

ATTITUDES OF NURSING PERSONNEL
TOWARD THE ELDERLY


by

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TABLE OF CONTENTS

	<u>Page</u>
<u>LIST OF TABLES</u>	vii
<u>LIST OF FIGURES</u>	viii
<u>CHAPTER</u>	
I INTRODUCTION	1
Review of the Literature	3
Attitudes of Nursing Care Personnel Toward the Elderly	5
Conceptual Framework	15
Statement of the Problem	19
Purpose of the Study	21
II METHODS	23
Sample and Procedure	23
Data-Gathering Instruments	24
Cognitive Aspects of Attitudes	24
Affective Aspects of Attitudes	26
Data Analysis	28
III RESULTS AND DISCUSSION	29
Description of Subjects	29
Descriptive Findings on Major Variables	32
Facts of Aging Quiz (FAQ)	32
Attitude Toward Old People (OP)	32
Semantic Differential	33
Test of the Hypotheses	35

	<u>Page</u>
IV SUMMARY, CONCLUSION AND RECOMMENDATIONS	45
Conclusion	46
Implications for Nursing	47
Recommendations	49
<u>REFERENCES</u>	50
<u>APPENDICES</u>	
A Consent to Participate	54
B Facts of Aging Quiz	57
C Attitudes Toward Old People Scale	60
D Semantic Differential	66
E Personal Data Sheet	71
<u>ABSTRACT</u>	74

LIST OF TABLES

<u>TABLE</u>	<u>Page</u>
1 Analysis of Relationships Between Selected Characteristics of Nurses and Attitudes Toward Elderly in the Reviewed Studies	13
2 Sample Characteristics	31
3 Facts of Aging Quiz Misconceptions	33
4 Descriptive Statistics for the Semantic Differential . .	34
5 Penner, Ludenia and Mead (1984) Study Results	35
6 Correlations Related to Hypothesis 3	38
7 Correlations Related to Hypothesis 4	40
8 Correlations Related to Hypothesis 5	41
9 Correlations Related to Hypothesis 6	42
10 Correlations Related to Hypothesis 7	44

LIST OF FIGURES

	Page
<u>FIGURE</u>	
1 Model of Interrelations Among Characteristics, Attitudes/ Stereotypes and Behavior	18
2 Model for Investigation of Nursing Personnel's Attitudes Toward the Elderly	19

CHAPTER I

INTRODUCTION

The elderly population in the United States has grown rapidly. Tollett and Adamson (1982) state that in 1900 there were 4.9 million people over the age of 65. In 1977 that number had multiplied nearly seven times, to 32.8 million people. Current projections are that by the year 2020 the elderly will constitute 20% of the population of the United States.

The elderly presently occupy about one-half of the beds in general hospitals (about 800,000), and about 1 million beds in extended care facilities. The significant increase in the proportion of elderly patients will increase the need for all health care providers to be knowledgeable not only of the elderly's physical needs but also about the psychological, emotional and social health care needs. Effective care for our increasing elderly population will require positive attitudes toward aged patients as well as additional knowledge about their health care needs.

Smith, Jepsen, and Perloff (1982) state that, in the past, the attitudes of nursing personnel reflected a lack of interest in geriatrics. They suggest further that the actual providers of care to the elderly are unlikely to hold positive attitudes toward the patients for whom they care. It has been shown that many nurses manifest negative attitudes toward the elderly, treating

them as if they were children, overnurturing them, and addressing them by nicknames. In this way nurses show negative attitudes toward the aged.

Within a hospital or long-term facility, nursing personnel have the most extensive contact with elderly patients. Nurses assist these patients to accommodate to institutional life. According to Preston (1980), if one were to view nursing personnel's activities objectively, i.e., without an attempt to rationalize their acts, the way nursing personnel meet the demands of their work would seem disheartening. The ambience of nursing units does not reflect the tragedy that is occurring in the lives of the patients but instead reflects an environment that is mundane and boring. The work is largely repetitive and carried on in a routine manner. Nursing personnel concern themselves with their relations with coworkers and with the execution of tasks. They hardly seem to notice the suffering and debility of the patients.

It is not difficult to see how negative perceptions of the elderly may have evolved in nursing. Buschmann (1979) explains that throughout history, most people have thought of old age with a mixture of fear and fatalism. The aging process has been expected to be marked by increasing physical debility, mental deterioration, and various family, social and financial difficulties. As students, nurses were often brought into contact with older people who were poor, lonely and sick to the point of incapacitation.

Such examples of hopelessness are encountered frequently by practicing nurses as well. Therefore, many nurses equate old age with poverty and illness.

According to Almquist, Stein, Weiner and Linn (1981), work with the aged has not been considered one of the higher status positions for nurses. This evaluation may come from beliefs commonly held about the elderly; for example, aging causes people to become ugly, unintelligent, asexual, unemployable and senile. It is also believed that older people are neglected by their families, and when they become disabled or ill, they are forced to enter nursing homes (Atchley, 1981). Further efforts to treat older people are hampered by the erroneous belief that the elderly are untreatable. Thus, long-term care is often seen as dull, tedious and nonproductive.

In nursing homes there are countless numbers of elderly patients who are genuinely dependent upon nursing staff for most of their needs (Dye, 1979). Yet these patients are cared for by nursing personnel who may hold negative attitudes toward them. Reports of such negative attitudes have suggested a need for close investigation of health care workers' attitudes toward the elderly (Brands, 1975; Campbell, 1971; Gillis, 1973).

Review of the Literature

Nursing has been criticized for giving too little attention

to the field of gerontology, especially geriatric nursing (Wol-
anin, 1983). However, more recently, nursing service personnel
and nursing educators have taken steps to respond to the needs of
the elderly and improve the quality of care they receive. This is
a positive step in view of the fact that nursing service is the
largest single component of health services needed to provide
health care for the elderly.

Benson (1982) lists five important achievements that have
been made in geriatric nursing:

1. Formation of the Division on Gerontological Nurs-
ing in the American Nurses' Association (formerly the
Division of Geriatric Nursing).

2. Development of Standards of Gerontological Nurs-
ing Practice (formerly Geriatric Nursing Practice).

3. Creation of two new nursing journals specifically
geared to the care of the elderly--Journal of Geronto-
logical Nursing (1975) and Geriatric Nursing (1980)--as
well as the recent publication of numerous textbooks and
reference books on nursing and the care of the elderly.

4. Establishment of a gerontological nursing spe-
cialty that recognizes aging not as a disease, but as a
normal life process experienced by everyone. Along with
this came the formation of a mechanism by the American

Nurses' Association for certification to practice this specialty.

5. Recognition and a strong recommendation by the American Nurses' Association and the National League for Nursing that gerontological nursing be strengthened in all nursing education programs.

Such accomplishments reveal a growing awareness of the different aspects of geriatric care. One of the areas that has emerged as a focus of attention for nursing is the need to foster positive attitudes among nurses who provide direct care to the elderly.

Attitudes of Nursing Care Personnel Toward the Elderly

Research has generally revealed less than desirable attitudes toward the aged on the part of health care personnel. Many studies indicate that nurses' attitudes toward the elderly reflect those of our society as a whole and are generally negative characterizations.

In order to examine the various facets of the attitudes of nursing care personnel toward the elderly, Campbell (1971) conducted a study in two teaching institutions in North Carolina. Campbell chose those sites so that she would be sampling from units that would have more available opportunities for inservice training as well as a nursing care staff with more diverse backgrounds. The sample included 147 subjects, including registered

nurses, licensed practical nurses and nursing assistants. The investigator used the questionnaire developed by Tuckman and Lorge (1953), which measured the acceptance or rejection of stereotypes of old people by different categories of nursing personnel.

The results of Campbell's study indicated that all categories of nursing personnel demonstrated stereotypical attitudes about the elderly. The factors of age, length of time spent in nursing, personal experience with the elderly and special training in geriatrics were not important predictors of stereotypes toward the elderly. However, the level of education held by the nurses did affect the tendency to accept stereotypes. Registered nurses were somewhat less willing to accept stereotypes than the licensed practical nurses or nursing assistants. Registered nurses agreed with 50% of the stereotypical statements presented to them, while licensed practical nurses and nursing assistants agreed with more than 60%. Additional material from the study revealed, however, that licensed practical nurses and nursing assistants, the people most involved in the direct care of patients, liked working with old people more than did registered nurses. Thus, acceptance of stereotypes was not related to preference for care giving.

Gillis (1973) used a 100-item instrument developed by Lowy (1968) to study the attitudes toward the elderly of 32 registered nurses, 28 licensed practical nurses and 26 nursing assistants

randomly selected from five nursing homes and one general hospital. Independent variables of interest were: age, educational background, type of employing agency and years of employment. No significant differences in attitudes could be attributed to age, type of employing agency, or years of employment. In general, levels of education were again related to attitudes toward elderly patients. Registered nurses prepared at the diploma level held more positive attitudes than licensed practical nurses. Licensed practical nurses held more positive attitudes than nursing assistants. Baccalaureate prepared nurses, however, held less positive attitudes toward the elderly than did licensed practical nurses.

Taylor and Harned (1978) evaluated the attitudes toward old people of those nurses who care for, or directed the care of, the elderly. They used Kogan's Attitude Toward Old People Scale (1961) which provides two scores that measure two attitudinal views toward the elderly. Kogan labels these as positive and negative scales. Low scores on the positive scale indicate a less positive attitude toward old people, and low scores on the negative scale represent a less negative attitude toward the elderly. The sample included 71 registered nurses who participated in the 1974 Care of the Aged Conference in Oklahoma. Taylor and Harned (1978) reported no negative attitudes toward the elderly in their study. As might be expected in this sample, all attitudes were

from neutral to positive on the Old People Scale. These investigators found that nurses who were under 40 years of age or who had less than 10 years' experience working with elderly patients were more positive in their attitudes toward caring for them. This was the first study to report associations between age and experience of the nurse and their attitudes toward the elderly. The authors did not offer any explanation for their finding.

Smith et al. (1982) conducted a study that centered on the attitudes of registered nurses, licensed practical nurses and nursing assistants toward elderly patients. A stratified random sample of 55 nursing care providers from a single long-term care facility was selected for the study. The Kogan's Old People Scale was used to measure the nursing personnel's attitudes.

One hypothesis tested in the Smith et al. (1982) study stated that the three groups of nursing care providers (registered nurses, licensed practical nurses and nursing assistants) should hold similar attitudes toward the elderly. Results, analyzed separately by the positive and negative scale, indicated that all three types of nursing care providers held similar positive attitudes toward elderly patients ($p > .05$). However, the three nursing care provider groups did not hold similar negative attitudes toward elderly patients ($p < .05$). Registered nurses were significantly less negative toward elderly patients than either licensed

practical nurses or nursing assistants. Licensed practical nurses and nursing assistants were alike in their negative attitudes.

Although neither age or experience was significantly related to attitudes, the investigators reported that the oldest health care providers (aged 50 and over) and the youngest (under 30 years of age) held more positive attitudes toward the elderly than did those between the ages of 30 and 50 years of age. Additionally, they found that nursing care providers who had worked with elderly patients less than two years were the least positive, and employees with over 13 years of experience were most positive.

In explaining their findings, Smith et al. (1982) claimed it was reasonable to expect that the older nursing care providers would be more positive toward the elderly than middle aged caretakers because of their ability to identify with these patients. The authors did not suggest a reason for the positive attitudes of caretakers under 30; therefore, the results may be reflective only of that particular institution.

Penner, Ludenia and Mead (1984) investigated nursing staffs' attitudes toward the elderly in response to two phenomena identified by the authors. First, the authors identified that the rise in the number of geriatric patients requiring nursing care had been accompanied by a decline in the numbers of nurses who were interested in working with the elderly; and second, nurses who held negative attitudes toward the elderly might be likely to

engage in behaviors, that is, drug error (Brands, 1975), that were detrimental to elderly patients.

Some social/psychological theories suggest that negative attitudes toward the elderly are the result of general stereotypes about the elderly rather than the result of direct negative experiences with elderly patients. An alternative explanation of negative attitudes is based, however, on the theory that attitudes result from direct contact with the target group. Penner et al. (1984), subscribing to the second theory, predicted that nursing staff would hold the most negative attitudes toward their own patients and that general stereotypes and attitudes would not be related to their attitudes toward their own patients.

Fifty-eight members of the nursing staff at a large nursing home for veterans in Florida were identified as subjects. They ranged in age from 25 to 66 years and had an educational level from high school to masters' level. Using the Semantic Differential, Penner et al. (1984) asked for attitude information about nursing staff's perceptions of "an older person," "an older patient" and "an older patient who was a veteran." Each subject was given a test packet and asked to complete the forms enclosed in it. The data were obtained on the Facts of Aging Quiz (Palmore, 1977), the Attitudes Toward Old People Scale (Kogan, 1961), the Semantic Differential (Penner et al., 1984) and a demographic sheet.

The results indicated, as predicted, that the subjects' attitudes toward "an older patient who is a veteran" were significantly more negative than were their attitudes toward either "an older patient" or "an older person" ($p < .001$). The staff saw older patients who were veterans as significantly more powerful than either of the other two groups ($p < .01$). They also perceived "an older patient who is a veteran" as more active than "an older patient" but not more active than "an older person" ($p < .05$). Penner et al. (1984) believed this might be due to the fact that the focus of nursing care in this area was basic physiologic care. There was little change in the type of care needed, and the tasks were routine and repetitive. The staff came to see patient's requests for help as burdensome, and someone who constantly requested burdensome services and expected them to be performed might be viewed as active and powerful.

General feelings toward the elderly, as measured by Kogan's Attitude Toward Old People Scale, did not correlate with the staff's attitudes toward "an older patient who is a veteran." Also, none of the predictor variables were significantly correlated with the staff's attitudes toward "an older patient who is a veteran," but some did correlate significantly with the ratings of the other two groups of elderly. For example, when biographic/demographic data were correlated with the staff's general stereotypes about and attitudes toward the elderly, the ratings indi-

cated that older, more experienced nursing staff were better informed about the elderly than younger, less experienced nursing staff. Also, the more years a staff member had spent working with the elderly, the more positive were the attitudes toward the elderly in general (Penner et al., 1984).

Thus, the authors claimed that it was the staff's experiences with their elderly patients, not their general attitudes about the elderly, that determined their attitudes toward their own patients. The subjects held the most negative attitudes towards those elderly they were the most familiar with and those they had responsibility for. The findings lend support to the theory that prejudice could result from direct contact with a target group.

The five studies reviewed here compare attitudes towards the elderly. The use of different types of nursing personnel as subjects and the measurement of different characteristics has produced mixed and confusing results. A summary of results of these studies is shown in Table 1. What does seem significant to extract from these studies is as follows.

Nursing studies in the early seventies demonstrated that attitudes of nursing care personnel toward the elderly generally were negative and stereotypical. In the late seventies, Taylor and Harned (1978) reported a positive change in the attitude scores from registered nurses with ranges from neutral to positive, and inferred that past experiences with the elderly as well

Table 1

Analysis of Relationships Between Selected Characteristics of Nurses and Attitudes Toward Elderly In the Reviewed Studies

		Attitudes Toward Elderly		
Characteristics of Nurses	Campbell (1971) (<u>n</u> = 147)	Gillis (1973) (<u>n</u> = 86)	Taylor & Harned (1978) (<u>n</u> = 71)	Penner et al. (1984) (<u>n</u> = 58)
Age	No relationship	No relationship	Under 40, more positive	Most positive, <30, >50 Least positive, 30-50
Education Level	More education fewer stereotypes	More education fewer stereotypes	Not addressed	RN more positive and less negative than LPN, NA
Recency of Education	Within 10 yrs., more stereotypes; >10 yrs., fewer stereotypes	Not addressed	Not addressed	Not addressed
Like to Care for Elderly	LPN & NA caring for elderly more than RN	Not addressed	Not addressed	Not addressed

Table 1 (Continued)

		Attitudes Toward Elderly			
Characteristics of Nurses	Campbell (1971) (n = 147)	Gillis (1973) (n = 86)	Taylor & Harned (1978) (n = 71)	Smith et al. (1982) (n = 55)	Penner et al. (1984) (n = 58)
Time Spent In Nursing	Not addressed	No relationship	Less time, more positive	13 yrs., most positive 2 yrs., least positive	Not addressed
Experience With Elderly	Not addressed	Not addressed	Lived near to elderly, less positive	Not addressed	More experience, more positive
Special Geriatric Training	No relationship	Not addressed	Not addressed	Not addressed	Not addressed
Types of Nursing Personnel	RN, LPN, Nursing Assistants all had negative attitudes	Negative	Neutral to positive	RN, LPN, Nursing Assistants had same	Not addressed
Time Spent Caring For Elderly	RN spent least LPN spent more NA spent most	Not addressed	Not addressed	Not addressed	More time, more negative

as education could make these positive attitudes possible. Smith et al. (1982) confirmed the finding that education can play a positive role in the formation of attitudes toward the elderly. Penner et al. (1984) found that experiences in working with the elderly were not negatively related to attitudes toward the elderly in general. However, the positive attitudes held toward the elderly were not transferred to elderly patients in the nurses' care. The lack of a clear picture between general attitudes and those held toward elderly patients points to the need for further study.

Conceptual Framework

The purpose of this section is to make clear the conceptualization of attitudes used in this research project. After a definition of attitude and a brief discussion of the components of attitudes, a model is presented.

The idea of attitudes has been developed to describe the tendency of some people to act differently and some people to act consistently in different situations. Some generalized occurrences are needed to anticipate peoples' behaviors. These are known as stereotypes. Some stereotypes may be true characteristics borne out by study, but often popular generalizations have no validity (Brown, 1965).

Stereotypes are not objectionable because they are generalizations about people. Generalizations are valuable when they are

true. Moreover, for the most part we do not know whether they are true or false. Stereotypes are not objectionable because they are generalizations acquired by hearsay rather than by direct experiences. Many generalizations acquired by hearsay are true and useful. What is objectionable about stereotypes is the implication that traits are "inborn" for large groups of people. Stereotypes become abusive when they rob the person of his or her right to be treated as an individual (Brown, 1965).

Although there is much written about stereotyping and attitudes (Almquist, 1981; Dye, 1979; Brown, 1965; etc.), just what an attitude is and how it should be measured have not been agreed on. In the literature, there seems to be a lack of consensus in attitude definitions.

For the purpose of this project, this author will use the definition of attitude as presented by Peterson (1981). Peterson's definition has borrowed widely from different schools of thought and has served well as a framework for her study of service providers' attitudes toward older clients.

Attitude is defined by Peterson (1981) as ". . . any cognition (i.e., concept) held by an individual to which affect (i.e., feeling) is attached and from which behavioral predispositions result." Words such as beliefs, stereotypes, knowledge and perceptions can be substituted for the word cognition in the definition.

Peterson (1981) and LaMonica (1979) agree that an attitude is composed of three parts: a cognitive component, an affective component, and a behavioral component. These components reflect the states of knowing, feeling and acting.

The cognitive component of an attitude is the definition of the attitude's object, i.e., who or what elicits the attitude (Peterson, 1981). It is the description and evaluation of the attitude object, and can be a single concept or a whole complex organization of ideas, each of which has a positive or negative valence. The cognitive component of attitude may be highly favorable or highly unfavorable (Peterson, 1981).

The affective component of an attitude is defined as the feeling directed toward the attitude's object (Peterson, 1981). This component has an emotional tone and can also vary from positive to negative.

The behavioral component consists of approach and avoidance predispositions. According to Peterson (1981), positive affect generates approach behavior, and negative affect creates avoidance tendencies.

The model for the definition of attitude is derived from a part of the Peterson (1981) analytical model and consists of three elements. These elements are characteristics, attitudes and behaviors. The model is shown in Figure 1.

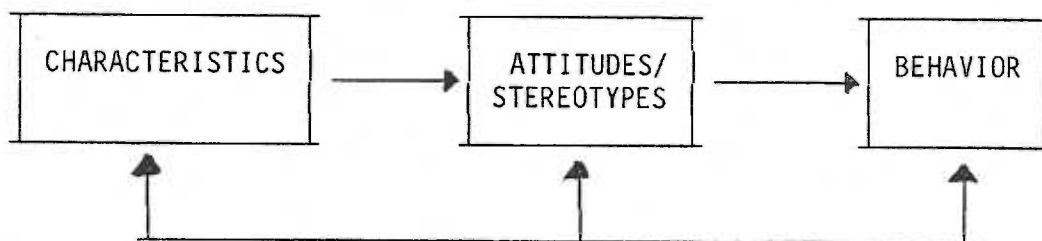


Figure 1. Model of interrelations among characteristics, attitudes/stereotypes and behavior.

In this project, characteristics can be conceptualized as those personal traits of nursing personnel that may or may not influence their attitudes and/or behaviors toward their elderly patients. Some descriptive variables, such as age and number of years working with the elderly, have been correlated with the holding of certain attitudes (Penner et al., 1984). These correlates can be useful in identifying the attributes of attitude formation.

In the model, attitudes/stereotypes consist of cognitive and affective components. These components can be directed toward the attitude object and can be different toward different attitude objects. Attitudes toward older persons may be different from attitudes toward older patients and different still from attitudes toward one's own patients.

Behavior can be thought of as an expression of an attitude and can consist of approach or avoidance action. Although behavior is directly observable, it is not the focus of this project and

will not be addressed in this research. Inclusion of the behavioral element has been only for clarity and reasoning purposes. A model for this project can be seen in Figure 2.

Statement of the Problem

Chronic disease, long-term illness and disability account for most of the health related problems of older adults. The elderly have more hospital admissions (Heller & Walsh, 1976), and stay longer in hospitals than do younger patients, and are the prime users of nursing homes and other long-term care facilities. The provision of adequate health care for increasing numbers of elderly persons is a matter of concern for nursing.

Nursing makes the largest single contribution to the health services needed in the long-term care of the elderly. Despite

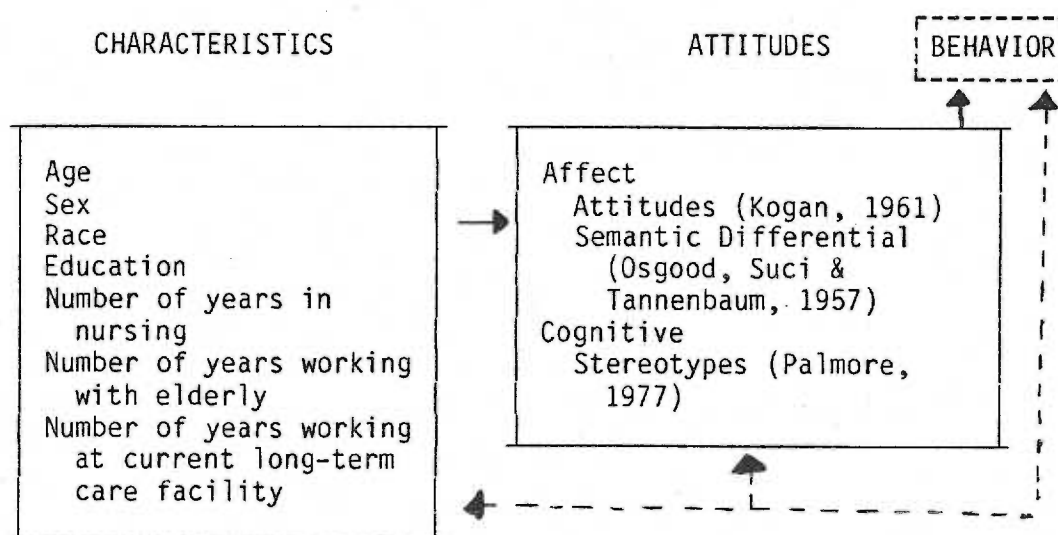


Figure 2. Model for investigation of nursing personnel's attitudes toward the elderly.

growing needs for this care, the elderly are not a favored group among nurses. Nurses avoid caring for the geriatric patients for a variety of reasons. Chaisson (1980) suggests that there is little professional status afforded nurses working in nursing homes. The low esteem awarded nurse/caretakers of the elderly again reflects our society's attitudes toward the elderly.

Negative attitudes generate avoidance behaviors and act as barriers to therapeutic relationships between nursing care providers and geriatric patients. Nursing personnel are in positions of leadership, planning and caregiving in long-term health centers. It is important that they operate in these centers with attitudes which convey a belief in the worth of every person and with current knowledge relating to the aging process (Miller, 1976).

Studies prior to 1978 (Campbell, 1971; Gillis, 1973) indicated that nurses generally maintained negative and stereotypical attitudes toward the elderly. Studies beginning in 1978 (Taylor & Harned, 1978; Smith et al., 1982) showed somewhat less negative attitudes in registered nurses toward the elderly in general. Penner et al. (1984) suggested that attitudes toward old people in general have been measured and that to achieve positive results in nursing care, we must assess more specifically the attitudes of nurses toward the elderly patients in their care.

Purpose of the Study

This study is a partial replication of the Penner et al. (1984) study, and serves three purposes. The first purpose is to investigate nursing personnel's attitudes toward three different target groups: "an older person," "an older patient," and "an older patient in your nursing home." The goal is to contribute to the level of knowledge regarding nursing personnel's attitudes toward different groups of elderly. Second, studies about nursing personnel's attitudes toward their own patients are important in understanding nursing action with the elderly. Lastly, this study will further clarify the use of the selected tools.

This study serves to describe nursing personnel's attitudes toward the elderly within the context of seven hypotheses. The hypotheses stem from both the original research by Penner et al (1984) and from the conceptual model, and examine the relations of personal characteristics of nursing personnel to their attitudes toward and stereotypes of "an older person," "an older patient," and their own elderly patients.

The hypotheses are as follows:

1. Nursing personnel's evaluative ratings of their own patients are more negative than their ratings of "an older person" and "an older patient."
2. Nursing personnel see their own patient as more active

and more powerful than either "an older person" or "an older patient."

3. There is no relationship between personal characteristics (age, sex, education, number of years in nursing, number of years working with elderly patients and number of years working in this specific nursing home) of nursing personnel and nursing personnel's attitudes toward their own patients.

4. The personal characteristics of age and number of years working with the elderly are correlated with nursing personnel's attitudes toward "an older person" and "an older patient."

5. General stereotypes, as measured by the Facts of Aging Quiz (Palmore, 1977), are correlated with nursing personnel's attitudes, as measured by the Semantic Differential (Penner et al., 1984), toward "an older person" and "an older patient."

6. There is no relationship between acceptance of general stereotypes (as measured by the Facts of Aging Quiz, Palmore, 1977) of the elderly and nursing personnel's attitudes, as measured by the Semantic Differential (Penner et al., 1984), toward their own patients.

7. There is no relationship between attitudes toward the elderly (as measured by the Attitudes Toward Old People Scale, Kogan, 1961) and nursing personnel's attitudes toward their own patients as measured by the Semantic Differential (Penner et al., 1984).

CHAPTER II

METHODS

The goal of this study was to investigate nursing personnel's attitudes toward three different target groups: "an older person," "an older patient," and "an older patient in your nursing home."

Sample and Procedure

Nursing directors of nine skilled nursing facilities were contacted by phone by the investigator and asked to participate in the study. Four of them agreed to participate. Meetings were arranged with the directors of each of the four participating nursing homes to explain the study and procedures in detail. A sample of nursing personnel was selected from the total working population. The sample included both full- and part-time registered nurses, licensed practical nurses and nursing assistants. A person designated by the Director of Nursing distributed questionnaires in each nursing home. A total of 143 questionnaires were distributed to nursing care personnel.

The subjects were asked to participate in a study about attitudes toward the elderly. Information packets were delivered to each participant and contained, in this order, a cover letter (which included a consent statement) (see Appendix A), the Facts of Aging Quiz (see Appendix B), the Attitude Toward Old People Scale (see Appendix C), the Semantic Differential (see Appendix

D), and the Personal Data Sheet (see Appendix E). Each packet was assigned a code number. Each participant was asked to complete the questionnaire and return it to the person designated by the nursing home director.

Data-Gathering Instruments

The data for this study were collected by means of the Facts of Aging Quiz (Palmore, 1977), the Attitudes Toward Old People Scale (Kogan, 1961), the Semantic Differential (Osgood et al., 1957) and a Personal Data Sheet. The instruments contributed data supportive to the conceptual framework for the study. In order to assess the affective components of attitudes, the Attitudes Toward Old People Scale (1961) and the Penner et al. version of the Semantic Differential (1984) were used. The Palmore Facts of Aging Quiz (1977) was used in collecting data on the cognitive aspects of attitudes. The Personal Data Sheet was included to gather demographic data and to identify potentially useful characteristic variables. Exploration of these data also provided descriptive information regarding nursing personnel's perception of their patients.

Cognitive Aspects of Attitudes

The Facts of Aging Quiz (FAQ) was developed by Palmore (1977) to serve as a stimulus for group discussion, to emphasize frequent misconceptions held about the elderly, and indirectly to measure bias (see Appendix B). It and many other tests on knowledge about

the elderly have been criticized for having the following disadvantages: (a) the instruments tend to be too long, (b) they confuse factual statements with attitudinal statements, and (c) the factual statements are undocumented (Klemmack, 1978; Holtzman & Beck, 1979; Luszczyk, 1982; and Palmore, 1978, 1980, 1981). A revision of the quiz has even been suggested by Miller and Dodder (1980).

Specific criticisms of the FAQ by Klemmack (1978) suggested that the FAQ did not measure knowledge of aging per se, but instead measured stereotypes. Holtzman and Beck (1979) found that the FAQ did stimulate group discussion, was a valid measure of knowledge, as well as indicating frequently held misconceptions about the elderly, but was not a good measure of indirect bias. Luszczyk (1982) came to the same conclusions as Holtzman and Beck (1979).

In all the studies employing the instrument, the FAQ has continued to have usefulness in the identification of frequent misconceptions held about the elderly. Misconceptions or stereotypes were reported using the FAQ in the Penner et al. (1984) study. Within the conceptual framework of this study, the FAQ served to elaborate cognitive aspects of attitudes. It presumes to cover basic physical, mental and social facts about the elderly. The FAQ is also short, taking less than 5 minutes to complete. The scoring of the quiz is easy. Internal consistency

reliability is low (alpha of .47), because several items have a low item-to-total correlation (Palmore, 1980). Most people get one set of items wrong and another set right. If these items were omitted from the quiz, the item reliability would be improved, but then some of the most basic facts and most frequent misconceptions would be omitted (Palmore, 1980) (see Appendix B).

Affective Aspects of Attitude

The affective aspects of attitudes were measured using the Attitudes Toward Old People Scale (Kogan, 1961) and the Semantic Differential (Penner et al., 1984) (see Appendix C). Kogan's Attitudes Toward Old People Scale (Kogan, 1961) was used to measure the attitudes of nursing care providers toward elderly persons. The scale assesses how individuals feel about the elderly on such issues as their intellectual capacity, dependence, personality, influence on business and industry, personal appearance and living arrangements. Kogan's scale was chosen for this study for these reasons: (a) it has fairly good content validity, (b) it has a split half reliability of .73 to .83 for the negative scale and .66 to .77 for the positive scale (Kogan, 1961), (c) it is easy to score, (d) it has a history of frequent use in this type of study, and (e) it provides positive and negative information separately.

The scale consists of 17 matched pairs of positive and negative statements about the elderly. Reactions to these items are

obtained on a 6-point Likert scale ranging from "strongly agree" to "strongly disagree." Items not answered are scored with a value of 4. Scores can range from a low of 17 to a high of 119 on both the positive (OP+) and negative (OP-) scales. A high score (100-119) on the positive scale indicates a positive attitude toward the elderly, and a high score (100-119) on the negative scale indicates an unfavorable view of the aged (Appendix B).

Items on the scale may be ordered in several ways. Kogan (personal communication, January 13, 1984) confirmed that he has used the Attitudes Toward Old People Scale in conjunction with other scales. In order to do this, he intermingles the items from both scales into one tool. For the purpose of this study, the sequence of the items on the Attitudes Toward Old People Scale was arranged by use of a random numbers table.

The Semantic Differential (Penner et al., 1984) was used to measure the meaning that the concepts of "an older person," "an older patient," and "an older patient in your nursing home" have to the nursing personnel (see Appendix D). The Semantic Differential consists of 14 adjective pairs scored on a 7-point bipolar scale. The adjectives used are appropriate for the concepts being tested and the information being sought. They measured three principal dimensions: evaluation (7 items), potency (4 items), and activity (3 items). These dimensions were independent of one another and were scored separately.

The Semantic Differential is a highly flexible tool which produces large quantities of information. The test-retest reliability coefficients for the Semantic Differential is .85, showing it to be a reliable tool (Osgood, Suci & Tannenbaum, 1957). It has also been said to have face validity in that the distinctions it provides are similar to those which would be made by most observers without the instrument.

Data Analysis

Frequency distributions were obtained for all variables in addition to appropriate descriptive statistics such as means and standard deviations. One-way repeated measures analysis of variance, as well as a planned comparison, was used to compare nursing personnel's ratings of the three concepts on the Semantic Differential (Hypotheses 1 and 2). The Tuckey test was used to compare the means of the three subgroups on the Semantic Differential. Pearson's product-moment correlations were computed among the personal characteristics and the various attitude measures (Facts of Aging Quiz, Palmore, 1977, and Attitudes Toward Old People Scale, Kogan, 1961), to test Hypotheses 3 through 7.

CHAPTER III

RESULTS AND DISCUSSION

Description of Subjects

The sample used in this study represented nursing personnel from 4 of the 12 Medicare-eligible, skilled nursing facilities in Multnomah County. Although some of these facilities provide intermediate care also, the sample excluded those nursing personnel who work with intermediate care patients exclusively.

One hundred forty-three questionnaires were delivered by the investigator to the nursing care facilities. Eighty-four of these questionnaires were completed and returned for a 53% return rate. Eleven of the responses were not able to be used in the statistical analysis of the data because they were completed by non-nursing personnel. A total of 73 subjects provided data for this analysis. The sample included 10 males and 62 females. Sixty were Caucasian, 2 were black American, and 1 was an American Indian. Of the 73 nursing personnel, 28 were now registered nurses, 7 were licensed practical nurses and 38 were nursing assistants. Of the registered nurses who returned the questionnaires, 6 had an associate degree as the highest degree held, 14 were diploma graduates and 8 held baccalaureate degrees in nursing.

Other characteristics of the sample examined included age, number of years of nursing experience, number of years spent in

long-term care of the elderly and number of years employed in the particular nursing home (see Table 2). In these respects the current study sample shares some similarities with and some differences from other samples described in the literature. In this sample, ages ranged from 20-69 years. Age ranges in other samples were 20-65 (Campbell, 1971), 20-70 (Taylor & Harned, 1978) and 25-66 (Penner et al., 1984). Gillis (1973) and Smith et al. (1982) did not report age groupings. The mean age for the registered nurses in this study was 42.9 years. This was an older sample than that used by Campbell (1972), whose mean age was 28.0 years. Gillis (1973), Taylor and Harned (1978), Smith et al. (1982) and Penner et al. (1984) did not report mean ages for their registered nurses.

The sample for this study included 28 registered nurses and 45 licensed practical nurses and nursing assistants. The Penner et al. (1984) study had a total of 58 subjects. The Smith et al. (1982) study had a total of 13 registered nurses and 24 licensed practical nurses and nursing assistants. The Taylor and Harned (1978) study had an all-registered-nurses sample of 71. The current study had a larger sample size than any of the more recent studies. However, the earlier studies had much larger samples. Campbell (1971) had 147 subjects, and Gillis (1973) had 86.

Registered nurses used in this study had a mean of 10.8 years of experience working with the elderly. Licensed practical nurses

Table 2
Sample Characteristics

Characteristics	RN (<u>n</u> = 28)	LPN & NA (<u>n</u> = 45)
Age (years)		
Range	23-69	20-57
Mean	42.9	21.3
Nursing experience (years)		
Range	<1-38	2-35
Mean	21.3	10.2
Long-term care experience (years)		
Range	<1-20	<1-35
Mean	10.8	25.1
Present nursing home experience (years)		
Range	<1-18	<1-15
Mean	4.6	2.3

had a mean of 25.1 years of experience. This is comparable to the 17.6 years of nursing experience working with the elderly that the nursing personnel of the Penner et al. (1984) study reported. Sixty percent of the Taylor and Harned (1978) sample had 9 years' or less experience working with the elderly. The other studies noted did not report this information.

Descriptive Findings on Major Variables

Facts of Aging Quiz (FAQ)

Penner et al. (1984) do not report their subject's scores on the FAQ. They suggest, however, that the nursing personnel in their study held similar stereotypes to the sociology students studied by Palmore. Scores on the FAQ scale in the current study ranged from 9 to 24 with a mean score of 16.2 and a standard deviation of 3.1. The internal consistency reliability of the FAQ in the current sample was .57. Of particular interest in this study was the finding that the misconceptions held by the subjects in this study were the same as those identified by Palmore (1977). These include: (a) that a majority of the aged are frequently bored, (b) that a large proportion of the aged are living in institutions, (c) that a majority of the elderly live below the poverty level, (d) that a majority of elderly people are frequently angry, and (e) that over 15% of the general population are age 65 or over (see Table 3). Four of these misconceptions represent negative stereotypes, and the other one exaggerates the problem of the aged by distorting the number in the population.

Attitude Toward Old People (OP)

In this study, scores on the OP+ scale ranged from 54 to 110 with a mean score of 85.3 and a standard deviation of 11.6. Scores on the OP- scale ranged from 22 to 90 with a mean of 43.9 and a standard deviation of 14.3. For the current sample, the

Table 3
Facts of Aging Quiz Misconceptions

Misconception	Palmore (% wrong)	Present study (% wrong)
Boredom	74	60
Institutional living	74	59
Percentage age 65 or older	86	89
Poverty level	74	75
Anger	58	69

reliability of the positive Old People Scale (OP+) is indicated by an alpha of 0.75. The negative Old People Scale (OP-) has an alpha of 0.85. A mean score of 85.3 on the positive scale does not fall within the highly positive range (100-119), but is above the midpoint of 67. This indicates a somewhat positive attitude toward the elderly. A mean score of 43.9 on the negative scale does not indicate a highly negative score and is below the midpoint of 67.

Semantic Differential

Descriptive statistics and Cronbach's alpha for the evaluative, potency and activity dimensions of the Semantic Differential are summarized for each of the three concepts "an older person," "an older patient," and "an older patient in your nursing home" in

Table 4. Results of the Penner et al. (1984) study are shown in Table 5. Although Cronbach's alpha values for the evaluative dimension exceed the .70 minimum suggested by Nunnally (1978) as reflective of adequate reliability for research purposes, the internal consistency estimates for the potency and activity dimensions fall short of this recommended level.

Table 4

Descriptive Statistics for the Semantic Differential

Measure/Concept	<u>N</u>	Range	Mean	S.D.	Cronbach's Alpha
Evaluative					
Older person	70	2.43-6.00	4.59	.78	.80
Older patient	61	2.43-6.00	4.28	.81	.76
Their own patient	63	2.29-6.00	4.42	.83	.81
Potency					
Older person	70	1.00-4.75	3.11	.66	-.10
Older patient	60	1.00-4.75	3.09	.74	.30
Their own patient	62	1.00-5.25	2.92	.76	.36
Activity					
Older person	70	1.00-4.33	3.07	.75	-.16
Older patient	61	1.00-4.67	3.12	.75	-.96
Their own patient	63	1.00-4.67	3.11	.75	.37

Table 5

Penner, Ludenia, and Mead (1984) Study Results

Concepts	<u>N</u>	Older Person	Older Patient	Older VA Patient
Evaluative	50			
Mean		4.57	4.28	3.79
S.D.		.61	.67	.64
Potency	48			
Mean		2.48	2.43	2.71
S.D.		.33	.32	.37
Activity	51			
Mean		3.13	2.78	3.21
S.D.		.26	.23	.35

Test of the Hypotheses

The first hypothesis stated that nursing personnel's evaluative ratings of their own patients would be more negative than their evaluation of either "an older person" or "an older patient." The results of a one-way repeated measure analysis of variance to compare the mean evaluation scores of the three concepts suggested that there were differences in how nursing personnel rated the concepts [$F(2,120) = 7.32, p < .001$]. A planned comparison [$t(120) = 2.04, p < .05$] revealed that nursing personnel evaluated "their own patients" more negatively ($M = 4.42$)

than they evaluated "an older person" ($M = 4.59$). This finding confirmed that of Penner et al. (1984). However, the Penner et al. assertion that they would evaluate "their own patient" ($M = 4.42$) more negatively than "an older patient" ($M = 4.28$) was not supported. It is possible that the difference found in this study can be explained by the differences in the two nursing home populations. The veteran population of the Penner et al. study was mostly male, and the nursing home population in the present study was mostly female. Aged patients may be viewed differently by nursing personnel in response to gender. Additionally, nursing personnel in the present study differentiated "an older person" more positively than "an older patient." The Penner et al. study did not find this distinction. The more positive evaluation of an older person in this study is difficult to explain given that the subjects held many common misconceptions about aging. It is possible that their somewhat more positive attitude scores reflect a beginning awareness of the subpopulations of well and sick elderly.

The second hypothesis stated that nursing personnel would see "their own patient" as more active and more powerful than either "an older person" or "an older patient." The results of the one-way repeated measures ANOVAs to compare the mean potency ratings of the three concepts [$F(2,118) = 2.43, p = .09$] and to

compare the mean activity ratings of the three concepts [$F(2,120) = .16, p = .86$] indicated no significant differences. Hypothesis 2 was not supported. The absence of a significant difference among the concepts on the dimensions of activity and potency differs from the findings reported by Penner et al. (1984). These investigators found significant differences between the activity and potency of "an older veteran" and "an older patient." The lack of similarity in findings of the two studies may be related to the lack of reliability on both of these dimensions in this administration of the Semantic Differential. Or again it is possible that older men (the population of the veteran's nursing home) in general are seen as more active and more potent than older women (who comprised the majority of this study's nursing home population).

Hypothesis 3 stated that there would be no relationship between the personal characteristics of age, sex, education, number of years spent working with the elderly, number of years spent working in nursing and the number of years spent working in this particular nursing home and nursing personnel's attitudes toward their patients (see Table 6).

Of 21 correlations computed, only 1 was significant: the more years' experience in nursing, the more active respondents rated their own patients. Considering both the low reliability (.37) of the activity dimension for the concept "patient in your

Table 6

Correlations Related to Hypothesis 3

Characteristics	Evaluative "their patient"	Potency "their patient"	Activity "their patient"
Age	-.20 (61)	-.13 (60)	.16 (61)
Nursing experience	-.17 (59)	.15 (58)	.28* (59)
Sex	.07 (62)	-.15 (61)	.08 (62)
Education	.24 (25)	.24 (25)	-.28 (25)
Experience with elderly	.00 (62)	-.05 (61)	.11 (62)
Experience in that nursing home	.04 (62)	.10 (61)	-.03 (62)

Note. The number in parentheses below each correlation is the sample size associated with that correlation.

*p < .05

nursing home" and the large number of correlations computed, this significant correlation should be interpreted with caution. Hence, Hypothesis 3 is partially supported.

The fourth hypothesis stated that age and number of years spent working with the elderly were correlated with nursing personnel's attitudes toward "an older person" and "an older patient" (see Table 7).

Twelve correlations were computed to test this hypothesis and only one was significant: the younger the nurse, the less active she/he viewed "an older patient." Again, given the low reliability ($-.96$) of the activity scale for the dimension of "an older patient," this finding must be interpreted with caution. The hypothesis is not supported.

Hypothesis 5 stated that general stereotypes would be correlated with nursing personnel's attitudes toward "an older person" and "an older patient." This was tested using the Palmore's Facts of Aging Quiz (FAQ) and the Semantic Differential (see Table 8).

None of the correlations calculated to test this hypothesis were significant. The hypothesis was not supported. Several explanations may exist for the lack of significant findings. One may be related to the reliability problems already identified on the potency and activity dimensions of the Semantic Differential. A second explanation may be found in the number of subjects completing the Semantic Differential. The number of subjects who

Table 7

Correlations Related to Hypothesis 4

Characteristics	Evaluation		Potency		Activity	
	old person	old patient	old person	old patient	older person	old patient
Age	-.17 (68)	-.08 (59)	-.15 (68)	-.14 (58)	.06 (68)	.30* (59)
Experience with elderly	.01 (69)	-.08 (60)	-.03 (69)	-.02 (59)	-.08 (69)	.00 (60)

Note. The number in parentheses below each correlation is the sample size associated with that correlation.

* $p < .05$

Table 8

Correlations Related to Hypothesis 5

Characteristics	Evaluation old person	Evaluation old patient	Potency old person	Potency old patient	Activity older person	Activity old patient
FAQ	.13 (70)	.04 (61)	-.05 (70)	-.08 (60)	-.10 (70)	-.18 (61)

Note. The number in parentheses below each correlation is the sample size associated with that correlation.

completed the "older person" concepts of the scale was 70. The number of subjects who completed the last page of the scale--"an older patient in your nursing home"--was 61. Perhaps the subjects became tired as a result of the length of the instrument or did not notice the difference in the concepts and quit before completing the scale.

The sixth hypothesis stated that there would be no relationship between nursing personnel's general stereotypes of the elderly and their attitudes toward "an older patient in your nursing home." See Table 9 for the results.

No significant relationships were found; therefore, the hypothesis was supported. This finding does coincide with that of Penner et al. (1984). Those investigators also found no relationship between general stereotypes as measured by the FAQ and

Table 9
Correlations Related to Hypothesis 6

Scale	Evaluative your patient	Potency your patient	Activity your patient
FAQ	-.02 (63)	-.06 (62)	.06 (63)

Note. The number in parentheses below each correlation is the sample size associated with that correlation.

attitudes toward their own patients. The general stereotypes held by the subjects do not seem to be projected onto the attitudes held toward their own patients.

The seventh and final hypothesis stated that there would be no relationship between attitudes toward the elderly, as measured by Kogan's Attitudes Toward Old People Scale (OP), and nursing personnel's attitudes toward their own patients, as measured by the Semantic Differential (see Table 10).

There were two significant relationships among the six correlations computed. The less negative the attitudes of nursing personnel toward the elderly in general, the less negative the evaluation of their own patients. The more positive the attitudes of the staff were towards the elderly in general, the more positively they evaluated their own patients. Since two significant relationships were found, the hypothesis of no differences was not entirely supported.

In summary, the findings of this study suggest that nursing personnel working in Oregon share many common misconceptions with nurses in Florida (Penner et al., 1984) and with subjects in other studies reported in the literature. However, while still holding misconceptions, these nursing personnel demonstrate more positive attitudes. The finding is in accord with the more recent studies (Taylor et al., 1978; Smith et al., 1982; Penner et al., 1984). Explanation for the differences in this study from those of Penner

Table 10
Correlations Related to Hypothesis 7

Scale	Evaluative your patient	Potency your patient	Activity your patient
OP+	.28* (63)	.22 (62)	-.07 (63)
OP-	-.30** (63)	.15 (62)	-.05 (63)

Note. The number in parentheses below each correlation is the sample size associated with that correlation.

* $p < .05$

** $p < .05$

et al. (1984) suggest that the patient population may be a variable of further interest. The site used in the Florida study (Penner et al., 1984) was a Veteran's Administration nursing home. This meant that the residents were veterans and probably mostly men. The patient population in this study represented four different nursing homes in Oregon. They were not veteran facilities and contained mostly female residents. Future investigations are required to determine the significance of this variable as an explanation for nursing personnel's attitudes toward their elderly patients.

CHAPTER IV

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This study was a partial replication of the Penner et al. (1984) investigation. The purpose of the study was to investigate relationships among nursing personnel's attitudes towards "an older person," "an older patient" and "an older patient in your nursing home." The relationships of attitudes to the selected demographic variables of age, sex, education, number of years in nursing, number of years working with the elderly and number of years working in this specific nursing home were also explored.

Four of the 12 skilled nursing facilities in Multnomah County, Portland, Oregon, were included in the study. Nursing personnel (registered nurses, licensed practical nurses and nursing assistants) were issued a 111-item questionnaire consisting of the 25-item Palmore Facts of Aging Quiz (1977), the 34-item Kogan Old People Scale (1961) and a 42-item Semantic Differential (Penner et al., 1984). Additional information regarding the selected demographic data were also collected. Usable questionnaires were returned by 73 nursing personnel (53%).

Seven hypotheses were formulated as follows: First, nursing personnel's evaluative ratings of "an older patient in your nursing home" are more negative than their evaluation of "an older person" or "an older patient." Second, nursing personnel see "an

older patient in your nursing home" as more active and more powerful than either "an older person" or "an older patient." Third, there is no relationship between personal characteristics of nursing personnel and their attitudes towards "an older patient in your nursing home." Fourth, personal characteristics of age and number of years working with the elderly are correlated with nursing personnel's attitudes toward "an older person" and "an older patient." Fifth, general stereotypes are correlated with nursing personnel's attitudes toward "an older person" and "an older patient." Sixth, there is no relationship between acceptance of general stereotypes of the elderly and nursing personnel's attitudes toward "an older patient in your nursing home." Seventh, there is no relationship between attitudes toward the elderly and nursing personnel's attitudes toward "an older patient in your nursing home." Hypotheses 2, 4, and 5 were not supported; Hypothesis 6 was accepted; Hypotheses 1, 3 and 7 were partially supported.

Conclusion

The conclusions to be drawn from this research are that, at least for this sample, there is no relationship between nursing personnel's attitudes, as measured by Kogan's Attitudes Toward Old People Scale and the Semantic Differential, towards "an older person" and "an older patient in your nursing home. A significant difference was found in nursing personnel's evaluations of two

groups of elderly in that this study sample views "an older patient in your nursing home" more negatively than "an older patient." In general, the selected characteristics do not appear to be related to nursing personnel's attitudes toward "an older person," "an older patient" or "an older patient in your nursing home." The only exception to this is: the more years spent in nursing, the less active nurses perceive "an older patient in your nursing home" to be. This finding is somewhat different from that of the original study by Penner et al. (1984). Penner et al. (1984) found that their subjects perceived the activity of "an older patient who is a veteran" to be high.

Implications for Nursing

The results of this research suggest that attitudes toward "an older patient" and "an older patient in your nursing home" are not different. But "an older patient in your nursing home" is seen more negatively than "an older person." This supports the opinion of Penner et al. (1984) in suggesting that it is the experience of working with the elderly that helps to shape nurses' attitudes towards them.

Negative attitudes remain with nursing personnel that work with elderly patients. Scores on Kogan's Attitudes Toward Old People Scale show these attitudes. The mean score on the positive scale (85.3) does not fall within the score range of 100-119, indicating a highly positive attitude. The mean negative score

(43.9) was also not in the high score range (100-119). Thus, it did not represent a strong negative score and may be amenable to further educational modifications.

The primary implication of this finding is to identify (a) the variables associated with the work experience that create negative feelings and (b) what can be done to intervene in the process of creating negative evaluation of their patients.

Even when different studies' subpopulations among the elderly are identified, the results remain ambiguous. The population of elderly in the United States is increasing with a parallel increase of elderly in need of nursing care. As nursing personnel play an important part in meeting the health care needs of the elderly, those factors that influence attitude should be identified. The findings of the current study, along with findings from the Penner et al. (1984) study indicate that the distinctions made among the elderly population is a concept needing further clarification. Elderly patients may or may not be different from elderly persons and different still from nursing personnel's nursing home patients. Further investigation is obviously needed if nursing is to explain the differences of attitudes held towards these three different groups. The major implication of this research for the nursing profession is that continued research is needed in this area.

Recommendations

The following recommendations for further study are suggested. First and most importantly, the study needs replication. The study should be done using other facilities or a nursing home population with similar subjects to the study. More importantly, investigation is needed with regard to attitudes towards male and female elderly patients. Attitudes towards different genders in similar institutions should be compared. Second, the subjects for the study should be randomly selected and studies conducted without the nursing home administration designating personnel to distribute and collect the instruments. The Semantic Differential utilized in the study seemed to be confusing to some of the older nursing personnel, leading to missing data. If the investigator were present during data collection, clarification could be given. Utilization of another tool may simplify the gathering of additional data.

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APPENDIX A
CONSENT TO PARTICIPATE

APPENDIX A
OREGON HEALTH SCIENCES UNIVERSITY, SCHOOL OF NURSING
CONSENT TO PARTICIPATE

You have been asked to participate in a survey to consider "Attitudes of Health Care Personnel Toward the Elderly," conducted by Sharon Culver, R.N., B.S.N., under the supervision of Barbara Gaines, R.N. Ed. D., Thesis Advisor. This study is part of a masters thesis research project, and your help will be greatly appreciated.

The purpose of the study is to explore health care providers' attitudes toward the elderly. You are asked to complete the attached questionnaires. As a participant, it is estimated that it will take you about 30 minutes to complete these forms. While you may not benefit directly from participating in this study, others may be helped by the results.

Your participation or nonparticipation will in no way influence your employment. All information obtained will be kept confidential. The information will be destroyed when the project is completed. Information will be reported in ways that do not identify a person with their specific answers.

The completion and return of the questionnaire will be taken as evidence that you understand: (a) what is required of you, (b) are willing to participate, and (c) give your consent to have the

information used for the purpose of this study. You understand that you may refuse to participate or withdraw from the study at any time without affecting your relationship with, or treatment at, the Oregon Health Sciences University.

Please take time to complete the questionnaire and return it to me in the envelope provided. If you have any questions, please feel free to call:

Sharon Culver

288-1834

APPENDIX B
FACTS OF AGING QUIZ

APPENDIX B

FACTS OF AGING QUIZ (PALMORE, 1977)

INSTRUCTIONS: Read each of the following statements and indicate whether you believe it is true or false. If you believe it is true, circle the T before the statement. If you believe it is false, circle the F before the statement.

- T F 1. The majority of old people (past age 65) are senile (i.e., defective memory, disoriented, or demented).
- T F 2. All five senses tend to decline in old age.
- T F 3. Most old people have no interest in, or capacity for, sexual relations.
- T F 4. Lung capacity tends to decline in old age.
- T F 5. The majority of old people feel miserable most of the time.
- T F 6. Physical strength tends to decline in old age.
- T F 7. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.).
- T F 8. Aged drivers have fewer accidents per person than drivers under age 65.
- T F 9. Most older workers cannot work as effectively as younger workers.
- T F 10. About 80% of the aged are healthy enough to carry out their normal activities.
- T F 11. Most old people are set in their ways and unable to change.
- T F 12. Old people usually take longer to learn something new.
- T F 13. It is almost impossible for most old people to learn new things.

- T F 14. The reaction time of most old people tends to be slower than reaction time of younger people.
- T F 15. In general, most old people are pretty much alike.
- T F 16. The majority of old people are seldom bored.
- T F 17. The majority of old people are socially isolated and lonely.
- T F 18. Older workers have fewer accidents than younger workers.
- T F 19. Over 15% of the U.S. population are now age 65 or over.
- T F 20. Most medical practitioners tend to give low priority to the aged.
- T F 21. The majority of older people have incomes below the poverty level (as defined by the Federal Government).
- T F 22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).
- T F 23. Older people tend to become more religious as they age.
- T F 24. The majority of old people are seldom irritated or angry.
- T F 25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.

APPENDIX C

ATTITUDES TOWARD OLD PEOPLE SCALE

APPENDIX C

ATTITUDES TOWARD OLD PEOPLE SCALE (KOGAN, 1961)

On the following pages, you will find a number of statements expressing opinions with which you may or may not agree. Following each statement are six boxes labeled as follows:

Strongly Disagree Disagree Slightly Disagree Slightly Agree Agree Strongly Agree

You are to indicate the degree to which you agree or disagree with each statement by checking the appropriate box.

Please consider each statement carefully, but do not spend too much time on any one statement. Do not skip any items.

There are no "right" or "wrong" answers--the only correct responses are those that are true for you. This inventory is being used for research purposes only and is completely anonymous.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. It would probably be better if most old people lived in residential units with people their own age.						
2. People grow wiser with the coming of old age.						
3. Most old people are irritable, grouchy, and unpleasant.						

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
4. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.						
5. Most old people need no more love and reassurance than anyone else.						
6. Most old people bore others by their insistence on talking about the "good old days."						
7. If old people expect to be liked, their first step is to try to get rid of their irritating faults.						
8. One seldom hears old people complaining about the behavior of the younger generation.						
9. Most old people seem to be quite clean and neat in their personal appearance.						
10. It would probably be better if most old people lived in residential units that also housed younger people.						
11. Most old people can generally be counted on to maintain a clean, attractive home.						

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
12. It is evident that most old people are very different from one another.						
13. Most old people make one feel ill at ease.						
14. Old people have too little power in business and politics.						
15. Most old people tend to let their homes become shabby and unattractive.						
16. Most old people respect others privacy and give advice only when asked.						
17. Most old people should be more concerned with their personal appearance; they are too untidy.						
18. When you think about it, old people have the same faults as anybody else.						
19. Most old people are constantly complaining about the behavior of the younger generation.						
20. Most old people are very relaxing to be with.						

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
21. Most old people make excessive demands for love and reassurance.						
22. Most old people get set in their ways and are unable to change.						
23. Most old people spend too much time prying in the affairs of others and in giving unsought advice.						
24. Most old people are cheerful, agreeable and good humored.						
25. You can count on finding a nice residential neighborhood when there is a sizable number of old people living in it.						
26. Most old people are capable of new adjustments when the situation demands it.						
27. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.						
28. There are a few exceptions, but in general most old people are pretty much alike.						

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
29. It is foolish to claim that wisdom comes with old age.						
30. Most old people are really no different from anybody else; they're as easy to understand as younger people.						
31. One of the most interesting qualities of old people is their accounts of their past experiences.						
32. Old people have too much power in business and politics.						
33. Most old people would prefer to quit work as soon as pensions or their children can support them.						
34. There is something different about old people; it is hard to figure out what makes them tick.						

APPENDIX D
SEMANTIC DIFFERENTIAL

APPENDIX D

SEMANTIC DIFFERENTIAL

INSTRUCTIONS: We are interested in your perception of elderly or older people. On the following page, a certain type of an older person is presented.

Below is a series of adjective pairs. We want you to use these pairs to indicate your perception of that elderly person. For example -- ROUGH or GENTLE. Do you see older people as ROUGH or GENTLE?

GENTLE A _____ B _____ C _____ D _____ E _____ F _____ ROUGH

If you feel the older person is very well described by one end of the scale, your answer would be either A or F.

If you feel that the older person is quite well described by one or the other end of the scale (but not extremely so), your answer would be either B or E.

If you feel that the older person is only slightly described by one end or the other end of the scale, your answer would be either C or D.

For each scale, select the letter of the scale that best describes your perception of the older person.

Indicate your answer by placing an "X" in the space to the right of the chosen letter.

Please answer every item on the following page.

Thank you.

AN OLDER PATIENT . . .

- CRUEL A ____ B ____ C ____ D ____ E ____ F ____ KIND
- MASCULINE A ____ B ____ C ____ D ____ E ____ F ____ FEMININE
- UNSUCCESSFUL A ____ B ____ C ____ D ____ E ____ F ____ SUCCESSFUL
- HARD A ____ B ____ C ____ D ____ E ____ F ____ SOFT
- WISE A ____ B ____ C ____ D ____ E ____ F ____ FOOLISH
- NEW A ____ B ____ C ____ D ____ E ____ F ____ OLD
- GOOD A ____ B ____ C ____ D ____ E ____ F ____ BAD
- WEAK A ____ B ____ C ____ D ____ E ____ F ____ STRONG
- IMPORTANT A ____ B ____ C ____ D ____ E ____ F ____ UNIMPORTANT
- CALM A ____ B ____ C ____ D ____ E ____ F ____ EXCITABLE
- USUAL A ____ B ____ C ____ D ____ E ____ F ____ UNUSUAL
- BEAUTIFUL A ____ B ____ C ____ D ____ E ____ F ____ UGLY
- SLOW A ____ B ____ C ____ D ____ E ____ F ____ FAST
- HAPPY A ____ B ____ C ____ D ____ E ____ F ____ SAD

AN OLDER PERSON . . .

CRUEL A ____ B ____ C ____ D ____ E ____ F ____ KIND

MASCULINE A ____ B ____ C ____ D ____ E ____ F ____ FEMININE

UNSUCCESSFUL A ____ B ____ C ____ D ____ E ____ F ____ SUCCESSFUL

HARD A ____ B ____ C ____ D ____ E ____ F ____ SOFT

WISE A ____ B ____ C ____ D ____ E ____ F ____ FOOLISH

NEW A ____ B ____ C ____ D ____ E ____ F ____ OLD

GOOD A ____ B ____ C ____ D ____ E ____ F ____ BAD

WEAK A ____ B ____ C ____ D ____ E ____ F ____ STRONG

IMPORTANT A ____ B ____ C ____ D ____ E ____ F ____ UNIMPORTANT

CALM A ____ B ____ C ____ D ____ E ____ F ____ EXCITABLE

USUAL A ____ B ____ C ____ D ____ E ____ F ____ UNUSUAL

BEAUTIFUL A ____ B ____ C ____ D ____ E ____ F ____ UGLY

SLOW A ____ B ____ C ____ D ____ E ____ F ____ FAST

HAPPY A ____ B ____ C ____ D ____ E ____ F ____ SAD

AN OLDER PATIENT IN YOUR NURSING HOME

- CRUEL A ____ B ____ C ____ D ____ E ____ F ____ KIND
- MASCULINE A ____ B ____ C ____ D ____ E ____ F ____ FEMININE
- UNSUCCESSFUL A ____ B ____ C ____ D ____ E ____ F ____ SUCCESSFUL
- HARD A ____ B ____ C ____ D ____ E ____ F ____ SOFT
- WISE A ____ B ____ C ____ D ____ E ____ F ____ FOOLISH
- NEW A ____ B ____ C ____ D ____ E ____ F ____ OLD
- GOOD A ____ B ____ C ____ D ____ E ____ F ____ BAD
- WEAK A ____ B ____ C ____ D ____ E ____ F ____ STRONG
- IMPORTANT A ____ B ____ C ____ D ____ E ____ F ____ UNIMPORTANT
- CALM A ____ B ____ C ____ D ____ E ____ F ____ EXCITABLE
- USUAL A ____ B ____ C ____ D ____ E ____ F ____ UNUSUAL
- BEAUTIFUL A ____ B ____ C ____ D ____ E ____ F ____ UGLY
- SLOW A ____ B ____ C ____ D ____ E ____ F ____ FAST
- HAPPY A ____ B ____ C ____ D ____ E ____ F ____ SAD

APPENDIX E
PERSONAL DATA SHEET

APPENDIX E

PERSONAL DATA SHEET

In each of these questions, please circle the number of your answer.

1. What is your sex? (circle number of your answer)

- 1. Male
- 2. Female

2. What is your birthdate?

Month/Day/Year

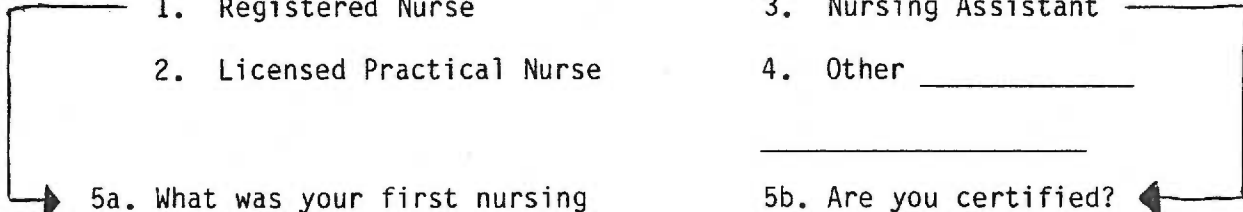
3. What is your ethnic background? (Optional)

- 1. Hispanic
- 2. Black American
- 3. American Indian
- 4. Caucasian
- 5. Asian/Pacific Islander
- 6. Other _____

4. What type of health care provider are you? (circle number)

- 1. Registered Nurse
- 2. Licensed Practical Nurse

- 3. Nursing Assistant
- 4. Other _____



5a. What was your first nursing preparation? (circle number)

- 1. Associate Degree
- 2. Diploma
- 3. Bachelors Degree
- 4. Masters Degree

5b. Are you certified? (circle number)

- 1. Yes
- 2. No

6. Highest degree held. (circle number)

- 1. Associate Degree
- 2. Diploma
- 3. Bachelors Degree
- 4. Masters Degree
- 5. Other (specify) _____


7. Field in which degree is held: _____
8. Approximately how many years have you worked in long-term care of the elderly? _____ years
9. Approximately how many years have you worked in nursing? _____ years.
10. Approximately how many years and months have you worked in this nursing home? _____ years and _____ months.

AN ABSTRACT OF THE THESIS OF
SHARON CULVER

For the MASTER OF NURSING

Date of Receiving this Degree: June 13, 1986

Title: ATTITUDES OF NURSING PERSONNEL TOWARD THE ELDERLY

APPROVED: 

Barbara Gaines, R.N., Ed.D., Thesis Advisor

This study is a partial replication of the Penner, Ludenia and Mead (1984) study and serves to investigate nursing personnel's attitudes toward three different target groups, "an older person," "an older patient," and "an older patient in your nursing home."

Criteria for inclusion in the study were established. Four of the 12 eligible skilled nursing facilities agreed to participate in the study. The 73 registered nurses, licensed practical nurses and nursing assistants and their respective nursing homes became the subjects and setting for the study.

To determine attitude toward old people, the Kogan Attitudes Toward Old People Scale (1961) was used. The subjects scored higher on the positive scale than the negative scale and thus all were said to exhibit positive attitudes toward old people. To determine attitudes toward the three different target groups, the Penner et al. (1984) version of the Osgood, Suci, and Tannenbaum (1957) Semantic Differential was used. The Palmore (1977) Facts of Aging Quiz was used to identify major misconceptions held

toward the elderly. The major misconceptions identified by all subjects were: (a) that a majority of the aged are frequently bored, (b) that a large proportion of the aged live in institutions, (c) that over 15% of the population are age 65 or over, and (d) that a majority of elderly people are frequently angry.

Additional demographic data were collected: age, sex, education, years in nursing, years at this nursing home, and years working with elderly.

Seven hypotheses were formulated as follows. First, nursing personnel's evaluative ratings of their own patients are more negative than their evaluation of "an older person" and "an older patient." Second, nursing personnel see "an older patient in your nursing home" as more active and more powerful than either "an older person" or "an older patient." Third, there is no relationship between personal characteristics of nursing personnel and nursing personnel's attitude toward their own patients. Fourth, the personal characteristics of age and number of years working with the elderly are correlated with nursing personnel's attitudes toward "an older person" and "an older patient." Fifth, general stereotypes are correlated with nursing personnel's attitudes toward "an older person" and "an older patient." Sixth, there is no relationship between general stereotypes of the elderly and nursing personnel's attitudes toward their own patients. Lastly, there is no relationship between attitudes toward the elderly and

nursing personnel's attitudes toward their own patient. Hypotheses 2, 4, and 5 were not supported; Hypothesis 6 was accepted; and Hypotheses 1, 3, and 7 were partially supported.

The conclusions from this research are that there are no relationships between nursing personnel's attitudes and "an older person" and "an older patient in your nursing home." However, "an older patient in your nursing home" is seen in more negative terms than "an older patient." The personal characteristics of nursing home personnel do not affect their attitudes toward "an older person," "an older patient" or "an older patient in your nursing home" except that the more years spent in nursing, the more active nurses perceive "an older patient in your nursing home" to be.