). Why do we stereotype our elderly patients? 49(10). Retrieved from

www.ncbi.nih.govmed.3642682

Fowles, D. G. (1991). *A profile of older Americans*. Washington DC: American Association of retired Persons.

Fox, S. D., & World, J. E. (1996) Baccalaureate student gerontological Nursing experiences: Raising consciousness levels and affecting Attitudes. *Journal of Nursing Education*, 35(8), 348-55.

Gallagher, S., Bennett, K. M., & Halford, J. CG. (October, 2006). A comparison of acute and long-term Health care personnel's attitudes towards older adults. I*nternal Journal of Nursing Practice, 1*2(5), 273-79.

Ganz, F. D., & Kahana, S. (2006). Perceptions of Israeli student nurses regarding clinical specialties and factors that influence these perceptions. *Issues and innovations in Nursing Education*, 88-98. doi: 10.1111/j.1365-2648.2006.03983.x

Gardina-Roche, C., & Black, E.A. (1990) Attitudes of diploma student nurses toward adult clients. *Journal of Nursing Education*, 29(5), 208-214.

Gilbert, M. (2010, January). See me. Retrieved from http://scrubsmag.com/video-see-me-nurse/

Giles, L. C., Paterson J. E., Butler, S. J., & Stewart, J. J. (2002). Ageism among health care professionals: A comparison of clinical educators and students in Physical and occupational therapy. *Physical and Occupational Therapy in Geriatrics*, 21(2), 15-26.

Godin, G., & Kok G. 1996. The theory of planned behavior: A review of its applications to health-related behaviors. *AM J Health Promotion* 11: 87–98.

Goebel, B. L. (1984). Age stereotypes held by student nurses. *The Journal of Psychology*, 1984, 116, 249-254.

Gomez, G. E., Young, E. A., & Gomez, E. A. (1991). Attitude toward the elderly, fear of death,

and work preference of baccalaureate nursing students. *Gerontology & Geriatric Education*, 11(4) 45-57.

Greenhill, E.D., & Baker, M. F. (1986). The effects of a well older adult clinical experience on students' knowledge and attitudes. *Journal of Nursing Education*. 25(4), 145-147.

Grocki, J.H., & Fox, G.E., Jr. (2004). Gerontological course work in undergraduate nursing Programs in the United States: A regional study. *Journal of Gerontological Nursing*, 30(3), 46-51.

Gunter, L. M. (1971). Students' attitude toward geriatric nursing. *Nursing Outlook*, 19(7), 466-469.

Hagestad, G. O., & Uhlenberg, P. (2005). The social separation of old and young: a root of Ageism. *Journal of Social Issues*, 61, 425-442.

Haigh, B. K., Christ, M. A., & Dias, J. K. (1994). Does nursing education promote ageism? *Journal of Advanced Nursing*, 20, 382-390.

Happell, B. (1999). Nurse education: Is it responding to the forces of supply and demand. *Nursing Economics*, 17(5): 252-256.

Hartford Geriatric Nursing Initiative. (2006). Preparing the nursing to care for the growing Number of older adults. Retrieved December 19, 2009 from. http://geronurseonline.com/ Index.cfm?Fsection_id=7&sub_section_id=12&template_id=10

Heliker, D., Brophy, E. B., Haughton-Walsh, M., Druyan, M. E., Hungelmann, J. A., Jacobs, M. LaPalio, L., Sabbia-Madden, P., & Schulte, J. (1993). A study of professional health care students' attitudes toward older adults. *Journal of Nursing Education*, 32(8), 370-373.

Henderson, J., Xioa, L., Siegloff, L., & Kilton, M. (August, 2008). Older people have lived their lives: First Year nursing students' attitude towards older people. A

Journal for the Australian Nursing Profession, 30(1), 32-45.

Hernendez, C. R., & Gonzalez, M. Z. (2008). Effects of intergenerational interaction on aging, *Educational Gerontology*, 34,292-305. doi. 10.1080/03601270701883908.

Hicks, D., Rogers, C., & Shomberg, K. (1976). Attitudes toward the elderly: A comparison of measures. *Experimental Aging Research*, 2, 118-124.

Higgins, I., Van Der Riet, P., Slater, L., & Peek, C. (2007). The negative attitudes of nurses the towards older patients in the acute hospital setting: A qualitative descriptive study. A *Journal of Australian Nursing Profession* 26(2), 225-237.

Horowitz, B. P., Savino, D., & Krauss, A. (1999). Special feature: ageism and implications for gerontolic occupational therapy practice {institutional care}. *Topics in Geriatric Rehabilitation*, 15(2), 71-78.

Huber, M. (2005). Ensuring quality long-term care for older people. *Organization for Economic Co-operation and Development Policy Brief, 1-8.*

Hummert, M. L., Garstka, T. A., Shaner, J. L., & Strahm, S. (1995). Judgements about stereotypes of the elderly. *Research on Aging*, 17(2), 168-169.

Ironside, P. M., Tagliareni, M. E., McLaughlin, B., King, E., & Mengel, A. (2009). Enhancing geriatrics in Associate degree nursing program. *Nursing Education Perspectives*, 30(5), 340-341.

Katz, D. (1960). The functional approach to the study of attitudes. *Public Opinion Quarterly*, 24, 163-204.

Kogan, N. (1961). Attitudes toward old people: The development of a scale and the examination of correlates. Journal of Abnormal and Social Psychology, 62, 44-54.

Kotzabassaki, S., Vardaki, Z., Andrea, S., & Parissopoulos, S. (2002). Student nurses' attitudes

Towards the care of elderly persons. A pilot study. *ICUS NURS WEB* J12, 1-9.

Kayser, J. S., & Minnigerode, F. A. (1975). Increasing nursing student's interest in working with

Learning theories Knowledgebase (2011, April). Social Learning Theory (Bandura) at Learning-Theory.com. Retrieved April 7th, 2011 from http://www.leatning-theoies.com/social-learning-theory-bandura.html.

Levy, B. R., Ashman, O., & Dror, I. (1999). To be or not to be: The effects of aging self-stereotypes on the will to live, *Omega: Journal of Death and Dying*, 40, 409-420.

Lichdtenstein, M. J., Pruski, L. Marshall, C. E., Blalock, C. L., Lui, Y., & Plaetke, R. (2005). Do middle school students really have fixed images of elders? *Journal of Gerontology*. 60B, 537-547.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

Lookinland, S., & Anson, K. (January, 1995). Perpetuation of ageist attitudes among present and future Health care personnel: Implications for elder care. Journal of *Advanced Nursing*, 21(1), 47-56.

MacNeil, R. D. (1991). Attitudes toward the aged and identified employment preferences of therapeutic recreation students. *Educational Gerontology*, 17, 543-558.

McCracken, A., Fitzwater, E., & Lockwood, M. (2005). Comparison of nursing students' attitudes toward the elderly in Norway and the United States, *Educational Gerontology*, 21, 167-180.

McGarry, J., Aubeeluck, A., Simpson, C., & Williams, G. (2009). Nursing students' experiences of care. *Nursing Older People*, 21(7), 16-22.

McGuire, S. L., Klein, D. A., & Chen. (2008). Ageism revisited: A study measuring ageism in East Tennessee, USA. *Nursing and Health Sciences*, 10, 11-16.

McGuire, S., Klein, D., & Couper. (2005). Aging education a national imperative. *Educational Gerontology*, 31, 443-460.

McKinley, A., & Cowan, S. (2003). Student nurses' attitudes towards working with older patients. *Journal of Advanced Nursing*, 43(3), 298-309.

McLafferty, I & Morrison, F. (2004). Attitudes towards hospitalized older adults. *Journal of Advanced Nursing*, 47(4), 446-453

Medical malprocess. (n.d.). *Health care or healthcare*? Retrieved from http://www.thesystemmd.com

Melby, J., & Ryan, A. (October, 2005). Caring for older people in pre-hospital emergency care: Can nurses make a difference? *Journal of Clinical Nursing*, 14(9), 1141-50.

Mellor, P., Chew, D., & Greenhill, J. (2007). Nurses' attitudes toward elderly people and knowledge of gerontological care in a multi-purpose health service. *Australian Journal of Advanced Nursing* 24(3), 37-41.

Meshel, D. S., & McGlenn, R. P. (2004). Intergenerational contact, attitudes, and stereotypes of adolescents and older people. *Educational Gerontology*, 30, 457-479.

Miller, C. A. (2004). *Nursing for wellness in older adults: Theory and Practice* (4th Ed.). Philadelphia: Lippincott Williams & Wilkins.

Mistry, R., Rosansky, J., McGuire, J., McDermott, C., & Jarvik, L. (2001). Social isolation predicts re-hospitalization in a group of older American veterans enrolled in the UPBEAT Program. *International Journal of Geriatric Psychiatry, 16*, 950–959.

O'Leary, Z. O. (2010). *The essential guide to doing your research project*. Thousand Oaks, CA:

Sage Publications.

Pacala, J. T, Boult, C., & Hepburn, K. (2006). Ten years' experience conducting the aging game workshop. *The American Geriatric Society*, 54, 144-149.

Palmore, E. (2001). The ageism survey: First findings. *Gerontologist*, 41, 572-575.

Palmore, E. B. (1998). *The Fact of Aging Quiz (*2nd Ed.) New York: Springer.

Palmore, E. B. (1990). Ageism: Negative and Positive. New York; Springer.

Polit, D. F. & Beck, C. T. (2008). *Nursing Research: Generating and assessing evidence for Nursing practice.* Philadelphia, P.A: Lippincott Williams and Wilkins.

Powers, C.S., Savidge, M. A., Allen, R. M., & Cooper-Witt, C. M. (2002). Implementing a mandatory geriatric clerkship. Journal of American Geriatrics Society, 50, 369-373.

Prudent, E. S., & Tan, P.P. (2002). Caribbean students' attitudes toward older adults. *Educational Gerontology*, 28, 669-680.

Pursey, A. & Luker, K. (September, 1995). Attitudes and stereotypes: Nurses' work with older people. *Journal of Advanced Nursing*, 22(3), 544-55.

Reid, C. C., Beall, S. C., & Baumhover, L. A. (1992). Gerontological education for students and social work: Knowledge, attitudes, and perceived barriers. *Educational Gerontology. 6,* 625-636.

Rempusheski, V. F. (1991). Historical and futuristic perspectives in aging and gerontological nurse. *Newbury Park*, CA: Sage.

Robb, S. S. (1979). Attitudes and intentions of baccalaureate nursing students toward the elderly. *Nursing Research,* 28(1), 43-50.

Roberts, S., Hearn, J., & Holman. (2003). Using drawing to explore student nurses' perceptions of older age. *Nursing Older People.* 15(5), 14-18.

Romance takes on a new wrinkle. (2006, November). *The Kansas City Star.*

Rosencranz, H. A. & McNevin, T. E. (1969). A factor analysis of attitudes toward the aged. *Gerontologist*, 9, 55–59.

Rosenwaike, I. A. (1985). A demographic portrait of the oldest old. *Milbank Memorial Fund Quarterly: Health and Society*, 63,187-205.

Rosher, R. B., & Robinson, S. (2005). The eden alternative: Impact on student attitudes. *Educational Gerontology*, 31, 273-282. doi: 10.1080/03601270590916777.

Rosin, A. J., & Abramovitz, L. (1997). Formal and informal framework for teaching geriatrics. *Educational Gerontology*, 23(2), 91-103.

Rosseter, R. J. (2009). Nursing shortage fact sheet. American Association of Colleges of Nurses, Retrieved from http://www.aacn.nche.edu/Media/pdf/NrsgShortageFS.pdf

Russakoff, D. (2010). Old age in America by the numbers. *The New Old Age.* Retrieved from http://newoldage.blogs.nytimes.com/2010/07/21/aging-in-america-how-its-changing

Rowland, V. T., & Shoemaker, A. (1995). How experiences in nursing home affect nursing students' perceptions of the elderly. *Educational Gerontology*, 21(8), 735-748.

Ryan, M., & McCauley, D. (2005). We built it and they did not come: Knowledge and attitudes of baccalaureate nursing students toward the elderly. *Journal of New York State Nurses Association,* Fall/Winter, 5-9.

Ryan, A., Melby, V., & Mitchell, L. (2007). An evaluation of the effectiveness of an educational and experiential intervention on nursing students' attitudes towards older adults. *International Journal of Older People Nursing,* 2, 93-101.

Schumacher, K., Beck, C. A., & Marren, J. A. (2006, August.) Family caregivers: Caring for older adults, working with their families. *The American Journal of Nursing*, 106(8), *40-*

49.

Schwartz, L.K., & Simmons, J. P**.** (2001). Contact quality and attitudes toward the *Elderly, Educational Gerontology,* 27:127–137.

Seltzer, M., & Atchley, R. (1971). The concept of old: Changing attitudes and stereotypes. *The Gerontologist,* 11, 226-230.

Selvin, O. D. (1991). Ageist attitudes among young adults: Implications for a caring profession. *Journal of Advanced Nursing.* 16, 1197-1205. doi: 10.1111/1365-2648ep8535758.

Sheffler, S. J. (1995). Do clinical experiences affect nursing students' attitudes toward the elderly. *Journal of Nursing Education,* 34(7), 312-316.

Sheffler, S. J. (1998). Clinical placement and correlates affecting student attitudes toward the elderly. *Journal of Nursing Education*, 37(5), 216-218.

Shellman, J. (2006). "Making a connection": BSN students' perceptions of their reminiscence experiences with older adults. *Journal of Nursing Education.* 45(20), 497-503.

Silverstein, S. (1981). *The little boy and the old man*. In *A light in the attic*. New York: Harper-Collins. Retrieved from http://www.americanpoems.com/poets/Shel-Silverstein/13486

Smeltzer, S.C., Bare, B.G., Hinkle, J. L., & Cheever, K. H. (2007). Take five: Age related changes in body system. Retrieved from http://www.nursing2007.com

Stibich, M. (2008, July). Vitamin D deficiency linked with depression in elderly. Retrieved from longevity.about.com/od/mentalfitness/.../vitamin_D_depre.htm.

Tabloski, P. A. (2010). *Gerontological Nursing*. Upper Saddle River, New Jersey: Pearson Education, Inc.

Treharne, G. (1990). Attitudes towards the care of elderly people: Are they getting better?

Journal of Advanced Nursing, 15(7), 777-81.

United States Census Bureau. (2001). The 65 and older population: 2000. Retrieved from http://www.census.gov/prod/2001/pubs/c2kbr01 - 10.pdf

United States Census Bureau. (2006-2008). *American Community Survey*. Retrieved from http://factfinder.census.gov/servlet/ACSSAFFFacts?_submenuId=factsheet_1&_sse=on

United States Senate Special Committee on Aging. (1991). Aging America: trends and projections. Washington, DC: U.S. Department of Health and Human Services.

United States Department of Health and Human Services. (2006). Dramatic changes in U.S. aging highlighted in new Census. *National Institute of Health report*. Retrieved from http://www.nih.gov/news/pr/mar2006/nia-09.htm

University of Illinois, Chicago, College of Nursing Institute at the University of Illinois College of Nursing Institute. (2001). Who will care for each one of us: America's coming health care crisis. Retrieved http://www.aacn.nche.edu/media/pdf/NrsgShortageFS.pdf

Vitamin D dependency linked to depression in the elderly. (2010). Retrieved from Pulsetoday.co.uk

Volland, P. J., & Berkman, B. (2004). Educating social workers to meet the challenge of an aging urban population: A promising model. *Academic Medicine*, 79, 1192-1197.

Waters, V. (1992, Spring). Voices of experience: The nursing home clinical. *News Link*, p. 1-4.

Wells, Y., Foreman, P., Gething, L., & Petralia, W. (2004). Nurses' attitudes toward aging and older adults. *Journal of Gerontological Nursing*, 5-13

Wicker, C. (2010, November). Unlocking the silent prison: Caregivers learning better a better way to communicate with Alzheimer's patients. Retrieved from

www.parade.com/health/2010/...21unlocking-the-silent-prison.html

Wilhite, M., & Johnson, D. (1976). Changes in nursing students' stereotypical attitudes toward old people, *Nursing Research*, 25, 430-432.

Williams, K. N., Nowak, J., & Scobee, R. L. (2006). Fostering Student interest in geriatric nursing: Impact of senior long-term care experiences. *Nursing Education Perspectives*, 27(4), 190-193.

World Health Organization. (2010). Definition of an older or elderly person. Retrieved http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html

Appendix A

Invitation Letter

Dear Participants:

My name is Vivienne Friday, and I am a Doctoral student at the College of Saint Mary. I am conducting a survey to explore the attitudes of student nurses toward older patients (patients over 75 years). I am inviting you to participate in this study. If you agree to participate, you will be asked to complete a brief demographic data sheet, complete a survey before and after clinical in long term care facility, and be interviewed. The demographic questionnaire and survey can be completed in approximately 20 minutes. I expect the interview to last approximately 30 to 45 minutes. The data collected will be used to advance nursing education regarding caring for older adults.

If you agree to participate in this study and if you require additional information please call me directly at 402-502-4666, or email me at vivievet@msn.com. Surveys and individual interviews will be conducted at a time or location that is convenient to all participants.

Thanks for your consideration.

Sincerely,

Vivienne Friday, MSN, RN.

Appendix B
Adult Consent

ADULT CONSENT FORM

IRB#: CSM 10-25 **Approval Date: 9/2/10** **Expiration Date: 10/2/10**

Title of this Research Study.

EXPLORING PERCEPTIONS OF NURSING STUDENTS TOWARD OLDER ADULTS.

Invitation.

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please contact Vivienne Friday at 402.502.4666 (H), 860. 530.7779 (C), or please e-mail me at vivievet@msn.com

Why are you being asked to be in this research study?

You are being asked to be in this study because you are a student at this college who has completed the required number of hours of classroom instruction and will be assigned to complete first four weeks of clinical rotation in a nursing home.

What is the reason for doing this research study?

This research is designed to (1) examine the perceptions of student nurses toward older adults and (2) determine whether educational strategies and a clinical rotation in a long-term-care setting will influence their perceptions and work preferences.

Participant Initials----------

What will be done during this research study?

Your involvement in this study will consist of an (1) completing a survey before and after your clinical assignment in a long-term-care facility, (2) an interview (after your practicum) to answer several questions relating to your perceptions of older patients, and your perceptions of working with older adults, (3) preparation for and participation in weekly post conference discussion concerning issues relating to older adults, and (4) permission to use information from your weekly journal entries and elderly interview to complement research data. The interview should last approximately 45-60 minutes and will be audio-taped. Completing a demographic survey and the pre-survey should last approximately 30 minutes, while completing the post survey should last approximately 20 minutes.

What are the possible risks of being in this research study?

There are no known risks to you from being in this research study.

What are the possible benefits to you?

There will be no direct benefits to you. You may get some satisfaction from knowing that you helped to generate information.

What are the possible benefits to other people?

The information you provide may add to the body of nursing knowledge and help improve the quality of gerontological education.

What are the alternatives to being in this research study?

Instead of being in this research study you can choose not to participate.

Participant Initials _____

What will being in this research study cost you?

There will be no costs to you as a result of taking part in this study.

Will you be paid for being in this research study?

You will not be paid or compensated for being in this research study.

What should you do if you have concerns during this research study?

If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the end of this consent form.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. Confidentiality will be maintained by changing their names to pseudonyms (non-identifying names). Pseudonyms will be used on all written records. Only the researcher will have access to written records with written names. Records of actual names of participants will be kept in a locked cabinet in the researcher's office for seven years after completing the research.

What are your rights as a research participant?

You have rights as a research participant. These rights have been explained in this consent form and in *The Rights of Research Participants* that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

Participant Initials _____

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the College of Saint Mary, or Iowa Western community College.

You will not lose any benefits to which you are entitled.

If the research team gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

Documentation of informed consent.

You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep. If you are 19 years of age or older and agree with the above, please sign below.

Signature of Participant: _____Date: _____ Time: _____

Participant Initials _____

Investigator certificate clause:

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator: _____ Date: _____

Authorized Study Personnel.

Principal Investigator: __Vivienne Friday_____ Phone: __402.502.4666_____

Faculty Advisor: _Dr. Lois Linden_____ Phone: 402.399.2612_____

Participant Initials _____

Appendix C
The Rights of Research Participants

SECTION 8: RIGHTS FOR RESEARCH PARTICIPANTS

Each participant in your research study needs to receive a hard copy of the form below (or one like it that has been adapted to your population):

COLLEGE OF SAINT MARY

THE RIGHTS OF RESEARCH PARTICIPANTS*
AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY
YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.

2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.

3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.

4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.

5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.

6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.

7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.

8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400. *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION. 36

Appendix D

Site Permission

Friday, Vivienne

Sent: Monday, August 02, 2010 11:48 PM

To: Berthelsen, Rita

Dr. Berthelsen:
I will need permission to conduct my research with students in my clinical group. Please advise me of the procedure of obtaining the appropriate consent.
Thanks
Vivienne Friday

From: Berthelsen, Rita
Sent: Friday, August 06, 2010 1:58 PM
To: Duran, Dorothy
Cc: Willms, Sue
Subject: Vivienne's research survey

Dr. Duran, Sue Willms and I have reviewed the proposed survey and support the research endeavor. Do you approve? Is there anything else I need to do to allow her to distribute the survey and meet with students? We will be sure she knows her meetings (30 minutes per student) are not during work time. Thank you, Rita

From: Duran, Dorothy
Sent: Tuesday, August 10, 2010 2:57 PM
To: Berthelsen, Rita
Subject: RE: Vivienne's research survey
Rita,
That should be fine. Dr. Kinney supports her research too.
Dr. Duran

Berthelsen, Rita

Sent: Tuesday, August 10, 2010 3:34 PM

To: Friday, Vivienne

Cc: Willms, Sue

Congratulations and let me know if there is anything I can do to help. Dr. Rita

Appendix E

Guidelines for Weekly Journal Entries

Choose a situation/incident that you witnessed or were involved in with residents, family members or staff. The incident may be related to physiological, emotional, social, or ethical domain.

Describe the incident:

- When did it occur? Where did it occur? Who was involved?
- What did you see, hear or smell?
- Why did the situation occur? Could it be avoided?

Examine the Situation

- How does this relate to what you have learned?
- Were you able to apply any knowledge, concepts, perspectives or skills related to knowledge gained?
- Does this experience challenge or reinforce what was learned?
- How can you best express your new understanding of the situation?

Examine Personal Growth

- What assumptions or expectations did you bring to the situation? How did they affect what I did or didn't do, feel, or think?
- How did the situation make me feel (positively or negatively)? What did I do as a result of my feeling? Should I have felt differently?
- How did this situation challenge or reinforce my values, beliefs, convictions?

Articulate Learning

- What did I learn?
- How did I learn it?
- Why does it matter?
- What will I do in light of it?

Appendix F

Research Questions

1. What are perceptions of nursing students toward older adults before and after the educational experience?

- ❖ Tell me about your experience with older adults before this clinical rotation.
- ❖ Tell me about your clinical experience with older adults after the clinical rotation.
- ❖ How do you think those impressions were formed?
- ❖ What thoughts and emotions were generated during your experience with older adults during this clinical rotation?
    - Why do you think you experienced these thoughts and emotions?
    - ❖ Was there anything that you disliked about the experience?
        - Please explain.
    - ❖ Was there anything that you liked about the experience?
        - Please explain

2. What factors influence Student nurses' perceptions about older adults?

    - ❖ What was the most profound learning or "ah-ah" moments that you experienced during this experience with older adults
    - ❖ Tell me about any personal growth that you have gained during this clinical rotation.
    - ❖ Give me an example of how your professional knowledge may have changed during this clinical experience

3. How has this experience influenced work preferences?

    - ❖ Were the educational activities effective in learning how to care for older adults?
    - ❖ Rank your preference for providing nursing care to the following age group:

a. Infant to 1-year olds
b. Pre-schools (2-4 years)
c. School age children (5-12 years)
d. Adolescents (13-18 years)
e. Young adults (20-39 years)
f. Middle-aged adult (40-55 years)
g. Adults (56-74)
h. The young old (56-64 years)
i. Middle old (65-74 years
j. Middle old (75 -84 or older)
k. Old old (84 and older)

- State your reasons for your first and last preference
- Describe how this clinical experience may have or will influence your clinical practice.
- What are your perceptions regarding pursuing gerontological nursing in the future?

Appendix G

Guidelines for Elderly Interview

This activity will helped students:

- Communicate with an older person
- Gain insight into the life of this individual during various developmental stages
- Reflect on personal and professional benefits gained from the assignment

Assignment guidelines:

During your clinical rotation to long-term-care, conduct an interview with an individual who is 75 years old or greater. The person who you interview can be a resident in the facility to which you are assigned, or someone else who is willing to participate. Question the client about his/her experience as a child, young adult, and an older adult.

Develop your own questions. Include both questions and answer in your final paper.

Suggested guide for questioning:

-Childhood: ask about toys, pets, friends, siblings, chores at home, favorite book or story.

-Young adult: ask about first job, first romance, marriage, first home, historic events, and a sad or funny experience.

-Older adult: ask about hobbies or activities, retirement, family, health, life changes, losses friends, the most important things in life, regrets or achievements.

*See Grading Rubric Below

Reflection:

What made you choose this person for your interview?

What have you learned about the interviewee? This could include such things as health, living situation, personality, etc. Include highlights, especially significant things, and broad conclusions. Be sure to distinguish between your **observations** and your **conclusions**. For broad conclusions, give at least some of the specific observations that led to those conclusions. (For example, if you say the interviewee seemed happy, or seemed easy-going; identify the **behavior** you **observed** that led you to those conclusions.

What I Learned About Issues relating to older adults? Sometime during your interviews you should have discussed with your interviewee at least two of the "Issues important to the Elderly" that we discussed in class or that were described in the various handouts. Describe briefly what you learned about some of those issues.

What did you learn about yourself? During the other experiences you may have realized other things about your-self. You may have learned new things about yourself, or confirmed things you already know about your personal and cultural values. Did your experiences lead to any new insights, awareness, or “Aha's” about yourself? Was there further confirmation of anything you already knew about yourself? Hint: ask yourself whether you learned anything about your likes and dislikes.

What do hope to do with any knowledge or insight gained from this experience?

Appendix H
Kogan's Attitude Toward Old People Scale

Directions: Circle the LETTER on the scale following each statement, according to the following key, that is closest to your opinion of old people.

Key:

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
A	B	C	D	E	F

1. It would probably be better if most old people lived in residential units with people their own age.
   A.....B.....C.....D.....E.....F

2. It would probably be better if most old people lived in residential units with younger people.
   A.....B.....C.....D.....E.....F

3. There is something different about most old people; it's hard to find out what makes them tick.

   A.....B.....C.....D.....E.....F

4. Most old people are really no different from anybody else; they're as easy to understand as younger people.
   A.....B.....C.....D.....E.....F

5. Most old people get set in their ways and are unable to change.
   A.....B.....C.....D.....E.....F

6. Most old people are capable of new adjustments when the situation demands it.
   A.....B.....C.....D.....E.....F

7. Most old people would prefer to quit work as soon as pensions or their children can support them.
   A.....B.....C.....D.....E.....F

8. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.
   A.....B.....C.....D.....E.....F

9. Most old people tend to let their homes become shabby and unattractive.
   A.....B.....C.....D.....E.....F

Directions: Circle the LETTER on the scale following each statement, according to the following key, that is closest to your opinion of old people.

Key:

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
A	B	C	D	E	F

10. Most old people can generally be counted on to maintain a clean, attractive home.
A.....B.....C.....D.....E.....F

11. It is foolish to claim that wisdom comes with age.
A.....B.....C.....D.....E.....F

12. People grown wiser with the coming of old age.
A.....B.....C.....D.....E.....F

13. Old people have too much power in business and politics.
A.....B.....C.....D.....E.....F

14. Old people should have power in business and politics.
A.....B.....C.....D.....E.....F

15. Most old people make one feel ill at ease.
A.....B.....C.....D.....E.....F

16. Most old people are very relaxing to be with.
A.....B.....C.....D.....E.....F

17. Most old people bore others by their insistence on talking “about the good old days”.
A.....B.....C.....D.....E.....F

18. One of the most interesting and entertaining qualities of most old people is their Account of their past experiences.
A.....B.....C.....D.....E.....F

19. Most old people spend too much time prying into the affairs of others and giving Un-sought advice.
A.....B.....C.....D.....E.....F

20. Most old people tend to keep to themselves and give advice only when asked.
A.....B.....C.....D.....E.....F

Directions: Circle the LETTER on the scale following each statement, according to the following key, that is closest to your opinion of old people.

Key:

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree
A	B	C	D	E	F

21. If old people expect to be liked, their first step is to try to get rid of their irritating faults.
A.....B.....C.....D.....E.....F

22. When you think about it, old people have the same faults as anybody else.
A.....B.....C.....D.....E.....F

23. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.
A.....B.....C.....D.....E.....F

24. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.
A.....B.....C.....D.....E.....F

25. There are a few exceptions, but in general most old people are pretty much alike.
A.....B.....C.....D.....E.....F

26. It is evident that most old people are very different from one another.
A.....B.....C.....D.....E.....F

27. Most old people should be more concerned with their personal appearance; they're too untidy.
A.....B.....C.....D.....E.....F

28. Most old people seem quite clean and neat in their personal appearance.
A.....B.....C.....D.....E.....F

29. Most old people are irritable, grouchy, and unpleasant.
A.....B.....C.....D.....E.....F

30. Most old people are cheerful, agreeable, and good humored.
A.....B.....C.....D.....E.....F

31. Most old people are constantly complaining about the behavior of the younger generation.
A.....B.....C.....D.....E.....F

32. One seldom hears old people complaining about the behavior of the younger Generation.

Directions: Circle the LETTER on the scale following each statement, according to the following key, that is closest to your opinion of old people.

Key:

Strongly Disagree	Slightly Disagree	Disagree	Agree	Slightly Agree	Strongly Agree

A.....B.....C.....D.....E.....F

A.....B.....C.....D.....E.....F

33. Most old people make excessive demands for love and reassurance than anyone else.

A.....B.....C.....D.....E.....F

34. Most old people need no more love and reassurance than anyone else.

A.....B.....C.....D.....E.....F

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The Kogan's Attitudes Toward Old People Scale is a 34 item tool with a 6 point Likert scale format. The point descriptors range from strongly disagree (1) to strongly agree (6). The tool contains 17 positively rated and 17 negatively rated statements about older adults. To obtain a score, the value of the negative responses are reversed and tallied in with the positive responses. The range of scores for the KAOP is 34 to 204 with the higher scores representing a more positive attitude.

Appendix I

Permission for Use of The Kogan's Attitude Toward Old People Scale

Vivienne Friday <vivievet@msn.com> 07/30/10 4:50 PM >>>

Dear Dr. Kogan:

My name is Vivienne Friday. I am a doctoral student at the College of Saint Mary in Omaha, Nebraska. My study will focus on Attitudes of Student Nurses Toward older Adults. I will be conducting a mixed study and I am requesting permission to use your Attitudes Toward Old People Scale to collect quantitative data.

Thanks for considering this request.

Vivienne Friday

13908 Rahn Blvd.

Bellevue, NE 68123

402-502-4666

vivievet@msn.com

Nathan Kogan
kogann@newschool.edu
8/02/10

Dear Ms. Friday:

I am pleased to grant you permission to use my OP Scale in your proposed doctoral research. It is possible that you have accessed the OP Scale in the form of matched positive-negative item pairs running down the page. It is important that the OP Scale NOT be administered in that format. Rather, the item pairs should be broken up, and the items randomly ordered down the page. Please feel free to contact me again if you should have any questions regarding the format,

adminisration, or scoring of the OP Scale. You have my best wishes for the success of your project.

Sincerely,

Nathan Kogan, PhD

Professor Emeritus

Psychology Dept.

New School for Social Research

Vivienne Friday <vivievet@msn.com> 08/03/10 5:14 PM

Dr. Kogan:

Thanks for your prompt and kind response. I have attached a copy of the only version of the OP scale that I have access to. Please confirm if this is your latest version. In addition, if it is not too much trouble, will you be so kind as to send me an unused copy? This will allow me to have a clean copy for administering the survey, and as an appendix to my IRB application.

Thanks again.

Vivienne Friday

13908 Rahn Blvd.

Bellevue, NE 68123

402-502-4666

vivievet@msn.com

8/04/10

Nathan Kogan

kogann@newschool.edu

To vivievet@msn.com

From: **Nathan Kogan** (kogann@newschool.edu)

Sent: Wed 8/04/10 10:23 AM

To: vivievet@msn.com

Dear Ms. Friday:

The version of the OP Scale that you sent me contains all of the items from my original scale. Unfortunately, the items are ordered as matched positive-negative pairs running down the page. Why do I object to this ordering? Respondents would quickly notice that the scale is structured in the form of logical opposites, and hence would be likely to respond in a logically consistent manner. Logical consistency is not what the OP Scale is trying to measure. Rather, you want your respondents to report their feelings about each item without reference to other items in the scale. This is why I recommended a random ordering to break up the logically opposite pairings. A random order can be achieved by writing item numbers on slips of paper, placing them in a container, mixing well, and then drawing them out one at a time to establish the item ordering. The format in the attachment sent to me is just fine, but the items would obviously end up in a different order with different numbers.

I cannot send you a clean copy because in my original and subsequent research with the OP Scale, the items were interspersed with items from other constructs (e.g., attitudes toward the physically handicapped and mentally ill) as I was interested in the relationship between attitudes toward the elderly and other kinds of attitudes. In that form, the presence of logically opposite

items in the OP Scale could be readily concealed. The random ordering that I have recommended to you is intended to accomplish the same objective. I hope these remarks have been helpful.

Sincerely,

Nathan Kogan, PhD

Professor Emeritus

Psychology Dept.

New School for Social Research

Appendix J
Demographic Data:

1. **Please place a √ mark in the box that matches your answer.**

Age: under 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50- 59 ☐

Gender: M ☐ F ☐

Race: White ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐

Native Hawaiian/Other Pacific Islanders ☐ Other ☐

Do you have experience working with elderly patients? Yes ☐ No ☐

If yes, number of years: 1-5 ☐ 6-11 ☐ 12-17 ☐ Over 18 ☐

Spoken language: English ☐ Spanish ☐ Other/s ☐

If you indicated other language/s: ----------

Appendix K
Member Check

Date

Dear ----------

Thanks so much for participating in the research interviews on ----------. I greatly appreciate your willingness to share your insights on the study entitled "Exploring Nursing Students' Perceptions of Older Adults: The Impact of Gerontology Education." Enclosed you will find a verbatim transcript of our conversation for you to review. As part of the Research process, it is important that participants confirm the accuracy and completeness of our conversation. Please read the manuscript, make any changes or corrections, and mail back to me in the pre-addressed, pre-paid envelope. Your signature confirms the receipt of the transcript and acknowledges your belief that the transcript is a complete and accurate portrayal of our conversation. I would appreciate the return of the corrections or confirmation by ----------. Again, thank you for your time and effort in participating in this research study, your input is important. Please let me know if you have any questions or comments.

Sincerely,

vfriday@msn.com

402-5-2-4666 (H) or 860 539 7779 (C)

I, ----------, acknowledge receipt of the verbatim transcript of my interview with Vivienne Friday for the research study "Attitudes of Student Nurses Toward Older Adults."

My signature indicates: ☐ I believe the transcript is an accurate and complete account of our conversation.

☐ I have made corrections/additions to the transcript and have enclosed it.

---------- ----------

(Signature) (Date)

Appendix L
Audit Trail

April12, 2011

Vivienne Friday requested an Audit Trail be conducted for her qualitative dissertation, "Nursing Students' Perceptions Toward Older Adults." The Audit Trail was conducted on ----------

In my opinion, the study followed the established processes for qualitative studies, remaining consistent with the intended purpose statement, research questions and planned procedures approved by the Institutional Review Board. NVivo 9 was used to assist in organization of themes that emerged from the qualitative data analysis. The themes identified flowed directly from the transcribed audio tapes. The procedures utilized were clear, transparent, and well documented.

In summary, I attest that the criteria for trustworthiness, credibility, and dependability of the findings met the standards for data quality management. I served as auditor as part of my role as Doctoral Committee Chair.

Sincerely,

Lois Linden, EdD, RN
Associate Professor
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106