5-1-2006

Factors Affecting Nursing Students' Attitudes Towards Older Adults

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DOI: https://doi.org/10.31979/etd.va2u-uu4z
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SAN JOSE STATE UNIVERSITY
SCHOOL OF NURSING

MASTER'S PROGRAM PROJECT OPTION (PLAN B)
PROJECT SIGNATURE FORM

STUDENT NAME: Tracy McCammon

SEMESTER ENROLLED: Spring 2006

TITLE OF PROJECT: Factors Affecting Nursing Students' Attitudes Towards Older Adults

NAME OF JOURNAL: Geriatric Nursing

The project and manuscript have been successfully completed and meet the standards of the School of Nursing at San Jose State University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

Advisor's Signature: [Signature]
Date: 5-25-06

Please submit this form to the Graduate Coordinator. Attach abstract, two copies of the manuscript, and documentation of submission to the journal (i.e., postal receipt).
Hello Dr. Canham 5-26-86

I was instructed to turn all my final graduate paper work in to you since Dr. Connolly had to leave. Enclosed are the required three copies of my manuscript, three copies of my abstract, a copy of the receipt proving I mailed my manuscript to the Geriatric Nursing Journal, along with the project signature form.

Thank you for covering for Dr. Connolly & allowing me to turn all my paper work in to you.

Sincerely,

Tracy McCammon
FACTORS AFFECTING NURSING STUDENTS’ ATTITUDES

TOWARDS OLDER ADULTS

Tracy McCammon, RN, BS, MS(c), Irene Daniels-Lewis, DNSc, APN, FAAN,

and Karen Bawel-Brinkley, PhD, RN

San Jose State University
Abstract

The purpose of this study was to measure nursing students’ attitudes towards older adults and to determine, if possible, factors which affect nursing students’ attitudes toward older adults. A convenience sample of 94 senior, pre-licensed, baccalaureate nursing students, at a metropolitan university school of nursing in community and acute settings participated in the study. This non-experimental, descriptive survey focused on nursing students’ attitudes towards older adults using the Kogan’s Attitude Towards Old People Scale (KOP). A researcher developed questionnaire was also used to collect demographic information, as well as academic and non-academic experiences of students. The findings of this study showed a young, predominantly female, more Asian than non-Asian sample, with students having varied academic experiences with older adults. Being a caregiver to a grandparent was the most common non-academic experience of students, followed by no experiences at all with older adults. KOP results showed a very homogenous sample with KOP scores similar to those in other studies.
Factors Affecting Nursing Students’ Attitudes Towards Older Adults

Background

The purpose of this study was to examine nursing students’ attitudes towards older adults (individuals age 65 and older) and to determine if possible, what factors affect nursing students’ attitudes towards older adults. Attitudes in this context are defined by Eagly and Chaiken (1993) as “Psychological tendencies expressed by evaluating a particular entity with some degree of favor or disfavor” (as cited in Peterson & Bredow, 2004, p. 128). The majority of published literature shows that nursing students have negative attitudes towards older adults (Fox & Wold, 1996; Fusner & Staib, 2004; Happell & Brooker, 2001).

It is important for health care providers to be knowledgeable about the health care needs of this population because they suffer health problems that are common to their age group (Institute for the Future, 2003). Being knowledgeable about the health needs and problems of older adults can assist health care providers with being more effective with the care they provide these clients and improve their health care outcomes (Ferrini & Ferrini, 2000). We need to educate and prepare nursing students how to care for older adults now because as this population grows, so does the demand for nurses to care for them (Sheffler, 1998).

Three research questions were explored:

1. What is the relationship between student demographics and their scores on the attitude scale?

2. What is the relationship between students’ scores on the attitude scale and their exposure to this population through their academic experiences?

3. What is the relationship between students’ scores on the attitude scale and their exposure to this population through their non-academic experiences?
Nursing students' attitudes towards older adults should be studied for several reasons. First, the aging population is growing rapidly. In 2000, 13% of the United States population was 65 years or older, totaling more than 34 million people. It is expected by year 2030 this same population will increase to more than 70 million (Markson, 2003). Additionally, those 85 and older are the fastest growing segment of this population in the United States (Fusner & Staib, 2004; Markson, 2003).

The second reason nursing students' attitudes towards older adults needs to be studied is older adults are the highest users of the healthcare system. More than 80% of older adults have at least one chronic condition with a significant chance of suffering from multiple chronic conditions as they age (Wacker, Roberto, & Piper, 2002). As a result, older adults use and require healthcare services more than all other age groups (Fusner & Staib, 2004).

The third reason nursing students' attitudes toward older adults needs to be studied is that the quality of care given to older adults will inevitably be impacted by negative attitudes (McLafferty & Morrison, 2004). When one has a negative attitude about any subject they naturally tend to avoid or minimize contact with that subject. In the case of the nursing profession caring for older adults, this would have significant undesirable consequences.

The fourth reason nursing students' attitudes toward older adults needs to be studied is studies have found that new graduates of nursing programs most prefer acute care practice such as emergency departments, intensive care units, and surgery (Happell & Brooker, 2001; Herdman, 2002; Zembrzuski, 2000). While these findings may be true, also true is that older adults will need to be cared for in all these settings (Sheffler, 1998). This is because nurses provide the majority of health care services to the highest users, older adults. Therefore, regardless of the nursing students preferred area of practice they will most likely be caring for older adults.
In an attempt to determine why nursing students have negative attitudes towards older adults, various studies have been conducted on the topic. Sheffler (1998) evaluated 35 sophomore level nursing students' attitudes towards older adults. The purpose of the study was to assess the attitudes of nursing students before and after a nursing home clinical experience, ascertain if a relationship existed between faculty and nursing students attitudes towards older adults, and whether level of knowledge regarding older adults influenced attitudes. This study found that after the nursing home clinical experience students' attitudes towards older adults improved. There was a positive relationship between students' knowledge regarding older adults and their attitudes towards older adults. Additionally, the study found a positive relationship between faculty's attitudes and nursing student's attitudes towards older adults; nursing students who possessed higher attitude scores were assigned to faculty who also possessed higher attitude scores. These findings suggest that positive role modeling of faculty have a positive effect on student's attitudes towards older adults.

Fox and Wold (1996) evaluated nursing students' attitudes towards older adults after 67 hours of clinical time in long-term care settings and community based settings. They found a higher relationship between negative attitudes towards older adults and clients in long-term care. Morse, Oleson, Duffy, Patek, and Sohr, (1996) substantiated this finding as their study found nursing students had negative attitudes working with older adults in long-term care.

Ryan and McCauley (2004) examined the attitudes and knowledge base of nursing students toward older adults. The study found that nursing students did not have positive attitudes towards older adults when they lacked knowledge about this population.

The Soderhamn, Lindencrona, and Gustavsson (2001) study found the older the nursing student the more positive the attitude toward older adults. In this study students under the age of
25 had significantly more negative attitudes towards older adults as compared to students older than 25.

Other studies have also shown ethnicity affects attitudes toward older adults. Bond (1992) surmised that certain ethnic groups may have negative attitudes toward older adults due to working in a subordinate role with this population (as cited in Lookinland & Anson, 1995). Harris et al (1988) found American Indians and Hispanics had more positive attitudes towards older adults and White Americans had less interest in this population (as cited in Lookinland & Anson). Lookinland and Anson conducted two different studies regarding attitudes towards older adults and came up with as many different results. In 1995 Lookinland and Anson conducted a study consisting of 82 Registered Nurses who worked with older adults and 68 high school students enrolled in a work study program for health careers. This study found African-Americans and Asians had more negative attitudes towards older adults. These same researchers conducted another study in 2002 and found African-Americans had more positive attitudes towards older adults. Lastly, Ryan and McCauley (2004) found Hispanics had the most positive attitude towards older adults in their study. These results indicate correlation between ethnicity and attitudes towards older adults are not clear and require further studies.

Theoretical Framework

The theoretical framework used to guide this research was the theory of planned behavior. It is an expansion of the theory of reasoned action by Fishbein and Ajzen, a model focusing on the relationships between attitude and behavior (Ajzen, 1991). The theory of planned behavior suggests the most important predictor of ones behavior is their intentions of performing the behavior. The stronger the intention to perform a specific behavior the more likely an individual will perform that behavior (Ajzen). According to Ajzen, intentions are predicted by three
variables: attitudes, subjective norms, and perceived behavioral control. Attitude refers to a person's evaluation of performing a behavior, whether it is considered favorable or unfavorable. Subjective norm refers to perceived pressure from significant others to perform or not perform a behavior. Perceived behavioral control refers to a person's perception of their ability to perform a behavior based on how easy or difficult it is, and if the behavior is within their control.

In general, the more positive the attitude and subjective norm toward the behavior, and the stronger the perceived behavioral control, the greater the likelihood will be to perform the behavior (Ajzen, 1991). The opposite is also true if the behavior is thought of negatively.

This theory is useful in predicting behavior, and is particularly useful for educators who want to understand how to change behaviors as they relate to attitudes (Bastable, 2003). As a result, this theory can help educators identify and potentially change the negative attitudes and behaviors students may have towards older adults.

Method

Design

A non-experimental, descriptive survey was the research method used. This method examined nursing students' attitudes towards older adults using the Kogan's (1961) Attitude Towards Old People Scale (KOP). Additionally, a researcher developed questionnaire was used to examine certain characteristics of the sample.

Subjects and Setting

A convenience sample of 94 senior, pre-licensed, baccalaureate nursing students, at a metropolitan university school of nursing on the west coast participated in the study. Senior level students were targeted for the study because they had the most exposure to older adults due to the design of the curriculum. These students had gerontology content threaded throughout their
Factors Affecting curriculum rather than designated gerontological courses. In their senior year students cared for older adult clients in the community and acute care settings. Licensed Registered Nurses who were also students in the sample were excluded due to their extended and varied work experience with older adults.

Instruments

The students' attitudes were examined using the KOP which contains 34 statements consisting of 17 positive and 17 negative attitude statements about older adults. The 34 statements were randomly arranged. The design of this instrument is to measure feelings towards older adults (Kogan, 1961). The KOP is a valid and reliable instrument (Kogan; Lambrinou, Sourtzi, Kalokerinou, & Lemonidou, 2005; Sheffler, 1998; Soderhamn et al., 2000). Kogan reported the positive statements on the KOP had a correlation coefficient of .66 to .77 and the negative statements had a .73 to .83 correlation coefficient. The instrument has a six point Likert-type design where participants agreed or disagreed with each statement ranging from (1) strongly disagree to (6) strongly agree. To score this tool the value of the negative statements are reversed and averaged with the positive statements. The KOP scores ranged from 34-204 with higher scores representing a more positive attitude towards older adults (Kogan).

In addition to the KOP, students were given a researcher developed questionnaire consisting of questions regarding age, gender, ethnicity, generation of their ethnicity they represented living in the United States, academic experiences caring for older adults, and non-academic experiences caring for older adults.

Procedure

Approval from the university’s Institutional Review Board was obtained. Permission was obtained from faculty to collect data from students during post-clinical conference time. Data
was collected by the researcher who traveled to various clinical settings in the Spring 2006 semester. The purpose of the study was explained, an informed consent was signed by each participant, followed by distribution of questionnaire packets. The questionnaires were numbered sequentially in order to track the total number of participants while ensuring their anonymity. Students completed the questionnaires in twenty minutes and they were collected by the researcher.

Analyses

Descriptive statistical analysis was used to organize and summarize demographic information from the questionnaire, as well as the overall KOP scores. T-Test analysis was used to determine if there was a statistical significance in KOP scores between demographic ethnic subgroups: Filipino, all other combined Asian, as well as non-academic experience subgroups: no experience with older adults, all other experiences combined. Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Spearman-Brown split half reliability was used to determine reliability of the KOP tool for this study. The positive statements had a correlation coefficient of .60 and the negative statements had a correlation coefficient of .73.

Findings

Characteristics of the Subjects'

The age range of students was 21-50 years old with a mean age of 26.7. There were 80 female and 14 male students. The sample was ethnically diverse with 52 combined Asian (28 Filipino, 9 Vietnamese, 7 Chinese, 6 Asian Indian, 1 Korean, and 1 other); 17 White; 9 Hispanic; 3 African-American; 4 left this item blank; 6 declined; and 8 indicated other. Table 1 illustrates the demographic characteristics of the students.

Academic Experiences with Older Adults
More than 92% of the student’s exposure to older adults was in the hospital setting; followed by 53% in home care; 39% in public health; 29% in nurse managed centers; 29% in surgical care centers; 19% in the emergency room; 16% in clinics; 10% in board and care homes; and 5% indicated other. Table 2 illustrates the students’ academic experiences with older adults. Students were allowed to check all areas they had experiences with older adults, thus the results will exceed 100%.

Non-Academic Experiences with Older Adults

Statistics conducted on where students had experiences with older adults outside the academic arena showed 44% were caregivers for a grandparent; 17% were through previous employment; 14% were caregivers for a non-relative; 13% were caregivers for a parent; 12% were employed as a certified nursing assistant; 9% were caregivers for other relatives; 9% indicated other; and 27% had no experience with older adults in a non-academic setting. Table 3 illustrates the student’s non-academic experiences with older adults. Again, participants were allowed to check all areas they had experiences with older adults.

KOP Findings

Statistics were conducted on overall KOP mean scores between ethnic subgroups Filipino and all other combined Asian because these two ethnic groups were the majority of the sample. These statistics showed very similar KOP mean scores between these two groups, indicating a very homogenous group. Furthermore, T-Test analysis showed no significant difference in the KOP mean scores between the two groups. Table 4 illustrates the overall KOP score between Filipino and combined Asian.

Statistics were also conducted on overall KOP mean scores of non-academic experience subgroups: no experience with older adults, all other experiences combined. Although the KOP
Factors Affecting

mean scores were somewhat different, analysis determined there was no statistical difference between these two groups. T-Test analysis also showed no significant difference between these two groups. Table 5 illustrates the overall KOP scores of non-academic experience subgroups.

Results

Demographic information shows the sample was very young, with nearly 70% of the sample between the ages of 21-26 years. The majority of the sample was female. More than 55% of the sample was Asian. African-American was the smallest ethnic group in this study, representing only 3% of the sample size. This was a surprise as the Hispanic population is the smallest ethnic group in the nursing program of the university where the study took place.

The majority of students experience with older adults was in the hospital setting (93%), followed by home care (53%); public health (39%); and nurse managed centers (30%). This illustrates students had exposure to older adults in a variety of settings.

The most common non-academic experience with older adults was caregivers for a grandparent (43%); followed by students who had no experience with older adults at all in a non-academic setting (26%). The high percentage of students who lacked experience with older adults in a non-academic setting may be the student’s young age.

Discussion

The majority of students in this study were very young. Literature shows, the older the nursing student the more positive their attitude towards older adults (Soderhamn et al., 2001). Therefore, the students’ age, and lack of non-academic experiences with older adults may have influenced their attitudes towards this population.

Students had a good variety of academic experiences with older adults in this study. Literature has shown students have a more positive attitude toward older adults when they have been
Factors Affecting exposed to older adults in a variety of clinical settings (Fox & Wold, 1996). Additionally, positive role modeling of faculty can affect nursing student’s experiences in a positive manner and thus enhance their attitudes towards older adults (Sheffler, 1998).

Literature shows when students have specific gerontology courses their attitudes towards older adults are more positive (Ryan & McCauley, 2004). Students in this sample had gerontology content threaded throughout their curriculum. KOP scores were lower in this study compared to previous studies (Punetese & Cayer, 2001; Ryan & McCauley, 2004; Sheffler, 1998). Additionally, overall KOP mean scores in the academic and non-academic experiences were very similar, showing a very homogenous sample. This might suggest having gerontological content threaded in a nursing curriculum does not educate nursing students regarding older adults and their specific health care needs as adequately as specialized gerontology courses might. Further studies should be conducted comparing students attitudes toward older adults with students who take specific gerontology courses and students who only have gerontological content threaded throughout a curriculum to determine if one group has more positive attitudes than another.

Limitations

The first limitation of this study is it used a convenience sample of senior, pre-licensed, baccalaureate nursing students. Therefore, its results are only applicable to this kind of sample and cannot be generalized.

The second limitation of this study was the researcher developed questionnaire. Data collection showed students had a variety of clinical experience with older adults. Due to the way the question was asked group means were not mutually exclusive when addressing academic and non-academic experiences. This limited the ability to apply comparative statistic analysis to
answers within a specific question. A second question requiring the student to pick the single most appropriate choice may have been warranted.

In conclusion, more studies need to be conducted on the topic of gerontology. Positive role models are needed in the gerontology specialty of nursing, especially faculty who have positive attitudes about caring for older adults. Additionally, faculty with positive attitudes towards older adults should be teaching focused gerontological content. For example, in a life-span theory course, an educator with a positive attitude towards older adults and higher education pertaining to this population should instruct the gerontological component of the course. Faculty’s positive attitude towards older adults and expert knowledge may have a positive influence on student’s attitudes, thus enticing students to value and learn about working with this population.

It is recommended that this study be repeated at a later date with the changes noted previously in this paper.
References


### Table 1

**Student Demographic Characteristics: Age, Gender, and Ethnicity (N= 94)**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Subjects</th>
<th>Percentage of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-23</td>
<td>36</td>
<td>38.3</td>
</tr>
<tr>
<td>24-26</td>
<td>29</td>
<td>30.8</td>
</tr>
<tr>
<td>27-30</td>
<td>12</td>
<td>12.8</td>
</tr>
<tr>
<td>31-40</td>
<td>12</td>
<td>12.8</td>
</tr>
<tr>
<td>41-50</td>
<td>5</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>80</td>
<td>85.1</td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>14.9</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>17</td>
<td>18.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9</td>
<td>9.6</td>
</tr>
<tr>
<td>African-American</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Combined Asian</td>
<td>52</td>
<td>55.3</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Declined</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>8.5</td>
</tr>
</tbody>
</table>
### Appendix B

Table 2

**Students Academic Experiences with Older Adults (N= 94) *  **

<table>
<thead>
<tr>
<th>Clinical Setting</th>
<th>Number of Subjects</th>
<th>Percentage of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>87</td>
<td>92.6</td>
</tr>
<tr>
<td>Home Care</td>
<td>50</td>
<td>53.2</td>
</tr>
<tr>
<td>Public Health</td>
<td>37</td>
<td>39.4</td>
</tr>
<tr>
<td>Nurse Managed Centers</td>
<td>28</td>
<td>29.8</td>
</tr>
<tr>
<td>Surgical Care Center</td>
<td>28</td>
<td>29.8</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>18</td>
<td>19.1</td>
</tr>
<tr>
<td>Clinic</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Board and Care Home</td>
<td>10</td>
<td>10.6</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5.3</td>
</tr>
</tbody>
</table>

* Students were allowed to check all that applied; therefore results will total more than 100%
Appendix C

Table 3

Students Non-Academic Experiences with Older Adults (N=94) *

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of Subjects</th>
<th>Percentage of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver for grandparent</td>
<td>41</td>
<td>43.6</td>
</tr>
<tr>
<td>Previous employment</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Caregiver for non-relative</td>
<td>13</td>
<td>13.8</td>
</tr>
<tr>
<td>Caregiver for parent</td>
<td>12</td>
<td>12.8</td>
</tr>
<tr>
<td>Employed as CNA</td>
<td>11</td>
<td>11.7</td>
</tr>
<tr>
<td>Caregiver for other relative</td>
<td>8</td>
<td>8.5</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>9.6</td>
</tr>
<tr>
<td>None</td>
<td>25</td>
<td>26.5</td>
</tr>
</tbody>
</table>

* Students were allowed to check all that applied; therefore the total will exceed 100%
### Table 4

**Overall KOP score between Filipino and Combined Asian**

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filipino</td>
<td>28</td>
<td>133.25</td>
<td>11.55</td>
</tr>
<tr>
<td>Combined Asian</td>
<td>23</td>
<td>132.87</td>
<td>11.75</td>
</tr>
</tbody>
</table>

* T-Test showed no significant difference between these two groups
### Table 5

KOP scores between No Experience with Older Adults and All Other Experiences Combined *

<table>
<thead>
<tr>
<th>Experience</th>
<th>Number of Subjects</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Experience</td>
<td>23</td>
<td>131.87</td>
<td>11.15</td>
</tr>
<tr>
<td>All Other Experiences</td>
<td>62</td>
<td>135.16</td>
<td>11.56</td>
</tr>
</tbody>
</table>

* T-Test showed no significant difference between these two groups