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2013

Attitudes Toward Older Adults of Associate Degree Nursing
Students After a Clinical Gerontology Course

Deborah Pitcock Copeland

ATTITUDES TOWARD OLDER ADULTS OF ASSOCIATE DEGREE NURSING
STUDENTS AFTER A CLINICAL GERONTOLOGY COURSE

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Deborah Pitcock Copeland

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DISSERTATION

by

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Abstract

Background: The ever increasing number of older adults in the population, many requiring specialized gerontological nursing care, demands a competent nursing workforce. Attitudes toward older adults are often negative, which adversely affect the desire to work with this population (Henderson , Xiao, Siefloff, Kelton, & Paterson, 2009). The majority of graduate nurses who enter the workforce are from associate degree programs, many of which have minimal gerontological course content. If action is not taken immediately, the health care workforce will lack the capability to meet the needs of older patients in the future.

Purpose: The purpose of this study was threefold: (1) to examine the effect of a clinical gerontology course on first-year associate degree nursing students' attitudes toward older adults; (2) to investigate the relationship between previous experience with the older adult and pretest attitudes toward the older adult; and (3) to determine the extent to which age, gender, and previous experience predict the change in attitudes toward the older adult after a clinical gerontology course.

Theoretical Framework: Katz's Functional Approach to the Study of Attitudes was used as a guide for the study.

Method: A one group, pretest-posttest research design was used to determine if completion of a gerontological clinical course affected nursing students' attitudes toward older adults.

Results: Three hypotheses were tested in the study. Hypothesis 1 showed a moderate improvement in students' attitude scores after completing the gerontology clinical course, a statistically significant finding ($t(38) = 2.772, p = 0.009$). Hypotheses 2 and 3 were not

supported. Pretest attitudes toward older adults were found to be unrelated to types of previous experiences students had with older adults, and the clinical gerontology course was shown to work equally well on all demographic groups.

Conclusions: The study results suggested attitudes toward older adults can be positively influenced by a clinical gerontology course that includes varied settings, evidence-based assessment tools, and opportunities for self-reflection. This research lends support for the development of varied and balanced gerontological educational approaches in associate degree nursing programs.

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DEDICATION

I will be forever grateful to all of the friends who encouraged me through these last three years. It would have been so much more difficult without their support.

I especially want to dedicate this work to my wonderful family.

To my sons, James and Luke, your unconditional love, acceptance, and support are the greatest gift in my life. I'll love you forever. I'll love you for always.

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CHAPTER ONE

It is estimated that by 2030, there will be about 72 million older persons in the U.S., many of whom will have complex health issues (Administration on Aging, 2010a). This population increase is significant to the health care system as the older adult has poorer health and requires more complex health care services than the younger adult (Administration on Aging, 2010b). In addition, a large majority of older adults have at least one chronic condition that requires ongoing care and management (Institute of Medicine [IOM], 2008). In 2006, over 13 million persons aged 65 and older were discharged from short stay hospitals, which is over 3 times the rate for persons of all ages, and they had a longer length of stay (Administration on Aging, 2010). In order to provide competent care to the increasing number of older adults, the nurse of the future will need a specialized skill set and an accompanying positive attitude.

Background of the Problem

According to the Bureau of Labor Statistics (2010), there will be over 580,000 additional jobs for registered nurses by 2018, which reflects a 22% increase over a 10-year period (Bureau of Labor Statistics, 2010). The majority of these additional positions will be in long-term care, home health care, and residential care facilities. Currently, hospitals employ 60% of the registered nurse workforce; 5% of registered nurses are employed in nursing care facilities with the remainder working in home health, employee health, government agencies, social assistance agencies, and educational services (Bureau of Labor Statistics, 2010). This trend continues, as one recent survey of 3,733 new registered nurse graduates showed only 3% indicated an interest in long-term care, 4% in rehabilitation nursing, and 8% in community/home health nursing (Mancino, 2011).

This trend presents a major challenge for nursing education to develop and implement innovative curriculum that will increase students' competencies in gerontology nursing and ignite interest in pursuing a career in the gerontology specialty. This reality requires gerontology course content that is evidence-based and offered at all levels of nursing education programs. Several obstacles have been identified in preparing registered nurses in undergraduate nursing programs to care for older adults, including inadequate curriculum, undeveloped quality clinical placements, and the presence of ageism in nursing students (Xiao, Paterson, Henderson, & Kelton, 2008).

If the health care needs of the burgeoning aging population are to be met, it is important to examine attitudes toward older adults and reasons why few nurses choose to work with the older adult population. Previous studies have examined selective aspects of gerontological curriculum content, including clinical experiences, to determine how attitudes affect care for the older adult and the desire to work with them (Holroyd, Dahlke, Fehr, Jung, & Hunter, 2009; Williams, Anderson, & Day, 2007; Williams, Nowak, & Scobee, 2006). The preponderance of research regarding attitudes toward older adults focuses on the baccalaureate nursing population, yet the majority of graduate nurses who enter the workforce are prepared at the associate degree level (National League for Nurses [NLN], 2010). This population differs from the baccalaureate level in such areas as age and gender (NLN, 2009). Additionally, in a review of associate degree nursing programs, most reported that gerontological content comprised 10% to 25% across program courses (Ironside, Tagliareni, McLaughlin, King, & Mengel, 2010).

Another issue in preparing undergraduate nurses to care for the older adult relates to exposure to inadequate clinical experiences. Students' attitudes toward gerontology

nursing are connected to the location and type of experience (Henderson et al., 2008; Williams et al., 2006). Brown, Nolan, Davies, Nolan, and Keady (2007) investigated the role and influence of students' learning experiences on their decision to work with older people. In their study, student nurses were more likely to have positive attitudes toward working with the older adult if provided with enriched clinical experiences that included the following elements: having a sense of security through mentorship; feeling part of the team; seeing the connection between theory and practice; understanding the goals of the experience; observing excellent standards of care; and feeling valued when working with older adults. It is more common, however, that student nurses feel unprepared and exposed to poor standards of care and negative attitudes toward older people and view work in older adult settings as only beneficial for basic nursing skill development (Abbey et al., 2006; Brown et al., 2007). Nursing education must broaden its scope to include innovative gerontology curriculum with varied clinical experiences that will enhance students' competencies in gerontology nursing and ignite interest in pursuing a career in the gerontology specialty.

Nursing education must also identify and address students' attitudes toward older adults in order to prepare a competent nursing workforce. Ageism begins with the myths and stereotypes to which one is exposed throughout life. If negative attitudes regarding the older adult exist in health care settings or health care educational settings, this may devalue the care provided (Abbey et al., 2006; Xiao et al., 2008). Additionally, new graduates may learn about older adults from nurses on the job, most of whom have very little gerontological education (Lange, Wallace, Grossman, Lippman, & Novotny, 2006).

If the health care needs of the older adult population are to be met, nursing education must continue to refine its approach when planning and implementing curriculum and clinical experiences regarding this population. Continued examination of attitudes toward older adults in all levels of nursing education may provide insight into the most effective learning experiences to achieve this goal.

Problem Statement

The ever increasing number of older adults in the population, many requiring specialized gerontological nursing care, demand a competent nursing workforce. Attitudes toward older adults are often negative, which adversely affect the desire to work with this population (Henderson et al., 2008; Moyle, 2003; Xiao et al., 2008; McLafferty & Morrison, 2004). The need to better understand attitudes and the formation of attitudes toward older adults motivates this research. The majority of graduate nurses who enter the workforce are from associate degree programs, many of which have minimal gerontological course content and little to no interest in gerontology (Ironsides et al., 2010). Most nursing students do not choose to work in a gerontology specialty once they graduate (Health Resources and Service Administration [HRSA], 2010). If action is not taken immediately, the health care workforce will lack the capability to meet the needs of older patients in the future (Institute of Medicine [IOM], 2008).

Purpose of the Study

The purpose of this study was threefold: (1) to examine the effect of a clinical gerontology course on first-year associate degree nursing students' attitudes toward older adults; (2) to investigate the relationship between previous experience with the older

adult and pretest attitudes toward the older adult; and (3) to determine the extent to which age, gender, and previous experience predict the change in attitudes toward the older adult.

Research Questions and Hypotheses

The following questions were used to guide the study. Three major hypotheses were tested from study data:

1. Is the completion of a clinical gerontology course by associate degree nursing students associated with a change in attitudes toward older adults?

H 1: The gain score (posttest score – pretest score) for attitudes toward older adults will not be equal to zero.

2. Is there a relationship between gain scores in attitudes and associate degree nursing students' experience with older adults before a clinical gerontology course?

H 2: Students with previous experience with older adults will have different pretest attitudes toward older adults than students with no previous experience.

3. How much does student age, student gender, student ethnicity, and previous experience with the older adult contribute to predicting change in attitudes toward older adults after a clinical gerontology course?

H 3: Change in attitudes toward older adults will be predicted by student age, student gender, student ethnicity, and previous experience with older adults.

Theoretical Framework

Weaver and Olson (2006) defined paradigms or theoretical frameworks as “patterns of beliefs and practices that regulate inquiry within a discipline by providing

lenses, frames and processes through which investigation is accomplished” (p. 1). The underlying philosophical belief or assumption of the positivist paradigm is that we inhabit a relatively stable, uniform, and coherent world that we can measure, understand, and make generalizations about (Gay, Mills, & Airasian, 2009).

Major Concepts of the Functional Approach to Study of Attitudes

Katz’s (1960) Functional Approach to the Study of Attitudes was used as the framework for investigating the attitudes toward older adults of associate degree nursing students. Katz’s major theoretical premise was based on the function or psychological motivation an attitude provides for the individual. It is from this lens that attitudes toward older adults were examined.

In measuring attitudes toward older adults, it is important to investigate the formation of attitudes and those factors that influence the change of attitudes. Katz (1960) defined attitude “as the predisposition of the individual to evaluate some symbol or object or aspect of his world in a favorable or unfavorable manner” (p. 168). Attitudes have both an affective (feeling) and a cognitive (belief) component and can be expressed either through an opinion or through a behavior (Katz, 1960). According to Katz (1960), a person possesses an attitude because of a psychological motivation.

Katz (1960) stated that a change in attitude occurs because of the function or needs the functions serve for the person. An attitude may change because of the person’s need to boost the rewards or lessen penalties in their external environment, safeguard their ego, uphold their central values or self-concept in a positive way, or seek knowledge to understand their world (Katz, 1960). It is also important to recognize that attitudes

may serve more than one motivational purpose for a person. Thus, change varies according to the motivational basis of the attitude.

According to Katz (1960), the arousal of an attitude depends on the activation of some need in the person or some important signal in the environment. It is essential, however, to appeal to the relevant motivational basis of the attitude in the attempt to change the attitude. A person's attitude changes when the expression of the old attitude no longer provides fulfillment to its related need state or it no longer serves its function and the individual feels obstructed or frustrated (Katz, 1960).

Katz (1960) noted there are influences that impact the difficulty of attitude change. Attitude change occurs more freely when people sense that they can achieve their objectives by modifying their current attitude. It is generally expected that the simpler the attitude, the easier it is to alter, and some individuals are easier to influence than others, a personality characteristic called persuasibility. If the current attitude, however, is linked to an associated value system and that value system is closely connected to the individual's self-concept, change becomes more difficult (Katz, 1960).

Relationship of Theoretical Framework to the Study

The functional approach to the study of attitudes provided a scaffold to explain the potential motivation of attitudes toward older adults of associate degree nursing students. It was beneficial to consider several questions related to these motivations: do attitudes occur because of the student's desire to perform and be rewarded with good evaluations; as a result of heightened self-insight during clinical encounters with the older adult; because of a mismatch with their value system; or as a result of gaining new knowledge related to aging and the role of nursing care in this process? Understanding

the role of psychological motivators in attitude development and modification is important in analyzing associate degree nursing students' attitudes toward older adults and may help to determine the best educational approaches that enhance rather than diminish these attitudes.

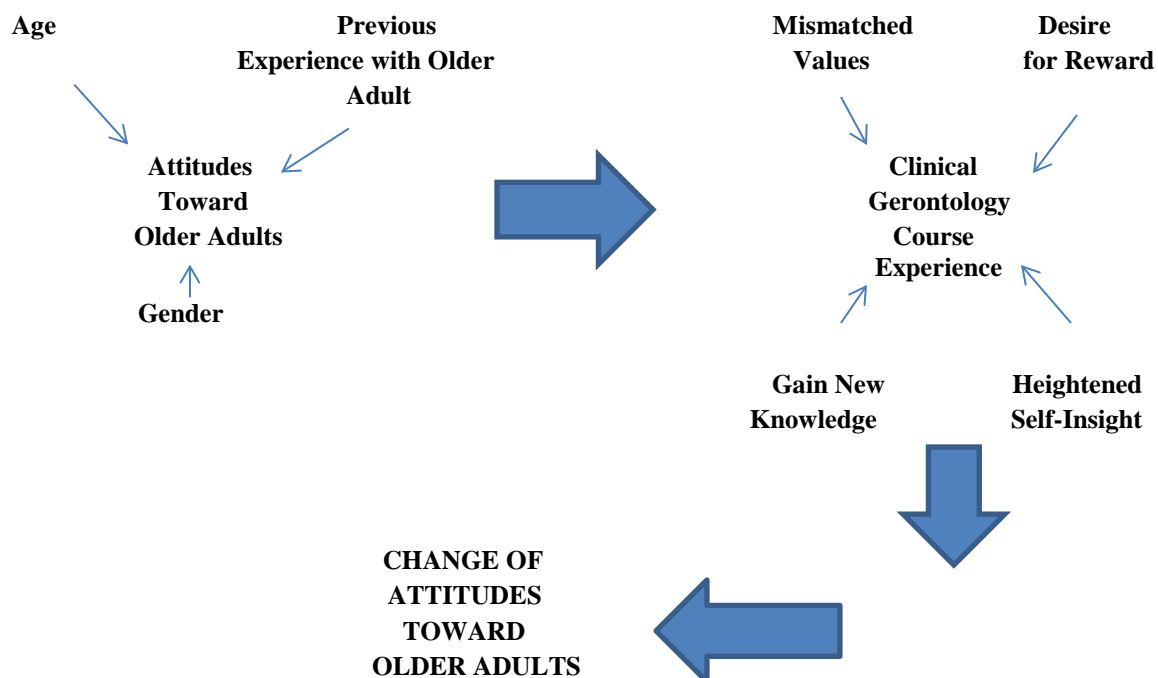


Figure 1. Katz's Model adapted by Copeland (2012), to depict the relationship among variables that may influence attitudes toward older adults.

Definitions of Key Terms

Attitudes Toward Older Adults

Theoretical definition. Daniel Katz (1960) defined attitude “as the predisposition of the individual to evaluate some symbol or object or aspect of his world in a favorable or unfavorable manner” (p. 168).

Operational definition. For the purposes of this study, attitudes toward the older adult are defined as those attitudes toward the adult who is identified as someone older than 65 years of age.

Associate Degree Nursing Student

Theoretical definition. The associate degree nursing student is prepared for a beginning technical nursing position in both acute care facilities and in the community. The associate degree nursing student interacts with a diverse population across the lifespan. Utilizing the nursing process to create a mutually holistic plan of care for goal attainment, the graduate functions both independently and as a member of the health team to attain, maintain, and/or restore wellness in a multicultural society (Nursing Student Handbook, 2011).

Operational definition. For the purpose of this study, the associate degree nursing student is one who is enrolled in a two-year nursing program for the first time and is enrolled in the Fundamentals of Nursing course of the nursing program.

Clinical Gerontology Course

Theoretical definition. This course is one that includes an overview of the historical, social, psychological, cultural, and economic aspects of aging with implications for key current political, legal, and ethical issues (Florida Department of Education, 2011).

Operational definition. For purposes of this study, a clinical gerontology course, which is placed in the first semester of the nursing program, is a seven-week clinical rotation in a long-term care clinical setting with the utilization of standardized geriatric assessment tools during the clinical experience and includes a six-week, community-based experience with a well older adult. Prior to the beginning of this clinical rotation, a three-hour introduction to discuss societal attitudes on aging, general statistics related to the aging population and caregiver population, and the National League for Nursing's

(NLN) educational framework: Advancing Care Excellence for Seniors (ACES) is provided.

Assumptions

The assumptions of this study included the following:

1. Student participants will answer the questionnaire carefully and honestly.
2. Student participants will answer items without bias.
3. Student participants with previous experience with older adults will have more positive attitudes.
4. Attitudes toward older adults will influence intention to work with this population.
5. The components of the theoretical framework will be valid as a lens for the study.
6. Instruments that will be used in this study will be valid and reliable as referenced in validity and reliability studies.

Significance of Study

Nursing Education

The most important aspect of preparing registered nurses to meet the needs of the changing health care population is through the proper curriculum approach. Yet, the majority of nursing programs integrate gerontological content in a minimal way. Plonczynski et al. (2007) found that only 5% of gerontological content was integrated into basic undergraduate nursing courses. In a review of associate degree nursing programs, most reported that gerontological content comprised 10% to 25% across program courses (Ironsides et al., 2010).

Therefore, this study may help to identify and validate various curriculum approaches that will produce a competent and informed nursing workforce that possesses more positive attitudes toward the older adult. The study may illuminate factors that enhance or diminish attitudes regarding care of the older adult and may provide insight into what clinical experiences are effective in enhancing the attitudes toward the gerontology specialty. Finally, this study may reinforce the need to respond to changing trends in nursing curriculum.

Nursing Practice

Students' attitudes toward gerontology nursing are related to the location and type of experience (Williams et al., 2006; Henderson et al., 2008). It is more common, however, that student nurses are exposed to poor standards of care and negative attitudes toward older people (Brown et al., 2007). Additionally, the number of nurses with gerontology expertise remains woefully inadequate with less than 1% of registered nurses and 2.6% of advanced practice registered nurses specializing or certifying in gerontology (IOM, 2008). Current nursing practice may be influenced by the findings from this study as nursing students' experiences might reveal barriers to providing competent and compassionate care to the older adult. The study findings might also support the use of evidence-based gerontological standards in practice, which may improve the health care of the older adult.

Nursing Research

The majority of previous research related to nursing student attitudes toward older adults has focused on baccalaureate level nursing populations. Given that 60% of the nursing workforce is prepared at the associate degree level (Ironside et al., 2010), it is

imperative to examine the associate degree nursing students' attitudes toward older adults. This population differs from the baccalaureate level in such areas as age and gender (National League for Nursing [NLN], 2011).

The study findings might identify further avenues of research that address student and faculty attitudes toward the older adult. The study may provide aspects of the gerontological clinical experience that require further investigation. Further research may benefit the nursing workforce and the workplace through emphasis on this population's special needs.

Health/Public Policy

Nursing's participation in health care policy development is essential if true reform is to occur. The Institute of Medicine (2008) visualizes a future health care system in which the older person, as participant in his or her own care, will find his or her needs met through efficient delivery of services. The IOM's recommendations centered around three areas: the need for geriatric caregiver competence, recruitment and retention, and redesigning models of care (IOM, 2008).

As a result of this study, public policy initiatives regarding care of the older adult and the nursing role in this care may be identified and validated. This research may stress the need for use of evidence-based approaches in education and practice of nurses who care for the older adult. As a result, the complex, individualized needs of the aging population may be met and perhaps gerontological nursing may become a practice field of choice for more nurses.

Limitations of the Study

Limitations of the study included the following:

- A non-randomized (convenience) sample was drawn from one associate degree nursing program in one state college.
- Data analysis relied on a self-ranking tool.
- Only the affective component of attitude change was investigated.

Validity

It is essential that the measurement of variables reflects true differences in the subjects studied and not errors in the measurement process itself (Wood & Ross-Kerr, 2011). To ensure the highest degree of validity, it was necessary to identify threats to validity and put in place measures to ameliorate them. Instrument validity was ensured through the performance of the Cronbach's alpha statistic.

Internal Validity

Threats to internal validity were identified in the following areas: the quasi-experimental design, pre-existing differences with the sample and the effect of completing the pretest on participants' posttest results. A pre-existing difference may have occurred due to demographic differences and previous experience with older adults. Subsequently, participants may have answered based on their own distinctive characteristics. For that reason, previous experience with older adults and demographic variables were built into the design as independent variables and were added to the data analysis plan and tested for significance. Thus, allowing for calculation and statistical analysis for their effect (Wood & Ross-Kerr, 2011).

External Validity

The external validity of this study was threatened by the use of convenience sampling and as a result of the pretest, posttest design. In this study, a non-randomized,

convenience sample of first year associate degree nursing students from one state college located in Southeast Florida was used. To ensure the sample size was large enough for generalization, thus controlling the threat to external validity, a power analysis was performed. Wood and Ross-Kerr (2011) defined power analysis as a statistical analysis based on five factors: the amount of error to tolerate, the level of significance of the test, sample size, the type of statistical test, and the effect size.

Chapter Summary

In summary, Chapter One has presented an introduction to the study. The background of the problem and significance of the study to nursing were discussed. The purpose of the study was addressed, and several research questions were posed. This research study aimed to complement the nursing literature regarding attitudes toward older adults in the associate degree nursing student population. The examination of attitudes toward older adults and educational practice and how this hinders or enhances students' desire to work with this population was essential and was investigated through the lens of the functional approach to the study of attitudes. From this perspective, it was understood that attitudes toward older adults held by nursing students may be influenced by certain psychological motivators.

CHAPTER TWO

The purpose of this study was threefold: (1) to examine the effect of a clinical gerontology course on first-year associate degree nursing students' attitudes toward older adults; (2) to investigate the relationship between previous experience with the older adult and pretest attitudes toward the older adult; and (3) to determine the extent to which age, gender, and previous experience predict the change in attitudes toward the older adult.

A search of relevant literature across disciplines was conducted to explore the attitudes of undergraduate nursing students on aging. Using EBSCO Host and ProQuest search engines, the following computerized databases were used for this search: the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Dissertation Abstracts, Educational Resource Information Center (ERIC), and PsyArticles. The key words used in the search were attitudes on aging, nursing, undergraduate nursing, nursing education, and gerontology nursing. Citations were limited by language to English and by subject to the exploration of the concepts. A limitation was imposed to find literature published since 2003 with classics sought by reviewing citations in the published works. A random selection process delimited the profusion of theoretical references that were found. Additionally, 25 research studies were reviewed in which the experience of attitudes toward older adults and nursing education was explored. The literature review was divided into the major theoretical and research literature addressing attitudes toward older adults and nursing education. Synthesis of the literature reveals what is known and not known about student nurses' attitudes toward older adults and the impact of gerontology coursework on these attitudes.

Attitudes Toward Older Adults

Attitudes shape an individual's ability to comprehend, organize, and clarify the world. They influence the individual's behavior and knowledge acquisition (Wesley, 2005). Nurses' attitudes toward the older adult have a direct impact on the quality of care and the speed of recovery during an illness or health challenge. The occurrence of negative attitudes in health care settings correlates to devaluing of the care provided to older adults. Ageist attitudes based in societal stereotypes impact both the expectations and delivery of health care.

Butler (1969) initially defined ageism as a bias by one age group towards other age groups. He later refined this definition to connect this bias to the older adult population and equate it to racism or sexism (Butler, 1975). Palmore (2005) viewed ageism as a social disease in society and suggested that similar methods used to address racism and sexism should be employed in this effort. In an effort to develop educational strategies that dispel the myths regarding aging, measurement of attitude scales have been developed and employed in research across the professional landscape such as Kogan's Attitudes Toward Old People Scale (1961).

Kogan (1961), using minority group rank, developed a scale that measured attitudes relating to older people. His seminal study described the process for the development of the Attitudes Toward Old People Scale. In this study, two male samples (N = 128 and 186) and one sample (N = 168) comprised of 87 males and 81 females were used. Seventeen matched negative-positive pairs regarding old people made up the measuring instrument. The instrument was derived from ethnic minority items and statements developed by the author's and others' awareness regarding society's

stereotypes of older people (p. 45). Seventeen items conveying negative sentiments about old people were constructed. Another set of 17 was then developed, which was opposite of the first set.

Results of the study showed the three sample means were consistent for the total negative scale ($u_1 = 54.87$, $u_2 = 56.84$, $u_3 = 54.17$) and the total positive scale ($u_1 = 64.14$, $u_2 = 62.13$, $u_3 = 60.42$), which was statistically significant at $p < .01$. Correlations between positive and negative scales were uniformly positive ($r = .46$ to $.52$) across the three samples, which was statistically significant at the $p = .01$ level. Since inception, this measurement tool has been utilized across the spectrum of society to measure attitudes on aging. Therefore, for purposes of this study, Kogan's (1961) Attitudes Toward Old People Scale was utilized.

College Students' Attitudes

Van Dussen and Weaver (2009), in an exploratory study, investigated 546 university students' views toward elders, toward serving elders, and toward the importance of aging education for various other areas of study. Palmore's Facts on Aging Quiz (FAQ) was used to measure knowledge about the aging process. A Likert-scale attitude tool measured seven indices of attitudes toward elders and serving/caring for elders. Respondents were asked about their contact with elders and gerontology education. Regression analysis showed a statistically significant relationship between older students and students with greater contact with elders and more positive attitudes than their counterparts ($R_2 = 0.168$, $p < .001$).

Flood and Clark (2009), using a cross-sectional exploratory design, evaluated and compared the knowledge and attitudes of 110 baccalaureate non-nursing and nursing

students toward the elderly. Palmore's (1998) Multiple Choice Format Facts on Aging Quiz (FAQ) and the Burbank, McCool, and Burkholder (2002) Perspectives on Caring for Older Patients Scale (PCOP) were administered. Nursing students scored significantly higher than other students on knowledge of aging and attitudes toward care of the older adult. There was a statistically significant difference ($p < .001$) on mean scores on the PCOP between nursing students ($u = 3.72$, $SD = 0.38$) and non-nursing students ($u = 3.49$, $SD = 0.33$). A statistically significant difference ($p < 0.05$) was also noted on the FAQ between nursing students ($u = 11.8$, $SD = 2.22$) and non-nursing students ($u = 10.56$, $SD = 2.38$).

In a Spanish cross-sectional study, Zambrini, Moraru, Hanna, Kalche, and Nunez (2008) measured attitudes toward the elderly among final year students of seven health care careers. The validated Spanish version of the Aged Semantic Differential (ASD) was utilized. A total of 474 ($N = 500$) completed questionnaires were analyzed. A significance analysis was conducted using SPSS 11.0. Fifty-four percent of the students showed positive attitudes toward the elderly. Female students had more positive attitudes ($u = 4.43, 3.80, 3.60$) than the male students ($u = 4.65, 3.79, 3.76$; $p < 0.05$). In this study, there was no statistical difference between the students who had lived with grandparents for five years during childhood (27%) and those who did not (73%).

In a longitudinal, pre-post comparison study of 125 ($N = 172$) university students, Lee (2009) examined attitudes toward older people using three measures: Kogan's Attitudes Toward Old People Scale: KOP (1961), the Facts on Aging Quiz: FAQ (Palmore, 1988), and journal writings. Students tended to express more positive attitudes on KOP ($u = 4.38$) and in writings than on the knowledge-based FAQ, where 45%

revealed anti-aged bias ($SD = 17.3$). In this study, age did not show a significant relationship with attitudes of the KOP, the FAQ, or in writings. Male students responded significantly higher on the KOP negative attitudes score ($F = 13.47$, $p = .001$) than female students. Non-white students also had higher KOP negative attitudes score ($F = 4.65$, $p = .033$) and anti-aged bias score on the FAQ ($F = 4.47$, $p = .037$) than their white counterparts. Students who communicated recurrently with the older adult had more positive attitudes ($F = 11.17$, $p = .001$), less negative attitudes on Kogan's scale ($F = 4.19$, $p = .043$), and less anti-aged bias ($F = 4.66$, $p = .033$) than those who communicated sporadically.

The comparison of attitudes toward older adults between nursing and non-nursing university students yielded similar findings in several key areas. Van Dussen and Weaver (2009) and Flood and Clark (2009) both identified the older student as possessing more positive attitudes toward older adults. Furthermore, in these studies, students who had previous experience with the older adult possessed more positive attitudes. However, this finding was not supported in the study conducted by Zambrini et al. (2008), which found no significant relationship between a student living with a grandparent for five years and more positive attitudes. Lee (2009) and Zambrini et al. (2008) identified that female students possessed more positive attitudes toward older adults than their male counterparts; however, this result was not the case in the study conducted by Van Dussen and Weaver (2009), which found no significant relationship between gender and attitudes toward older adults. Another finding was the relationship between level of education and more positive attitudes toward older adults. These findings were also supported in studies that measured attitudes toward older adults in

nursing and non-nursing university students (Van Dussen & Weaver, 2009; Flood & Clark, 2009).

Nursing Students' Attitudes

Nursing students often reflect ageist attitudes as products of the society in which they live and in their educational environment. Moyle (2003) surveyed 103 baccalaureate nursing students to determine views of older adults as a way of gaining insight into how these views might impact where students choose to work and the care they might provide to older people. Survey results showed that nursing students were continuing society's myths of older people as being feeble with deteriorating health. An important finding was that 97% (N = 100) of the students stated they had no intention of working in older adult care.

De la Rue (2003) examined nine final year baccalaureate nursing students' attitudes towards ageism using Stringer's (1996) participative action research approach. Participants completed a three-part survey that measured attitudes toward aging, attitudes toward the aging process, and awareness of ageism. Focus group interviews and clinical journaling were also conducted to identify and clarify issues evolving from the analysis of the survey. The study found 55% ($u = 4.3$) of the participants possessed positive attitudes towards aging and older people, yet feared the aging process itself. The participants' awareness of ageism was neutral ($u = 4.08$). Difficulty in the ability to separate their view of aging from their personal experience and cultural environment were also noted.

McLafferty and Morrison (2004) conducted a qualitative study in Scotland and sought to determine if negative attitudes and beliefs toward older adults existed after a

long-term care experience. Nine registered nurses, 6 nurse educators, and 17 baccalaureate nursing students participated. Findings from six focus group interviews showed nursing students had varying experiences in older adult settings. Some of these experiences, however, resulted in the students not choosing to work in gerontology nursing because of negative staff and nurse educator attitudes.

Henderson et al. (2008), in an Australian study, surveyed 262 first-year baccalaureate nursing students' attitudes towards older people and the desire to work with them. Those students who had previous experience with older adults ($u = 6.78$) were more willing to work with older people compared with those who did not ($u = 7.34$), a statistically significant difference ($p < 0.05$). Students who believed that older adults participated in a wide variety of activities and interests positively correlated with the choice to work with older adults. Those who believed older adults were uninteresting to associate with were negatively correlated with choice to work with this population. The reasons cited for a lack of interest in working with older people included poor experiences of providing care for older people, an inability to relate to or communicate with older people, and a perception that the work is depressing and boring.

Holroyd et al. (2009) measured 197 nursing students' attitudes toward older adults at different points in a baccalaureate nursing program and revealed a drop in positive attitudes and a rise in negative attitudes at the beginning of the second and fourth years of the baccalaureate program. Kogan's (1961) Attitudes Toward Old People (KOP) Scale was used. A Cronbach's alpha of 0.796 indicated internal validity of the instrument for this study. Using ANOVA, the difference between the total negative score, $F(3, 179) = .941$, $p = 0.941$, and total positive score, $F(3, 179) = .900$, $p = 0.442$, was not significant

across four years. It was noted, however, the less experience the student had with older adults, the less likely they were to demonstrate a positive score in their attitudes. It was also noted the older student had more positive attitudes toward older adults.

Ryan, Melby, and Mitchell (2007), in a pretest-posttest study design, utilized Kogan's (1961) Attitudes Toward Old People Scale (KOP) to examine the effectiveness of an educational and experiential intervention on 130 nursing students' attitudes towards older people. The experiential intervention was a year-long program of visits to a well-older person in the community. Cronbach's alphas of 0.80 and 0.81, respectively, were indicative of instrument internal validity. The study showed no statistically significant differences associated with any independent variables in either pre- or post- intervention students (Wilcoxon's signed ranks test, Asymp. Sig. = 0.331). The only statistically significant finding related to students' prior education. Those with higher education portrayed more positive attitudes towards older people than those students who had "other qualifications such as foundation access courses or higher national diplomas in care practice" (p. 99) and was only present prior to the intervention (Mann-Whitney, secondary $p = 0.009$, tertiary $p = 0.016$).

Nursing students' unwillingness to select a career working with the older adult presents a significant problem if the health care needs of the older adult population are to be met. Preexisting negative attitudes toward older adults, the influence of educational settings, and faculty attitudes have been shown to influence this decision. Moyle (2004) and Henderson et al. (2008) noted this unwillingness stemmed from ageist attitudes with views that the older adult was feeble and that care of the older adult was boring and depressing. McLafferty and Morrison (2004) found the reason for students'

unwillingness to work with the older adult was influenced by negative staff and faculty attitudes.

Henderson et al. (2008) and Holroyd et al. (2009) identified that previous experience with the older adult resulted in more positive attitudes. This finding was also identified in studies comparing nursing and non-nursing students (Van Dussen & Weaver, 2009; Flood & Clark, 2009). Additionally, Ryan et al. (2007) noted a relationship between the level of education of nursing students and a more positive attitude toward the older adult. Again these findings supported those identified in studies comparing nursing and non-nursing students (Gallagher et al., 2008; Van Dussen & Weaver, 2009; Flood & Clark, 2009).

Henderson et al. (2008) identified an important limitation in their study design that could have significantly influenced and potentially skewed their results. A very careful orientation to the definition used in the study of what it means to work with older adults should have included all potential settings the student would encounter this population. Future research should take into account these limitations to ensure reliable and valid results are achieved.

Faculty Attitudes

A Scottish, cross-sectional study conducted by McLafferty (2005) compared nurse educators' and student nurses' attitudes toward hospitalized older adults. The 20-item, 5-point Likert questionnaire, reliability co-efficient of 0.70, was distributed to 59 nurse educators, 82 first-year nursing students who had completed their first theory course, and 80 students who had completed a theory and a clinical assignment. Return rates for the nurse educators was 93%; first-year students, 78%; and 63% for students

who had completed a theory and a clinical placement. ANOVA and post hoc comparison revealed that 10 of the 20 items were significant at $p < 0.001$, 3 at $p < 0.01$, and 1 item at $p < 0.05$. There were no significant differences between the two student cohorts. Results for the nurse educators, however, indicated that nurse educators were positive about a number of items on the questionnaire. However, they were least positive about promoting an interest in older people and keeping up to date about advances in the field of older adults.

Schrader (2009) evaluated nurse educators' personal perspectives of long-term care (LTC) settings. Using a grounded theory approach, 14 baccalaureate nurse educators with more than one year of teaching experience and who had the opportunity to select LTC facilities were interviewed. One of the educators was a gerontology nurse specialist. Data analysis was conducted via Strauss and Corbin's (1998) method. The study identified four major themes: long-term care is an unpleasant experience; long-term care is not clinically challenging; nurse educators were influenced by students' preconceived negative attitudes regarding LTC settings; and nurse educators felt fear or discomfort about aging. The themes support the view that these nurse educators possess many of the negative perspectives of other nurses, nursing students, and other health care providers.

Plonczynski et al. (2007) utilized a cross-sectional research design in studying attitudes of 26 nursing faculty members from one university using the Age Group Evaluation and Description (AGED) Inventory. A course assessment and faculty needs assessment was also conducted. Results indicated a moderately positive attitude toward older adults that was not statistically significant ($t = 1.23$ [$df = 22$], $p = 0.23$). Faculty

knowledge was significantly related to pursuit of knowledge ($r = 0.54$, $F(1, 22) = 8.85$, $p = 0.007$). Findings from the course assessment revealed 44% of program syllabi had less than 5% of gerontological content. The faculty assessment found the most common topics of gerontology interest included physiology of aging, insurance, community resources, and elder abuse.

Xiao et al. (2008) in an Australian study, identified five barriers in undergraduate preparation for aged care nursing. Giddens' (1984) Structuration Theory and Habermas' Communicative Action Theory (1984) were used as the framework in the study. Focus group discussions were conducted with over 100 participants from the university and five aged care organizations (RACFs) over a six-month period. Five barriers were identified in undergraduate preparation for aged care nursing: gaps in curriculum relevant to gerontological nursing, difficulty in engaging nursing students in learning gerontological nursing, challenges in developing a learning environment for nursing students in RACFs, feeling stigma as an RN in aged care, and an inability to attract graduates working in RACFs.

Faculty attitudes toward older adults have a significant impact on nursing students' attitudes and, in turn, their intention to work with the older adult population. Several similarities in the studies emerged. McLafferty (2005) found faculty were least positive about promoting an interest in older people and keeping up to date about advances in the field of older adults. Plonczynski et al. (2007) noted that the nursing faculty was moderately willing to pursue knowledge of the older adult in a nursing curriculum where 44% of the courses contained less than 5% gerontology content. Xiao et al. (2008) and Schrader (2009) identified negative faculty attitudes related to the use

of long-term care settings as clinical experiences. Additionally, Schrader's (2009) study supported the view that nurse educators possess many of the negative perspectives of other nurses, nursing students, and other health care providers. Xiao et al. (2008) and Schrader (2009) both identified faculty discomfort with the aging process and the stigma attached to long-term care settings.

In summary, this section discussed attitudes toward older adults of non-nursing students, nursing students, and nursing faculty. Nursing students' attitudes toward older adults were negatively influenced by societal stereotypes and fear of aging (de la Rue, 2003; Moyle, 2003) and negative staff and nurse educator attitudes (McLafferty & Morrison, 2004; McLafferty, 2005). Nursing students who possessed negative attitudes toward older adults had no intention to work in older adult care settings (Henderson et al., 2008; Moyle, 2003; Xiao et al., 2008; McLafferty & Morrison, 2004). Faculty attitudes toward older adults were identified as influential to students' perceptions of their clinical experiences with the older adult (Brown et al., 2008). Faculty, however, exhibited negative attitudes toward older adults (McLafferty, 2005) and possessed negative attitudes about long-term care clinical placements (Schrader, 2009). The gap in knowledge exists in the area of associate degree nursing students' attitudes toward older adults, which is addressed in this study.

Impact of Gerontological Content on Attitudes

An essential influence in faculty attitudes and nursing students' attitudes toward older adults is the gap in gerontological curriculum found in most nursing education programs. This lack of gerontological content results in a barrier to undergraduate

nursing education. Several studies examined the presence of gerontology content in curriculum, how it was presented, and how it noted faculty gerontology certification.

Gilje, Lacey, and Moore (2007) conducted a mail survey of all accredited American Association of Colleges of Nursing (AACN) baccalaureate programs, resulting in 202 responses, a 36% response rate. The majority of respondents did not have faculty members who were certified in gerontology care. Fifty-one percent (N = 103) of the respondents offered a stand-alone course, and 49% (N = 99) integrated the geriatric and gerontology content. The primary barrier to offering a gerontology course was identified by 91% of the respondents as curriculum overload. Faculty disinterest (18%), insufficient clinical resources (4%), and inadequately trained faculty (4%) were also identified. Other barriers (46%) were identified but not studied. Direct patient care settings used were nursing homes (100%), hospitals (63%), residential programs (61%), and day-care programs (61%). Assisted living, senior centers, and churches were also utilized.

Ironside et al. (2010) examined how the care of older adults is taught in Associate Degree (AD) nursing programs. A national web-based survey of 851 AD nursing programs was conducted with a response rate of 62.4% (N = 531). Findings revealed 48% of the responding schools had an integrated curriculum and 47% had an individual specialty course. Five percent of the schools reported a combination of integrated and specialty courses. The majority of schools reported that geriatric content comprised 10% to 25% of the content across courses. Forty percent of respondents reported using aging organization web sites, but only 15% used the Hartford Institute for Geriatric Nursing resources for information. The majority of clinical experiences were in hospitals (83%).

Fewer community settings were utilized, such as seniors' independent living facilities (17%) or churches (5%).

In a study by Ferrario, Freeman, Nellett, and Scheel (2008), successful aging was used as a curriculum organizing framework with development of faculty as aging specialists. A descriptive, correlational design with a purposive sample of 117 senior baccalaureate nurses was used to describe students' knowledge and attitudes toward older adults. Palmore's Facts on Aging Quiz was used. The findings showed low knowledge scores ($u = 55.9\%$, $SD = 9.7$, $p = 0.185$) and negative attitudes toward older adults ($p = 0.003$). Curriculum was revised to reflect the successful aging paradigm. The second study, conducted two years later, utilized 17 participants who were similar in characteristics to the first study sample. Participant responses on the investigator-developed 12-item, open-ended questionnaire were qualitatively analyzed to identify thought units. The constant comparative analysis method was utilized. Thought units identified through this analysis could be classified according to the biomedical and psychosocial factors relevant to successful aging.

Williams et al. (2007) investigated whether students' knowledge of and attitudes toward older adults change between the first and fourth years of a context-based learning (CBL) curriculum in a baccalaureate nursing (BSN) program and compared fourth-year BSN students in a traditional, lecture-based program and the CBL curriculum. A longitudinal, comparative, cross sectional study of 81 students in a CBL BSN program and 54 students from a CBL BSN program from a collaborative college site was conducted. The Personal Details Questionnaire (Gething, 1994), Facts on Aging Quiz (FAQ) (Palmore, 1977, 1988), the Aging Semantic Differential (Rosencranz & McNevin,

1969), and the Reaction to Aging Questionnaire (RAQ) (Gething, 1994) were administered. The same versions of the instruments were used for the cross-sectional and longitudinal sampling. Eighty-one first-year students completed the questionnaire. Only 38 of those students completed the questionnaire in the fourth year. The dependent t-test and Pearson r correlation were used in data analysis. Results showed that in both groups students had the closest relationship with grandmothers. There was no significant difference between groups in rating quality of their relationship with the identified older adults. There was an improvement in knowledge of age-related changes on the FAQ from the first-year to the fourth year, but the change was not significant. Cronbach's alpha for the FAQ for the sample was 0.66. Attitudes toward aging yielded no significant difference in attitudes between the first-year and fourth-year CBL students or between the fourth-year CBL and traditional students. On the RAQ, however, there was a significant difference between the first-year ($u = 105.83$) and fourth-year ($u = 111.64$) CBL students only ($t = 0.625$, $p = 0.54$).

Aud, Bostick, Marek, and McDaniel (2006), using a pretest-posttest survey design, examined the effect of a gerontological didactic and clinical course on the knowledge of gerontology and gerontological nursing and the attitudes toward older adults in 325 nursing students. The Health Education Systems Incorporated (HESI) Gerontological Examination (GERI) was used to measure knowledge and Palmore's (1998) Facts on Aging (FAQ) was used to measure attitudes toward aging; however, instrument validity was not mentioned. The results showed that knowledge of gerontology and gerontological nursing improved, and the difference was statistically significant (paired samples t-test, $p < .001$). The mean GERI-HESI 1 pretest score was

76.48 (SD = 17.03). The mean GERI-HESI 2 posttest score was 83.99 (SD = 12.69). Student attitudes, however, were more negative at the conclusion of the course FAQ 1 scores was - 0.072 (SD = 0.24) and the mean for FAQ 2 scores was - 0.11 (SD = 0.19).

Gerontology content and how it is presented in a nursing program drives the competency of the nursing faculty and nursing student. Approximately half of all baccalaureate and associate degree nursing programs integrate gerontology content in their nursing curriculum (Gilje et al., 2007; Ironside et al., 2010), which may dilute the value of this content. The use of clinical sites differed between the associate degree program where 83% used hospitals as their primary setting (Ironside et al., 2010) and the baccalaureate programs where 63% used hospitals and many other community settings (Gilje et al., 2007). Notably absent from the majority of nursing programs was the use of evidence-based tools on aging (Ironside et al., 2010). Gilje et al. (2007) did not examine the use of evidence-based aging tools but did report that the majority of faculty members were not certified in gerontology.

The gerontological curriculum approach has the potential to significantly and positively impact nursing student attitudes toward older adults (Ferrario et al., 2008). However, the assumption that improving the knowledge of aging will result in more positive attitudes toward the older adult was not supported in Aud et al. (2006). The gerontological content delivery methods measured did not result in a positive change in attitudes on aging (Williams et al., 2007).

In summary, this section discussed the impact of gerontological content on nursing students' attitudes toward older adults. The deficiency of faculty certifications in gerontology (Gilje et al., 2007) and gaps in gerontological content (Xiao et al., 2008,

Floyd & Clark, 2009) shape these attitudes. The gap in knowledge is evident in the lack of studies investigating the impact of faculty certification in gerontology on students' attitudes towards older adults and the use of evidence-based tools for older adults in the educational process. Additionally, the study of associate degree nursing students' attitudes toward older adults and the impact of gerontology course content is missing. This study examined this under-investigated group of students, which will add to the body of knowledge.

Quality of Gerontology Clinical Experiences

Student nurses are often exposed to poor standards of care and negative attitudes toward older people in clinical settings (Henderson et al., 2008). Many of these experiences are provided as the first clinical course and have a powerful impact on the students' attitudes toward older adults. It is essential to examine various clinical experiences in order to determine which ones enhance students' attitudes toward older adults, thus increasing the number of students choosing gerontology nursing upon graduation.

A three-year longitudinal study utilizing multiple methods of data collection conducted by Brown et al. (2006) examined nursing students' (N = 718) opinions of gerontological nursing and their inclination to work with older people, as well as identified the positive learning environment characteristics that might promote positive attitudes toward older adults. Survey results showed 82% of the students disagreed that working with elders consisted of only unskilled, basic care. Sixty-nine percent viewed the work as interesting, and 64% found it challenging. Only 17% of the respondents felt

working with the elderly would not be for them. Utilizing a constructivist approach, data collection was influenced by emerging themes identified through focus groups.

A predominant theme identified through content analysis of the survey was the quality of the clinical placement on attitudes toward older adults. Impoverished environments were identified as possessing poor standards of care for the elderly, negative staff attitudes, a lack of dynamic leadership, and poor communication. Enriched environments included a sense of security by being well prepared prior to the clinical placement; being made welcome; being seen as part of the team; seeing a relationship between theory and the experience; identifying goals for the experience; finding the experience inspiring because of exposure to excellent standards of care and positive attitudes toward the elderly; and finally being made to feel that working with older people is appreciated. The study suggested that students do not begin nursing training with negative attitudes about older people but develop them during training and clinical placement.

Sheffler (1995) measured attitudes toward the elderly of 140 associate degree nursing students prior to and after a clinical experience in a hospital and a nursing home utilizing Kogan's Attitude Toward Old People Scale (KOP) and Palmore's Facts on Aging Quiz (FAQ). Results indicated mean attitude scores improved after both hospital ($t[85] = -2.40, p < .05$) and nursing home ($t[53] = -2.52, p < .01$) clinical experiences, a statistically significant finding. A weak correlation coefficient of $r = .15 (p < .05)$ was found between age and attitude, where older adults had more positive attitudes than younger students. Additionally, a positive relationship between students' attitudes toward the elderly and their knowledge of the elderly was found ($r = .31, p < .01$).

Fusner and Staib (2004) examined the effect of a service learning experience in a senior citizen center on associate degree nursing students' attitudes. Formal surveys of two different groups of students were completed after the clinical experience. Seventy-five percent of the first group (N = 70) agreed the senior center provided the experience needed to meet the course objectives. A second group of students (N = 60) were given a different tool, a 7-item, Likert scale. Sixty-five percent of this group responded positively that the experience was beneficial to learning. Analysis of journal writings indicated that students developed positive attitudes toward working with elderly individuals, developed more confidence in working with patients, and recognized that many senior citizens were active and engaged in life.

Rosher and Robinson (2005) investigated the attitudes of nursing and medical students toward elders residing in an Eden Alternative nursing home. The Eden Alternative model places the focus on the elders who have maximum decision-making authority regarding daily routine and the environment includes pets, plants, and gardens. Before and after implementation of this model at the nursing home, the Health Professionals Beliefs and Opinions about Elders (HPBOA) Part A Scale was administered to the students. This questionnaire is a 17-item, 6-point Likert scale where the higher the score, the more positive the attitude. Cronbach's alpha of 0.94 was noted for this study. In addition, students were also asked two questions: do they enjoy working with the elders who live in a nursing home, and would they select a career in geriatrics? The pretest group (N = 61) was comprised of 6% internal medicine (IM) residents, 30% Licensed Practical Nursing (LPN) students, and 64% Registered Nursing (RN) students. The posttest group (N = 73) consisted of 4% IM residents, 55% LPN

students, and 41% RN students. Analysis was performed using a two-sample t- test and the Wilcoxon Rank Sum Test. Results indicated the overall score were significantly more positive for the posttest group ($u = 79.72$, $SD = 8.52$, $p < 0.014$) than for the pretest group ($u = 76.43$ $SD = 8.68$). In response to the questions, there was no change in the IM group, but there was an increase in both the enjoyment in working in the nursing home and in the possibility of a career in geriatrics for both the LPN and the RN student groups between the pretest (23% enjoyment, 5% career choice) and posttest groups (40% enjoyment, 19% career choice).

Williams et al. (2006) explored the character of student attitudes toward geriatric and long term care (LTC) nursing and how the expanded clinical experiences affected student attitudes. In the phenomenological analysis, 32 baccalaureate nursing students who had completed the Population-Based Health Care clinical course were asked to evaluate the impact of a second rotation in a long-term care setting in a senior year community health clinical that had a different focus. Students evaluated the experience as positive and different from their junior year, when personal care and basic care was emphasized. In addition, four themes were identified from focus group interviews. Students identified specific personality traits that were important for geriatric nurses and unique aspects of geriatric nursing roles. They also reported gaining awareness of changes occurring in today's nursing homes and expressed interest in new models of LTC, such as Eden Alternative. This study suggested positive clinical experiences outside the nursing home setting, such as senior centers and assisted living facilities, would be more effective in enhancing student interest in geriatric care.

Shellman (2006) examined 41 baccalaureate nursing students' perceptions of their reminiscence experiences with older adults. Using a qualitative approach embedded within a survey design, the author reported three major themes that described the reminiscence experience for the students: "making a connection," "seeing the world through their eyes," and "benefits of reminiscence" (p. 499). The study found that reminiscence education programs helped students make a connection with older adults and learn about older adult worldviews and cultural perspectives, thereby improving the quality of care provided to the older adult.

Brown et al. (2007) suggested nursing students developed negative attitudes toward older adults during nursing school. When enriched clinical experiences were provided then attitudes toward older adults were more positive. This premise was supported by Fusner and Staib (2004) who found positive attitudes toward older adults after an experience with a well-older adult in a senior center. Rosher and Robinson (2005) found positive attitudes toward older adults from nursing students who worked with the older adult in an Eden Alternative nursing home setting. The use of reminiscence with the older adult population was found to enhance nursing students' attitudes toward older adults (Shellman, 2006). Exposing the nursing student to various roles during the clinical experience in a long-term care setting also yielded positive attitudes toward the older adult (Williams et al., 2006).

In summary, this section discussed nursing students' attitudes toward older adults and the quality of gerontology clinical experiences. Poor clinical experiences (Brown et al., 2007; Williams et al., 2006) were found to negatively impact student attitudes toward older adults. Varied clinical experiences in alternative settings resulted in more positive

student attitudes (Fusner & Staib, 2004; Rosher & Robinson, 2005; Shellman, 2006). Only two associate degree nursing program studies (Fusner & Staib, 2004; Sheffler, 1995) were identified, pointing to the gap in knowledge as it relates to this population. This study will help to complete this body of knowledge. In addition, further research to investigate which learning/clinical experiences enhance attitudes toward older adults would be valuable.

Chapter Summary

In summary, Chapter Two examined literature focused on attitudes toward older adults in non-nursing students, nursing students, health care personnel, and nursing faculty. Studies measuring knowledge and attitudes of nursing students prior to and at the conclusion of a clinical experience, educational strategy, or a nursing program interval also were examined. Finally, studies that focused on faculty attitudes toward gerontology clinical assignments, educational strategies, and gerontological content in nursing programs were also reviewed.

CHAPTER THREE

METHODS

The purpose of this study was threefold: (1) to examine the effect of a clinical gerontology course on first-year associate experience with the older adult and pretest attitudes toward the older adult; (2) to investigate the relationship between previous experience with the older adult and pretest attitudes toward the older adult; and (3) to determine the extent to which age, gender, and previous experience predict the change in attitudes toward the older adult. This chapter provides an introduction to the methodology used in this research study.

Overview of the Design

The investigation to determine whether attitudes toward older adults of first-year associate degree nursing students change after a clinical gerontology course was conducted using an observational, single group, pretest, posttest design (O, X, O). In this design, one independent variable is manipulated, other relevant variables are controlled, and the effect on the dependent variable is measured, which allowed the researcher the ability to select a method with adequate control of threats to validity (Gay et al., 2009).

For this study, a within-participant design was used. Attitudes toward older adults of first-year associate degree nursing students was measured prior to, and at the completion of, a seven-week clinical gerontology course. The pretest, posttest design was well-suited for this study as the variable measured; in this case, attitudes toward older adults are not likely to change by themselves (Gay et al., 2009).

For this study, Kogan's (1961) Attitudes Toward Old People Scale (KOP) and a 4-item researcher-developed demographic questionnaire was administered pre-intervention with the pretest KOP. The KOP was administered post-intervention. Three major hypotheses were tested in this study. Table 1 displays each of this study's research hypotheses, the instrument used to obtain the data, and the statistical test performed to test the research hypothesis.

Table 1

Hypotheses Table

Research Hypothesis	Instruments	Statistical Tests	Results
The gain score for attitudes toward older adults will not be equal to zero.	Attitudes Toward Old People Scale (Kogan, 1961)	Paired samples t-test	The hypothesis was supported. $t(38) = 2.772$, $p = 0.009$
Students with previous experience with older adults will have different pretest attitudes toward older adults than students with no previous experience.	Attitudes Toward Old People Scale (Kogan, 1961) Demographic Questionnaire	Independent samples t-test	The hypotheses were not supported. The t-tests were not significant, see Table 7.
Change in attitudes toward older adults will be predicted by student age, student gender, student ethnicity, previous experience.	Attitudes Toward Old People Scale (Kogan, 1961) Demographic Questionnaire	Multiple Regression	The hypothesis was not supported. $F(11, 27) = 0.78$, $p = 0.66$

Setting

The study was conducted in an associate degree nursing program in a state college in southeastern Florida. An approval letter was obtained from the state college (Appendix B).

Intervention

The most important aspect of preparing registered nurses to meet the changing health care population is through the proper curriculum approach. The majority of nursing programs, however, integrate gerontological content in a minimal way (Plonczynski et al., 2007; Ironside et al., 2010). Yet there are resources available to nursing programs to assist in ensuring adequate gerontological curriculum.

Hartford Centers of Geriatric Nursing Excellence (HCGNES) initiatives were developed to improve the nursing care quality to older adults through the use of evidence-based nursing interventions. This resource offers a plethora of evidence-based assessment tools and practice guidelines for every aspect of gerontological nursing (Harvath et al., 2006). To facilitate and strengthen gerontology curriculum development across nursing programs, the National League for Nursing, in collaboration with several schools of nursing, recently developed a framework to guide nursing education and clinical practice called ACES: Advancing Care Excellence for Seniors (NLN, 2010). This initiative's goal is to educate the nursing workforce to provide competent, individualized, and humanistic care to older adults. Three focused beliefs—individualized aging, complexity, and life transitions—undergird this framework.

This researcher investigated whether nursing students' attitudes toward older adults change after completing a seven-week clinical gerontology course that

incorporated the ACES framework and the use of evidence-based gerontological assessment tools. The course began with a three-hour didactic introduction that covers societal attitudes on aging; general statistics related to the aging population and caregiver population; the National League for Nursing's (NLN) educational framework, Advancing Care Excellence for Seniors (ACES); and the HCGNES website.

The second course component consisted of a seven-week clinical rotation in a long-term care setting. A specific weekly focus that included communication, cognitive status, nutrition, function, and safety was assigned. Prior to arrival at the clinical site, the students were required to review the information related to the weekly focus, review the resource on the HCGNES website, print the tool, and bring it to clinical, where they performed the assessment. In addition, they were required to locate a community resource that relates to the focus of the week and share it with their clinical group during post-conference.

The third component of the course consisted of a community-based assignment with a well-older adult. The student was assigned to visit with the well-older adult one hour each week for a six-week period. Each week's focus mirrored the long-term care setting focus. At the conclusion of the seven-week rotation, the student was asked to reflect on the experience, expressing it through writing or digital storytelling.

Each aspect of this course provided exposure to the ACES framework components of individualized aging, complexity of needs, and life transitions of the older adult and allowed for practice with the use of evidence-based assessment tools. All of the participants of the study followed the same weekly schedule. The Attitudes Toward Old People Scale's paired item clusters—residential/housing, discomfort with old people,

interpersonal relationships, dependence, cognitive style/capacity, and personal appearance/personality—were encountered during this clinical gerontology course.

Sample

Convenience sampling was used in this study. The sample for this study consisted of all full-time first-semester associate degree nursing students enrolled in the Fundamentals of Nursing clinical course.

Inclusion Criteria

Only full-time first-semester associate degree nursing students from the state college associate degree nursing program were eligible to participate.

Exclusion Criteria

Associate degree nursing students who were repeating the clinical course were excluded from the study. Prior to the commencement of the clinical gerontology course, the first-semester associate degree nursing students were informed of the purpose of the study and provided a cover letter explaining the study. Students who did not fit the inclusion criteria were excused from the study.

Sample Size by Power Analysis

Minimum sample size for this study was determined through completion of a power analysis. Wood and Ross-Kerr (2011) defined power analysis as a statistical analysis based on the amount of error to tolerate, the level of significance of the test, sample size, the type of statistical test, and the effect size.

The power analysis provided an estimate of how many participants were needed to detect small effects, medium effects, or large effects of the independent variable (Cone & Foster, 2006). Effect size is a numerical expression of the strength or magnitude of a

reported relation, whether causal in nature or not (Gay et al., 2009). In this study, a medium effect size was utilized.

The probability level reflected how confident the researcher feels that the test results are not simply due to chance and is called the level of significance, known as alpha (Gay et al., 2009). The preselected probability level determines the probability of committing a Type I error, rejecting the null hypothesis when it was really true (Gay et al., 2009). A Type II error may occur when the researcher fails to reject the null hypothesis when he or she should. The smaller the probability of a Type I and Type II error, the less likely the results are due to chance. For purposes of this study, an alpha level of 0.05 was selected. According to Cone and Foster (2006), the level of power of the study, or the sensitivity of the chosen statistical test to detect an effect, is also considered in the power analysis process. For this study, a value of .80 is recommended, which reflects that 80% of the time the test will identify the effect (Cone & Foster, 2006). Finally, in determining adequate sample size, the statistical tests to be utilized in hypotheses testing must be considered. It was essential to the quality of the study to ensure adequate sample size was met to allow ensure generalizability to the population.

An A priori analysis using GPOWER Version 3.10 software (Faul, Erdfelde, Lang, & Buchner, 2007) was conducted to determine sample size for this study. A sample size of 34 was calculated for this study based on a two-tailed, t-test, with a medium effect size of 0.50, an alpha level of 0.05, and a power level of 0.80. The number of eligible nursing students for this study was 47, which provided a sufficient sampling to account for missing or incomplete data.

Ethical Considerations/Protection of Human Subjects

Approval was obtained from the Barry University Institutional Review Board and the Provost; the Dean of Health Sciences and Public Safety; the Director of Institutional Research and Effectiveness; and the Nursing Program Director from one state college located in Southeast Florida. The study participants were provided verbal information about the study by the researcher. A written cover letter (Appendix D) was distributed and read to first-semester associate degree nursing students enrolled in the Fundamentals of Nursing clinical course. The cover letter provided the name of the researcher; the organization of affiliation; the purpose, the risks, and benefits of the study; and an explanation of what the study entailed. Students who did not wish to participate were excused from the study. Participants were instructed not to provide any identifying information on the questionnaires. The study instruments, along with an envelope, were distributed to each participant. A collection box was provided for participants to deposit their sealed envelopes. The protection of the study participants was maintained by the use of the anonymous survey design.

A request for exempt status was made in accordance with Department of Health and Human Services (DHHS) Regulations, Code of Federal Regulations (CFR) 46, exempt category, Category 1: Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods (applicable to minors). Additionally, a waiver of signed informed consent was requested since the only record linking participants and the research (i.e.,

anonymous survey) was the consent document. In lieu of signed consent, participants were instructed regarding the study's purpose and participation requirements both verbally and in a cover letter.

The *Research with Human Participants Protocol Form* submitted to the Barry University Institutional Review Board is provided in Appendix A. Confidentiality of the data was maintained by securing the completed instruments in a locked cabinet in the researcher's office. Data will be destroyed after five years.

Procedure

Pre-Intervention

Prior to the commencement of the clinical gerontology course, the researcher met with the first-semester associate degree nurses. A cover letter was distributed to the students and explained by the researcher (Appendix I). Participants were instructed not to provide any identifying information on the questionnaires. The study instruments, along with an envelope, were distributed to each participant. Collection boxes were provided for participants to deposit their sealed envelopes. The protection of the study participants was maintained by the use of the anonymous survey design.

The Attitudes Toward Old People Scale (Kogan, 1961), the researcher-developed demographic questionnaire (Appendix F), and an envelope were distributed to each participant. Participants were asked to write their six-digit birth date, as one continuous number, on all questionnaires and on the envelope for the purpose of matching the pretest and posttest instruments. An explanation on how to complete each was provided by the researcher. A 30-minute time frame to complete the study questionnaires was allotted. The participants were instructed to place both questionnaires in the envelope, seal it, and

deposit it in the collection box provided. The researcher did not know if surveys were completed or left blank. The researcher was not present in the room while the participants completed the surveys. The researcher had no input into evaluations or grades for first semester nursing students.

Post-Intervention

At the completion of the seven-week clinical gerontology course, the researcher again met with the first-semester students. An explanation of the study was provided. The Attitudes Toward Old People Scale (KOP) and an envelope were distributed to each participant. Participants were again asked to write their six-digit birth date, as one continuous number, on both questionnaires and the envelope. Data collection was carried out as was conducted during pretest.

Instruments/Measures

Two instruments were utilized in this study: Kogan's (1961) Attitudes Toward Old People Scale (Appendix F) and a 4-item researcher-developed demographic questionnaire (Appendix E).

Attitudes Toward Old People Scale (KOP)

Kogan (1961) used minority group rank as the premise for development of a scale that measured attitudes related to old people. His seminal study, published in 1961, described the process for the development of the KOP. In this study, two male samples (N = 128 and 186) and one sample (N = 168) comprised of 87 males and 81 females were used. Seventeen matched negative-positive pairs regarding old people made up the measuring instrument. The instrument was derived from ethnic minority items and statements developed by the author's and others' awareness regarding society's

stereotypes of older people. Seventeen items conveying negative sentiments about old people were constructed. Another set of 17 was then developed, which was opposite of the first set. The paired items fall into clusters or themes: residential/housing, discomfort with old people, interpersonal relationships, dependence, cognitive style/capacity, and personal appearance/personality. Results of the study showed the three sample means were consistent for the total negative scale ($u_1 = 54.87$, $u_2 = 56.84$, $u_3 = 54.17$) and the total positive scale ($u_1 = 64.14$, $u_2 = 62.13$, $u_3 = 60.42$), which was statistically significant at $p < .01$.

Reliability and Validity

Since inception, this measurement tool has been utilized across the spectrum of society to measure attitudes toward older adults and has been found to be reliable and valid in its original design as well as in adapted formats (Lambrinou et al., 2005). Specifically, the KOP has been utilized to measure nursing student attitudes toward older adults as an effect of gerontology course experience (Ryan et al., 2007; Lee, 2009) or to compare to other student groups (Holroyd et al., 2009). The cited nursing studies support content validity in that the test measures the intended content area (Gay et al., 2009). The Cronbach's alpha statistic was utilized in these studies to demonstrate content validity. Coefficients of 0.796 (Holroyd et al., 2009); 0.80 and 0.81 (Ryan et al., 2007); and 0.82 and 0.69 (Lee, 2009) were reported. Lambrinou (2005) obtained a Cronbach's alpha coefficient of .73 for the negative scale and .65 for the positive.

Scoring of the Attitudes Toward Old People Scale

The KOP is comprised of 34 statements, 17 of which are positive and 17 that assert identical claims but are stated in a negative way. The scale utilizes a 6-point Likert

scale: 1 = strongly disagree to 6 = strongly agree (Kogan, 1961). Participants are asked to select the response that reflects the closest to their opinion of old people. The negative and positive items are scored separately and then summed. The score on the negative items are then subtracted from the score on the positive items. A high score on the negative items represents more negative attitudes.

Demographic Questionnaire

A 4-item researcher-developed demographic questionnaire (Appendix E) was used to collect information on age, gender, ethnicity, and previous experience with an older adult (defined as over 65 years of age). Participants who identified themselves as having had previous experience with an older adult were asked to identify this experience as either, paid clinical work experience, volunteer clinical work experience, paid non-clinical work experience, unpaid non-clinical work experience, or non-work experience with family or friends. These demographic variables were used to describe the sample and to investigate the extent to which the intervention is more effective in changing attitudes toward older adults for some demographic groups. The demographic questionnaire was developed with input from expert faculty.

Data Analysis Plan

After completion of the data collection phase, each participant's envelope was opened, and questionnaires were scanned for completeness. Incomplete questionnaires were removed from the sample data and evaluated separately to determine if they could be used in some portion of the analysis. If questionnaires were complete, the numerical identifier was logged. Outliers were handled in the same manner. To ensure data entry accuracy, a written set of instructions that includes the name of the variable as it appears

in the computer, the description of the data to which the name refers, and how to score the variable were utilized (Cone & Foster, 2006). During the data entry process, a log was maintained that indicated which questionnaires have been entered into the database. Data entry accuracy was verified by another associate during each step of the process. Data was transferred from the questionnaires to a computerized spreadsheet to facilitate data analysis.

Descriptive statistics that are used to organize and describe the sample were conducted. For this study, the demographic variables of gender, age, ethnicity, and personal experience with older adults were collated and tabulated. Specifically, the percent of the sample for each variable was obtained. In addition, measures of central tendency or the mean of the sample were also determined. The mean of the sample most accurately describes the data (Gay et al., 2009). To measure the variability within the sample data, the standard deviation was calculated. The mean and standard deviations of the pretest group were compared to those of the posttest group. Additionally, descriptive statistics were obtained on responses to the Attitudes Toward Old People Scale. Cronbach's alpha statistic was computed for the sample to determine the reliability level of the Attitudes Toward Old People Scale.

Inferential statistics were used to test the hypothesis. Standard error of the mean was calculated to ascertain how far, on average, any sample mean would be different from that of the population (Gay et al., 2009). An alpha level of .05 was established for all statistical tests. Hypothesis One tested for change in gain scores on the Attitudes Toward Old People Scale from pretest to posttest. Gain scores are defined as the difference between the score obtained in the pretest with that of the posttest, expressed as

$g = x_2 - x_1$ (May & Hittner, 2010). Hypothesis One was non-directional as there was no way to predict whether gain scores would improve or worsen. The paired samples t-test was performed to compare the actual difference between the mean group scores on the pretest and posttest. This test compared matched data from the same group.

Hypothesis Two tested the difference in attitudes between those with previous experience with older adults and those with no experience. An independent samples t-test was conducted for this hypothesis as participants who have previous experience with older adults were considered to be different from those who did not have this experience.

Hypothesis Three sought to identify a statistically significant predictor for change in attitudes toward older adults and a combination of other variables: student age, student gender, student ethnicity, and previous experience with older adults and a clinical gerontology course. A multiple regression was conducted to test this hypothesis. Regression analysis contains many techniques for modeling and analyzing several variables, when the focus is on the relationship between a dependent variable and more than one independent variable (Gay et al., 2009). Multiple regression analysis is vital in that it not only determines which of the variables are related but to what extent they are related (Gay et al., 2009).

Chapter Summary

In summary, Chapter Three has presented an overview of the design and methodology selected for this study. Ethical considerations/protection of human rights procedures for study participants were explained. Descriptions of the variables to be studied were discussed. Sample technique and sample size determination using G-Power calculations were presented. The inclusion and exclusion criteria for the participants in

the study were explained. Data collection procedures, including instrument descriptions, were provided. The statistical testing for each research hypotheses was also outlined.

CHAPTER FOUR

FINDINGS OF THE STUDY

The purpose of this quantitative study was threefold: (1) to examine the effect of a clinical gerontology course on first-year associate degree nursing students' attitudes toward older adults; (2) to investigate the relationship between previous experience with the older adult and pretest attitudes toward the older adult; and (3) to determine the extent to which age, gender, and previous experience predict the change in attitudes toward the older adult.

The ever-increasing number of older adults in the population, many requiring specialized gerontological nursing care, demands a competent nursing workforce. Attitudes toward older adults are often negative, which adversely affects the desire to work with this population (Henderson et al., 2008; Moyle, 2003; Xiao et al., 2008; McLafferty & Morrison, 2004). The need to better understand attitudes and the formation of attitudes toward older adults motivated this research. The majority of graduate nurses who enter the workforce are from associate degree programs, many of which have minimal gerontological course content and little to no interest in gerontology (Ironside et al., 2010). Most nursing students do not choose to work in a gerontology specialty once they graduate (HRSA, 2010). If action is not taken immediately, the health care workforce will lack the capability to meet the needs of older patients in the future (IOM, 2008).

This chapter presents the results of this study and outlines the methodology used to conduct the study. A convenience sample of 47 first-year associate degree nursing students from one state college in Southeast Florida was recruited. A single group,

pretest- posttest design was used in this study. Prior to, and at the completion of, a seven-week clinical gerontology course, attitudes toward older adults were measured using Kogan's (1961) Attitudes Toward Old People Scale (KOP), which is a 6- point Likert scale composed of 17 matched negative-positive pair statements regarding older adults. Pretest scores were obtained prior to the start of the clinical gerontology course and collected again at the completion of the course. The study's intervention consisted of a clinical gerontology course with three components: (1) a three-hour didactic class that covered an introduction to the aging population; societal attitudes toward aging and the caregiver population; the Advancing Care Excellence for Seniors Framework (NLN, 2010); and the Hartford Centers of Geriatric Nursing Excellence (HCGNES) website; (2) a seven-week clinical rotation in a long-term-care setting utilizing evidenced based assessment tools and a reflection exercise; and (3) a community based six-visit assignment with a well older adult. Demographic data was also collected in order to examine possible relationships between selected demographic variables and attitudes toward older adults. Data were analyzed using SPSS 17.0. The findings are presented as follows: (a) sample description, (b) descriptive statistics, (c) exploratory data analysis procedures, and (d) statistical tests of the hypotheses in this research study.

Sample Description

Prior to commencement of this study, permission was received from the Barry University Institutional Review Board as well as from the Provost; Dean of Health Sciences & Public Safety; Director of Institutional Research & Effectiveness; Nursing Program Director; and Nursing Program Chairperson. A convenience sample of 47 first

year nursing students enrolled in a fundamentals nursing course from one nursing program in one state college located in Southeast Florida were recruited for this study.

Sample Attrition

The power analysis suggested a minimum sample size of 34 participants. Out of the 47 students enrolled in the class, 44 (94%) completed the pretest. Five students did not complete the posttest, 1 (2%) student declined participation, and 4 (9%) students were transferred to another rotation (see Table 2). With an 83% participation rate, the researcher believes sample attrition was not a serious source of bias (see Table 2).

Table 2

Survey Response Rates

Category	Number	Proportion
Individuals invited to participate	47	100%
Agreed to participate	44	94%
Available for analysis **	39	83%

** Five students did not complete the posttest

Descriptive Statistics

Sample Demographics

Participants in the sample mirrored the national statistics for Associate Degree Nursing Programs. Study participants were typically middle age, $M = 33.43$, $SD = 10.30$, with 54% 30 or older. However, the range spanned from 20 years to 61 years of age. Women composed nearly two-thirds of the sample. Black, Hispanic, and Asian students were present in similar proportion to the reported national data (see Table 3).

Table 3

Frequency Distribution of Demographic Data

Measure Percentage*	Frequency	Percentage	National
Gender			
Men	16	36.4	15
Women	28	63.6	85
Total	44	100	
Ethnicity			
White	33	75	81
Black	5	11.4	9
Latino	4	9.1	6
Asian	2	4.5	4
Total	44	100	

Previous Experience with Older Adults

For the purpose of this study, study participants were asked to identify their previous experience with the older adult by choosing all that applied from the following categories: no previous experience, paid clinical, volunteer clinical, paid non-clinical, unpaid non clinical, non-work experience. The majority of participants (84%) had previous experience with an older adult in one capacity or another. Half of the sample reported non-work experience with an older adult. Clinical experience, whether paid or volunteer, was the largest reported number by the participants (see Table 4).

Table 4

Frequency Distribution of Previous Experience

Measure	Frequency	Percentage
No Previous Experience	7	15.9%
Paid Clinical	15	34.1%
Volunteer Clinical	13	29.5%
Paid Non-clinical	9	20.5%
Un-paid Non-clinical	5	11.4%
Non-work experience	22	50.00%

Attitude Scores from Kogan's Attitude Toward Old People Scale

Using Kogan's Attitude Toward Old People Scale (KOP), study participants responded to a six-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). For the purpose of this study, overall gain scores were examined rather than individual comparisons of the KOP's positive and negative subscales, thus overall mean scores are presented. The overall pretest mean score is comparable to those identified in the only other associate degree nursing research study (Sheffler, 1995) (see Table 5).

Table 5

Descriptive Statistics for Attitude Scores

Measure	<i>n</i>	Mean	Standard Deviation	Range
Preattitude	44	139.57	13.761	112 to 168
Postattitude	39	146.33	15.294	122 to 182
Gainscore	39	6.31	14.209	-19 to 54
Sheffler, 1995				
Pretest	140	149.21	18.69	
Posttest		154.25	14.59	

Exploratory Data Analysis

Reliability of Instruments

For this study, internal consistency for the KOP instrument was obtained using the Cronbach's alpha statistic. In the pretest, the instrument's reliability coefficient was $\alpha = .79$ and posttest reliability was $\alpha = .85$. Thus, there is demonstrated consistency in measuring attitudes toward older adults. These results are reinforced by previous nursing research where coefficients of 0.796 (Holroyd et al., 2009); 0.80 and 0.81 (Ryan et al., 2007); and 0.82 and 0.69 (Lee, 2009) were reported.

Recoding

Two instances of recoding occurred during data analysis. In scoring the KOP, 17 reverse-worded questions were reverse coded so a higher score always represented more positive attitudes toward older adults. In addition, ethnicity was recoded as three

indicator variables for Black, Hispanic, and Asian ethnicity. This recoding was completed for the purpose of performing a multiple regression.

Assumptions Required by Statistical Tests

Exploration of the data was performed to assure it met assumptions necessary for the parametric statistical tests used. Graphical analyses were performed to determine if the scores were symmetrically distributed for pretest and posttest attitude scores and gain scores. The pretest, posttest, and gain scores were normally distributed as required for a t-test or regression (Figures 2, 3, 4). The difference between the bars and the bell curve are due to random variation and do not reflect a sufficient violation to warrant conducting a transformation.

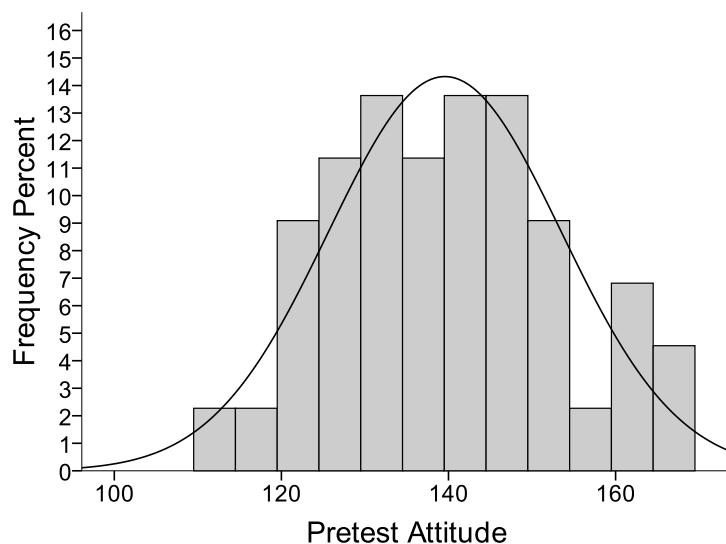


Figure 2. Distribution of pretest score for attitude toward older adults.

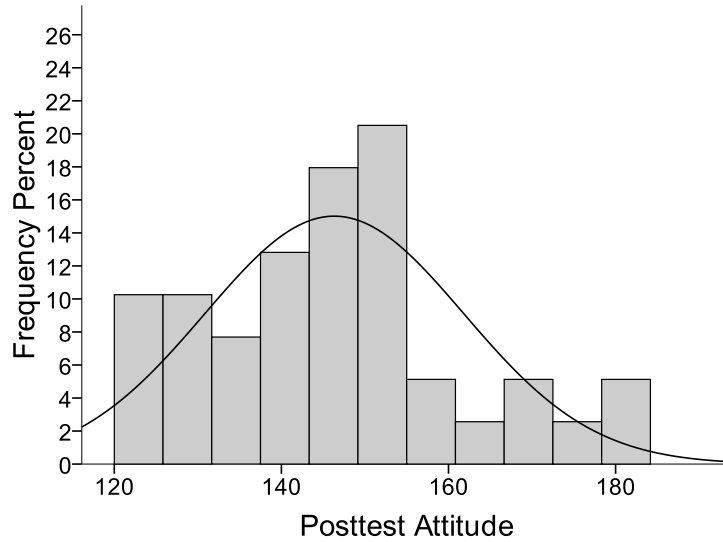


Figure 3. Distribution of posttest score for attitude toward older adults.

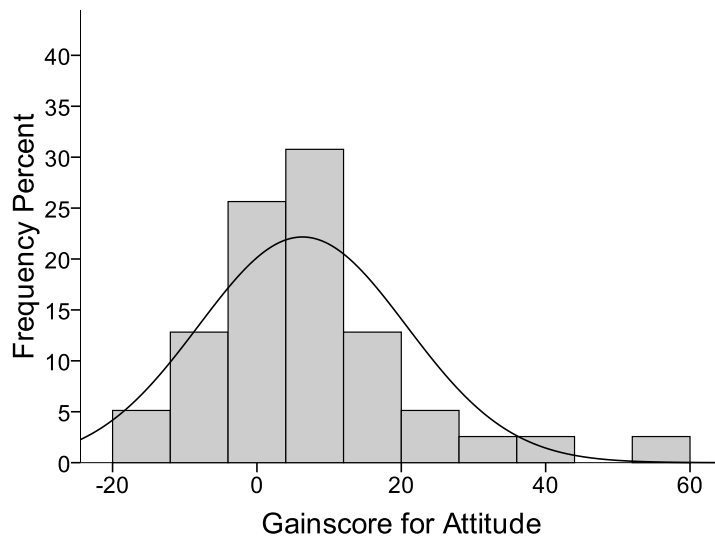


Figure 4. Distribution of gainscore for attitude toward older adults.

Another required assumption is that there is a linear relationship between the dependent and the independent variable when the independent variable is continuous.

Figure 5 shows that the relationship between the gain score and age is linear to a satisfactory degree, although the relationship is weak.

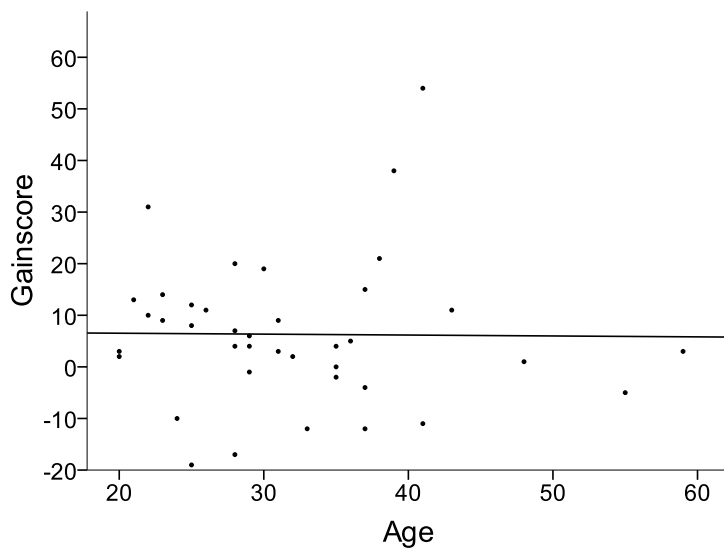


Figure 5. Linear relationship between age and gain score.

Data Analysis to Test Study Hypotheses

Data were analyzed to answer three research questions: (1) is the completion of a clinical gerontology course by associate degree nursing students associated with change in attitudes toward older adults?; (2) is there a relationship between gain scores in attitudes and associate degree nursing students' experience with older adults before a clinical gerontology course?; and (3) how much does student age, student gender, student ethnicity, and previous experience with the older adult contribute to predicting change in attitudes toward older adults after a clinical gerontology course?

For this study, three hypotheses were tested. Normal distribution was established; therefore, parametric analysis utilizing one sample t-test for Hypothesis 1, independent samples t-test for Hypothesis 2, and a multiple linear regression for Hypothesis 3 was performed.

Research Question One

The first research question examined asked: Is the completion of a clinical gerontology course by associate degree nursing students associated with change in attitude toward older adults? A one sample t-test was conducted to evaluate the gain score in attitude towards older adults. The dependent variable was the gain score. The means and standard deviations for attitude scores are presented in Table 6. The t-test was significant $t(38) = 2.772, p = 0.009$ (see Table 6 and Figure 6). The null hypothesis was rejected. The students receiving the intervention had higher than average attitude scores after the intervention ($M = 146.33, SD = 15.29$) compared to before the intervention ($M = 140.03, SD = 13.13$). The mean difference in standardized scores, $d = 0.46$, indicated a moderate effect size. In summary, on average, students receiving the intervention had moderately higher attitude scores, which increased by nearly half a standard deviation.

Table 6

Attitude Score Means and Standard Deviations (Before and After Intervention)

Attitude	<i>N</i>	Mean	Standard Deviation
Pretest	39	140.03	13.13
Posttest	39	146.33	15.29

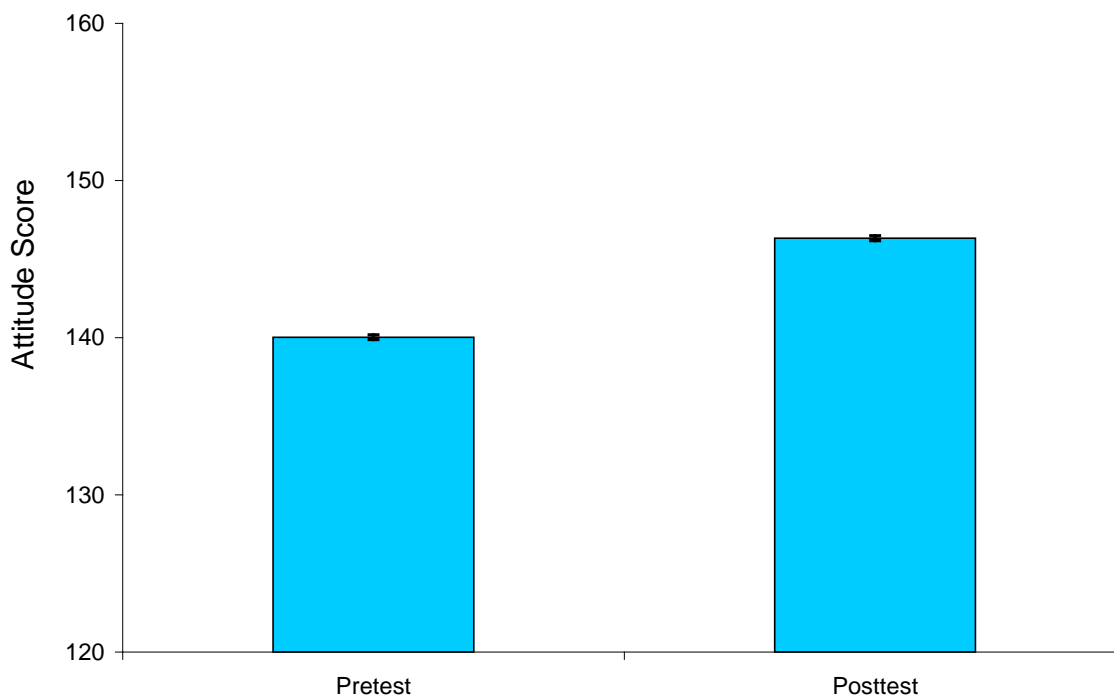


Figure 6. Average attitude score, with standard error bars, by pretest ($n = 39$) and posttest ($n = 39$).

Research Question Two

Research Question Two asked: Is there a relationship between gain scores in attitudes and associate degree nursing students' experience with older adults before a clinical gerontology course? Six independent samples t-tests were conducted to evaluate the relationship between prior experiences with older adults and pretest attitude towards older adults. The independent variable, experiences with older adults, included two groups: those who had the experience and those who did not. The dependent variable was the pretest attitude score. The means and standard deviations for attitude scores are presented in Table 7. The t-tests were not significant (see Table 7). The null hypotheses were not rejected.

Table 7

Differences in Pretest Attitude Scores Between Students With or Without Experiences With Older Adults

Type of Experience	No		Yes		<i>t</i> (42)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Any previous experience	139.43	11.06	139.59	14.35	0.029
Paid clinical	140.83	13.40	137.13	14.58	0.841
Volunteer clinical	139.90	12.99	138.77	15.99	0.247
Paid non-clinical	140.66	13.96	135.33	12.83	1.036
Un-paid non-clinical	138.67	13.44	146.60	15.81	1.221
Non-work experience	137.68	14.90	141.45	12.58	0.907

Note. None of the t-tests were statistically significant

Research Question Three

The final research question asked: How much does student age, student gender, student ethnicity, and previous experience with the older adult contribute to predicting change in attitudes toward older adults after a clinical gerontology course? A multiple linear regression analysis was conducted to evaluate how well gender, ethnicity, age, and type of previous experience with older adults predicted change in attitude towards older adults. The predictors were gender, ethnicity (Black, Hispanic, or Asian), age, and type of previous experience (none, paid clinical, volunteer clinical, paid non-clinical, unpaid non-clinical, and non-work experience). The criterion variable was the attitude gain score. A preliminary analysis evaluating the required assumptions for linear regression indicated: (1) all continuous variables were normally distributed and (2) age had a linear relationship with attitude gain scores. The linear combination of predictors was not

significantly related to gain scores, $F(11, 27) = 0.78$, $p = 0.66$. The sample multiple correlation coefficient was .49 (see Table 8). The null hypothesis was not rejected.

Table 8

Regression Analysis Summary for Gender, Ethnicity, and Type of Prior Experience Predicting Attitude Gain Scores

Variable	Unstandardized Coefficient	Standard Error	Standardized Coefficient	t
(Constant)	17.854	12.743		1.401
Women	-7.728	5.840	-.254	-1.323
Black	14.533	8.498	.347	1.713
Hispanic	-4.773	8.278	-.103	-.577
Asian	2.943	12.699	.046	1.232
Age	-.294	.322	-.187	-.912
No Prev Experience	-1.566	8.189	-.040	-.191
Paid Clinical	-1.413	5.538	-.047	-.255
Volunteer Clinical	5.833	6.006	.182	1.971
Paid Non- Clinical	-2.249	7.241	-.058	-.311
Unpaid Non- Clinical	-16.351	9.552	-.311	-1.712
Non- work Experience	5.114	5.810	.182	.880

Note. $R^2 = 0.24$ ($N = 39$, $p = 0.66$)

Summary of the Results

This chapter presented the analysis and interpretation of the research findings. Thirty-nine first-year associate degree nursing students' attitudes toward older adults were measured using the KOP, prior to, and at the completion of, a seven-week clinical gerontology course. The average student in this study was a 33-year-old white female with some prior experience with older adults. Results indicated posttest attitude scores

were higher than pretest scores. The mean difference in standardized scores, $d = 0.46$, indicated a moderate effect size, which was a statistically significant finding. Pretest gain scores were unrelated to those participants with previous experience. Finally, the multiple regression analysis examined the relationship between gender, ethnicity, age, type of previous experience with older adults, and attitudes toward older adults, which were not significant at the $p < .01$ level of significance. This suggests that the clinical gerontology course was effective for all demographic groups.

CHAPTER FIVE

SUMMARY AND DISCUSSION

The purpose of this chapter is to provide a summary of the study, discuss the findings of the study, identify implications of these findings, and discuss the significance of the study as it relates to nursing education, nursing practice, nursing research, and health policy. The strengths and limitations of the study will be highlighted and recommendations for future research studies will be presented. This chapter will be structured as follows: (a) summary of the study, (b) discussion of findings and conclusions, (c) implications for nursing, (d) significance of the study, (e) strengths and limitations of the study, (f) recommendations for future study, and (g) chapter summary.

Summary of the Study

The purpose of this quantitative study was threefold: (1) to examine the effect of a clinical gerontology course on first-year associate degree nursing students' attitudes toward older adults; (2) to investigate the relationship between previous experience with the older adult and pretest attitudes toward the older adult; and (3) to determine the extent to which age, gender, and previous experience predict the change in attitudes toward the older adult. Katz's (1969) Functional Approach to the study of attitudes provided a scaffold to explain the potential motivation of attitudes toward older adults of associate degree nursing students.

An anonymous, convenience sample of 47 first semester associate degree nursing students enrolled in a fundamentals nursing course in one state college in Southeast Florida were recruited. The sample's demographic characteristics very closely matched associate degree nursing program NLN (2011) data in age, gender, and ethnicity. Fifty-

four percent of study participants were 30 years of age or older. Men comprised 36.4% of the sample, which is a higher percentage than the national associate degree program data. The sample's ethnicity closely mirrored the overall national data of 19%; however, the percentage of Black (11.4%) and Latino (9.1%) participants was slightly higher. The majority of participants (84%) had previous experience with an older adult. Thus, the average student in this study was a 33-year-old white female with some prior experience with older adults.

Discussion of Findings

Research Questions

Data were analyzed to answer three research questions:(1) is the completion of a clinical gerontology course by associate degree nursing students associated with change in attitudes toward older adults?; (2) is there a relationship between gain scores in attitudes and associate degree nursing students' experience with older adults before a clinical gerontology course?; and (3) how much does student age, student gender, student ethnicity, and previous experience with the older adult contribute to predicting change in attitudes toward older adults after a clinical gerontology course?

Clinical Gerontology Course and Attitude Change

The first research question explored whether associate degree nursing students' attitudes toward older adults would change after a clinical gerontology course. The study found that students receiving the clinical course did have a positive change in attitudes, on average, toward older adults. These findings are consistent with two studies that examined associate degree nursing students prior to and after the provision of a specific gerontology class or defined clinical experience (Sheffler, 1995; Fusner & Staib, 2004).

Perhaps this change in attitudes is due to the presence of more mature students in associate degree nursing programs. The older student often has more varied experience with older adults and often possesses a heightened awareness of issues that surround aging. This awareness may then allow the student to participate in the experience with less prejudice.

Another explanation for the positive change in attitudes reflected by the students may have been related to the varied and unique components of the intervention: a seven-week clinical gerontology course. The course was undergirded by the ACES concepts of individualized aging, complexity, and life transitions of older adulthood (NLN, 2010), an approach that was chosen to challenge ageist attitudes commonly held by nursing students (Moyle, 2003). In this instance, the change in attitudes may have occurred because the opportunity to explore personal attitudes and perceptions of older adults and expectations of their role were provided prior to their first clinical experience. Furthermore, the emphasis on the value of their role in making a difference in the lives of the older adult might also explain the change in attitudes. These possibilities are consistent with a study by Brown et al. (2006), which found that students had more positive attitudes toward older adults when they felt well prepared for the experience, knew the goals for the experience, and felt their work was appreciated.

Another variable considered to affect attitude change involved the clinical experience itself. Eighty-three percent of associate degree nursing programs used hospitals as their primary clinical setting (Ironsides et al., 2010). In an effort to provide a broader view of the aging population, this study's clinical experience provided time in a long-term care setting and in the community with a well older adult. This change in

attitude may have been reflective of the varied experiences given the students as it allowed the student to compare and contrast several older adults and see the uniqueness of each older adult. The provision of such a balanced clinical experience for nursing students may have helped dispel one of the misconceptions about aging—that older adults are feeble with deteriorating health (Moyle, 2003). This change in perception is important and consistent with Henderson et al. (2008), which identified that nursing students who believed older adults participated in a wide variety of activities and interests were more likely to choose to work with older adults.

Gaps in gerontological content in nursing programs have been shown to negatively impact nursing students' attitudes toward older adults (Xiao et al., 2008; Floyd & Clark, 2009). Importantly, the lack of use of evidence-based tools on aging in the majority of associate degree nursing programs contributes to the myths of aging (Ironside et al., 2010). This study's findings suggest that a weekly clinical focus using evidence-based geriatric assessment tools from Hartford Centers of Geriatric Nursing Excellence (HCGNES) strengthened the concept of individualized aging and complexity. Perhaps the change in attitudes exhibited by the students was due to the knowledge gained as they learned the value of assessment and planning of individualized care with their complex older adult clients. This conclusion is consistent with Ferrario et al. (2008), which showed that gerontological curriculum approaches have the potential to significantly and positively impact nursing student attitudes toward older adults.

Another variable that may have influenced the study results was the assigned reflection exercise at the conclusion of the clinical course. The change in attitudes may have occurred during the reflection process itself as the student developed more empathy

toward the older adult. This finding is consistent with Shellman (2006), in which the sharing of life stories helped students to make a connection with older adults leading to an understanding of the older adults' unique worldview. Perhaps the change in attitudes occurred during the analysis of the experience as the student gained a heightened self-insight. Lee (2009) and Fusner and Staib (2004) found that students tended to express more positive attitudes toward older adults during journal writing.

Finally, the improvement in attitude scores could have been aided by other factors not measured in this study. It is not known if faculty role modeled positive attitudes when relating with older adult clients, and it should be considered that participation in this research study may have added to students' awareness of individualized aging.

Previous Experience and Attitudes Toward Older Adults

The second research question examined whether students with previous experience with older adults would have different pretest attitudes toward older adults than students with no previous experience. The results of this study showed that no type of prior experience with an older adult had any effect on their attitudes toward older adults. Past research that examined previous experience on attitudes toward older adults has resulted in contradictory findings. This study's results were consistent with those obtained by Sheffler (1995), the only associate degree nursing student study found, and Zambrini et al. (2008), which identified no correlation between previous experience and attitudes toward older adults. Perhaps this study's finding was due to the high number (84%) of students who possessed some type of experience with older adults. As a result of this experience, the students may have developed more realistic expectations of the older adult population. This is an important finding as it points to the difference of the

associate degree nursing student. In studies conducted with university students (Lee, 2009; Van Dussen & Weaver, 2009; Floyd & Clark, 2009), a correlation between previous experience and positive attitudes toward the older adult were found.

Predictors of Attitude Change

The third research question assessed whether change in attitudes toward older adults was predicted by student age, student gender, student ethnicity (Black, Hispanic, or Asian), and previous experience with older adults (none, paid clinical, volunteer clinical, paid non-clinical, unpaid non-clinical, and non-work experience). Results of a multiple linear regression analysis found that none of the predictors made a significant independent contribution to change in attitudes. This study's finding is not consistent with other studies. Sheffler (1995), Holroyd et al. (2009), and Floyd and Clark (2009) identified a correlation between the older student and more positive attitudes toward older adults. Females were found to possess more positive attitudes toward older adults than males (Lee, 2009; Zambrini et al., 2009). Non-white students had higher negative attitude scores than white students in a study of university students (Lee, 2009). Prior experience was noted to be influential in attitudes toward older adults (Holroyd et al., 2009; Henderson et al., 2008).

This study's results suggest the intervention worked equally well across all demographic groups: age, gender, ethnicity, and those with previous experience and that one or more aspects of the clinical gerontology course were directly effective in changing attitudes. This is consistent with findings of several other studies that examined the effect of clinical experiences on nursing student attitudes toward older adults. Fusner and Staib (2004) and Shellman (2006) found that varied clinical experiences in alternative

settings resulted in more positive student attitudes. Ferrario et al. (2008) found that a successful aging curriculum approach resulted in more positive attitudes toward older adults. Brown et al. (2006) noted nursing students possessed more positive attitudes toward older adults when enriched clinical experiences were provided.

Implications of the Study

The findings from this study support the provision of a well-defined gerontology course as a strategy to improve student attitudes toward older adults. The multi-dimensional nature of the clinical course provided the opportunity for nursing students to interact with older adults in varied ways, reinforcing the concept of individualized aging. Nursing students who see older adults as individuals are less likely to believe myths of aging, which positively impact their attitudes and the care they provide, a crucial consideration for nursing education and nursing practice. In this study, no significant relationship was found between age, gender, ethnicity, and previous experience with the older adult and attitude gain scores. It is important to consider the age of the participants, as the majority of those in this study were middle aged, which could be reflective of a more settled attitude toward older adults. Gender differences are evident in attitudes, but it may be that those entering this nursing program have a more tolerant, caring attitude toward the older adult. The majority of the participants in this study had previous experience with an older adult, which might result in more realistic attitudes toward older adults. Therefore, a carefully planned clinical gerontology course can be an effective strategy to enhance attitudes toward older adults across the spectrum of student groups.

Significance of the Study

Nursing Education

The highest priority for nursing education is to prepare the future nursing workforce to care for their population of patients. Faced with the burgeoning older adult population, it is essential to include a quality gerontology education course in all nursing programs. Nurse educators must be cognizant of trends in gerontological education and nursing research outcome. The student's improvement in attitude scores seen in this study is significant and gives support to the provision of a multi-faceted approach to gerontological education. Educational strategies should be designed to include the use of a national framework (ACES), evidence-based assessment tools and a varied clinical experience. In addition, students should be given the opportunity to explore their attitudes toward older adults and aging prior to the clinical experience. These sorts of opportunities are important since most of the associate degree nursing programs reported gerontological content comprised only 10% to 25 % across program courses (Ironsides et al., 2010). The findings imply the clinical gerontological course used in the study was effective across all demographic groups in enhancing student attitudes toward the older adult. This is significant to the discipline of nursing in developing a workforce that not only possesses more positive attitudes toward the older adult but prepares nurses to anticipate the needs of the older adult. Even though this is just one study, the results are encouraging and lend support for nursing programs to be responsive to changing trends in nursing curriculum.

Nursing Practice

Health care practice efforts should focus on issues related to older adults as the majority of hospitalized patients are older adults. It is imperative that educators empower healthcare workers in order for these initiatives to occur. The transformation in practice begins with the preparation of new nurses. Enhancing student nurses' attitudes toward the older adult affects practice attitudes, which in turn has a powerful impact on their care practice. This study's findings imply that a course that offers a balanced experience for student learning improves attitudes toward older adults. It is important, therefore, to view these findings as a step in the right direction, enhancing nursing student's clinical experience. Even though this study did not directly measure students' knowledge about caring for the older adult, the findings do infer improved student awareness of the complexity of their care needs and the value in using evidence-based gerontological standards in practice. This inference is significant if applied to the larger goal of improving the health care of older adults, as the IOM (2008) reported that less than 1% of registered nurses and 2.6% of advanced practice registered nurses specialize or certify in gerontology.

Nursing Research

The study's findings add to the body of knowledge related to attitudes toward the older adult of associate degree nursing students and imply that a structured and balanced clinical gerontology course supports enhanced attitudes toward the older adult. This study is significant as the majority of previous research related to nursing student attitudes toward older adults has focused on baccalaureate level nursing populations.

The increase in attitude scores implies some or all aspects of the clinical gerontology course were effective in improving the attitudes. It would be beneficial, therefore, to measure each component to determine which might be most effective. Further research will benefit the nursing workforce and the workplace through emphasis on this population's special needs.

Health/Public Policy

Social policy change is dependent on the presence of public education about older adults and an awareness of the increasing number of older adults. Health care professionals must be informed of this new reality and through heightened awareness a change of attitudes must happen. Nursing's participation in health care policy development is essential if true reform is to occur. The IOM (2008) visualizes a future health care system in which the older person, as participant in his or her own care, will find his or her needs met through efficient delivery of services. The IOM's recommendations centered around three areas: the need for geriatric caregiver competence, recruitment and retention, and redesigning models of care (IOM, 2008).

It was implied by the study that use of evidence-based approaches in education enhance student attitudes toward older adults. As a result, awareness of the complex, individualized needs of the aging population may be heightened. The ultimate goal, of course, is that gerontological nursing may be seen as a practice field of choice for more nurses.

Strengths and Limitations of the Study

Strengths

A strength in this study related to the use of a valid instrument. The KOP has been used extensively in previous research and the reliability coefficient in this study was comparable to previous research. The sample size was sufficient to detect a medium effect and was normally distributed, which allowed for parametric analysis of data.

Limitations

A limitation of the study was the use of a non-randomized convenience sample of 44 first-year associate degree nursing program in one state college. Whereas the sample was representative of the national associate degree nursing population, the sample size still limits generalizability. Another limitation to this study was that only the affective component of attitude change was investigated. This study's findings indicated that attitudes did change as reported by the participants, but the study did not explore how this may translate to behavior change—for example, intention to work with older adults. Finally, this study's data was self-reported and some participants may have felt obliged to answer in ways they felt they should answer. However, an individual review of outliers did not indicate repetitive responses on either the pretest or posttest surveys.

Recommendations for Future Research

There remains a need to examine if positive attitudes toward older adults will translate to intention to work with older adults. Several avenues of future research would help to identify those factors that enhance or diminish the student's desire to work with older adults. The investigation of each aspect of the clinical gerontology course would provide validity in the effectiveness of each in helping improve attitudes toward the older

adult. Studying the effect on nursing student's competence in caring for the older adult through the use of evidenced-based tools may also provide support for utilizing these in clinical settings. Further research on the relationship between faculty attitudes and students' attitudes toward older adults would be valuable as nursing education enhances its approaches. Finally, examining associate degree nursing students' attitudes toward older adults using a qualitative lens would provide rich details of a student's actual experiences with the older adult.

Summary

This chapter included an overview of the study, a discussion of the findings, implications for nursing, significance to nursing, strengths and limitations of the study, and recommendations for future study. This study adds to the empirical literature in the area of gerontological nursing education and attitudes toward older adults by suggesting attitudes toward older adults can be positively influenced by a clinical gerontology course, which includes varied settings, evidence-based assessment tools, and opportunities for self-reflection. This research can be used to encourage associate degree nursing programs to utilize a structured framework and to develop varied and balanced gerontological educational approaches. Future research should focus on why the nursing students' attitudes were affected by the clinical gerontology course through a qualitative review, and faculty attitudes toward older adults should also be examined, as faculty have great influence on shaping attitudes of students.

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APPENDICES

APPENDIX A

INSTITUTIONAL REVIEW BOARD DOCUMENTS



OFFICE OF THE PROVOST
INSTITUTIONAL REVIEW BOARD

Research with Human Subjects
Protocol Review

Date: September 24, 2012

Protocol Number: 120902

Title: Attitudes toward Older Adults of Associate Degree Nursing Students after a Clinical Gerontology Course.

Approval Date: September 21, 2012

Name: Ms. Deborah Pitcock Copeland

Address: [REDACTED]

Dear Ms. Copeland:

Your protocol has been reviewed and accepted as exempt from further review. You may proceed with data collection. Enclosed is a stamped Cover Letter indicating that the IRB has reviewed and accepted your protocol. Please use this form when collecting your data.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on September 16, 2013. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with and IRB Application for Continuing Review (Progress Report) summarizing study results to date.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Barbara Cook at [REDACTED] or send an e-mail to [REDACTED]. Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,



Linda Bacheller, Psy.D., J.D.
Chair, Institutional Review Board
Barry University



Cc: Dr. Ann Lamet

Note: The investigator will be solely responsible and strictly accountable for any deviation from or failure to follow the research protocol as approved and will hold Barry University harmless from all claims against it arising from said deviation or failure.

Approved by Barry University IRB :

Date : SEP 24 2012

Signature :

Institutional Review Board
Protocol Form
10



APPENDIX A

Barry University
Research Project Cover Letter

Dear Research Participant:

Your participation in a research project is requested. The title of the study is *Attitudes Toward Older Adults of Associate Degree Nursing Students after a Clinical Gerontology Course*. The research is being conducted by Deborah Copeland, a doctoral student in the Barry University College of Health Science, Division of Nursing and is seeking information that will be useful in the field of nursing education. The purpose of the research is to examine the effect of a clinical gerontology course on first year associate degree nursing students' attitudes toward older adults. In accordance with this purpose an anonymous survey will be administered to all first semester associate degree nursing students. I anticipate the number of participants to be 60.

If you decide to participate in this research, you will be asked to do the following: complete two anonymous surveys which will consist of a demographic questionnaire that asks your age, gender, ethnic group and previous experience with an older adult and a 34- item questionnaire which asks your attitudes toward older adults. You will not write your name on the survey nor provide any other information about yourself. The completion of both questionnaires should take no more than 30 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your nursing program status. There is no known risk to the individual participating in this study. There will be no direct benefits to the participants in the study.

As a research participant, information you provide will be kept anonymous, that is, no names or other identifiers will be collected on any of the instruments used. Data will be kept in a

locked file in the researcher's office and will be destroyed after five years. Results will be reported at professional conferences and in professional publications in aggregate (i.e. group) form only. By completing the questionnaire you have shown your agreement to participate in the study.

If you have any questions or concerns regarding the study, or your participation in the study, you may contact me, Deborah Copeland at [REDACTED] my supervisor, Dr. Ann Lamet at [REDACTED] or the Institutional Review Board point of contact, Barbara Cook, at [REDACTED]
[REDACTED]

Thank you for your participation.

Sincerely,

Deborah Copeland MSN RN

APPENDIX B

APPROVAL LETTER [REDACTED]



July 11, 2012

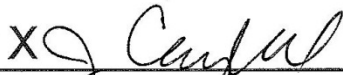
Dear Sir or Madam,

[REDACTED] is pleased to assist Deborah Copeland with her research.

We are interested in the results of the research and grant permission for her to conduct her research with [REDACTED] students when she has obtained IRB approval from Barry University.

If you have any questions, please feel free to contact me at [REDACTED] or [REDACTED]

Sincerely,



Jennifer Campbell, Ph.D
Director, Institutional Research & Effectiveness



APPENDIX C**PARTICIPANT PROTECTIONS COMPLETION CERTIFICATE**

APPENDIX D

INSTRUMENTS

DEMOGRAPHIC QUESTIONNAIRE

PLEASE BEGIN by writing your 6-digit birthdate **HERE:** _____.

Please answer the following items as completely and honestly as possible. If you do not feel comfortable answering any question(s), please leave the item blank and go on to the next one.

If any answer does not exactly fit your experience, use the answer choice that best represents you. Also feel free to add any information that you feel is necessary after any question.

Again, you are not being asked to write your name anywhere in this booklet so your responses will remain anonymous.

Thank you for participating in this project!

PLEASE CIRCLE THE APPROPRIATE ITEM.

1. **GENDER:** MALE = 1 FEMALE = 2

2. **ETHNICITY**

WHITE = 1 BLACK = 2 LATINO = 3 ASIAN = 4 PACIFIC ISLANDER = 5

3. **AGE** (Please write your age on the line) _____

4. **PREVIOUS EXPERIENCE WITH OLDER ADULT** (Defined as a person older than 65 years of age)

No previous experience

Paid nonclinical work experience

Paid clinical work experience

Un-paid non-clinical work experience

Volunteer clinical work experience

Non-work experience with family,
friends

Thank you for participating in this survey.

KOGAN'S ATTITUDES TOWARD OLD PEOPLE SCALE
PLEASE BEGIN by writing your 6-digit birthdate HERE: _____.

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. 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.....
2. It would probably be better if most people lived in residential units that also housed younger people.
A.....B.....C.....D.....E.....F.....
3. Most old people make excessive demands for love and reassurance than anyone else.
A.....B.....C.....D.....E.....F.....
4. Most old people seem quite clean and neat in their personal appearance.
A.....B.....C.....D.....E.....F.....
5. 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.....
6. Most old people are irritable, grouchy, and unpleasant.
A.....B.....C.....D.....E.....F.....
7. Most old people tend to let their homes become shabby and unattractive.
A.....B.....C.....D.....E.....F.....
8. People grow wiser with the coming of old age.
A.....B.....C.....D.....E.....F.....
9. Most old people are very relaxing to be with.
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. There are a few exceptions, but in general most old people are pretty much alike.
A.....B.....C.....D.....E.....F
12. Most old people bore others by their insistence on talking “about the good old days”.
A.....B.....C.....D.....E.....F
13. Most old people are constantly complaining about the behavior of the younger generation.
A.....B.....C.....D.....E.....F
14. Most old people are cheerful, agreeable, and good humored.
A.....B.....C.....D.....E.....F
15. 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
16. One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.
A.....B.....C.....D.....E.....F
17. Most old people need no more love and reassurance than anyone else.
A.....B.....C.....D.....E.....F
18. One seldom hears old people complaining about the behavior of the younger generation.
A.....B.....C.....D.....E.....F
19. There is something different about most old people; it’s hard to find out what makes them tick.
A.....B.....C.....D.....E.....F
20. Old people should have more power in business and politics.
A.....B.....C.....D.....E.....F
21. Most old people tend to keep to themselves and give advice only when asked.
A.....B.....C.....D.....E.....F
22. 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
23. It is evident that most old people are very different from one another.
A.....B.....C.....D.....E.....F

24. Most old people get set in their ways and are unable to change.
A.....B.....C.....D.....E.....F
25. Most old people would prefer to quit work as soon as pensions or their children can support them.
A.....B.....C.....D.....E.....F
26. When you think about it, old people have the same faults as anybody else.
A.....B.....C.....D.....E.....F
27. It would probably be better if most old people lived in residential units with people their own age.
A.....B.....C.....D.....E.....F
28. Most old people should be more concerned with their personal appearance; they're too untidy.
A.....B.....C.....D.....E.....F
29. It is foolish to claim that wisdom comes with old age.
A.....B.....C.....D.....E.....F
30. Most old people are capable of new adjustments when the situation demands it.
A.....B.....C.....D.....E.....F
31. Old people have too much power in business and politics.
A.....B.....C.....D.....E.....F
32. Most old people make one feel ill at ease.
A.....B.....C.....D.....E.....F
33. Most old people spend too much time prying into the affairs of others and giving un-sought advice.
A.....B.....C.....D.....E.....F
34. 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

Used with permission of the author, Nathan Kogan Ph.D., New School for Social Research, Graduate Faculty of Political and Social Science, Department of Psychology, 65 Fifth Ave., New York, NY 10003.

APPENDIX E**PERMISSION TO USE ATTITUDES TOWARD OLD PEOPLE SCALE**

Re: Request Permission

Page 1 of 1

Re: Request Permission

Nathan Kogan [kogann@newschool.edu]

Sent: Saturday, July 14, 2012 5:22 PM

To: Copeland, Deborah (Barry Student)

Dear Ms. Copeland:

I am pleased to grant you permission to use the OP Scale in your study of associate degree nursing students. 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 matched item pairs should be broken up and the items randomly ordered down the page. A random order can be readily achieved by writing item numbers on slips of paper, placing in a container, mixing well and drawing out the slips one at a time to establish the random order. Please feel free to contact me again if you should have any questions regarding the administration, format, or scoring of the OP Scale. You have my best wishes for the success of your study.

Sincerely,

Nathan Kogan, PhD
Professor Emeritus
Psychology Department
New School for Social Research

On Fri, Jul 13, 2012 at 10:14 AM, Copeland, Deborah (Barry Student)

<deborah.copeland@my.mail.barry.edu> wrote:

Hello Dr. Kogan,

I am a doctoral student at Barry University and would like to request permission to utilize your tool: Attitudes Toward Old People Scale in my study of associate degree nursing students' attitudes on aging after a clinical gerontology course. The majority of research, to date, regarding nursing students' attitudes on aging, involves the baccalaureate level nursing student, very few studies reflect associate degree nursing students. I plan on commencing the study as soon as permission is granted.

Thank you in advance for your consideration of this request.

Sincerely,

Deborah Pitcock Copeland MSN RN
Doctoral Student
Barry University
College of Health Sciences, Division of Nursing
Miami, FL
(Personal Phone Number [REDACTED])

APPENDIX F

RESEARCHER'S SCRIPT

RESEARCHER: DEBORAH COPELAND MSN RN

“Good morning students my name is Deborah Copeland. I am here this morning to ask if you would participate in an anonymous research study entitled: *Attitudes Toward Older Adults of Associate Degree Nursing Students After A Clinical Gerontology Course*. I know the title sounds very intimidating, but basically I will be asking you to complete two questionnaires today before you begin your clinical gerontology course and one questionnaire at the completion of the gerontology course. I am giving you a cover letter which will explain in writing, everything I am about to tell you.”

“If you decide to participate, you will be asked to complete: (a) a demographic questionnaire and (b) a questionnaire asking you to rank your attitudes toward older adults on a six-point scale. You will not be asked to write your name on the questionnaires or the envelope. However, you will be asked to write your six-digit birthdate as one continuous number on all questionnaires and the envelopes, in order to match the pretest instruments with the posttest instruments. It is estimated that it will take you no more than 30 minutes to complete both of the questionnaires.”

“Let me assure you that your participation is strictly voluntary which means there will be no adverse effects if you choose not to participate. I do not have influence over this course grade or the evaluation of your performance in the program. In fact, I will not know who completed the questionnaires and who did not as I will leave the room once all your questions about the process have been answered.”

“Let me explain the procedure to you: Each of you will be given two questionnaires and an envelope. You will be asked to write your six-digit birthdate on each as one continuous number. For example, if your birthdate is September 16, 1955 then you would write the birthdate as 091655 on the line provided on each questionnaire and envelope. DO NOT write your name on any of these documents. Fill out the questionnaires as honestly and completely as possible. Once completed, place both questionnaires in the envelope and make sure your six -digit birthdate is written on the outside of the envelope. Seal the envelope and place the envelope in the collection boxes provided.”

“All data collected from the study will be kept in a locked file cabinet in this researcher's office and will be destroyed after five years. At the completion of your seven week clinical gerontology course I will be meeting with you again in order to ask you to complete one questionnaire; the questionnaire asking you to rank your attitudes toward older adults on a six-point scale. The procedure for this part of the study will be the same as for the first part. Do you have any questions?”

CURRICULUM VITAE

Deborah Pitcock Copeland

EDUCATION	DEGREE	DATE	MAJOR
Barry University, Miami, FL	Master's	1990	Nursing
Shenandoah College/Conservatory Winchester, VA	Baccalaureate	1982	Nursing
Shenandoah College/Conservatory Winchester, VA	Associate	1975	Nursing

PROFESSIONAL LICENSURE [AND CERTIFICATIONS]

RN FL, 1985

RN VA, 1975

PROFESSIONAL EXPERIENCE

<i>Position</i>	<i>Organization</i>	<i>Dates</i>
Associate Professor Nursing	Palm Beach State College, Lake Worth, FL	2000-Present
Quality Management Coordinator	Intracoastal Health Systems, WPB, FL	1991-2000
Nursing Supervisor, Good Samaritan Medical Center,	WPB, FL	1987-1991
Charge Nurse, Oncology Good Samaritan Medical Center,	WPB, FL	1985-1987
Instructor, LPN Dowell J Howard Vocational Ctr,	Winchester, VA	1981-1985
Staff Nurse (Part-time), Shawnee Springs Nursing Home,	Winchester	1980-1981
Staff Nurse Coronary Care, Winchester Medical Center,	Winchester	1977- 1980
Staff Nurse, Med/Surg Unit, Winchester Medical Center,	Winchester	1975-1977

INSTRUCTIONAL ACTIVITIES

Teaching Responsibilities

<i>Course Number</i>	<i>Course Title</i>	<i>Content Focus</i>	<i>Theory/Clinical</i>	<i># Semesters</i>
NUR 2000L	Introduction to Professional Nsg.		Theory	8
NUR 1213	Medical/Surgical Nsg.		Theory/Simulation	2
NUR 1023	Fundamentals of Nursing		Theory/Clinical	14
NUR 1024	Critical Thinking for Nurses		Theory	4
NUR 2712C	High Acuity Nursing		Theory/Clinical	10
NUR 2943L	Clinical Preceptorship		Clinical	10

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

Sigma Theta Tau International Nursing Honor Society 1990

American Nurses Association 2000

Florida Nurses Association 2000
National League for Nurses 2000
Florida League for Nurses 2011
Florida Association of Community Colleges 2000

MEMBERSHIPS IN COMMUNITY ORGANIZATIONS

Interfaith Health and Wellness Association 2005

PROFESSIONAL SERVICE

Service to Professional Societies

Florida League for Nurses 2011-2013, Board Member

Service to Community

Alzheimer's Association, Fundraising, 2009-Present

Presentations

Presenter – ACES Workshop, Clinical Simulation Conference, Florida International University, August, 2012

Presenter – “How to Begin Adding Technology to existing Educational Presentations”, April 20, 2012 – Florida League for Nursing Conference, Palm Beach State College.

Presenter – Critically Thinking about Critical Thinking – “Using Case Studies”, Palm Beach State College- Professional Development Day, October, 2010

Facilitator – SUN Clinical Simulation Workshop – Palm Beach State College, October, 2010

CONSULTANT ACTIVITIES

Nursing Student Association, Palm Beach State College, 2003-Present