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ATTITUDES TOWARD THE ELDERLY:

A CASE STUDY OF NURSING STUDENTS' ATTITUDES

This thesis is submitted in fulfilment of the requirements
for the degree of Doctor of Philosophy.

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ABSTRACT

As the proportion of older people in the Australian population increases, there is a burgeoning demand for health care and nursing services for the elderly. Since the quality of care may be influenced by the attitudes of providers, it is imperative that the education of nurses for professional registration and practice should promote the development of positive attitudes toward the elderly. A case study of nursing students' attitudes toward the elderly is reported in this thesis. A multiple-method research design was used to investigate the nature of attitudes held by a cohort of nursing students enrolled in a three-year, pre-registration course, and identify changes in their attitudes during the first two years of their education. It also evaluated the impact of course experiences designed to promote positive attitudes. Using a Likert attitude-measurement instrument developed for this study, attitudes were measured on entry to the course and again after course experiences concerning ageing and the elderly. Psychometric properties of the attitude instrument and all stages of its development are reported. The impact of course experiences and the students' career interest in aged-care were studied by means of a survey questionnaire. Field research including focus group interviews, documentary evidence and participant observation was used to further explore attitudes and the impact of course experiences among a sub-group of participants. The findings from each component of the research design were then integrated to form a comprehensive view of nursing students' attitudes toward the elderly.

The integrated findings from the three research components of the case study reveal the complex nature of nursing students' attitudes toward the elderly. Various dimensions of students' attitudes before and after course experiences are reflected in themes in the integrated findings; these include: images of elderly people, understanding elderly people, relating to elderly people, identifying with the state of being elderly, feelings and attitudes, and caring for elderly people. Several issues emerging from the themes highlight the complexity of attitudes. These issues, including career interest in aged care, learning to care for elderly people, wellness and dependence, the semantics of *old* and *elderly*, and a frame of reference for developing attitudes toward elderly people, represent salient points in nursing students' constructions of attitudes toward the elderly. Findings indicate that attitudes toward elderly people in general are constructed differently to attitudes toward other concepts of elderly people relevant to nursing practice. Findings also reveal that while students generally hold positive attitudes toward the elderly, they have little interest in working in aged care as registered nurses. Implications of these findings for nursing education, practice and research are discussed.

Editorial Note

The case study reported in this thesis is the second part of a two-stage study of nursing students' attitudes toward the elderly. The first part entailed development of the attitude measurement instrument (Wood, 1994) that was applied in this case study. Due to circumstances unforeseen at the outset of this study, there has been a delay in the completion of this research report. Methodological discussion therefore refers to issues and literature topical in the early 1990s as the study was implemented.

DECLARATION

This thesis contains no material which has been submitted for examination in any other course or accepted for the award of any other degree or diploma in any university and, to the best of my knowledge, contains no material previously published or written by another person, except when due reference is made in the text.

ETHICS APPROVAL

This research reported in this thesis is the second part of a two-stage study that commenced before the ethical review procedures for research degrees at Monash University were established. Ethical approval was, however, granted by the ethics committee of the institution granting access to the study subjects. Details are provided in Chapter 4.

Beverley A. Wood. [redacted] 23rd March, 2001.

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CHAPTER 1
INTRODUCTION AND BACKGROUND

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The case study reported in this thesis is focussed upon the nature of nursing students' attitudes toward elderly people and the impact of pre-registration course experiences on those attitudes. Registered nurses have a major role in providing health care for elderly people, and for the long-term care of those who have become frail or dependent on others for assistance with the essential activities of daily life. It follows that pre-registration education should assist students to develop the requisite professional knowledge and skills for such roles, and promote the development of positive attitudes toward the elderly.

While the need for positive attitudes toward elderly people is recognised in health and community service disciplines, the disturbing reality is that negative attitudes are widely held in society. Such attitudes are reflected in negative stereotypes about elderly people and discrimination against them on the basis of age or characteristics associated with ageing (Palmore, 1990; Sax, 1993). This phenomenon, known as *ageism*, has significantly influenced public policy and services for the aged and permeates the health professions (Rowland, 1991). If one accepts the premise of the attitude research literature that attitudes do in some way influence behaviour or behavioural intention (for example, Rokeach, 1968; Fishbein & Ajzen, 1975; Ajzen, 1993), then negative social attitudes may indeed adversely influence the behaviour of the very people charged with responsibility for the professional care of elderly people in need. Although this possibility is a concern to all health professions, it is of particular concern for the nursing profession; while health care for the frail and dependent elderly is provided by a multi-disciplinary team, it is nursing that facilitates continuity of care and provides intimate personal care. Indeed if, as predicted in demographic projections (Rowland, 1991; Sax, 1993), the number of elderly people seeking health care increases over forthcoming decades then the nursing profession will become increasingly concerned with aged care.

An essential goal for nurse educators involved in the preparation of students for professional practice is, therefore, the development in nursing students of positive attitudes toward the elderly. Given that the influence of information and experience in shaping attitudes is well documented in the attitude research literature (for example Ajzen & Fishbein, 1980; Ajzen, 1993), then the selection of appropriate learning strategies and
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the evaluation of experiences is important. Although the relevant literature indicates considerable interest in the area, research into nursing students' attitudes toward the elderly and the impact of educational experiences on those attitudes has to date yielded inconsistent findings and the need for further studies has been identified (for example, Ingham & Fielding, 1985; Slevin, 1991; Lookinland & Anson, 1995).

This case study was designed to investigate the attitudes toward the elderly held by a cohort of undergraduate students enrolled in a three-year, pre-registration nursing course, and identify changes in their attitudes during the first two years of their education. A multiple-method design was used to explore the nature of attitudes and evaluate the impact of course experiences designed to promote positive attitudes. Using a Likert attitude instrument, attitudes were measured on entry to the course and again after course experiences concerning ageing and the elderly. The impact of these experiences and the students' career interest in aged-care were studied by means of a survey questionnaire. Field research including focus group interviews, documentary evidence and participant observation was used to further explore attitudes and the impact of course experiences among a sub-group of participants. The findings from each component of the research design were then integrated to form a multi-faceted view of nursing students' attitudes toward the elderly.

The multidimensional Likert instrument used to measure attitudes toward the elderly was developed for this case study and subjected to a pilot study in a nursing education context (Wood, 1994). Final testing and refinement of the instrument formed the first stage of this study; all stages of development are reported in a later chapter. In the remainder of this chapter[1], background for the study is provided in further discussion of social attitudes toward the aged, the elderly in the context of health care, and the purpose and context of the research. First, the structure of the remainder of this thesis is outlined.

In Chapter 2, theoretical background to the study is provided through discussion of the concepts of attitude, attitude change and approaches to attitude research. Studies of nurses' attitudes toward the elderly are reviewed in Chapter 3 and selected attitude measurement instruments are critically assessed. In Chapter 4, the study purpose and context are elaborated and the research questions elucidated; methodological discussion is then presented before the research design is detailed.

[1] Sections of this chapter expand upon discussion contained in the report of the attitude instrument development (Wood, 1994).

Chapter 5 begins with a description of procedures for development of a multidimensional Likert instrument for the measurement of attitudes. Development of the attitude instrument is then reported and its psychometric properties described. In the following three chapters research findings for each of the three design components are presented: attitude measurement findings in Chapter 6; field research findings in Chapter 7; and survey findings in Chapter 8. The discussion in Chapter 9 draws together the findings from the three design components to present an integrated view of nursing students' attitudes toward the elderly. Chapter 10 concludes the case study report with a brief methodological critique and a discussion of the implications of the research findings for nursing practice, education and research.

BACKGROUND

While providing health care services, attitudes of administrators and health professionals can influence health policies and care quality affecting various groups, in particular such marginalised and stigmatised groups as the elderly. Indeed, Picton (1991) and Rowland (1991) argue that age discrimination has for decades negatively influenced public policy and direct care provision, as well as health education relating to the elderly population (Rowland, 1991). Reports of inadequate care of elderly people are well-documented (for example, Russell, 1981; Buckelew, 1982; Rowland, 1991; Sax, 1993; Editorial, The Lancet, 1993) and graphically described from the personal perspective by Newton (1979).

Since 1980 there has been a conscious effort in Australia to address these inequities as evidenced by a number of Government inquiries into aged-care needs and services, the establishment in 1985 of an Office for the Aged within the Commonwealth Department of Community Services and Health, and the implementation of major reforms (Kendig, 1990; Rowland, 1991; Sax, 1993). As efforts to improve aged care occurred in Australia and other Western countries, the concurrent research literature reflected increasing interest in both ageism and the attitudes of health professionals toward the elderly. Before considering these issues it is necessary to clarify the term *elderly*.

ELDERLY DEFINED

The terms *aged* and *elderly* are taken synonymously to refer to individuals over 65 years of age, the usual age of retirement and the arbitrary age differentiating the middle-aged from the elderly adult years of the life span (Turner & Helms, 1987). The

age of 65 also serves as a marker for social organisation and the allocation of public resources, but it is considered an unreliable indicator of individual need and capacity (Kendig, 1990; Rowland, 1991; Sax, 1993). Indeed, in most Western societies, the age of 75 years is considered a more realistic marker of physical and mental changes due to ageing (Rowland, 1991). The unsuitability of the earlier marker has given rise to another age-group classification: People aged 65-75 years are described as *young-old*, those aged 75-84 years as *old-old*, and those aged 85 or more years are known as *oldest-old* (Rowland, 1991). In more recent literature these terms are also rejected in favour of nomenclature that reflects the life stages following growth and maturity: *the third age* represents an active period of personal fulfilment often beginning with retirement while *the fourth age* is a variable period of final dependence (Family and Community Development Committee, 1997). While terminology varies in academic and policy literature, terms in more general use also vary. According to Nolan (1994), the terms *older people* and *older persons* are now favoured over reference to *elderly*, however the terms *elderly people* and *the elderly* (at the risk of implying homogeneity) are used throughout this report.

The use of chronological age to define who is old, argue Picton (1991) and Rowland (1991), has tended to reinforce the view of elderly people as a separate group rather than as productive individuals. According to Picton (1991) the arbitrary age of 65 is not relevant for many and the abrupt socially-expected role changes may have negative consequences for both the individual and society. Indeed Rowland (1991, p.8) observes that "labelling people as 'old' creates negative connotations of dependency which strengthen the stereotype of older people as a problem group". Such perceptions contribute to negative social attitudes toward elderly people.

SOCIAL ATTITUDES AND THE ELDERLY

Negative social attitudes toward the elderly are not new in Western societies. Hopkins (1980, p.65) describes a phenomenon of steadily increasing *gerontophobia* over the past two centuries leading to decline in the status of the elderly to a minority group and the emergence of a youth-oriented society. Marginalisation of the elderly in Australia was noted in the late nineteenth century (Davison, 1993) and became more pronounced with the onset of the youth culture in the 1960s (Jones, 1992). Robert Butler (1969, p.243) used the term *age-ism* to denote prejudice against people on the basis of

age or age-related characteristics, describing it as "another form of bigotry" akin to racism.

While Palmore (1990) notes that ageism may be positive or negative and apply to any age group, it is generally used to describe attitudes which separate the aged as a stigmatised group. Ageist attitudes are reflected in negative myths and stereotypes about older people. Although stereotypes do have some similarity to reality for a small portion of the elderly population (Picton, 1991), they are damaging in that they tend to exaggerate the negative aspects of reality and apply them without question to all elderly people. Common stereotypes represent elderly people as miserable, unpleasant, unhealthy, ineffective workers, isolated or lonely, and senile or demented. Others suggest that the mental capacities of the elderly are characterised by impaired judgement and problem-solving skills, lapses of memory, periods of confusion and reduced learning capacity as well as rigid, slow thinking (Kogan, 1961; Hendricks & Hendricks, 1978; Palmore, 1990; Picton, 1991).

Along with stereotypes, myths perpetuated about the elderly lead to the formation of discriminatory beliefs and attitudes. According to Radford (1987) these include notions that the elderly are unproductive and make no useful contribution to society, are resistant to change, and have not or should not have sexual needs. Other myths identified by Radford imply that elderly people are all sick or disabled and will require long-term nursing care, and are all alike; a homogeneous group. All myths and stereotypes depersonalise elderly people, but this final myth is perhaps the most damaging overall as it results in group treatment of elderly people and failure to recognise individual strengths and needs. While negative stereotypes have been largely discredited in academic literature (Rowland, 1991), public ageist attitudes persist and the subtleties of the homogeneity myth continue to influence policies and services for the aged. Indeed, Rowland (1991, pp. 10-11) signals the emergence of "a new mythology...driven largely by economic imperatives", a concern echoed in later literature. Stevens (1999) argues that a connection between ageism and economic rationalism further threatens resources for care of elderly people in both acute and long-term care settings.

Since the 1960s, negative attitudes and stereotypic beliefs have been recognised as impediments to effective treatment and care of elderly people (for example, Coe, 1967). Ageism was also identified as major factor militating against the development of specialist curricula and practice in aged care (Levenson, 1981, Butler, 1981). Nursing scholars in Australia and elsewhere have highlighted the impact of ageist attitudes on

nursing practice in aged care (for example, Fielding, 1986; Gibb, 1990; Nolan, 1994; Stevens & Crouch, 1995). The pervasive nature of ageism thus remains an issue as increasing numbers of elderly people require health services and nursing care.

THE ELDERLY AND HEALTH CARE

Notwithstanding the myths and stereotypes of ageism, the present reality for Australian society is that most elderly people are healthy, independent and make a useful contribution to society. It is also true, however, that the incidence of health problems rises with advancing years, particularly after the age of 75 (Rowland, 1991). As a consequence of the increase in life expectancy that occurred during the twentieth century, the population aged over 75 is expected to increase steadily over forthcoming decades. Life expectancy at birth now stands at 81 years for females and 75 years for males and by 2051 is expected to increase to 86 for females and 81 for males (Australian Bureau of Statistics, 1997).

Changes in life expectancy and various population variables including immigration and birth rates have produced a demographic projection characterised by a steady increase in the proportion of elderly in the population. In 1995, of the total Australian population of 18.1 million, 2.2 million (11.9%) were aged over 65 years. It is estimated that by the year 2021 the population aged over 65 will increase to 4.1 million comprising 17.5% of the population, and by the year 2051 will comprise approximately 23% of the population (Australian Bureau of Statistics, 1996).

The demographic patterns outlined above and the fact that advancing years are accompanied by a greater incidence of ill health, imply that increasing numbers of elderly persons will require health care in the near future. Although life expectancy has increased, this increase does not necessarily reflect the health status of the population. The lower mortality rate has not been accompanied by lower morbidity (incidence of illness), rather, longer life has extended the duration of chronic illness, particularly among the population aged over 75 years (Rowland, 1991; Sax, 1993).

The apparent increasing demand for health care services for the aged points to the obvious need for appropriate health policy, as well as the need to ensure that health professionals are adequately and appropriately prepared for care of elderly people, in particular those who are frail or dependent (Picton, 1991; Rowland, 1991; Shaw, 1991; Nolan, 1994). According to Rowland (1991) until the 1980s ageist attitudes in Australia tended to direct aged-care policy towards subsistence and custodial care rather than to

integration and personal autonomy. Furthermore, ageist views maintained an emphasis on *cure* rather than *care* in the education of health professionals with the result that graduates were inadequately prepared for, and generally lacked interest in, the long-term care of the elderly. However, expert guidance in aged care was not widely available in Australia until the 1980s. Specialisation in geriatric medicine did not become established until the 1960s (Sax, 1994) and geriatric nursing emerged as a specialty only in the 1970s (Bryan, 1981).

As noted earlier, many positive developments in aged care have occurred since 1980. Implementation of major policy reforms in Australia has resulted in improved services, particularly in nursing homes and other residential-care facilities for the long-term care of dependent elderly people (Sax, 1994; Clare, De Bellis & Jarrett, 1997), and similar developments have occurred in other Western countries. Centres for research in gerontology (the study of all aspects of ageing) have been established and specialist practice in medicine and nursing is now well developed.

Nursing Elderly People

Care of the elderly has long been the domain of nursing practice. Aged-care nursing developed as a consequence of the institutionalisation of elderly people suffering increasing frailty and dependence toward the end of life (Ford, 1979; Stevens, 1995). Nurses were and remain the primary carers of institutionalised elderly people. However, nursing practice was for decades characterised by a custodial-care approach consistent with the focus of the institutions of the time. While the disciplines of gerontology and geriatric medicine developed rapidly in the 1960s and 1970s in response to social change and the obvious need for improvement in aged-care policy and practice, nursing was somewhat slower to respond (Hardy, 1981). Prevailing negative social attitudes toward elderly people and the attendant low status of aged care within the profession stultified early efforts to develop specialist nursing practice (Bryan, 1981; Cheah & Moon, 1993). After considering the influence of attitudes on the emergence of geriatric nursing in Australia, Hardy (1981) concluded that

> Nurses in the geriatric field in long term care facilities and community services are enveloped by historical ambivalence toward the elderly frail, arising from both external societal and internal professional beliefs and myths.

Despite factors militating against its growth, nurses with commitment to improving the care of elderly people advanced the development of specialist nursing

practice. Geriatric nursing emerged as a specialisation in the United Kingdom and North America in the 1960s (Gunter & Miller, 1977; Nolan, 1994) and a little later in Australia as noted earlier. Initially nursing was influenced by geriatric medicine practising within a "disease-oriented medical model" (Bryan, 1981, p.665), but quickly moved to a more holistic approach embracing the broader social perspectives of gerontology (Gunter & Miller, 1977; Knowles, 1983). The specialisation was then entitled *gerontological nursing*, but more recently, the term *gerontic nursing* has been widely adopted. The term *gerontic nursing* is used throughout the remainder of this report.

As gerontic nursing evolved so too did education in the specialty. Post registration courses and in-service training provided education for nurses working in the field (Bryan, 1981) and postgraduate programs developed (Davis, 1991). However, some North American Masters degree programs in gerontic nursing became nonviable due to low interest in the specialty (Davis, 1991; Newbern, Barba, Courts & Kennedy-Malone, 1994). In a survey of staff at 200 Australian nursing homes, Pearson, Hocking, Mott and Rigg (1993) found that only 6% of registered nurses were qualified in gerontic nursing. More recent literature (Nay & Closs, 1999) indicates little change; few nurses working in the field have completed a post-registration qualification in the specialty.

Education in gerontic nursing is required for practice not only in aged-care facilities, but also for acute care hospitals, community health centres and other facilities where elderly people require nursing care. The importance of pre-registration education in gerontic nursing is obvious and is well-documented (Edel, 1986; Philipose, Tate & Jacobs, 1991). Despite the urging of numerous writers (among them Tollet & Adamson, 1982; Tappen & Brower, 1985; Edel, 1986; Spier & Yurick, 1989; Hogstel, 1990; Nelson, 1992; Earthy, 1993; Newbern et al., 1994), the amount and focus of gerontic content in undergraduate curricula remains variable both in Australia and elsewhere. Difficulties in advancing undergraduate gerontic content appear to relate to a perennial shortage of faculty with specialist preparation (Edel, 1986; Hanson & Waters, 1991; Philipose et al., 1991). It is further argued in the literature that inconsistencies among curricula, and the paucity of gerontic qualifications among both nurses practising in the field and faculty teaching at undergraduate and postgraduate levels, may be attributed to lack of interest in aged care consequent to ageist attitudes (Newbern et al., 1994; Stevens, 1995).

The provision of quality care for elderly people remains a challenge for the nursing profession. While enormous progress has been made in Australia and elsewhere,

new issues surrounding policies, funding and staffing challenge continued development (Courtney & Price, 1999; Nay & Closs, 1999). The pervasive influence of ageism also remains an issue in nursing practice and education (Newbern et al., 1994; Stevens, 1995; McMinn, 1996). More recent literature examining nurses' attitudes toward the elderly and the implications for nursing practice and education (for example Stevens & Herbert, 1997; Stevens & Crouch, 1998; Courtney, Tong & Walsh, 2000) indicates a need for further research in this field.

THE CASE STUDY: PURPOSE AND CONTEXT

The case study reported in this thesis evolved from recognition of a need to promote positive attitudes toward the elderly among pre-registration nursing students. Given the well documented phenomenon of ageism in wider society and the reported low level of interest in the field of aged care among nursing students, educators at a metropolitan Melbourne university School of Nursing devised an educational activity designed to promote more positive attitudes toward the elderly. The activity prompted students to explore both the misconceptions and the realities of ageing through library and field research, and interaction with well elderly people in the community. This *well-elderly field study*, together with classroom lectures and clinical experience where students engaged in the direct care of frail elderly people in long-term care settings, comprised a first-year unit of study on ageing and the elderly.

The author was involved in teaching in the first-year program as the *well-elderly field study* was implemented and became interested in the question of whether the well-elderly field study did in fact favourably influence students' attitudes toward the elderly. This question initiated the development of both this case study and the attitude instrument development study (Wood, 1994) noted earlier. Although initially teaching in the first-year program, the author had no involvement during the years in which the case-study data were collected.

While a comprehensive search of the literature revealed considerable interest in attitudes toward the elderly held by nurses and other health professionals, it also indicated a need for further research into the nature of these attitudes and factors affecting them. Deeper exploration of the attitude concept and strategies used to investigate attitudes generated research questions about nursing students' attitudes toward the elderly in the context of educational experiences. It also revealed the need to develop an attitude measurement instrument suitable for use in such a context. The initial development and

pilot study of the attitude instrument (Wood, 1994) formed the first stage of a comprehensive study. Final refinement of the instrument later took place in this second stage; a case study of nursing students' attitudes toward the elderly.

The purpose of the case study was, therefore, to explore the nature of nursing students' attitudes toward the elderly and the impact of course experiences on those attitudes in order to inform future educational preparation for professional practice. The study focussed on a cohort of 206 undergraduate nursing students in the context of their educational experiences concerning ageing and the elderly (outlined above) during the first two years of a three-year pre-registration course. Attitudes were investigated before, during and after relevant course experiences using attitude scales and a survey questionnaire to assess attitudes of the entire cohort, and field research methods for qualitative exploration of the attitudes of a sub-group of participants. The research questions and details of the study context and research design are provided in Chapter 4. Foundations for the study are provided in a discussion of attitude theory and research methods in the next chapter and a review of research into attitudes toward the elderly presented in Chapter 3.

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CHAPTER 2
ATTITUDE THEORY AND RESEARCH

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The field of attitude theory involves study of conceptualisations of attitude and the relationship of attitude to behaviour, as well as the processes of attitude development and change. In this chapter, theoretical background for the case study is provided through discussion of attitude theory and approaches to attitude research[1]. Prominent definitions and conceptualisations of attitude and the attitude-behaviour relationship are discussed before selected theories of attitude change are outlined. Finally, strategies for both measurement and qualitative investigation of attitudes are considered.

ATTITUDE THEORY

Attitude, attitude change, and the relationship of attitude to behaviour have long been a focus of theoretical and research interest in the social and psychological sciences as well as in many applied disciplines including education and health sciences. Research over the last century has produced an extensive body of literature. While it is not possible in this document to represent adequately this vast literature, the following discussion considers development of the attitude concept and outlines selected theories relevant to this research.

THE CONCEPT OF ATTITUDE

Numerous definitions and theories of attitude have been developed, many of which remain in contemporary literature. It is generally agreed that the distinguishing feature of attitude is its evaluative or affective nature (Fishbein & Ajzen, 1975; Mueller, 1986; Ajzen, 1993). According to Edelmann, (1996, p.215) "attitudes are about what is liked and disliked". Mueller (1986) argues that attitude is best described as an individual's evaluation of a psychological object, while Ajzen (1993, p.41) defines attitude as:

> an individual's disposition to react with a certain degree of favorableness or unfavorableness to and object, behavior, person, institution, or event – or to any other discriminable aspect of the individual's world.

[1] This chapter expands on an earlier discussion contained in the report of the pilot study of the attitude instrument used in this study (Wood, 1994).
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In considering different perspectives of attitude, it is useful to review briefly development of the concept over the last century. Indeed, many early developments in attitude theory and research methods remain in use.

Historically, the term *attitude* had two meanings reflecting different concepts: *mental attitudes*, a mental state of readiness for action, and *motor attitudes*, a person's physical posture (Allport, 1954/1966). By the early twentieth century, definitions embraced both concepts reflecting "a mental aptness and a motor set" (Allport, 1954/1966, p.16) and *attitude* emerged as the central concept in the discipline of social psychology. In 1918, Thomas and Znaniecki were the first to use the concept of attitude to explain social behaviour in their classic study, *The Polish Peasant in Europe and America* (Ajzen & Fishbein, 1980).

Thomas and Znaniecki (1918/1974) studied family and social organisation among Polish peasants, both in their native Poland and following emigration to North America, with a particular focus on attitudes as they affect family and social relations. They asserted that social inquiry involves the study of two interdependent concepts: *social values* or "objective cultural elements of social life", and *attitudes* or " the subjective characteristics of the members of the social group" (Thomas & Znaniecki, 1918/1974, p.20). They described *social value* as an object with meaning to the social group, for example social class, religion, roles or groups of people; and *attitude* as "a tendency to react, either positively or negatively, to a given social value" (p.24) which may be manifest either as actions or in rules regulating group behaviour. Thomas and Znaniecki thus identified the evaluative nature of attitudes and that they may be manifest in individual or group behaviour.

The evaluative dimension of attitude was reflected in subsequent definitions and approaches to research. Thurstone (1931, p.261) defined attitude as "affect for or against a psychological object" and developed techniques for measuring attitude based on the concept of attitude being measurable on a linear continuum. An individual's responses to a set of statements about a specific attitude object provided an index of attitude along a favourable-unfavourable continuum (Thurstone 1928; 1931). Attitudes were thus conceptualised as a unidimensional concept measurable on a bipolar scale.

After an extensive review of existing literature in 1935, Allport confirmed a generally accepted unidimensional view that attitudes were evaluative in nature and mediated the individual's propensity to respond to a given object or situation. He proposed a definition of attitude widely accepted for many years:

> An attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related (Allport, 1935, p.810).

Despite indicating a link between attitude and behaviour in the definition, Allport noted that a consistent relationship had not been demonstrated. Indeed, Thurstone (1928) earlier noted the complexity of attitudes stating that a measurement scale could reflect only one aspect of attitude and would not necessarily predict behaviour.

While a unidimensional model of attitudes endured, mulitidimensional or component theories were developed in further attempts to explain the nature of attitudes and their relationship to behaviour. In *component* theories, attitudes consist of cognitive and behavioural or conative as well as evaluative dimensions (Severy, 1974; Ajzen & Fishbein, 1980). In one such theory, Rosenberg and Hovland (1960) describe a model of attitude in which the cognitive, behavioural and affective dimensions each mediate corresponding responses to a psychological object, for example expressions of belief, overt behaviour and expressions of affect respectively.

Another component theorist is Rokeach (1968, p.450) who defines attitude as "a relatively enduring organization of beliefs around an object or situation predisposing one to respond in some preferential manner". Rokeach states that beliefs, which may be conscious or unconscious, are propositions held by an individual about an object or situation. Each belief comprises three interactive components; the cognitive consisting of knowledge, the affective being the positive or negative feelings elicited, and the behavioural being the predisposition to certain action in response to the object or situation.

The component theories advanced by Rosenberg and Hovland (1960) and Rokeach (1968) as well as many other writers became widely accepted and remain relevant in attitude research literature (for example Edelmann, 1996). While component theories assisted in understanding the complexity of attitudes, questions about the relationship to behaviour continued.

ATTITUDES AND BEHAVIOUR

It is not only the complexity of attitudes that has challenged researchers, but also the degree of consistency between attitude and behaviour. Many investigators report inconsistencies between expressed attitude and actual behaviour toward an object or

situation (Cook & Selltiz 1964/1966; Ajzen & Fishbein, 1980; Mueller, 1986; Seeman, 1993). In a now classic study, La Piere (1934) found a marked discrepancy between attitudes and behaviour. While investigating racial prejudice, La Piere travelled around the United States of America with a Chinese couple. Together they sought service at 251 hotels and restaurants and were refused only once on the basis of race. However, when La Piere later sent a questionnaire to managers of the hotels and restaurants asking whether Chinese clients would be accepted, 90% indicated that service would be refused. La Piere's research thus draws attention to the importance of the context in which attitude-related behaviour occurs.

Rokeach (1968) asserts that an attitude toward an object is activated to produce some type of response in the context of a situation. The situation itself, however, will activate the individual's attitude toward the situation as well as the object. It is therefore the interaction of these attitudes that predisposes the individual to respond in a certain way. Rokeach further suggests that not all behavioural predispositions of the beliefs comprising the attitudes will be activated in a given object-situation context. Thus he argues that attitudes toward objects cannot be studied independently of context and accordingly describes as unjustified, the conclusions to the effect of inconsistency between expressed attitude and behaviour drawn by some researchers.

Ajzen and Fishbein (1980) observe that several decades of attitude research produced little evidence that attitudes determine behaviour and question the assumption of a strong relationship between attitude and behaviour. They note that while attitude, initially considered a simple unidimensional concept, had been reconceptualised as a complex multi-dimensional concept, and research had shown evidence of a relationship between affective and cognitive components, there had been little development in the understanding of the behavioural or conative component.

In a brief historical outline of attempts to link affective and behavioural components, Fishbein (1967) notes that in 1935, Allport considered the unidimensional view of attitudes as oversimplified since studies had failed to predict behaviour and there existed evidence of qualitative differences in attitudes toward the same attitude object. Furthermore, in 1947 Doob suggested that since attitude was a learned predisposition to respond, then the attitude also had to be learned, reasoning that it was possible for persons with the same attitude to respond differently to the attitude object. Fishbein explains that Doob's views were not accepted and it was some time before research into the links between the affective and behavioural components advanced significantly.

By the mid-1960s Fishbein (1967, pp.478-479) described a conceptualisation of attitude that offered an alternative unidimensional view and provided a model of the relationship between attitude and behaviour. He defined attitude as in terms of the intensity of affect and argued that belief and behavioural intention were independent phenomena related to attitude, describing them as "determinants or consequents of an individual's attitude". He argued that beliefs and behavioural intention should be viewed as indicators of a person's attitude, but noted that most attitude measures usually only reflected the affective dimension.

In a later development of Fishbein's (1967) work, Fishbein and Ajzen (1975) contend that a person's attitude toward an object is based on a set of *salient beliefs* held about that particular object, and is related to the person's intentions to perform various behaviours in response to that object. Fishbein and Ajzen (1975) suggest that a person's attitude corresponds to the total affect associated with the set of salient beliefs. The elucidation of intention as compared with overt observable behaviour contributed significantly to the literature on attitudes.

Building on their earlier work, Ajzen and Fishbein (1980) describe a *Theory of Reasoned Action* explaining relationships among attitude, belief, intention and behaviour. This theory is based on the assumption that people usually make rational and considered decisions about their behaviour, hence the term *reasoned action*. According to the theory, *behaviour* is determined by *intentions* that in turn are informed by two factors, *attitudes* and *subjective norms*. *Attitude*, described as a personal factor, is defined as "the individual's positive or negative evaluation of performing the behaviour" while *subjective norm*, known as a social influence factor, is the individual's "perception of the social pressures...to perform or not perform the behaviour" (Ajzen & Fishbein, 1980, p.6).

The attitude concept in the *Theory of Reasoned Action* is focussed on attitude toward behaviour rather than a psychological object or target. Behaviour depends on the relative importance of attitudinal and normative factors in determining intention. Attitudes toward targets, while not integral to the theory, are regarded as external variables that influence the importance a person attaches to attitudinal (that is attitude toward behaviour) and normative beliefs. Thus, although these external variables may influence behaviour, "there is no necessary relation" to behaviour (Ajzen & Fishbein, 1980, p.9). The theory is concerned mainly with factors intervening between external variables and behaviour, that is attitudinal and normative factors. Nevertheless, understanding of behaviour is assisted by investigation of external variables including

attitudes toward targets. The *Theory of Reasoned Action* has been used as an analytical framework in a range of research and is useful in understanding attitude formation and change.

ATTITUDE FORMATION AND CHANGE

Allport (1935) described the development of attitudes during early life as a process of integrating and differentiating numerous actions and responses into organised patterns, particularly following intense experiences, and adopting attitudes by imitating others including parents and teachers. Since Allport's formulation there have been few longitudinal studies aimed at tracing the development of attitudes. Nevertheless, investigation has generated many theoretical perspectives of attitude formation and change. The numerous theories are also variously interpreted and classified, however, it is generally understood that processing of new information is a common factor (Ajzen & Fishbein, 1980; Ajzen, 1993). The following brief outline includes four groups of theories: expectancy-value theories, cognitive consistency theories, learning theories and personality theories (Smith, 1968; Fishbein & Ajzen, 1975).

Expectancy-value Theories

Expectancy value theories utilise an information-processing approach to explain links between belief, attitude and behaviour. Attitudes are based on beliefs that in turn influence behaviour; beliefs form and change according to information thus shaping attitudes (Ajzen, 1993). "According to expectancy-value models, beliefs and associated evaluations are the determinants of attitude" (Fishbein & Ajzen, 1975, p.50); behavioural choices are influenced by beliefs about the favourability of expected outcomes. Ajzen (1993) classifies the conceptions of attitude developed with Fishbein in 1975 and 1980 as expectancy-value models.

Cognitive Consistency Theories

Cognitive consistency theories centre upon the requirement of individuals to achieve cognitive consistency when confronted by differences between their attitude belief system and what is perceived in the environment. The most prominent among theories in this group is Festinger's (1957) *Theory of Cognitive Dissonance*. According to Festinger, dissonance among beliefs leads to psychological discomfort which motivates the individual to achieve consonance. In terms of attitudes, the theory suggests that

attitude change occurs as the individual receives new information pertaining to held beliefs and then adjusts new and pre-existing beliefs to achieve consonance (Fishbein & Ajzen, 1975).

Learning Theories

Learning theories view attitude change as an outcome of the processing of information and are based on the notion that a given stimulus becomes associated with a certain response. They include classic conditioning and reinforcement theories as well as concept formation theories. According to Fishbein and Ajzen (1975, p.27) "whenever a new concept is learned, an attitude toward the concept is acquired simultaneously". As new stimuli become associated with the concept, evaluative responses lead to attitude change.

Personality Theories

Personality theories seek to explain the ongoing internalisation of beliefs and attitudes in an individualistic sense; they include psychoanalytic theories and functional theories. Functional or type theories attempt to account for the way in which attitude functions within a person's personality (Insko, 1967; Smith, 1968). Attitudes are considered necessary to fulfil such psychological functions as ego-defence, self-esteem, organisation of knowledge and expression of values (Fishbein & Ajzen, 1975). A functional perspective of attitude change advanced by Kelman (1961/1966) emphasises the role of social influences.

Kelman's Processes of Social Influence

Kelman differentiates three processes that reflect the various levels at which individuals' belief systems and attitudes are modified by social influences

- *Compliance* occurs when the individual changes behaviour and expressed opinions in order to elicit a favourable response from another person or group. Private belief systems remain unchanged and the altered behaviour is dependent upon the presence of the other person or group.
- *Identification* occurs when the individual re-defines his or her own role by adopting attitudes and behaviour of another person. The role behaviour changes are important to the maintenance of the individual's self-image and are thus not dependent on the continued presence of the other person or group. However, the new beliefs and

attitudes tend not to be internally integrated and require the presence of the role situation to elicit the changed behaviours. The process of *identification* is of particular relevance to attitude research in occupational learning contexts. Kelman (1961/1966, p.153) states that "identification is exemplified by the more or less conscious efforts involved when an individual learns to play a desired occupational role and imitates an appropriate role model". In the process of developing a *professional identity*, the individual selects desired attitudes and behaviours from the role situation.

- *Internalisation* occurs when the social influences become thoroughly integrated into the individual's belief system, and changed behaviour is not dependent on the presence of the influences or role situations. New beliefs are adopted on rational grounds into the individual's belief system, thus modifying attitudes.

Like the theoretical perspectives of attitude change outlined earlier, the three processes of social influence cannot be considered as mutually exclusive, says Kelman (1961/1966). Rather, they each serve to explain the dominant features of different levels of attitude change within this model.

The brief outline of attitude formation and change indicates that beliefs are central to these processes. As beliefs form and change on the basis of received information, then an individual's attitudes change. Since beliefs are modified by new information, strategies for attitude change are directed to providing information. Fishbein and Ajzen (1975) discuss two major strategies designed to impact on belief systems: active participation and persuasive communication. *Active participation* exposes the individual to information and experiences relevant to the target attitude. Activities include interpersonal experiences, role-playing and compliance with expected behaviours. *Persuasive communication* involves the development and communication of persuasive messages in an effort to change behaviour by influencing attitudes.

The preceding discussion of different constructions of attitude, the relationship of attitude to behaviour, and perspectives of attitude formation and change provide both background for this study and a basis for considering approaches to attitude research.

APPROACHES TO ATTITUDE RESEARCH

Attitude is a psychological construct and cannot be directly observed or measured. Rather, the nature or magnitude of a specific attitude can only be inferred from observed behaviour or, in the case of quantitative measurement techniques, from responses to item statements deemed to reflect a given attitude dimension (Mueller, 1986). Indeed, a fundamental assumption of attitude measurement is that item statements are indirect indicators of an underlying attitude construct (DeVellis, 1991).

Approaches to research have been dominated by quantitative techniques, in particular measurement scales. Although there have been some notable studies using qualitative inquiry, for example Thomas and Znaniecki's (1918/1974) study mentioned earlier and the study of *Attitudes Under Conditions of Unemployment* by Jahoda, Lazarsfeld and Zeisel (1960/1966), the need for research methods other than measurement has been identified. Smith in 1968 (p.466) noted "the relative dearth of naturalistic descriptive studies" in the field of attitude research and, more recently, the need for development of qualitative approaches to inquiry into nurses' attitudes toward the elderly has been identified (Melanson & Downe-Wambolt, 1985; Slevin, 1991; Pursey & Luker, 1995).

Qualitative approaches may be used to obtain evidence of attitudes in naturalistic settings where the context is relevant to the attitude under investigation. Such methods as observation, interview and analysis of documents produced in everyday activities provide data from which attitudes may be inferred, for example expressions of beliefs and feelings as well as behavioural responses (Silverman, 1993). Qualitative methods are used in this study and are further discussed in Chapter 4.

Most of the literature on attitude research deals almost exclusively with approaches to attitude measurement. The following discussion outlines major measurement techniques, providing a background for the attitude measurement component of this study detailed in Chapters 4 and 5.

ATTITUDE MEASUREMENT

While theoretical constructions of attitude influence the planning and conduct of qualitative inquiry, they are of particular importance to the design of attitude measurement techniques. Researchers have devised various methods for measuring attitudes; most of these relate to the affective or evaluative component of attitude identified earlier, rather than the cognitive or behavioural components (Ajzen & Fishbein,

1980; Gable, 1986; Gable & Wolf, 1993). Measurement techniques include observations of behaviour and physiological measures, but paper and pencil instruments composed of items relating to dimensions of an attitude construct are most commonly used. Instruments include single-response measures and multiple-item scales. Single-response measures are single statements of affect, opinions, values or intentions from which attitude is inferred (Fishbein & Ajzen, 1975; Oppenheim, 1966, 1992); for example, researchers have used nurses' indications of career interest in aged care to draw inferences about their attitudes toward elderly people. Attitude scales, consisting of multiple items are discussed after further consideration of the attitude construct.

The Attitude Construct

As identified in the earlier discussion of attitude theory there exist two major theoretical models of attitudes, the unidimensional model and the multidimensional or component model. Attitude in the unidimensional model is defined as the extent of positive or negative affect toward an attitude object, while in a component model it consists of cognitive, behavioural and affective dimensions. Most attitude measurement techniques are unidimensional, measuring positive or negative feelings or affect for or against an attitude object (Ajzen & Fishbein, 1980; Mueller, 1986). These positive or negative feelings are further assumed to be bipolar opposites, measurable on a linear scale. This assumption has been questioned (Gardner, 1987, 1995) and is further discussed in a later chapter.

Dimensionality

The notion of dimensionality inherent in the theoretical models is an important issue in attitude measurement and requires clarification. *Dimensionality* may be considered as having two distinct meanings. Firstly, in relation to attitude theory, dimensionality characterises the theoretical orientations concerning the nature of attitudes noted above. Dimensionality in this sense thus refers to the concept of attitudes consisting of cognitive, affective and behavioural components. Secondly, in relation to attitude as a psychological construct, dimensionality refers to the concepts or dimensions comprising that construct and thus refers to the nature of the attitude object. For example, "attitude toward smoking" may be considered to consist of several dimensions such as pleasure, expense, health and social expectations. This second meaning of dimensionality is an essential consideration in attitude measurement scaling techniques.

Measurement of a given attitude requires conceptualisation of the construct to produce an operational definition amenable to measurement (Gable, 1986). The construct may indeed be conceptualised as unidimensional, that is, one dimension is seen to underpin the given attitude. All items on the measurement scale would therefore relate to the one dimension, thus forming a unidimensional scale and allowing item scores to be summed to provide a total score.

Alternatively, several dimensions may be seen to comprise attitude toward a given object. For example, attitude toward elderly people may be seen to include dimensions of personality, appearance and physical capacity. In this situation operational definitions are required for each unidimensional construct comprising the attitude, and the measurement scale would comprise three sets of items each measuring a different dimension. This multidimensional scale would generate separate scores for each conceptually distinct, albeit related, subscale.

Difficulties arise, however, when items reflecting a multidimensional attitude construct are treated conceptually and statistically as a unidimensional scale. According to Gardner (1975; 1995), it is not uncommon for researchers to fail to recognize that a construct is multidimensional and treat it as if it were unidimensional by writing a collection of items encompassing various ideas and then summing the item scores to produce a single total scale score. This not only conceptually confounds the various dimensions of the attitude, but statistically confounds data from separate subscales thus rendering research conclusions meaningless.

Essentially, sound attitude measurement requires elucidation of the theoretical constructs or dimensions comprising an attitude at the focus of inquiry (Gardner, 1975; 1995), together with rigorous psychometric analysis to assess scale reliability and validity. Dimensionality is an important characteristic of various types of measurement scales, some of which are outlined below. There do exist, however, many operational definitions of dimensionality, or more specifically unidimensionality, but further delineation is beyond the scope of this report. Scale dimensionality and procedures for scale development and psychometric analysis are discussed further in Chapter 5.

Attitude Measurement Scales

Attitude scales consist of a number of items, usually statements of affect, selected from a pool of items on the basis of properties demonstrated by scaling procedures. Responses to each of the scale items are used to generate a numerical score indicative of

the attitude dimension measured by that scale (Oppenheim, 1966, 1992). Several types of attitude scales are now briefly described; these include Thurstone scales, the Semantic Differential, Guttman scales and Likert summated rating scales, as well as the Rasch model and the repertory grid technique which have both been applied to attitude measurement.

Thurstone (1928, 1931) developed a scale of equal-appearing intervals comprising items selected by a complex rating procedure involving a panel of judges. The scale assumes a unidimensional orientation allowing for the measurement of only the evaluative aspect of the attitude in question. Although the Thurstone scale was an extremely important development in the history of attitude measurement, it is now rarely used because of its complex development procedures and difficulties in the analysis of scale dimensionality (McLaughlin & Marascuilo, 1990). However, the concept of calibrating items on the basis of coherent psychometric theory remains important and is applied in other techniques including the Rasch model outlined below.

The measurement technique developed by Rensis Likert (1932/1967) presented a significant development in attitude research. The Likert scale is a summated rating scale consisting of a number of attitude statements requiring a response to a five-point scale ranging from strongly agree to strongly disagree. Although the Likert scale is unidimensional, instrument structure allows for a number of subscales and thus permits measurement of a number of dimensions of attitude. Instrument development involves elucidation of the attitude construct and development of items for each dimension followed by a pilot study and psychometric analysis of item and subscale qualities, and the construct validity of the total instrument. Finally, the instrument is refined to maximise reliability and validity (Gable, 1986). Likert instruments are widely used to research attitudes and other constructs since they allow for multidimensionality and scales can be very reliable (Judd, Smith & Kidder, 1991).

In 1944, Guttman developed a cumulative scale assuming unidimensionality and consisting of a series of belief statements requiring an agree/disagree response, with the total score placing the respondent on a favourable-unfavourable dimension with respect to the attitude object. The operational definition of unidimensionality in Guttman scaling differs from Likert scaling and may be evaluated by means of a scalogram technique. The Guttman scale is not widely used because of its complex procedures and difficulties in psychometric analysis (McLaughlin & Marascuilo, 1990).

In 1957 Osgood, Suci and Tannenbaum developed the semantic differential technique comprising adjective pairs applied to an attitude object which respondents then rate on a seven-point scale. Their purpose was to measure the connotative meaning of psychological objects. Extensive research has established that the adjective pairs of a scale tend to form three dominant factors; evaluation, potency and activity. These factors are highly salient in attitude measurement and account for much of the explained variance. The semantic differential can be subjected to rigorous psychometric analysis and has been widely used (Gable, 1986; McLaughlin & Marascuilo, 1990).

In the 1960s, G. Rasch developed a psychometric procedure for constructing measurement scales that combines the strengths of the Thurstone and Likert techniques. Instrument development employs rigorous procedures for item calibration as well as scale formation (Gable, 1986). Although the Rasch model is useful in developing psychometrically sound scales, it is not widely used due to its complexity.

In addition to these prominent techniques for attitude measurement, the repertory grid technique is worthy of comment since it is being applied more widely in research in the health professions (for example, Costigan, Humphrey & Murphy, 1987; Morrison, 1989, 1991). The technique is derived from George Kelly's personal construct theory (Bannister & Fransella, 1980) and aims to explore a person's construct, or personal meaning, relating to an attitude object (Costigan, 1985). Qualitative data in response to an attitude object are mapped on to a grid to elucidate and form a construct of a person's attitude (Oppenheim, 1966, 1992).

The concept of attitude as a psychological construct presents challenges to researchers seeking to investigate attitudes toward particular objects and has stimulated the development of a range of measurement techniques. Since the Likert scale provides for multidimensionality and can be subjected to rigorous psychometric analysis of reliability and validity, it is considered the instrument of choice for measuring nursing students' attitudes toward the elderly and will be discussed in depth in Chapter 5.

The brief overview of attitude theory and approaches to attitude research presented in this chapter provide the theoretical foundations for this case study of nursing students' attitudes toward the elderly. Theories of the nature of attitudes and of attitude formation and change provide direction for the design of the study and the selection of research methods. These theories, in particular Ajzen and Fishbein's (1980) *Theory of Reasoned Action* and Kelman's (1961/1966) *Processes of Social Influence*, are also

relevant to the analysis and interpretation of the various sets of research data produced in this multiple-method study. The review of research approaches provides theoretical background relevant to development and refinement of the attitude measurement instrument used in this study. These theoretical elements are drawn together in Chapter 4 where the research methodology and design are discussed. The following review of the literature presented in Chapter 3 provides background for the topic of the study, attitudes toward the elderly.

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CHAPTER 3

ATTITUDES TOWARD THE ELDERLY: A LITERATURE REVIEW

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Attitudes toward the elderly have been a focus of research interest since the 1950s and there now exists a substantial body of literature that includes many research reports concerning nurses' attitudes. The majority of studies have utilised measurement techniques although a few researchers have investigated attitudes using qualitative methods. This chapter[1] presents a review of the research literature beginning with a brief introduction to measurement instruments commonly used in studies of attitudes toward the elderly. Various conceptualisations of the attitude construct in the literature are then considered. Finally, research studies of nurses' attitudes toward the elderly are critically examined.

MEASUREMENT INSTRUMENTS

Numerous measurement techniques ranging from single-item rating scales to multiple-item instruments appear in the literature reporting studies of nurses' attitudes toward the elderly. Three multiple-item instruments have been used in many of these studies; these include the *Old People Questionnaire* developed by Tuckman and Lorge (1953), Kogan's (1961) *Attitudes Toward Old People Scale* and Palmore's (1977) short quiz, *Facts on Aging*. Since they pertain to the review of research literature presented in this chapter, these instruments are first briefly described.

Tuckman and Lorge (1953) developed an *Old People Questionnaire* intended to measure attitudes toward the elderly and administered it to a group of psychology students; results indicated that myths and stereotypes about the elderly were substantially accepted. The Tuckman-Lorge scale is a 137-item, 13-category questionnaire consisting of statements of misconception and stereotype about old people. Although items are grouped into 13 categories, indicating some notion of dimensionality, the scale is used to produce a single score as an indicator of attitudes. The scale was subjected to tests of stimulus-group validity (the extent to which item statements actually pertain to the target group) by Axelrod and Eisdorfer (1961) and Eisdorfer (1966) demonstrating that only 79 of the 137 items consistently differentiate between the youngest and oldest stimulus

[1] Sections of this chapter expand on discussion contained in the report of the pilot study of the attitude instrument used in this study (Wood, 1994).
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groups. Although a number of researchers have heeded Eisdorfer's advice to use only the recommended items, the dimensionality of the instrument appears to remain unquestioned in many studies. Furthermore, the validity of the Tuckman-Lorge scale as a measure of attitudes has been questioned. Kogan (1979) notes that many of the items are statements of belief rather than affect thus measuring knowledge rather than attitude and making difficult the interpretation of findings.

Kogan (1961) developed the *Attitudes Toward Old People Scale* to study the attitudes of a group of psychology students and found evidence of negative attitudes toward the elderly. The Kogan scale is a Likert scale consisting of seventeen matched positive-negative item pairs yielding two scales. While dimensions contributing to an attitude construct were identified in relation to items, the dimensionality of the 34-item Kogan scale was not adequately addressed in the original document. Kogan (1979) later explained that the scale was constructed as a undimensional instrument designed to provide an overall evaluative score. He argued that delineating separate dimensions would not necessarily be more useful unless specific behavioural correlates could be demonstrated.

Palmore (1977) developed a short quiz entitled *Facts on Aging* (FAQ) which, although essentially a test of knowledge, has been used to estimate bias against the elderly. Palmore himself found more "anti-aged than pro-aged bias" (p.320) among sociology students. The quiz consists of 25 statements of misconception about the elderly requiring true/false answers and generating a single score. Although Palmore asserted that the quiz was not an attitudinal measure, it has been used to imply positive or negative attitudes toward the elderly. In response to perceived problems with some items, Miller and Dodder (1980) developed a revised version of the FAQ. Palmore (1981) later developed an alternate form of the quiz designed to test different facts and misconceptions. Both forms of Palmore's FAQ and the Miller-Dodder variation have since been widely used. However, a recent evaluation of Palmore's quizzes suggests that additional revision is required before further use in research (Lusk, Williams & Hsuing, 1995).

Other instruments for measuring attitudes toward the elderly are reported in the literature, but have been used infrequently in studies of nurses' attitudes. These include *The Aging Semantic Differential* scale developed by Rosencranz and McNevin (1969) and the *Ageing Opinion Survey* developed by Kafer, Rakowski and Hickey (1980). Other instruments developed for nursing studies by Gilliss (1972) and Goebel (1984) have not

remained in continued use; both of these were clearly multidimensional, but were scored and reported as unidimensional scales. More recently Gething (1994) developed in a nursing context a *Reactions to Ageing Questionnaire* designed to measure attitudes to personal ageing rather than other people who are elderly. This multidimensional instrument has been subjected to rigorous psychometric testing, but is yet to be widely applied in nursing research.

Despite apparent limitations, the Kogan and Tuckman-Lorge instruments for measuring attitudes toward the elderly have been widely used in nursing research. In 1985 in a critical review of the nursing literature on attitudes toward old people, Ingham and Fielding noted the inconsistency of findings and raised questions about the research methods and measurement instruments. They expressed concern that most studies included in their review of nursing literature used the above scales without attention to construct validity. They urged that the validity of common measurement tools be critically assessed, but offered no further analysis. Some years later, however, these tools were still used (for example, Harrison & Novak, 1988; Huber, Reno & McKenney, 1992; Heliker et al., 1993; Sheffler, 1998) without further attention to validity. This issue of construct validity emphasises the importance of clarifying attitude dimensions when developing a measurement instrument.

ATTITUDE CONSTRUCTS

Clarification of the construct of the attitude of interest is integral to sound attitude measurement and some writers have attempted to identify dimensions comprising attitudes toward the elderly. Rosencranz and McNevin (1969) found that factor analysis of the *Aging Semantic Differential* scale produced three clear dimensions, and Lutsky (1980) reports that factor analytic studies of items drawn from the Tuckman-Lorge and Kogan scales suggest that attitude toward the elderly is a multidimensional construct. Although dimensionality was not adequately addressed in development of these latter instruments, the complexity of the attitude construct is reflected in the range of item categories, many of which parallel stereotypic notions about the elderly.

Tuckman and Lorge (1953) scaled attitudes toward old people according to thirteen categories of misconception and stereotype about the age group. The categories were conservatism, activities and interests, financial aspects, physical differences, family factors, personality, attitude to future, best time of life, insecurity, mental deterioration, sex, cleanliness and interference. Kogan (1961) grouped attitude items into seven categories:

individual differences, discomfort experienced when with the elderly, interpersonal relations across age generations, dependence, cognitive style and capacity, personal appearance and personality, and residential aspects. Rosencranz and McNevin (1969) identified instrumental-ineffective, autonomous-dependent, and personal acceptability-unacceptability dimensions in their semantic differential scale. Kafer et al. (1980) arranged the ageing opinion items into three sub-scales: stereotypic age decrement, personal anxiety toward ageing, and social value of the elderly.

It is apparent that many of the identified dimensions reflect the notion of negative stereotypes. However, the use of stereotypes about the elderly as indicators for attitudes has drawn criticism. Schonfield (1982) suggests that stereotyped beliefs do not necessarily reflect attitude, while Wright (1988) argues that constructs used as a foundation for the study of nurses' attitudes should take into account the context of nursing practice. Constructs for the attitude measurement instrument used in this present study were developed from data provided by nursing students and are described in Chapter 5. The following review of previous research completes the background for this case study of nursing students' attitudes toward elderly people.

NURSES' ATTITUDES TOWARD THE ELDERLY

Studies of nurses' attitudes toward the elderly have been reported since the 1960s; many were published during the next two decades, most of them in the United Kingdom (U.K.), Canada, and the United States of America (U.S.A.). International interest in the field continues and a number of studies have now been published in the Australian nursing literature. Most published studies concern nursing students and practising nurses in long-term-care settings, but increased interest in nurses' attitudes in acute-care settings is now evident.

As noted at the beginning of this chapter the majority of published studies of nurses' attitudes are based on measurement techniques, with many researchers using established instruments designed to measure attitudes toward elderly people in general. Other researchers draw inferences about attitudes toward elderly people from measures of related concepts relevant to nursing contexts; for example, attitudes to gerontic nursing, attitudes toward aged care, attitudes toward elderly patients, preferred patient age groups, and career interests. Conversely, others measure attitudes toward elderly people in general and then draw inferences about attitudes toward caring for elderly patients. All of these approaches are considered in the following review of previous research since they are relevant to the

context of this present study. Selected research studies of attitudes toward the elderly held by practising nurses and nursing students are reviewed; both findings and research methods are considered.

PRACTISING NURSES' ATTITUDES

In an early and much-cited study in the U.S.A., Campbell (1971) investigated the attitudes of nursing personnel toward gerontic patients using the Tuckman-Lorge scale and a questionnaire regarding preferred patient age group. Among a group of 147 registered and assistant nurses working in general hospitals, Campbell found evidence of negative stereotypes about elderly people and a preference for working with younger adult patients rather than old people or children. Gillis (1973) devised a Likert scale (noted earlier) for a study of 86 nursing personnel and found that attitudes were generally favourable, but not correlated with nurses' age.

Two early studies in the U.K found that practising nurses' attitudes toward elderly patients differed between care settings. In one of the few published studies using qualitative methods, Baker (1978) used participant observation to study nurses' attitudes toward elderly patients. Analysis of nurse-patient interactions revealed that nurses responded more positively to elderly patients in acute care than in long-term care settings. Fielding (1979) used the Kogan scale to measure nurses' attitudes and a semantic differential scale to rate their perceptions of elderly patients in acute and long-term gerontic units. She found generally favourable attitudes toward and perceptions of patients among the 23 nursing personnel. However, like Baker, Fielding found that nurses' attitudes to elderly patients differed between acute gerontic units and long-term-care units.

Further studies of nurses practising in aged care settings in the U.S.A. during the 1970s and 1980s yielded disparate findings. Taylor and Harned (1978) and Smith, Jepson and Perloff (1982) used the Kogan scale to study attitudes among groups of 71 and 40 nurses respectively and reported favourable attitudes on average. However, Brower (1981; 1985), using the same attitude measure, found evidence of stereotyped attitudes toward the elderly among 581 registered nurses; the most negative were held by younger nurses and those who spent most of their working time caring for the frail elderly. Penner, Ludenia and Mead (1984) studied the attitudes of 58 nurses using the Kogan scale, Palmore's quiz and a semantic differential scale for rating attitudes toward an older person, an older patient, and an older nursing-home patient. They reported that attitudes toward older patients were significantly more negative than attitudes toward elderly people in general, and found no

relationship between attitude and knowledge. Unlike Brower, Penner et al. and Smith et al. noted that nurses experienced in aged care held the most positive attitudes. In another study in an acute-care setting Armstrong-Esther, Sandilands and Miller (1989), using the Kogan scale and items for rating work preferences, found weak positive attitudes on average among 82 nurses and a positive correlation between favourable attitudes and preference for work in aged care or rehabilitation. The attitudes of nurse aides were less favourable than those of registered nurses; the researchers suggested that this might be due to the greater involvement of aides in providing direct nursing care and their perceptions of the work as tiresome.

Studies of the effects of educational programs on practising nurses' knowledge and attitudes have also produced disparate findings. Harrison and Novak (1988) using Palmore's quiz and Kogan's scale in a pre-test/post-test study found that both knowledge and attitudes among 76 registered nurses in a general hospital were significantly more positive after a continuing education program. However, Huber, Reno and McKenney (1992) using Palmore's quizzes found that while knowledge improved among a group of 84 nursing home staff after they had attended classes dealing with myths and realities of ageing, negative bias remained.

Research into registered nurses' attitudes in the 1990s continued to yield inconsistent findings. Glasspoole and Aman (1990), in a study of 378 New Zealand nurses working with elderly patients, used Palmore's quiz and additional forced-choice items to investigate knowledge and perceptions of elderly people, and experiences of caring for them. They reported very favourable attitudes toward both elderly people and nursing roles in aged care. Meanwhile, Gething (1991), using Palmore's quiz in an Australian study, found evidence of negative stereotypes and misconceptions among 56 nurses working in general and community settings. In a more recent Australian study Wilkes, LeMiere and Walker (1998), using Palmore's quiz and Rosencranz and McNevin's semantic differential scale, also found negative attitudes toward elderly people among 261 nurses at a general hospital and little correlation between attitudes and knowledge.

Prevost, Wilson and Gerber (1991) in the U.S.A. and Hope (1994) in the U.K. both used Palmore's quiz and Kogan's scale to study registered nurses' attitudes toward the elderly. Both found favourable attitudes and no significant relationship between knowledge and attitudes, and Hope also reported more positive attitudes among nurses in aged care compared with their colleagues in acute care. Also in the U.K., two small studies of attitudes among nurses practising in aged care produced equivocal findings: Slevin (1991) reported evidence of ageist attitudes although mean attitude scores were in the positive

range, and Trehame (1990) reported neutral attitudes in a study using the Kafer et al. instrument.

In response to continually inconsistent research findings, Pursey and Luker (1995) in the U.K designed a creative study using qualitative methods to explore community nurses' attitudes toward and experiences of working with elderly people. In a questionnaire, 136 nurses were asked to describe two critical incidents from their work with elderly people – one where they considered themselves effective and another where they felt ineffective. The researchers also interviewed a sub-group of 22 participants about the nature of their work. Thematic analysis of critical incidents and interviews revealed that establishing relationships with elderly patients was important to effective practice. It also revealed negative experiences in aged care that the researchers attributed to adverse structural features of nursing work in gerontic settings. Pursey and Luker also reported ambivalence regarding gerontic nursing among the interviewed nurses, a mixture of concern for elderly people and anxiety or distress over caring for them. They concluded that much previous research had confused attitudes toward the elderly in general with attitudes toward elderly individuals, concepts not differentiated by popular measurement instruments.

While the preceding discussion covers only a selection of studies of practising nurses' attitudes toward elderly people, it reflects both inconsistent findings and reliance on measurement scales, in particular the instruments developed by Palmore and Kogan. Few studies have attempted to explore the qualitative dimensions of attitude. A similar pattern is evident in the review of research into nursing students' attitudes.

NURSING STUDENTS' ATTITUDES

Research into nursing students' attitudes toward elderly people has concentrated on the link to career interest in aged care nursing and the effect of relevant theoretical and clinical experiences during pre-registration education. In addition, some researchers have attempted to identify other factors that may influence attitudes.

Attitudes Related to Planned Education and Other Factors

Numerous researchers, mostly in North America, have studied the effect of nursing course experiences by measuring students' attitudes toward the elderly before and after both theoretical and clinical learning experiences relating to ageing and aged care. Several early studies using the Tuckman-Lorge scale revealed development of more positive student attitudes after relevant education (Gunter, 1971; Wilhite & Johnson, 1976; Chamberland,

Rawls, Powell & Roberts, 1978) whilst Eddy (1986) found no significant change. Similar studies using the Kogan scale demonstrated development of more positive attitudes after participation in educational programs on the elderly (Gomez, Otto, Blattstein & Gomez, 1985; Langland et al., 1986; Hartley, Bentz & Ellis, 1995).

More recent studies by Sheffler (1995; 1998) using the Kogan scale and Palmore's quiz revealed that students' knowledge of elderly people improved and attitudes became significantly more positive after clinical experience with nursing-home residents. Both studies showed a positive relationship between attitudes and knowledge and, in the 1998 study, students' attitudes were shown to correlate positively with those of faculty members. Wilhite and Johnson (1976) also identified a positive correlation between students' attitudes toward the elderly and the attitudes of their clinical teachers.

Other researchers have used control group designs to study changes in nursing students' attitudes toward the elderly after educational experiences. Several studies using the Kogan scale for pre-test and post-test measures of attitude demonstrated significantly more positive post-test scores for the experimental group after theoretical and clinical experiences concerning ageing and the elderly (Heller & Walsh, 1976; Greenhill & Baker, 1986; Heliker et al., 1993). Rose (1984) using Palmore's quiz in a similar study of students' attitudes found a significant increase in knowledge and positive bias, and greater interest in working with elderly people.

Hooper (1981) in the U.K. and Fox and Wold (1996) in the U.S.A. used both qualitative and quantitative data in important studies of nursing students' attitudes toward the elderly in relation to clinical experience in gerontic nursing. Hooper studied the attitudes of 63 nursing students using a questionnaire containing the Kogan scale to measure attitudes toward elderly people in general, a semantic differential scale to gauge expectations of gerontic nursing, and open questions about their feeling experienced during clinical. In addition, Hooper interviewed a sub-group of participants. She found that attitudes, favourable at the start of clinical, were significantly more negative afterwards. Other data revealed that students felt anxious throughout their clinical practicum; Hooper attributed this to lack of experience and the challenges of caring for dependent elderly people. Fifteen years later, research by Fox and Wold produced different findings. They used questionnaires containing fixed-response items to investigate attitudes before and after clinical experience, and open questions to elicit perceptions of gerontic nursing from 144 students. Fox and Wold found that attitudes became more positive and students reported improved knowledge and awareness of the needs of elderly people, increased compassion

and respect, and increased competence and confidence in the ability to communicate with elderly individuals.

While an association between knowledge and attitudes has been demonstrated (for example Sheffler, 1995; 1998), some researchers have investigated the possible association between attitudes toward elderly people and other factors outside course experiences. Age has been shown to relate significantly to attitudes; (Sheffler, 1995) found that older students held the most positive attitudes. However, Melanson and Downe-Wambolt (1985) found positive attitudes overall in a group of 122 students, but failed to demonstrate a significant correlation between attitudes and student's age, educational level, or the length of time spent with elderly people. Sheffler (1995) and Johnson (1992) also concluded from their research that previous contact with elderly people did not affect students' attitudes, but Langland et al. (1986) found a positive association between prior contact and interest in working with the elderly.

Attitudes Related to Career Interest

Studies in North America during the 1970s and 1980s produced varied conclusions about nursing students' attitudes toward the elderly and their interest in working in aged care. A study of 311 students by Kayser and Minnigerode (1975) using the Tuckman-Lorge scale revealed stereotypic thinking about the elderly and a lack of interest in specialising in aged care. Goebel (1984) also found unfavourable attitudes and more negative perceptions of elderly people in comparison to other adults in a later study of 72 nursing students using an instrument (noted earlier) derived from the Tuckman-Lorge and Kogan scales. Lubkin and Chenitz (1985), using the Kogan scale, revealed unfavourable attitudes and a lack of interest in specialising in gerontic nursing among 44 students.

However, other researchers found more positive indications of career interest in aged care. Robb (1979) used the Kogan scale and a structured questionnaire to study the attitudes and intentions of 153 nursing students after course experiences with the elderly. She found evidence of positive impact of the course on students' career intentions and recommended balanced course experiences with both well and dependent elderly people. Greenhill (1983), using the same attitude measure, found that attitudes among 74 students became increasingly positive during their nursing course; nevertheless, aged care was their least preferred career option throughout. This finding of positive attitudes toward the elderly and lack of interest in aged care was repeated in a survey of 109 students by De Witt and Matre (1988) using Palmore's quiz and Rosencranz and McNevin's semantic differential scale.

Studies of nursing students in other countries have also yielded inconsistent findings about their attitudes and career interests concerning elderly people. In the UK Fielding (1986), after observation and analysis of students' interactions with patients, concluded that students held stereotypical views of the elderly and expressed little interest in specialising in gerontic nursing. Meanwhile in that same year, Snape (1986) reported generally favourable attitudes toward gerontic nursing among two groups of students after their clinical experience with elderly patients. Two Australian surveys produced disparate findings: Stevens and Crouch (1992) revealed stereotyped attitudes and a lack of career interest in aged care among 610 first-year students, while Johnson (1992) reported that beginning nursing students held very favourable attitudes toward elderly people.

The many different studies of both the effect of educational experiences on nursing students' attitudes toward elderly people and the link between attitudes and career interest has produced variable findings and many recommendations for improved gerontic nursing content in pre-registration courses (for example Gunter, 1971; Robb, 1979; Fox & Wold, 1996). They have also generated another dimension of research into students' attitudes; the link between planned course experiences and career interest in aged care.

Course Experiences Related to Career Interest

Some researchers have suggested that nursing course experiences concerning ageing and the elderly, in particular clinical experiences in nursing-home settings, adversely affect students' career interest in aged care. Cook and Pieper (1985) in the U.S.A., after studying attitudes toward working with the elderly among 70 students who had completed clinical experience with elderly patients, concluded that the overall impact of the practicum was negative.

On the basis of findings from a longitudinal study of nursing students from five Australian universities, Stevens (1995) and Stevens and Crouch (1995; 1998) have argued that factors within pre-registration education militate against students' interest in aged care nursing. Stevens (1995) surveyed students at the beginning of pre-registration education and again at the mid-point and the end of their three-year course; 156 students completed all three stages of the survey. He used a questionnaire containing closed questions to elicit a ranking of ten specified nursing career specialisations as well as open questions about reasons for choosing the most and least preferred options, and reasons for the rank positions of intensive care nursing and working with the elderly. In order to gain further insights into

career preferences, 12 students from one university were interviewed at the end of the course.

Stevens found that students were more interested in acute-care nursing than working with the elderly; career interest in aged care was low at the start of the course and declined over the three years. He attributed the lack of career interest to a process of professional socialisation during undergraduate education that devalued aged care in comparison with other more technical areas of nursing practice. He argued that this professional socialisation was mediated by curriculum and faculty emphasis on acute care nursing and unfavourable clinical experiences for students in relation to care of the elderly. Stevens and Crouch (1995; 1998) have since argued that nursing education promotes rather than reduces ageist attitudes among students.

Other researchers however have refuted the argument that pre-registration education promotes ageism. Haight, Christ and Dias (1994) studied the effect of a three-year nursing course on ageism among a cohort of students. Attitudes were measured on six occasions using the Kogan scale and Rosencranz and McNevin's semantic differential scale before and after each of three clinical experiences, one with well elderly people and two hospital-based experiences with ill and critically ill older people. Data were collected about career interest, past and current relationships with elderly people, and previous experience in long-term nursing care; 57 students completed all stages of the study. Haight et al. found that attitudes became more positive by the end of the course, although there was a decline during the third year following students' clinical experience with critically ill elderly people, and that experience with well elderly people had a positive influence on attitudes. They concluded that "nursing education does not promote ageism: in fact nursing education promotes more positive feelings towards older people" (Haight et al., 1994, p.389). However, like many other researchers, Haight et al. found that despite positive attitudes toward the elderly, very few graduating students expressed career interest in aged care.

The paradox of positive attitudes toward elderly people associated with a lack of interest in nursing care of the elderly has been noted by DeWitt and Matre (1988) and Robb (1979, p.50) who pondered "if a positive attitude doesn't influence a student to work with the elderly after graduation, what does this type of attitude mean, if anything, in terms of behaviour toward the elderly?". However, few studies have critically examined this paradox through exploration of the qualitative dimensions of students' attitudes toward both elderly people and nursing work with the elderly.

The apparent dissonance between nurses' attitudes toward the elderly and interest in working with elderly people is one of the inconsistencies arising from the preceding review of previous research into the attitudes of practising nurses and nursing students. Others are evident in the disparate findings regarding the intensity of attitudes and the effects of planned educational experiences. Some of these inconsistencies may be understood, in part, in terms of the time-span over which the studies were conducted. While much remains to be done to improve the quality of care for dependent elderly people, vast improvements in the regulation and quality of aged care have occurred over the last three decades in Australia and elsewhere. Hartley et al. (1995) suggest that these changes are reflected in recent research findings of positive attitudes among nurses.

However, it has been suggested that inconsistent research findings relate to conceptual and methodological issues surrounding investigations of nurses' attitudes toward the elderly. Pursey and Luker (1995) suggest that attitude toward elderly people in general is confused with attitude toward work with older people. Indeed, in reviewing the research literature, it is difficult to unravel one from the other. Pursey and Luker (1995, p.553) also suggest that the use of attitude measurement scales causes further conceptual confusion since "they appear to confuse stereotypes of old age with attitude to individuals".

The preceding review of the literature illustrates the reliance on established measurement scales for investigating nurses' attitudes; limitations to these scales are noted earlier in this chapter. In 1985 Ingham and Fielding noted issues of construct validity relating to commonly-used attitude scales and very recently Courtney et al. (2000) emphasised the need for an instrument more suited to nursing practice contexts. The reliance on attitude measurement has also limited understanding of the inconsistencies among research findings; the need for more qualitative investigation of the complexities of nurses' attitudes has already been noted.

Nevertheless attitude measurement scales are immensely useful research tools provided the limitations of their structure and outcomes are recognised (Oppenheim, 1992). Attitude measurement using a valid instrument allows for estimation of attitudes among large numbers of people. The case study reported in this thesis endeavoured to investigate the nature of nursing students' attitudes toward elderly people and how they relate to nursing practice using both attitude measurement and qualitative methods of inquiry. The methodology and research design for this case study are described in the next chapter.

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CHAPTER 4
RESEARCH METHODOLOGY AND DESIGN

Previous approaches to research into attitudes toward elderly people have been typified by the use of quantitative measures. However, such approaches exclude contextual qualitative data that may provide further insights into the nature of attitudes and factors influencing their development. An appropriate approach for this research into the attitudes toward the elderly held by a discrete group of nursing students is one that allows the study of all group members to be linked with qualitative exploration of the attitudes of some of their cohort. Case-study research integrating both qualitative and quantitative inquiry in a multiple-method design provides such an approach.

This chapter includes methodological discussion and description of the research design. The research purpose and context are established and the research questions elucidated before issues surrounding methodological decisions are discussed. An overview of the multiple-method, case-study design consisting of three components is presented and issues of research access and ethics are outlined. The design is then elaborated with a detailed description of each of the interrelated components which include: *attitude measurement* using a multidimensional Likert instrument aimed at the entire student group; *field research* using focus-group interviews, participant observation and documentary analysis involving a small number of the students; and a *survey questionnaire* aimed at all students.

RESEARCH PURPOSE

As stated in Chapter 1, the purpose of this study was to explore the nature of attitudes toward elderly people held by a group of students enrolled in a three-year, pre-registration nursing course and any changes in their attitudes during the first two years of the course. In order to inform future development of teaching strategies and curriculum, the multiple-method case study also aimed to evaluate the impact upon attitudes of a theoretical and experiential education program concerning ageing and aged care.

RESEARCH CONTEXT

The research context, also introduced in Chapter 1, was defined by the curriculum content and learning experiences relating to ageing and aged care conducted within the

first year of an undergraduate, pre-registration nursing course conducted at a university School of Nursing in metropolitan Melbourne. Consistent with the overall aims of the course, this curriculum component aimed to prepare graduates to provide individualised, holistic care and included the practical application of nursing knowledge and skills with both well and dependent elderly people. Educational objectives were directed towards the cognitive, psychomotor and affective domains, and emphasised a holistic and wellness approach to aged care rather than focussing on the medical problems associated with ageing. The affective objectives sought to modify any previously-held stereotypic, ageist attitudes through theoretical and experiential exploration of the realities of ageing. The curriculum content relevant to this study included:

- **Lectures on ageing and the needs of elderly people** conducted as part of a life-span studies unit and preparatory to the following experiences. Two hours were allocated to this topic early in Semester 1.
- **A well-elderly field study** designed to promote the development of both an understanding of the realities of ageing, and positive attitudes toward elderly people. This self-directed learning experience also aimed to provide students with a positive image of the active and independent majority of elderly people in the community in order to balance the image of frailty and dependence encountered during later clinical experience. Students were required to examine common misconceptions or stereotypes and relate these to the realities of ageing, research community services available to the elderly, interview a well elderly person on several occasions to write an individual profile and, finally, to summarise findings in an essay. Eight half-days spaced over Semester 1 were allocated to this activity. (A copy of the objectives and instructions for students appears as Appendix 1.)
- **Nursing care of dependent elderly people** in a nursing home setting. This ten-day clinical practicum provided the first *hands-on* nursing care experience for the students and occurred at the end of Semester 1 in a number of extended-care (nursing home) settings in metropolitan Melbourne. Students were allocated to clinical agencies in groups of eight with each group accompanied by a clinical teacher, employed and briefed by the university, who guided the group's experiential learning. However, student activities were frequently influenced by clinical agency staff while the teacher was occupied with another of their group.

While the first two of these learning experiences focussed on the development of positive attitudes toward and understanding of ageing and elderly people, the primary focus of the practicum was the development of beginning-level competence in basic nursing skills. As noted in Chapter 3, the practice of using nursing home settings and their dependent elderly residents for the teaching of fundamental nursing skills has in the past been criticised and was to surface again as an issue for further exploration during the field-research component of this study.

Since the research aimed to investigate attitudes over the first two years of the course, other experiences during that time are also relevant to the context. During the second semester of first year, the clinical practicum took place in acute-care settings where students were involved in the direct care of patients of various ages with a range of acute and chronic illnesses. The acute-care practicum continued throughout the second year of the course, with students engaging in nursing care of increasing complexity and being exposed to various areas of specialty practice such as operating-room or high-dependency nursing.

These first-year course experiences both defined the research context and shaped the initial research questions, providing focal points for the data-collection techniques. They also defined the temporal dimensions of the context; the major aspects of the research were conducted during the first year of the course although data collection was finalised at the end of second year with a repeat measure of students' attitudes. The cohort of pre-registration nursing students and the contexts of their education program relating to ageing and aged care thus form the *case* at the focus of this multiple-method case study of attitudes toward elderly people. The research questions guiding the study reflect the context of students' course experiences. General questions about attitudes toward the elderly, grounded in relevant literature, are accompanied by questions relating to the effect of course experiences on students' attitudes.

RESEARCH QUESTIONS

Three key questions and their related subsidiary questions initially guided the study. Additional questions that arose during the course of the qualitative inquiry are reported later in this chapter in the context of relevant aspects of the research design. The initial questions are:

What is the nature of the attitudes toward elderly people held by students entering a pre-registration nursing course?

Subsidiary questions include:

- Do the attitudes of beginning nursing students reflect the negatively stereotyped beliefs about elderly people reported to be widely held in Western society?
- What factors have influenced beginning nursing students' attitudes?

How did course experiences concerning ageing and the aged affect students' attitudes toward elderly people?

Subsidiary questions include:

- Do nursing students' attitudes toward elderly people, as measured by a Likert attitude instrument, change following their participation in the course experiences?
- What factors influenced students' attitudes during the first year of the course?
- Do first and second year students express interest in working in the aged-care field following graduation?

Were course experiences effective in developing the students' understanding of the realities of ageing?

Subsidiary questions include:

- How well did the course experiences assist students to develop understanding of the nature of ageing and elderly people?
- Did the well-elderly field study assist students to develop an appreciation of the nature and extent of negatively stereotyped beliefs about ageing and the elderly, and prompt students to examine their own beliefs about ageing and the elderly?

The research methodology and design selected for this study are consistent with the research purpose, context and questions. The methodology is discussed in the following pages before the research design is described.

METHODOLOGICAL DISCUSSION

The research purpose, context and range of research questions in this study of nursing students' attitudes toward elderly people invite a diversity of inquiry methods appropriate to not only the apparent complexity of the attitudes, but also the complexity of the research contexts. A multiple-method case study, integrating methods as diverse as attitude measurement scales and participant observation, was therefore considered an effective way of facilitating both broad and in-depth study of the attitudes held by a discrete group of participants within definable contexts.

However, some important methodological issues are inherent in the choice of research approach. First, the combination of quantitative and qualitative methods is at times a contentious issue and has generated significant academic debate and, second, there is little agreement in the literature over the definitions and uses of case-study research. In justifying the methodology selected for this study, some discussion of these issues is necessary.

COMBINING QUALITATIVE AND QUANTITATIVE METHODS

The use of different methods in the one study has long been recognised as beneficial in strengthening the validity of research outcomes. As noted in Chapter 2, La Piere in 1934 used most effectively questionnaire and observation methods in a study of racial attitudes. Zelditch in 1962 recommended the use of surveys with fieldwork and Seiber (1973) later advocated a closer integration of these methods. In 1966, Webb, with Campbell, Schwartz and Sechrest, argued for the use of multiple measures in social research instead of reliance on interviews or questionnaires stating that

> ...*the principal objection is that they are used alone*. No research method is without bias. Interviews and questionnaires must be supplemented by methods testing the same social science variables but having *different* methodological weaknesses (Webb et al. p.1).

Inherent in such recommendations is the notion of combining qualitative and quantitative methods in the one study, an issue which generated continued debate well into the 1990s and which now forms a substantial body of literature on research and evaluation in a range of disciplines including education and nursing.

The *qualitative-quantitative debate*[1] hinges on distinctions between methods and the epistemological assumptions that inform the two approaches to disciplined inquiry. Initially

[1] Although the combination of qualitative and quantitative methods is now widely accepted and applied, the *qualitative-quantitative debate* remained prominent as this study was conceptualised and implemented and is therefore relevant to discussion of the research methodology and design.

focused on the supremacy of one or other approach, the debate then turned to the issue of combination. Some writers assert that since each is informed by a distinct epistemological perspective, these approaches should remain distinct in theory and in practice (for example Smith & Heshusius, 1986; Guba & Lincoln, 1988), while others suggest that combinations of the two are possible (for example Reichardt & Cook, 1979; Firestone, 1987; Miles & Huberman, 1988; Patton, 1988; Myers & Haase, 1989; Cresswell, 1994).

The central aspects of the qualitative-quantitative debate are outlined before considering how combinations may be made. First, it is helpful to comment on the terms *qualitative* and *quantitative* as labels for research approaches. Tesch (1990, p.55) argues that "Strictly speaking, there is no such thing as qualitative research. There are only qualitative data". (The same of course can be said for quantitative research.) The use of data-types as labels for research approaches is not entirely helpful; qualitative research may include numerical data while quantitative inquiry may use textual or other non-numerical data. However, the terms *qualitative research* and *quantitative research* are in common use and are taken as reflecting different methodological positions informed by distinct knowledge paradigms.

Qualitative research subsumes a range of methodologies which seek to describe, interpret and understand the meaning of human experience using observation, interview, documents and other types of non-numerical data (Tesch, 1990). Among the many varieties are ethnography, field research, phenomenology, grounded theory and historiography. Qualitative research is informed by the interpretive paradigm (Miles & Huberman, 1988), also known as the naturalistic (Guba & Lincoln, 1988) or the holistic-inductive (Patton, 1988) paradigm, which reflects a relative view of reality. That is, reality is understood and constructed by individuals in relation to the phenomena and interactions in the surrounding context (Guba & Lincoln, 1988). Reality therefore consists of multiple realities and can only be understood in terms of constructed human experiences occurring in a given context. Inquiry within an interpretive paradigm is focussed on subjective meaning and is viewed as integral to the context giving rise to negotiated, co-operative methodologies where the consideration of values is essential and research outcomes are context-related. Latterly, such research methodologies as participatory action research informed by the knowledge paradigm of critical social theory have been included under the rubric of qualitative research (for example Tesch, 1990; Baum, 1993) since they share many assumptions and methods.

Qualitative inquiry is vigorously contrasted with quantitative research which seeks to describe, explain and predict phenomena using measurement, empirical inquiry and the

statistical analysis of numerical data. Typified by experimental and psychometric techniques, quantitative methodologies are based on the assumptions of reality central to the positivist paradigm (Guba & Lincoln, 1988), also termed the hypothetico-deductive paradigm (Patton, 1988). Positivism, it is argued, assumes an objective, observable and measurable reality where phenomena can be manipulated, studied independently and explained in terms of natural laws, and research outcomes may be generalised to wider populations. Approaches to inquiry thus reflect measurement, control and objectivity and, unlike qualitative inquiry, are not centrally concerned with values (Guba & Lincoln, 1988).

At a methodological level there is spirited debate over the distinctions between qualitative and quantitative approaches and the potential for their combined use. According to Patton (1987), proponents argue that mixed methodologies (for example participant observation combined with survey research) strengthen inquiry while opponents insist that the different assumptions about reality preclude combinations and that researchers must choose between qualitative or quantitative approaches. It is the paradigmatic issue of combinations that intensifies the debate. Guba and Lincoln, prominent writers in this debate, argue that combined methodologies are impossible "because they are rooted in different ... theories of knowledge ... like water and oil, they will not mix" (1988, p.111).

Meanwhile, Patton (1988) argues that paradigms do not necessarily force a choice between qualitative and quantitative approaches to inquiry; that combination should not be constrained by paradigms. In an evaluation context, Patton (1987, p.62) argues that "the practical mandate to gather the most relevant possible information ... outweighs concerns about methodological purity" stating that since "human reasoning is sufficiently complex and flexible" to move between different methodologies and their informing paradigms, it is possible to blend methodologies at all stages of the inquiry process. Even more pragmatically Miles and Huberman (1988, p.223-224), while acknowledging that the quantitative-qualitative debate revolves around perspectives of knowledge production, assert that "epistemological purity doesn't get research done". They "contend that researchers should pursue their work, be open to an ecumenical blend of epistemologies and procedures, and leave the grand debate to those who care most about it", arguing that the debate is unlikely to be satisfactorily resolved and noting that many researchers are now successfully using combined approaches.

Although the distinctions between the pure forms of qualitative and quantitative inquiry are clear and there is argument for maintaining separation, there is also strong argument and evidence in the literature that combined approaches produce useful outcomes

(for example, Rossman & Wilson, 1985; Green & McClintock, 1985; Tripp-Reimer, 1985; Caracelli & Greene, 1997). The needed emphasis in planning disciplined inquiry is the choice of an approach appropriate for the research problem and the data required; according to Patton (1988), the researcher may choose either qualitative or quantitative inquiry or both. Methodological triangulation provides a key strategy for integrating qualitative and quantitative data and has given rise to the development of multiple-method research and evaluation designs.

Methodological Triangulation

Triangulation is defined as "...the combination of methodologies in the study of the same phenomena" (Denzin, 1978, p.291). The term "triangulation" is loosely derived from techniques used in such domains as navigation, surveying and astronomy where the combination of several perspectives of a certain feature greatly increases the accuracy of observations (Jick, 1979). By providing multiple viewpoints of the phenomenon of research interest, and compensating the weaknesses of an individual strategy of research inquiry with the strengths of another, triangulation aims to strengthen research reliability and validity. (Denzin, 1978; Jick, 1979).

Denzin elaborated upon the work of earlier researchers, in particular Webb et al. (1966), to develop the concept of multiple triangulation. He classified triangulation strategies into four basic types; *Data, Investigator, Theory* and *Methodological* (Denzin, 1978, pp. 294-305) outlined below:

- Data triangulation uses various sampling techniques to produce for comparative analysis multiple sets of data about the same situations or phenomena. Data may be gathered from different groups of subjects in a sample, at different points in time (as in a longitudinal study when the influence of time is thought to be significant), or in different contexts that involve the same subjects.
- Investigator triangulation uses more than one researcher to study the same situation. It is particularly useful in field research where the comparison of observers' reports may serve as a reliability check.
- Theory triangulation involves the use of a variety of theories as frameworks for data analysis. It allows a range of possible interpretations to be examined and may assist in the development of alternative theories.

- Methodological triangulation is classified into two sub-types: within-method and between-method.

  Within-method triangulation utilises multiple strategies within the one method to study a phenomenon and is particularly useful when the focus of inquiry is considered to be multi-dimensional. (For example, the use of several different measures of the same construct within a survey.) This type of triangulation, however, still carries with it the weakness of reliance upon a single method. ***Between-method triangulation*** uses a combination of several research methods selected to balance the weaknesses of one method with the strengths of another.

Of the basic types Denzin emphasised *between-method* triangulation as a strategy for strengthening research design and improving the validity of results. He also established some important principles that need to be observed in the application of methodological triangulation. First, the strategies should be relevant to the research problem; second, the inherent strengths and weaknesses of individual research methods should be recognised; and finally, the theoretical relevance of the selected methods must be considered. These principles point to some of the criticisms of Denzin's conceptualisation of methodological triangulation; it has been criticised on epistemological grounds for the implicit assumption that there is one reality (Silverman, 1985; Fielding & Fielding, 1986) and for advocating the combination of research methods with different theoretical orientations (Blaikie, 1991).

Denzin's strategies and principles of triangulation have also been criticised for failure to provide direction for the integration of multiple methods in research design, analysis and reporting (Silverman, 1985) particularly where qualitative and quantitative methods are used. Burgess (1984) argues that integration is critical to the production of research outcomes and essentially involves searching for patterns of data to be linked logically. Convergent outcomes strengthen validity whilst divergent findings may point to alternative explanations not previously considered (Jick, 1979). Other researchers have since developed strategies and provided examples of the integration within multiple-method research and evaluation designs (for example, Greene & McClintock, 1985; Shotland & Mark, 1985; Fielding & Fielding, 1986; Morse, 1991; Caracelli & Greene, 1997).

Despite critique and the intensity of the qualitative-quantitative debate, *between-method* triangulation has become most prominent in the literature and stimulated the development of designs for multiple-method research and evaluation. Many such designs include both qualitative and quantitative methods. For example, Brewer and Hunter (1989)

describe strategies for developing *multimethod* research designs and Greene and Caracelli (1997) present a collection of *mixed-method* evaluation studies. Yin (1994) describes the use of multiple methods in *case-study* inquiry, and it is to this method that we now turn.

CASE STUDY

Case study, widely used for evaluation and research in such fields as anthropology, sociology, education, economics and public policy, is variously defined and reflects a range of research designs and methods (Yin, 1984, 1994; Platt, 1992; Hamel, Dufour & Fortin, 1993). According to Platt (1992) the disparity in interpretations appears to relate to disciplinary background and the developmental stage of case study in disciplined inquiry.

Commonly used in anthropology, social work, and sociology during the 1920s and 1930s the "case study method", centrally concerned with evidence of personal meaning, was at that time distinguished from the "statistical method" encompassing various quantitative approaches (Platt, 1992, pp.19-20). The decline in the use of case study during the 1940s and 1950s was, Platt explains, related to perceived defects in the methodology itself (failure to delineate replicable methods and produce outcomes generalisable to wider populations), and the concomitant dominance of the sample survey and other quantitative methods. Platt observes that during the 1960s and 1970s, the increasing use of qualitative methods led to a revival of interest in case study in various disciplines including education, the term *case study* then being frequently used as a synonym for such methods as participant observation and field research.

Innovations in educational inquiry including responsive (Stake, 1973/1983) and illuminative (Parlett & Hamilton, 1976) evaluation, led to the emergence of case study as a strategy for naturalistic research and evaluation in contrast to the previously dominant quantitative strategies (Stake, 1973/1983; Hamilton, 1980). A supporting body of literature developed (for example MacDonald & Walker, 1977; Smith, 1978; Stake, 1978, 1985; Simons, 1980; Adelman, Jenkins & Kemmis, 1980) as case study became well established in educational inquiry. However, critics pointed to the "need for attention to be paid to the quantitative aspects of case study" (Stenhouse, 1980, p.4), and the lack of methodological clarity, theoretical orientation and generalisability (Atkinson & Delamont, 1985).

Thus the development of case study over several decades and across a number of disciplines resulted in the disparity of views concerning the distinguishing features of case-study research apparent in the extensive literature. In the words of Merriam (1988, p.5)

> [T]here is little consensus on what constitutes a case study or how one actually goes about doing this type of research. Some of the confusion stems from the fact that various sources equate case study research with fieldwork, ethnography, participant observation, qualitative research, naturalistic inquiry, grounded theory, exploratory research, phenomenology, and hypothesis generation. The terms case history, case record, and case method, sometimes used in conjunction with case study, further confuse the issue, as do questions related to the case study's purposes, goals, and functions. Procedural confusion arises from questions about the type of data that can be used in a case study, how best to collect the data, and how to interpret them.

More recently, Lancy (1993, p.140) notes the lack of agreement in the literature stating "*Case study*, like ethnography, is used as a synonym for qualitative research, even by those who write about it as a method". Meanwhile Platt (1992, p.43), reviewing references to case study in a selection of methodological literature, points to the lack of clarity and consensus regarding definition and methodology noting that "what recent writers mean by *case study* depends on what they think of as alternatives to it".

Merriam, Lancy and Platt thus identify elements requiring clarification: terminology reflecting various uses of the study of *cases*; definitions of case study in research or evaluation; and methodological features.

Terminology of *The Case*

The study of *cases* is common to many disciplines (Kennedy, 1979; Yin, 1994; Merriam, 1988) and needs to be distinguished from case study as a research or evaluation strategy. *Case method* refers to a teaching strategy where elements of cases are used "for illustrative purposes or problem-solving experiences", while *casework* refers to a client service strategy (Merriam, 1988, p.15). *Case records or case histories,* which record information about specific individuals or events, are widely used to facilitate and inform practice, for example in the health and legal professions. These records are also used as *case studies* for teaching purposes and may indeed be garnered as research data (Merriam, 1988). A *case history* may be used in research to present a detailed story of a person or event, but should be distinguished from *case study* inquiry which is linked more strongly to theory (Hutchinson, 1990).

Definitions of Case Study

Definitions of case study in research or evaluation are not so clearly expressed; indeed some writers avoid definition in favour of description of methodological features (for

example Lancy, 1993). Nevertheless, a selection of defining statements serves to advance this attempt to clarify the meaning of *case study*.

According to Stake (1978), case study is concerned with the detailed study of a single case or *bounded system* that may be a situation, group, institution, program or some other entity where boundaries are definable. Naturalistic inquiry is most commonly used although statistics and hypothesis testing may be involved. Outcomes are usually complex and holistic descriptions reflecting understanding of the case.

Stake's perspective contrasts with that of Yin (1984, p.13) who describes case study as a formal research strategy comparable with other strategies such as survey, history or experiment. It is the strategy of choice for investigating a phenomenon in a "real-life context" where the researcher has no control over events. According to Yin, case study uses both qualitative and quantitative methods in evaluation and research and may be exploratory, descriptive or explanatory.

Merriam (1988, pp.2-3, 21), in her text *Case Study Research in Education: A Qualitative Approach,* also describes case study in terms of research strategy, offering two contrasting views. Initially, case study is described as a basic design that may accommodate various disciplinary and philosophical perspectives, include both qualitative and quantitative methods, use purposive or random sampling, and develop or test theory. However, Merriam fails to elaborate this broad definition and devotes the text to the description of case study "from the perspective of the qualitative or naturalistic research paradigm", defining it as a qualitative research design which permits "an intensive, holistic description and analysis of a single instance, phenomenon, or social unit". In a more recent educational research text, Lancy (1993, p.142) describes case study as a qualitative method of inquiry, but states that it "does not adhere to the qualitative paradigm".

Meanwhile in their more recent work Yin, with a background in psychology and management technology, and Stake, with long experience in educational evaluation, maintain their differing perspectives. Yin (1994, pp.13-14) describes case study as a "comprehensive research strategy" which "can be based on any mix of quantitative and qualitative evidence" and which "should not be confused with *qualitative research*". Stake, however, (1994, pp.236-238) argues that "Case study is not a methodological choice, but a choice of object to be studied" and is concerned with the uniqueness of a particular "bounded system". Although definitions of case study differ in their focus, *object of study* versus *strategy for study*, the methodology concerns both.

Methodology and Design of Case Study

While there is general agreement in the literature that case study aims to produce an in-depth contextualised description and analysis of the phenomenon of interest, there appears to be no universal agreement on methodology or clear delineation of design (Merriam, 1985; Stoecker, 1991; Yin, 1989, 1994). As definitions suggest, *case study* as an approach to empirical inquiry employs a diversity of methods in investigating context-related phenomena and may use typically quantitative and qualitative approaches in the one study. Methodological decisions are based on the research questions which in turn are grounded in assumptions about the phenomenon of interest, the context of the case and how it is defined (Yin, 1989, 1994; Stake, 1994). The methodological orientation of case study thus varies widely; one study may depend primarily on quantitative inquiry while another may use such qualitative approaches as ethnography or grounded theory.

Of the available approaches to case study design, many incorporate the use of multiple methods. Stake (1985, 1994) suggests that quantitative data as well as qualitative inquiry may be needed in order to arrive at understanding of the case, but does not elaborate strategies for design. Stoecker (1991, p.101) proposes a framework for developing case study design which incorporates a "multimethodological approach". Yin (1984, 1989, 1994), aiming to codify case study designs, provides a more formalised structure. He includes strategies for single and multiple case studies, and recommends the use of multiple sources of data triangulated in analysis and integrated in a comprehensive report. Yin (1994, pp.20-27) identified five components of case study design: study questions; clear definition of the *case*; theoretical propositions that identify phenomena to be studied; strategies for linking data to propositions; and criteria for interpreting findings. Although Yin acknowledges that strategies for linking data and interpreting findings are not well developed, he emphasises the importance of theory in case study design.

Theoretical perspectives inform definition of the case and development of the design while theorising continues through data analysis and integration. Case studies may aim to build, expand or verify theory; they may be used to generate or test hypotheses (Yin, 1989, 1994; Stoecker, 1991; Stake, 1994). Theory building is exemplified in case studies using grounded theory methodology to develop substantive theory, while verification may occur as relevant theories are applied in the analysis and interpretation of data (Hutchinson, 1990).

Case study has been criticised for lack of rigour and its failure to produce generalisable findings (see Yin, 1989; Stoecker 1991; Platt, 1992; Hamel, Dufour & Fortin, 1993; Stake, 1994). However, it is argued that the rigour of case study derives from the

rigour applied in the use of theory and selected inquiry methods, and their integration in analysis and reporting. The application of various methods is informed by the epistemological assumptions and subject to the standards of scientific inquiry pertinent to each (Yin, 1989, 1994; Stoecker, 1991). Further, it is argued that this contextualised inquiry produces a different form of generalisation. Stake (1978,1994) argues that the comprehensive descriptions produced by case study facilitate *naturalistic generalisations* where readers, recognising similarities, generalise to their own situations. On the other hand, Yin (1994) argues that case study produces *analytic* rather than *statistical generalisations*; that is, outcomes are generalisable to theoretical concepts rather than populations.

Although many variations of case study exist and critics highlight potential weaknesses, this approach to research and evaluation does facilitate comprehensive and rigorous study of phenomena in the context of a bounded situation or group. The flexibility of the case study approach allows for development of a research design that is shaped by the research questions and is appropriate to the research settings.

METHODOLOGY FOR THE STUDY

Case study is eminently suited to address the research questions in this study of attitudes toward the elderly. As established at the beginning of this chapter, the focus of inquiry is the attitudes held by a cohort of pre-registration nursing students in the contexts of their course experiences concerning ageing and the elderly. The research questions call for the measurement of the attitudes of all students as well as more in-depth investigation of the nature of their attitudes and factors influencing them. Case study allows the development of a research design that accommodates the diversity of methods and the application of relevant theory required by these questions.

The multiple method case study design developed for this research incorporates quantitative and qualitative inquiry and applies attitude theory in the interpretation and integration of data. The research questions themselves are shaped by attitude theory and an appreciation of the limits of relying on measurement scales alone to investigate attitudes. Quantitative methods are informed by principles of attitude measurement and psychometric theory, while qualitative investigation of attitudes and influencing factors is informed by the principles of interpretive inquiry. Attitude theory provides the theoretical context for the study; attitude theories, specifically the *Theory of Reasoned Action* (Ajzen & Fishbein, 1980) and *Processes of Social Influence* (Kelman, 1961/1966),

are applied in the triangulation of data and the integration of research findings. Details of the design are elaborated in the remainder of this chapter.

RESEARCH DESIGN

The research was designed to investigate nursing students' attitudes on entry to their three-year pre-registration course, during selected first-year experiences concerning ageing and the elderly, and again at the end of both first and second year. The multiple-method design incorporates three interrelated components: attitude measurement, field research and survey questionnaire. Although each component represents a different approach to investigating attitudes, each informed the others at various stages of the research process and the three collectively enabled the development of an integrated perspective of students' attitudes. The three components and the relationships among them are outlined below in order to establish the research time-frame and the overall plan for sampling within the case study, and identify issues of research access and ethics. Each of the components is then detailed: methods are elaborated and strategies for sampling, data collection and data analysis are described before the approach to integrating findings is outlined.

In the *Attitude Measurement* component conducted in the classroom setting, a multidimensional Likert instrument containing four scales was used to measure students' attitudes. Refinement of the attitude instrument constituted the first part of this study and is reported in Chapter 5. Attitudes were measured on three occasions: at the beginning of Year 1, at the end of Year 1, and at the end of Year 2, and the scores compared. Scores were also compared among participants according to their age, gender, and frequency of contact with elderly people. Findings from the first attitude measurement informed the sampling for the focus group interviews used in the field research.

The *Field Research* component included focus-group interviews, participant observation of classroom and clinical learning activities relating to aged care, and documentary analysis of relevant written material produced by students in the course of their studies. While participant observation of the classroom experience involved the entire cohort of students, two sub-groups were selected as participants in the focus-group interviews and the observed clinical practice. Thematic analyses of field notes, transcribed interviews and documentary data were used to develop attitudinal categories.

The *Survey* component was also conducted in the classroom setting in conjunction with the second and third measurements of attitudes. At the end of first year the

questionnaire was used to assess participants' career interest in aged care and evaluate the impact of the various classroom and clinical experiences relating to ageing and the care of elderly people. At the end of Year 2, the two questions designed to assess students' interest in future experience in aged care were repeated as an attachment to the third attitude questionnaire. Development of the survey questionnaire was informed by data from the field research.

Pilot studies of each research method conducted with separate student groups were included in design development and are reported in the later detailed descriptions of the design components. Integration of the three components occurred primarily at the data analysis stage and is reported in the discussion of research findings presented in Chapter 9. However, relationships among the components informed refinement of both research strategies and sampling decisions not only at the design stage, but also as data collection proceeded. Data collection was timed over a two-year period according to course experiences. The research time-frame, arranged according to the sequence of educational activities, is summarised in Figure 4.1.

SAMPLING DESIGN

Although the term *case study* implies that the research is concerned with all participants, the multiple-method design used within this case study required selection of sample groups from the cohort of students commencing the pre-registration nursing course. While the attitude measurement and survey components were aimed at all students, purposive samples were selected for the interview, participant observation and documentary analysis elements of the field research. Strictly speaking, formation of the attitude measurement and survey participant groups did not involve *sampling* in the usually accepted sense. For convenience, however, participant group formation is described as the *sampling design* and the generic term *sample group* is used to introduce each of the various groups. Thereafter, each group is referred to by the title indicated in the diagrammatic summary of the sampling design presented in Figure 4.2.

Altogether, 217 students were in full-time enrolment in first year when the study commenced; however, a number later deferred or withdrew from the course or reverted to part-time enrolment resulting in a reduction of cohort size and the loss of participants from all sample groups as shown in Figure 4.2. Sampling decisions for each research component are elaborated later in this chapter. First, the major ethical and research access issues inherent in the sampling design and research methods are outlined.

	COURSE EXPERIENCES	RESEARCH METHODS
YEAR 1:		
MARCH	Introduction to life-span studies	First attitude measurement Sampling: Field research First interviews
APRIL	Classroom sessions: The elderly years Self-directed field study: The well elderly	Participant observation Documentary evidence
MAY } } } } JUNE }	Clinical practice in extended care settings	Participant observation Documentary evidence
OCTOBER		Final interviews Second attitude measurement Survey questionnaire
YEAR 2:		
OCTOBER		Third attitude measurement

FIGURE 4.1:

TIME FRAME SHOWING THE RELATIONSHIP OF COURSE EXPERIENCES TO THE APPLICATION OF RESEARCH METHODS.

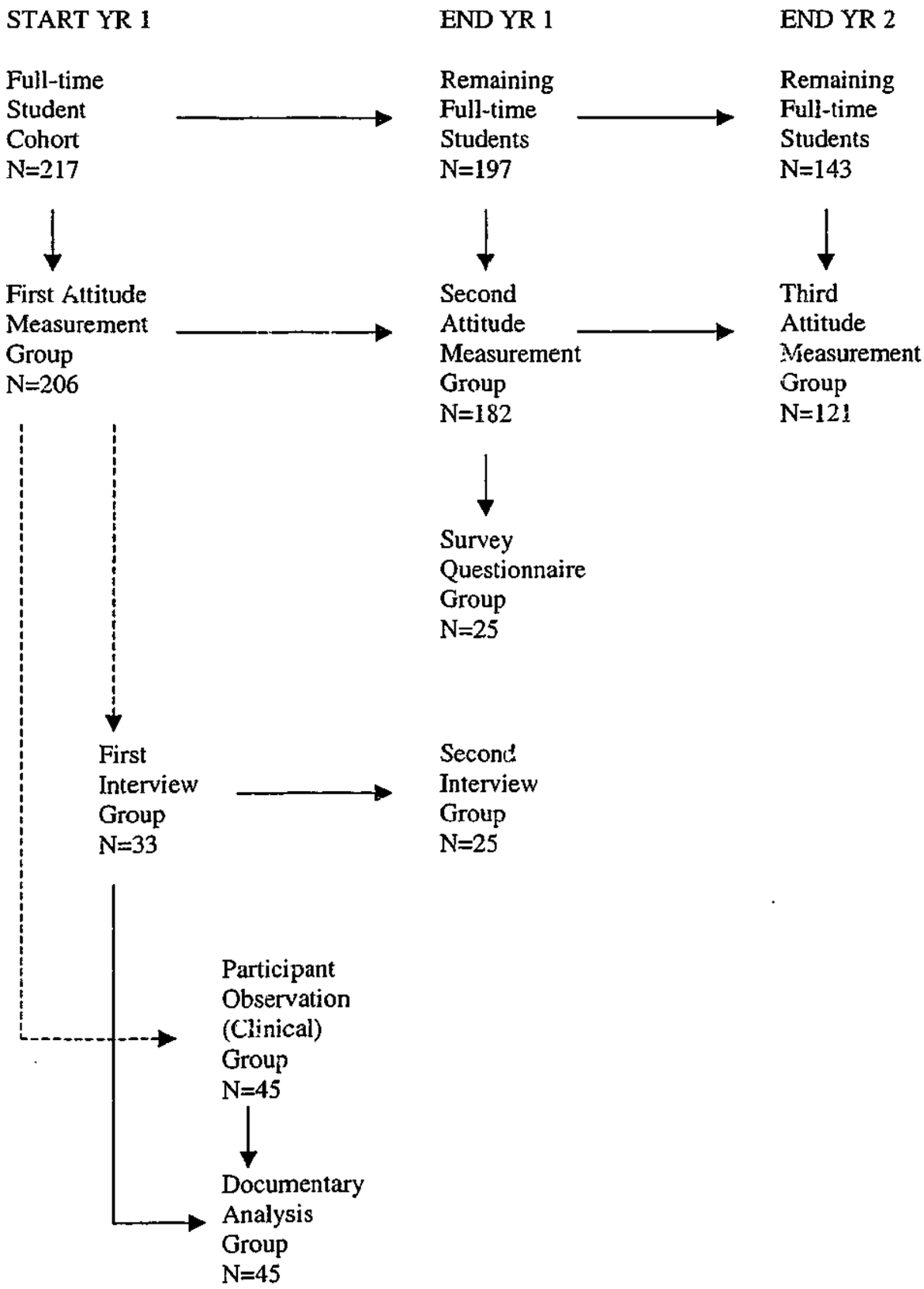

FIGURE 4.2: SAMPLING DESIGN

RESEARCH ETHICS AND ACCESS

Consideration of ethical issues is essential in the development of any research design (Cook, 1991; Burns & Grove, 1993) and in qualitative research, particular emphasis is placed on the ethics involved in both research access to contexts and participants, and the use of data (Barnes, 1977; Burgess, 1984; Mitchell, 1991). The multiple-method design for this case study presented several concerns summarised below.

Issues of research ethics and access inherent in the research design involved several groups of individuals including the students, the classroom and clinical teachers, the elderly residents and staff in the clinical agencies, and the administrative staff of both clinical agencies and the university School of Nursing. The major ethical issues in the case study concerned informed consent, confidentiality, invasion of privacy and maintenance of respect, researcher/student relationship, and the relationships between the School of Nursing and the clinical agencies. Procedures designed to deal appropriately with each of these issues were detailed in the application to the Ethics Review Committee of the university where the students were enrolled. Ethics approval for the pilot and case studies was subsequently granted (see Appendix 2).

Research access for this study was negotiated through key staff at the university and the clinical agencies. A written request for permission for research access to students was granted by the Head of the School of Nursing, while permission to access participants in the clinical field was granted by the Directors of Nursing of the two clinical agencies involved and the clinical teachers who accompanied the students. Although the permission granted by the Directors of Nursing included access for observation of direct nursing-care activities, permission was sought from individual residents during the course of the participant observation component. Consent from participants in the attitude measurement component was sought orally and considered implicit in completion of the questionnaire, while consent for the qualitative component of the study was sought by means of oral and written request (see Appendices 3 and 4) and granted in writing.

Ethical issues are elaborated as necessary in the following discussion of data collection, analysis and reporting procedures for each design component.

DESIGN COMPONENTS

The discussion of each design component presented in this part of the chapter elaborates the research methods and formation of the sample groups, describes the research context and data collection, and details the methods of data analysis. Components are presented according to the sequence of their implementation in the research process; attitude measurement followed by field research and, finally, the survey questionnaire. The approach to integrating findings is then outlined.

ATTITUDE MEASUREMENT

This component was designed to determine whether nursing students' attitudes toward elderly people changed after participation in course activities concerning ageing and the elderly. Students' attitudes were measured during the first week of the three-year, pre-registration course prior to any relevant teaching sessions. Initial attitude scores were compared with later measures at the end of first year after course experiences specific to aged-care, and again at the end of second year after further experiences. The attitude scores were also compared among participant sub-groups defined by age, gender and frequency of contact with elderly people since previous research questioned the influence of these variables on attitudes toward the elderly.

Attitudes were measured using a 38-item Likert attitude instrument introduced below. At each data collection the attitude items were presented within a written questionnaire providing for responses on a five-point scale. The first questionnaire, presented in Appendix 5, also asked participants to respond to items which categorised their age, gender and frequency of contact with elderly people. In the second and third questionnaires (Appendices 7 and 8) items comprising the survey were appended; these are described later in this chapter.

Attitude Instrument

A multidimensional Likert instrument, the *Attitudes Toward the Elderly Scales*, was developed for this study. The instrument contains 38 items arranged into four scales: *Competent Individual*, *Acceptance*, *Satisfaction* and *Identification*. While a provisional version of the instrument had been developed in preparation for this research (Wood, 1994), the necessary further psychometric testing and final refinement of the instrument formed the first stage of the attitude measurement component of this study. The research instrument is presented in the next chapter and all phases of its development and its

psychometric properties are discussed after the principles of Likert attitude instrument development are outlined.

Sample Group

It will be recalled that the sampling design aimed to include the entire cohort of full-time first-year students in the attitude measurement sample group which then provided the basis for formation of the field-research and survey sample groups. Given the research aim to begin exploring attitudes early in the course and prior to relevant learning experiences, the few part-time students who had already undertaken part of the course were not included.

At the first data collection at the beginning of the course, all full-time students present were invited to participate by completing the attitude questionnaire. However, a number of the 217 students in full-time enrolment were either absent or chose not to participate. The 206 students who completed the first questionnaire formed the initial sample group from which interview participants were selected. Participant sub-groups as defined by the categories of age, gender, and frequency of contact with elderly people were formed for the comparison of attitude scores and are described fully in Chapter 6.

At the two subsequent measures of attitudes 182 of the 197 students who remained in full-time enrolment at the end of first year completed the second questionnaire, while 121 of the 143 full-time students remaining at the end of second year completed the third questionnaire.

Data Collection

All three sets of attitude measurement data were collected by the researcher in classroom settings on the university campus after suitable access times were negotiated with teaching staff. The first data were collected at the beginning of the first week of the course while the second and third questionnaires were administered during the last teaching week of first and second year respectively.

On each occasion the research purpose and procedures were explained orally to students, using the term *opinions* pertaining to elderly people rather than the more value-laden term *attitudes*, and participant confidentiality was assured. Written explanation was also provided together with instructions for completing the questionnaire, as shown in Appendix 5. All full-time students were invited to participate and, as noted earlier, consent was considered implicit in completion of the questionnaire.

Participants were asked to provide their student identification number to enable both matching of sequential attitude scores and researcher contact after the first data collection regarding the interview component of the study. The use of the identification number also provided a useful check on the year of first enrolment. Research data were, however, recorded under a research code allocated to each student immediately after data collection. Meanwhile, the questionnaires were (and remain) stored in a locked cabinet.

Data collection was not entirely straightforward. Since classroom attendance was poor on the day set for the second measurement of attitudes, it was necessary to augment data collection with mailed questionnaires. Although classroom attendance was also limited at the third data collection the response rate (detailed in Chapter 5) was considered adequate.

Data Analysis

The computer program SPSS (Statistical Package for the Social Sciences) was used for all statistical analyses. Various univariate and multivariate procedures were used to produce indicators of attitudes on the various dimensions, compare attitude scores at different times or among the various participant sub-groups, and evaluate the quality of the research instrument at each administration. Statistical procedures are discussed in relation to each of the three measurements of attitudes. First, the scoring of individual items is explained.

Responses to each attitude item were scored from 1 to 5; for a favourable item strong agreement received a score of 5, strong disagreement received a score of 1, and a *Not Sure* response received a score of 3. For unfavourable items, the scoring was reversed so that strong disagreement produced a score of 5. Thus the higher the score on any scale, the more favourable the attitude on that dimension. Categories for each of the variables of age, gender and frequency of contact with elderly people were coded numerically for data entry (as shown on the questionnaire in Appendix 5).

<u>Analysis: First Attitude Measurement</u>

Demographic Variables

Frequencies and percentage responses for the age, gender and frequency of contact categories were computed. Attitude scores for the sub-groups defined by these variables were analysed as described below.

Attitude Scale Scores

Group means and the mean per item scores for each scale were computed. Individual participant scores were also generated and compared with the group means for each scale. Mean scale scores were computed for each of the sub-groups defined by age, gender and frequency of contact with elderly people. Sub-group means were then compared using analysis of variance (ANOVA) to test for significant difference among groups. ANOVA was considered an appropriate procedure in this situation involving more than one comparison. The use of ANOVA in based on the assumptions that variables are normally distributed, population variances are equal, and observations between and within samples are independent (McLaughlin & Marascuilo, 1990), conditions that normally apply to data yielded by a typical attitude instrument. Where significant differences among sub-groups were demonstrated by ANOVA an *a posteriori* test, the Tukey Honestly-significant-difference (Tukey-HSD) method of pairwise comparisons (Runyon & Haber, 1984; McLaughlin & Marascuilo, 1990), was used to establish which groups were significantly different from the others.

Analysis: Second Attitude Measurement

Group means and the mean per item scores for each scale were computed as for the first measure. The ANOVA comparing sub-group means was repeated to determine whether any significant differences persisted until the end of the first year. The group scale means were compared with the first measurement scores and the Student's t-test for correlated samples used as a test of significant difference. The t-test, based on the assumptions also relevant to ANOVA (Runyon & Haber, 1984), was appropriate for the data and was suited for this comparison of paired participant scores.

Analysis: Third Attitude Measurement

As before, the group means and the mean per item scores for each scale were calculated. Scale means were then compared with the two earlier measurements using analysis of variance for repeated measures, a test for significance of the differences between linear combinations of scores paired over repeated measures. In addition to the usual assumptions of ANOVA this test requires the condition of sphericity, that is the variances of differences for all paired scores among the repeated measures are equal. Univariate analysis is used when the variances are equal and multivariate analysis is used when the condition of sphericity is not met (Norusis, 1990; Glass & Hopkins, 1996).

The attitude measurement component thus initiated the case study and provided a means of assessing the attitudes of all participants over the two-year period of the study. The attitude scores and the participant categories defined by frequency of contact with elderly people also provided a framework for selecting a sample for focus group interviews.

FIELD RESEARCH

The field research used various qualitative methods to explore nursing students' attitudes toward elderly people. The methods including focus-group interviews, participant observation and documentary analysis addressed all three key research questions with particular emphasis on questions concerning the nature of attitudes toward the elderly and factors affecting those attitudes. Sampling for the field research involved selection of both the participants for interview and the clinical agencies where student interactions with elderly people were to be observed. Purposive sampling, where the researcher deliberately chooses to include certain elements of a population in a sample (Burns & Grove, 1993), was used in both cases. Each of the methods is discussed below; the sample group is defined, the context and strategies for data collection are described, and procedures for data analysis are explained.

Focus Group Interviews

Focus groups function as group interviews reliant on interaction among group members; the interviewer serves as a moderator initiating group discussion with open questions and thereafter promoting dialogue among participants (Morgan, 1988). The interview is usually recorded on audio- or video-tape and subsequently transcribed for analysis along with field notes recorded by the interviewer or an assistant. Focus group interviews are useful for exploring attitudes and opinions as the interactive technique tends to promote a degree of self-disclosure (Krueger, 1994). Widely used in market research for several decades, focus groups have become increasingly evident in social, health and educational research. They may be used as the sole means of data collection in a study or may be combined with other methods (Morgan, 1988) and are of particular value in triangulated research designs (Morgan & Spanish, 1984). Although the focus group method has the advantage of capturing the rich and spontaneous data generated by group discussion, the interviewer has less control than in individual interviewing and analysis is more difficult (Krueger, 1994). Nevertheless it was considered the method of

choice in this case study as it facilitated access to more students and data than the individual method, and group interviews were thought to provide a more comfortable context for participants to express their views.

Students selected according to the criteria described below were interviewed early in the course to gather data reflective of their entry-level attitudes toward the elderly. These students were interviewed again toward the end of the year after their involvement in the course experiences pertaining to ageing and aged care. An important aspect of the first set of interviews was the exploration of participants' previous experiences with elderly people; the statistical analysis of attitude measurement data suggested that the frequency of contact with elderly people might have some effect on attitudes. It was anticipated that the accounts of individual experiences elicited at interview would provide valuable indicators of factors involved in the development of attitudes toward the elderly. Similarly, it was expected that the second set of interviews at the end of the academic year would assist in identifying factors contributing to attitude formation or change during the first year of the course.

Sample Group

Participants for the interview component were selected according to two criteria, the first of these relating to scores achieved on the attitude measurement scales. Three attitude score categories were defined: (i) participants achieving high (positive attitude) scores on all four scales; (ii) participants achieving low scores on all four scales; and (iii) participants achieving a mixture of high and low scores. The second criterion related to the frequency of participants' contact with elderly people which students indicated by selecting one of four categories: (i) *Daily*; (ii) *Weekly*; (iii) *Monthly*; (iv) *Hardly ever*. Analysis (reported in Chapter 6) revealed that difference among the attitude scores of the four *frequency of contact* groups were statistically significant on three of the four scales. The selection of participants with disparate attitude scores and varied frequency of contact with elderly people aimed to ensure that a range of perspectives and experiences would be represented at the interviews. With the intention of interviewing at least 30 participants, 15 students from each of the four categories of *frequency of contact* were invited to participate; the 15 students comprised five from each of the three attitude-score categories.

At the time of distribution of the first attitude questionnaire, participants were informed that a number of students would be invited to participate in small group

interviews. Once the attitude measurement data were analysed, researcher access to the students was again arranged with teaching staff. Students were thanked for their participation in the survey and advised that some who had completed the questionnaire had been systematically selected for invitation to participate in small group interviews. The invited students were identified on a list of enrolment numbers posted in the classroom. The researcher then met with interested students and provided each with a written description of the research project including a statement of the research purpose and an assurance of confidentiality. This description, together with the researcher's responses to invitees' questions, provided the basis for participants to give informed consent by means of a written consent form (see Appendix 3) which also covered permission for the audio-recording of interviews. Of the 60 students invited, 33 agreed to participate in focus-group interviews.

Method

The initial focus-group interviews were conducted during the fourth and fifth week of semester before the extended-care clinical practicum commenced. At the time of obtaining consent, suitable times during non-teaching hours were set for interview. Eight interviews were conducted, each of 45-60 minutes duration and involving between three and seven participants. All were led by the researcher and conducted in a private meeting room on campus. The purpose of the interview, as explained to participants, was to discuss their ideas about elderly people and how they perceive the needs of the elderly. In order to elicit participants' ideas and opinions, the interviews were loosely structured with several open questions (for example, *How would you define "elderly"?*) being used to initiate discussion. A copy of the focus-group interview plan appears in Appendix 6.1. As the interviews progressed, questions became more tailored to promote prevailing discussion and gradually more personalised to encourage particular participants to expand upon their statements. The interviews were audio-tape recorded and note-taking kept to a minimum, allowing the researcher freedom to observe non-verbal communication and guide discussion as necessary. Observations were noted briefly at interview and afterwards recorded more fully in field notes.

After each of the first-semester interviews, arrangements were made to contact participants again towards the end of the year for the second set of focus groups. These interviews were conducted on campus in a similar manner to the first set and involved 25 of the original 33 participants; eight had either discontinued the course or were

unavailable. The interview questions of similar style to those used earlier encouraged participants to both express their views and reflect on experiences during the year that affected them. A copy of the interview plan appears in Appendix 6.2.

Data Analysis

Focus group interviews generate a large volume of transcribed dialogue and field notes requiring careful analysis and interpretation to capture the meaning contained in the data and convey it with integrity in the research report (Krueger, 1994). The analysis of qualitative data is focussed by the research purpose and questions; it involves a systematic process of organising the data to develop and interpret themes that describe and explain the phenomena of research interest (Patton, 1990). Data analysis may be used to extend, refine or illustrate theory, or generate substantive theory as exemplified by the grounded theory methodology developed by Glaser and Strauss (1967).

Various approaches to the analysis of qualitative data described in the literature highlight the non-sequential nature of data collection, analysis and interpretation in qualitative inquiry. The *constant-comparative* method used in grounded theory involves the simultaneous collection, coding and analysis of data to generate theory. Glaser and Strauss (1967) argue that this process, which allows theory to be constantly re-formulated as new categories emerge from the data, is superior to sequential data collection and analysis. Essentially the process consists of coding concepts within the data, comparing and linking codes to develop categories, collecting further data using theoretical sampling, refining categories and relationships, and finally integrating the theory. The process is facilitated throughout by recording analytic memoranda, conceptual notes about codes and their relationships that assist in refining the analysis (Strauss, 1987).

While the constant comparative method is particular to grounded theory, other approaches to analysis use similar procedures to analyse and interpret qualitative data. Indeed, Denzin (1994, p.513) notes that the key features of the grounded theory approach may be found embedded in "any of the numerous qualitative guides to interpretation and theory construction". Miles and Huberman (1984, p.68) describe two levels of analysis: First-level analysis or *coding* is a way of naming or "summarizing segments of data", while second-level analysis or *pattern coding* is "a way of grouping those summaries into a smaller number of overarching themes or constructs". Both levels are supported by analytic memos used to record theorising about links between codes and emerging patterns. Patton (1990) uses a similar approach of exploring data to identify emerging

patterns that are grouped to develop categories and themes with interpretation continuing until conclusions are drawn. The credibility of conclusions is strengthened by the use of strategies to verify analysis. These include exploring alternative themes or explanations, searching for *negative cases* or instances where data do not fit emergent themes, and verifying analysis with informants (Miles & Huberman, 1984; Patton, 1990, pp.462-464). Patton also advocates the use of triangulation to strengthen analysis and interpretation.

According to Patton (1987, 1990), the interpretation of qualitative data moves analysis beyond description to consider relationships, causes and consequences; while it does not aim for linear explanations typical of quantitative inquiry, it seeks to illuminate the links between processes and outcomes in the natural setting. Rather than impose theory as a framework for the interpretation of data, analysis draws emergent theoretical propositions from the data. These propositions may then be formed into a substantive theory or further interpreted in light of existing theory.

The data generated by the focus groups in this study were analysed using thematic analysis. Data were prepared by transcribing interviews and accompanying field notes into a word processing computer program to produce double-spaced text with wide margins. Transcripts were then read and codes recorded as marginal notes; codes were refined as transcripts were re-read several times and gradually linked to form categories reflective of themes within the data. Analysis was achieved through a process of highlighting codes and grouping relevant data using the computer program, and was supported by analytic notes recorded as codes and categories were refined. As analysis and interpretation progressed, emergent themes were cross-referenced to data generated by other components of the case study. Interpretation involved the application of concepts from the theoretical context described earlier and was further refined as findings from all components of the study were integrated. The process of integration is outlined in the final section of this chapter.

Participant Observation

Participant observation may be used for investigating a wide range of phenomena in the social-cultural context of everyday life and is particularly appropriate when "the research problem is concerned with human meanings and interactions viewed from the insiders' perspective" (Jorgensen, 1989, p.13). It is useful for exploratory and descriptive studies and for developing theoretical interpretations of a phenomenon. Although the term *participant observation* is classically descriptive of research in the anthropological

tradition where a prolonged period is spent in the field (Silverman, 1993), the approach is widely used in social and human services research either alone or combined with other methods.

The participant observer collects information through direct observation while participating in activities in natural settings and may also gather data through informal or formal interviews, questionnaires, and documents created in the course of life and work (Jorgensen, 1989). The researcher becomes the research instrument, assuming an appropriate role ranging from complete observer to complete participant and recording observed phenomena in comprehensive field notes (Hammersley & Atkinson, 1983, 1995; Burgess, 1984). Such a role raises important issues: The researcher is engaged in direct relationships with the researched and as part of the research context has some influence on phenomena and, ultimately, on the data that are collected. This requires that the researcher adopt a "reflexive" position, continually reflecting on the impact of the participant observer role on the observed phenomena (Hammersley & Atkinson, 1983, pp. 14-23).

In this study, participant observation was used in two situations. The first involved observation in the classroom setting where lectures concerning the elderly included student contribution to a discussion of assumptions about the aged and ageing. The second focussed upon sixteen students, selected as described below, involved in ten days of clinical practice in extended-care settings where most residents are elderly. The researcher role ranged between participant and observer; the researcher's professional roles as registered nurse and educator provided flexibility to the participant observation technique applied in the clinical setting.

Sample Group

While participant observation in the classroom setting involved the entire cohort, sampling for the participant observation of clinical experience was governed by characteristics of the clinical settings; sixteen students allocated to the two clinical agencies selected as research contexts became participants in the observed clinical practice. Students were allocated to clinical experience in groups of eight, each group being accompanied by a clinical teacher. A number of agencies provided clinical experience in care of dependent elderly people for two days per week over five consecutive weeks at the end of first semester. Since the first-year group was divided into two cohorts, each receiving clinical experience on different days, it was possible for

the researcher to study two groups of students. In accordance with the notion, identified earlier, that environmental and role-model factors influence attitude development, two contrasting agencies were selected. One agency was reputed to be very progressive and innovative in providing holistic care for the elderly residents whilst the other was understood to have a more traditional, custodial care approach. It was therefore anticipated that in these clinical settings the *extra-curricular* influences upon the development of students' attitudes toward the elderly might differ.

Once the two clinical agencies were selected, permission to accompany students during clinical experience was sought and obtained from the respective Directors of Nursing and the nurse managers of the clinical areas to which students were assigned. The sixteen students who had been allocated by teaching staff to the selected agencies were then contacted and provided with a written description of the research project (Appendix 4) and written consent subsequently obtained. The two clinical teachers accompanying the students also provided written consent. Permission was sought on a day-to-day basis from residents and relevant clinical staff as students were observed in practice.

Method

Data were collected through observing and interacting with students from both groups during the ten days of their clinical experience. The researcher accompanied the entire group each morning when students met with the clinical teacher to plan care for their allocated residents, and again each afternoon at clinical conference where the teacher moderated discussion of patient care and learning issues. At other times students were accompanied as they worked singly or in pairs caring for residents. The researcher moved between observer and participant roles as the situation required; full participation was usually initiated by students when they sought assistance from the researcher in some aspect of care. (The nature of the participant observation role is further discussed in the methodological reflection in Chapter 10.) Data were also collected during informal conversations and a pre-arranged interview with students at the end of the ten-day period of clinical experience. Interviews and clinical conference were recorded on audio-tape while observations were recorded in field notes.

Observations and field notes were focussed on students' behaviour and conversation reflective of attitudes toward elderly people. Initially, however, observations and notes were quite broad; descriptions of participants and settings were

recorded in order to establish a context for data analysis and interpretation. While Silverman (1993, pp.36-37) highlights the pitfalls of attempting to record "everything" observed, he cautions against "premature definition of variables" in field research. He suggests that although theoretical concepts guide data collection, narrowing the focus of observations too early may divert attention away from important social processes. Rather, Silverman advises the researcher to observe broadly for a period before defining categories for recording field notes. Observations focussed on students' reactions to and interactions with elderly people, their engagement in providing direct care, and their expressed views of elderly people. Notes were not recorded *on-view* as this action was considered likely to further affect observed phenomena; rather, after a period of participant observation, the researcher moved to a private area to record notes.

Data Analysis

Field notes and interviews were transcribed into computer files and analysed using thematic analysis, as described for the data generated by the focus group interviews. Early data collection and analysis highlighted the educational practice of using extended-care settings for nursing students' first clinical experience; questions relating to the suitability and effects of clinical placement in extended-care settings emerged. These questions, detailed at the end of this description of the field research component, were explored during the remaining period of participant observation and in the second set of focus-group interviews conducted at the end of first year.

Documentary Analysis

Burgess (1984, pp. 123-125) identifies the value of using the written material that forms part of everyday life to provide research data. He distinguishes between "solicited" documents or those produced at the request of the researcher and "unsolicited", being those documents produced for personal or other reasons. Such unsolicited documents provide "unobtrusive" sources of data that avoid the problem of researcher presence influencing the context and the data collected (Berg, 1995, pp.141-152).

Documents

Two different types of written learning activity provided unsolicited documentary evidence. The first concerns the community-based study of the well elderly person discussed earlier in relation to the course experiences. (see Appendix 1). The second type

concerns clinical learning tools, namely nursing histories and care-plans that record the health history and nursing care of individual patients. Each student was required to construct histories and care-plans for patients in their care and submit them to the clinical teacher at regular intervals. The clinical learning tools were expected to provide useful data since, in the researcher's experience as a nurse educator, such documents had been found to contain indicators of student attitudes.

Sample Group and Method

All participants in the interview and clinical experience groups comprised the sample providing documents for analysis. When these students were invited to participate, the researcher also sought their permission to obtain copies of the assignments concerning ageing and aged care that they submitted as part of course requirements (see consent forms in Appendices 3 and 4). Photocopies of materials were subsequently obtained after researcher access was facilitated by teaching staff.

Data Analysis

The documents were read and re-read several times before relevant passages were highlighted, transcribed into computer files, and the data then analysed using thematic analysis.

Pilot Study

Although a formally structured pilot study was not conducted for the field research component, the researcher tested the observation and interview techniques (without audio-taping), during the previous year whilst involved in classroom and clinical teaching with first year pre-registration nursing students not involved in the case study.

The field research component incorporating several research strategies and types of data thus provided a means of investigating attitudes at more personal level in the context of nursing practice. Interviews with students and observation of their interactions with elderly people during clinical experience provided insights into their attitudes and generated further questions to be explored in both the field research and survey components of the study. These questions relate to the second key research question concerning the effects of course experiences on students' attitudes. Specifically they seek

to evaluate the impact of extended-care settings as the context for students' first nursing practice experience:

- Following the first clinical placement, to what extent do students express interest in further course experience in gerontic nursing?
- Did the students perceive the extended-care setting as suitable for their first clinical nursing experience?

SURVEY QUESTIONNAIRE

The survey component of the case study, conducted at the end of first year, was designed to investigate aspects of all three key research questions. In particular it aimed to assess participants' interest in working with elderly people and evaluate the impact of first year course experiences on knowledge and attitudes. Although these issues were also investigated in the field research component, a survey questionnaire provided a means of obtaining data from the majority of participants and relating relevant findings to their attitude scale scores.

Surveys seek to describe the incidence and distribution of variables and the relationships among them found in a population; they are widely used in educational, health and social research to investigate attitudes, opinions, behaviours and demographic characteristics (Wiersma, 1986; Polgar & Thomas, 1991). The *sample survey* involves the collection of data from a representative sample of a population (Wiersma, 1986; Jaeger, 1988). Data are collected primarily by means of self-report questionnaires, but other techniques including interview and observation may be used (de Vaus, 1985; Polit & Hungler, 1993).

Although the survey questionnaire component of this study does not fall within the definition of sample survey, the technique of self-report questionnaire was used to survey all participants in the case study. The questionnaire was administered in conjunction with the attitude measurement instrument. All survey items were presented as Part 2 of the second questionnaire (Appendix 7) at the end of Year 1, and two items were repeated as Part 2 of the third questionnaire (Appendix 8) at the end of Year 2. The questionnaire was designed to elicit both quantitative and qualitative data: While the majority of items elicited responses on a five-point rating scale, a number also provided for an extended written response. Development of the questionnaire is detailed below before the sample group and procedures for data collection and analysis are described.

Questionnaire Development

Although a survey component had been planned from the outset of the study, the questionnaire was extended and refined as data from the attitude measurement and field research components were collected and analysed. Items were designed to investigate interest in working with elderly people and evaluate the impact of the learning activities as outlined below.

Interest in Working with Elderly People

As in previous research, noted in Chapter 3, interest in working with elderly people was thought to be a factor that may reflect underlying attitudes toward the elderly and was explored in terms of general and career interest. Furthermore, data collected during the field research suggested that the interest held by all participants in the case study should be explored.

General interest was investigated by asking participants to rate on five-point scales both their current feelings of interest in working with elderly people and their recalled level of interest before commencing nursing studies. Career interest was investigated in terms of participants' immediate interest in further course experience in gerontic nursing and their interest in future professional practice as registered nurses in the aged-care field. Participants were asked to rate on a five-point scale their interest in each area and provide a brief explanation of the rating. The items on career interest were presented to students at the end of both first and second year, and the ratings compared.

Impact of First Year Experiences

First-year course experiences as possible factors influencing the development of attitudes toward the elderly were examined in terms of their impact on students. It will be recalled that these experiences included classroom lectures, a field study and clinical nursing experience with elderly people. Four groups of questionnaire items outlined below were designed to explore various dimensions of these course experiences.

Impact on understanding ageing and elderly people

Items on this topic sought to evaluate the effectiveness of the educational activities in assisting students to develop some understanding of the nature of aging and the needs of elderly people. One item focussed on the well-elderly field study since this activity was specifically designed to promote understanding. Participants were asked to

rate the three course experiences on a five-point scale and to comment on the most helpful aspect of the field study.

Impact on interest in working with elderly people

Participants were asked to rate on a five-point scale the impact of the various course experiences on their interest in working with elderly people, and to identify any other experiences during first year that may have affected their interest.

Relating to elderly people during learning experiences

This topic evolved from data gathered by interview and participant observation, and was investigated by means of two sets of single response items relating to feelings experienced during course activities involving elderly people. Students were asked to indicate, on a list of 18 items, those feelings most frequently experienced when relating to elderly residents during extended-care clinical experience. The same set of items was presented with respect to the well-elderly field study. Participants in the interview and observed clinical components of the study frequently referred to the feelings experienced during their learning activities with elderly people. Since these feelings were so frequently mentioned and possibly reflected important affective dimensions of attitudes, it was considered useful to investigate the feelings of the majority of students.

Personal aims for clinical experience

As with the preceding topic, this concept developed from interview and participant observation data. Some students expressed the view that, although learning to care for elderly people during the clinical practicum was important, they were primarily concerned with the goal of developing basic skills so that they would be prepared for experiences in other settings later in the year. In terms of both evaluating this clinical aspect of the course and understanding students' personal aims, it was considered important to include this topic in the questionnaire.

Pilot Study

Although a full-scale pilot study was not possible, the full questionnaire was reviewed by three nurse educators and tested with a small group of second year nursing students. Several suggested changes to item wording were incorporated in the final version.

Sample Group

The survey component was aimed at all students in the case study and ultimately included all students involved in the second and third measurement of attitudes. At the end of first year 182 of the 197 full-time students completed the full questionnaire while 121 of the 143 full-time students remaining at the end of Year 2 responded to the repeated items.

Data Collection

As noted above the survey items were administered as attachments to the second and third attitude questionnaires. After the purpose of the research was explained students were invited to participate, their consent being considered implicit in their completion of the questionnaire.

Data Analysis

Quantitative Data

Frequencies and percentage responses per category and the mean score were calculated for each item scored on a rating scale. The significance of difference in each pair of ratings of interest in working with elderly people was tested using Student's t-test for correlated samples.

Data from the two sets of items investigating feelings experienced when relating to elderly people during course experiences were summarised initially in terms of percentage responses for each item. Responses pertaining to the two course experiences were then compared using McNemar's test of correlated proportions, a chi-squared test for paired dichotomous measures (Glass & Hopkins, 1996). The relationships between the emotions experienced in both situations and attitude scale scores were examined using biserial correlations, a procedure appropriate for correlating dichotomous with interval data (Glass & Hopkins, 1996). Relationships among the emotions themselves were investigated using factor analysis to identify clustering patterns (Kim & Mueller, 1975).

Qualitative Data

Content analysis was used to analyse qualitative data. Content analysis has in the past referred to a process of classifying words in text according to the frequency of occurrence, a process that may result in loss of meaning from the data. However, it is now typically used both qualitatively and quantitatively to analyse textual data for both

themes and their frequencies (Polit & Hungler, 1993; Berg, 1995). The content analysis of participants' responses to each of the open-ended survey items was used to categorise themes and indicate their frequency.

The survey component of the study thus built upon the field research facilitating further exploration of the impact of first-year course experiences and investigating career interest in aged care. Since all participants were involved, it also allowed findings on these dimensions to be related to attitude scale scores.

Collectively the three research components of the case study made possible a comprehensive study of nursing students' attitudes toward elderly people. While each of the three components sought to investigate students' attitudes, none could examine directly this abstract construct; rather, they each explored different reflections of attitude. The attitude measurement component studied the strength of attitudes on four pre-determined dimensions: *Competent Individual; Acceptance; Satisfaction* and *Identification.* It also sought to identify any association between attitudes on these dimensions and participants' age, gender and frequency of contact with elderly people. In contrast, the field research component studied attitudes as reflected in conversation, observed behaviour and documentation, and explored the effects on attitudes of various experiences. It thus allowed exploration of other dimensions of attitude as well as the influences on attitude development. The third component, the survey questionnaire, examined interest in working with elderly people as a possible reflection of attitude, and further investigated the impact of various experiences. The final element in the research design is therefore the integration of both the various reflections of attitudes toward the elderly and the understandings of how attitudes were affected by experiences as nursing students.

INTEGRATION OF FINDINGS

The integration phase of the case study involved extending the analysis of data generated by the various research methods to explore interrelationships between the data and arrive at a synthesis of findings. This phase thus involved the challenge of integrating the quantitative group data generated by the attitude measurement and survey components with the qualitative context-bound data generated by the field research. While the first two methods yielded overall findings about nursing students' attitudes

toward the elderly and the impact upon them of course experiences, the field research revealed the complexity of those attitudes in the context of nursing practice.

Fielding and Fielding (1986) argue that an adequate analysis of social phenomena should reflect both overall patterns and complexities, but note the difficulties of integrating different sets of data without obscuring the complexity of phenomena. They argue that the integration of qualitative and quantitative data in multiple-method or triangulated designs involves identifying regularities and relationships in the data that serve to illuminate and explain rather than merely illustrate. Indeed, Fielding and Fielding (1986, p.31) caution the researcher against simply selecting similarities from data, a situation that may result from assuming "a common epistemic framework among data sources"; rather, they maintain that differing assumptions should be acknowledged. Greene and Caracelli (1997) and Riggin (1997) also identify the paradigm issues that arise in multiple-method inquiry. They discuss two approaches to integrating qualitative and quantitative data: a *pragmatic* approach where the combination of methods and data is not restrained by paradigms; and a *dialectic* approach where relationships and contrasts are identified by juxtaposing the findings from various methods while respecting the philosophic position underpinning each. In this study, the latter approach is used; findings from each of the three design components are reported individually in the following three chapters before an integrated discussion of nursing students' attitudes is presented in Chapter 9.

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CHAPTER 5
ATTITUDE INSTRUMENT DEVELOPMENT

The refinement and psychometric analysis of the multidimensional Likert instrument for the measurement of attitudes toward the elderly formed a significant part of this research. A provisional version of the instrument, developed in an earlier study, was refined for research application in this study. In this chapter the instrument, the *Attitudes Toward the Elderly Scales*, is presented and all aspects of its development are reported. Foundations for this report are first provided in an outline of the features and procedures for development of a multidimensional Likert instrument. The attitude constructs and items are then presented and all stages of development are described. Finally, the psychometric properties of the instrument are reported preparatory to research application in the attitude measurement component of the case study.

The attitude instrument, developed by the author and subjected to pilot study and initial refinement in a nursing education context (Wood, 1994), was designed for use in this study. Of the various measurement techniques reviewed in Chapter 2, a Likert instrument was considered appropriate for the apparent complexity of the attitudes under investigation and offered certain practical advantages. Likert instruments are easy for respondents to use, they allow for the measurement of multidimensional constructs, their scales can be very reliable, and their properties can be critically evaluated by psychometric analysis (Judd, Smith & Kidder, 1991).

In the attitude instrument development report, Wood (1994) recommended that although the refined pilot instrument demonstrated acceptable psychometric properties, it should be regarded as provisional pending further psychometric analysis using a larger data set from a similar sample followed by final refinement if required. The final instrument refinement thus forms the first part of the attitude measurement procedures of this study. Before the instrument was used to produce statistics for the purposes of the study described in this thesis, the first set of data was used initially for psychometric analysis of the four-scale, 39-item provisional instrument. Following this pre-research analysis several items were re-assigned among scales and one was deleted, producing the final four-scale, 38-item research instrument. Before the research instrument is presented and all stages of development are reported, the procedures for development of a multidimensional Likert attitude measurement instrument are outlined.

DEVELOPMENT OF A MULTIDIMENSIONAL LIKERT INSTRUMENT

Procedures for the development of a Likert instrument consisting of several scales are designed to maximise reliability and validity and are grounded in several important assumptions. Although the features, assumptions and development procedures were detailed in the *Attitudes Toward the Elderly Scales* development report (Wood, 1994), it is necessary to include similar discussion here since the final instrument refinement formed the first stage of this research. The discussion below is condensed from the earlier report although some additions and modifications have been made; features of a Likert scale are outlined before assumptions are identified and procedures for development and psychometric analysis are described.

FEATURES AND ASSUMPTIONS OF A LIKERT ATTITUDE SCALE

A Likert attitude scale is a summated rating scale consisting of a number of both favourable and unfavourable attitude statements considered to reflect attitude toward one dimension of an attitude object. A Likert instrument may be unidimensional, consisting of a single scale, or multidimensional, composed of a number of scales each reflecting one dimension of the attitude object (Judd et al., 1991). Item statements are presented to respondents as a "pencil and paper" questionnaire that provides for responses on a rating scale. The response categories are usually *Strongly Agree (SA), Agree (A), Not Sure (N), Disagree (D)* and *Strongly Disagree (SD)*. Item rating categories are assigned score values from 1 to 5 with the higher score reflecting more favourable attitudes (scoring being reversed for unfavourable items). A scale score is computed by summing the scores for each item (Gable, 1986).

Related to the above features are several important assumptions, outlined below, which underpin the Likert scale model of attitude measurement.

Interval-level Measurement

The first and most fundamental assumption is that the rating scale intervals are considered equal thus producing interval-level measurement. It is then possible to compute a summed score that may be subjected to statistical operations permissible for interval level data (Judd et al., 1991).

Unidimensionality

A second assumption concerns scale dimensionality. A Likert scale is designed to measure only one dimension of an attitude, although an instrument may contain several scales as in this research. Instrument development therefore requires that attitude constructs for each dimension be clearly conceptualised, and that the unidimensionality of each scale be demonstrated statistically as described later in this section. If the assumption of unidimensionality is not met then the summing of item scores produces meaningless results (Gardner, 1975, 1995).

Bipolarity of Attitude Statements

The final assumption is that favourable and unfavourable statements reflect not only an underlying attitude, but also opposing positions on the attitude continuum. Measurement is thus based on the concept of attitude existing on a bipolar continuum for a given dimension. The scale score is then assumed to indicate the position of the respondent on the attitude continuum (Gable, 1986; Judd et al., 1991).

Procedures for Likert instrument construction are grounded in these assumptions and are centrally concerned with scale validity and reliability. Rather than the identity of each individual item assuming central importance in scale construction as in Thurstone scaling, it is the contribution of items to a valid and reliable scale that is of primary importance in Likert summated scales (Judd et al., 1991). This fundamental relationship between items and scales will be elaborated in the following outline of the stages of instrument development and assessment of psychometric properties.

ITEM AND SCALE DEVELOPMENT

Conceptualisation of the attitude construct is the first stage of item and scale development of a multidimensional Likert instrument.

Construct Development

Since a construct such as attitude cannot be directly measured, instrument development requires identification of construct attributes that are amenable to measurement. The investigator draws on published literature and information sources relevant to the intended research context to develop a theoretical construction of attitude and delineate the dimensions seen to comprise that construct. These dimensions may be

considered as unidimensional constructs comprising the attitude construct. Each dimension is then operationally defined as an attitude continuum, with characteristics described for favourable and unfavourable poles, to provide the foundation for item development (Gable, 1986; Judd et al., 1991).

Item Development

The investigator generates items seen to be empirically related to each of the attitude dimensions. Likert scaling requires that items are monotonic, that is the probability of agreement (or disagreement) with an item increases or decreases in direct relation to the respondent's position on the attitude continuum (Judd et al., 1991). Ambiguous or double-barrelled items tl would generate unclear or excessive proportions of neutral responses are also avoided. The investigator controls item selection and scale placement, but may seek opinions from judges using a process less complex than Thurstone scaling where item selection is guided by ratings assigned by a panel of judges (Gable, 1986).

Pre-trial Item and Scale Refinement

Prior to trial of the instrument in a pilot study, a content validity check may be conducted by asking a number of judges to comment on the item statements and relate them to the attitude dimensions. This provides direction for re-wording of items and revision of intended scales. After pre-trial refinement, items for each scale are arranged in mixed sequence in a questionnaire with a rating scale response format as described earlier (Gable, 1986).

INSTRUMENT TRIAL AND PSYCHOMETRIC ANALYSIS

Trial of the instrument in a pilot study and psychometric analysis of trial data is essential to Likert instrument development.

Pilot Study

The pilot study is conducted by administering the attitude questionnaire to a group of respondents similar to the intended research sample (Gable, 1986). The statistical analysis of the trial data used to assess instrument quality is described at item, scale and instrument levels.

Item Analysis

Analysis of frequencies of item scores yields indicators of sensitivity and popularity and identifies unsatisfactory items, while item-scale correlations indicate item discrimination.

Item popularity or a high level of positive responses is indicated by the mean item score and the percentage of positive scores. Items of extremely high or low popularity, for example a mean score of 4.8 or 1.2, are not desirable in a Likert scale which aims to discriminate among respondents (Gable, 1986).

Item sensitivity refers to the ability to detect difference among respondents. It is indicated by the item standard deviation and the percentage of scores in each response category. In a five-point Likert scale, a standard deviation of 0.8 or above indicates satisfactory item sensitivity (Gable, 1986).

A high proportion of *not sure* scores is not desirable in a Likert scale and may indicate a poorly-worded, irrelevant or ambiguous item. However, a high proportion of neutral scores may indicate ambivalence, that is a mixture of favourable and unfavourable feelings, toward an attitude object. A person with mixed feelings toward an attitude object may give a *not sure* response to a scale item, or alternatively indicate negative attitude scores on some items while displaying positive scores on other items in the same scale. This notion of ambivalence challenges the concept of attitude as existing on a bipolar continuum. Indeed, positive and negative affect toward an attitude object may constitute two separate dimensions, rather than forming polar opposites of an attitude continuum for one dimension. Testing of scale unidimensionality may provide some indication of ambivalence, although analysis of data from individual respondents is required for definitive evidence (Gardner, 1987). Factor analysis used for testing dimensionality is discussed under instrument-level analysis.

Item discrimination is also concerned with the ability to differentiate respondents, but unlike sensitivity involves the relationship of items to scales. A discriminating item differentiates positions of respondents on the continuum of the relevant attitude dimension and can be identified through item-scale correlation analysis discussed under instrument analysis. A discriminating item correlates well, that is at the level of 0.4 or above, with the rest of the intended scale (Gable, 1986).

Scale Analysis

Analysis of frequency scores indicates scale sensitivity while correlation studies indicate scale reliability and discrimination.

Scale sensitivity reflects the extent to which the scale differentiates among respondents. It is indicated by the scale standard deviation and the range of scale scores calculated as a percentage of the potential range. Scale sensitivity is satisfactory if scores cover 50% or more of the potential range (Gable, 1986).

Scale internal-consistency reliability reflects the extent of consistency of responses to scale items and is estimated using Cronbach's alpha coefficient (Cronbach, 1951). This statistic is derived from item and scale variances and is influenced by the inter-item correlations, thus reflecting internal consistency (McLaughlin & Marascuilo, 1990; Judd et al., 1991) which is further assessed by item-scale correlations discussed below. A Cronbach alpha coefficient of 0.7 or above is satisfactory for affective measures, although a value of 0.8 or above is considered desirable (Gable, 1986).

Scale discrimination is indicated by a low level of correlation between the various scales of an instrument. High inter-scale correlations indicate that the scales may share content, an issue investigated further by item-scale correlations and factor analysis. Evidence of discriminant validity is strengthened, however, if the Cronbach alpha coefficients are consistently higher than the inter-scale correlations (Gable, 1986).

Instrument Analysis: Item and Scale Relationships

The analysis of relationships between items and scales, and among items across an entire Likert instrument provide indicators of scale internal consistency and scale unidimensionality respectively.

Internal consistency reflects the relationship of an item to its intended scale. Although Cronbach's alpha coefficient reflects internal consistency, this property is best demonstrated by item-scale correlations that test the relationships of each item to every scale. The item/rest-of-scale correlation is used rather than item/total-scale correlation that yields a spuriously high result when an item is correlated with its intended scale. The highest correlation for any item should occur with its intended scale and a value of 0.4 or higher is satisfactory although 0.2 or more is acceptable (Gable, 1986).

Evidence of discriminant validity is also provided when item correlations are high with intended scales, and lower with other scales. Although item/rest-of-scale correlation

analysis indicates internal consistency and discriminant validity, it does not reflect unidimensionality (Gardner, 1987, 1995).

Unidimensionality exists when a scale measures one single construct or attitude dimension and is evident statistically when all items in a single scale "correlate well with each other" (DeVellis, 1991, p.25). It is investigated by factor analysis which examines the relationships among all items within the instrument. From a correlation matrix, factor analysis computes linear combinations of related variables (in this case items) to produce factors. The correlation between an item and a factor is represented by a factor loading. A group of items measuring the same dimension will load on to the same factor, with the highest loadings indicating pivotal items, that is the items which best measure the dimension represented by the factor. Factor loadings of 0.3 or greater indicate adequate association of an item with a factor, but higher levels are more convincing (Gable, 1986). Since attitude instruments sometimes contain scales that are positively intercorrelated, it is not uncommon for items to also load at a lesser level on a factor representing another scale.

Factor analysis also indicates the magnitude of explained variance among items and is computed from the communality or variance shared between items and factors, and the eigenvalue or total variance for the items in one factor. Explained variance usually accounts for less than half of total variance and indicates the extent of shared meaning among items, unexplained variance being attributed to random error and poor items (Gable, 1986).

INSTRUMENT REFINEMENT

The preceding statistical procedures provide direction for final instrument refinement. Items reflecting limited sensitivity may be deleted particularly if they also adversely affect scale reliability or show poor discrimination and insignificant relationships with any scale. The conceptualisation of scale dimensions and the placement of items in scales are then revised using factor loadings and item-scale correlations as a guide. Finally, psychometric analysis is repeated to assess the properties of the revised instrument. Gable (1986) also suggests that an additional assessment using another set of data obtained from a sample similar to the pilot study permits final adjustments to the instrument to be made.

INSTRUMENT RELIABILITY AND VALIDITY

Development and refinement procedures aim to maximise the internal consistency and validity of the instrument, in particular discriminant and construct validity. Evidence of internal consistency is provided by Cronbach's alpha coefficient and item-scale correlations while the level of discriminant validity is indicated by the correlations among scales and between items and scales. Factor analysis provides some evidence to support the construct validity of the attitude construct and scale dimensions (Gable, 1986). Psychometric analysis is repeated each time the instrument is used in research since indices for the above features may vary over time, in different contexts, or with different respondent groups or sample sizes (Gable, 1986; Judd et al., 1991). Nevertheless the aim of Likert instrument development is to produce an instrument that remains fairly stable over time with different sample groups.

The above procedures for development of a multidimensional Likert attitude measurement instrument directed the development and refinement of the instrument used in this study. The first stage of the attitude measurement component of this study, involving final refinement of the provisional attitude measurement instrument to produce the research instrument, is described later in this chapter. However, before research instrument development and refinement is described, the final constructs and scales of the "Attitudes Toward the Elderly Scales" are presented.

THE *ATTITUDES TOWARD THE ELDERLY SCALES*

The *Attitudes Toward The Elderly Scales* is a multidimensional Likert instrument consisting of 38 items grouped into four scales each reflecting a distinct dimension of attitude toward elderly people. The attitude dimensions, scales and items, numbered according to their positions on the research instrument, are detailed below.

SCALE 1: COMPETENT INDIVIDUAL SCALE

This construct reflects the extent to which elderly people are perceived as competent individuals. A person at the positive end of the attitude continuum perceives elderly people as individuals with their own interests and needs who are competent in their daily affairs, whilst the person at the negative end of the continuum regards elderly people as all alike with similar needs and lacking competence. The person at the negative

end of the continuum consequently views the imposition of "group treatment" upon the elderly as appropriate. The *Competent Individual Scale* consists of twelve items:

1. I find that elderly people are all alike.
5. I think that the needs of elderly people are all much the same.
6. I think that elderly people are generally sick.
9. I think the elderly years are non-productive.
13. It is important that resources are provided to help frail elderly people continue living in their own homes.
22. Elderly people should be encouraged to leave their homes and live in old-age homes or retirement villages.
29. Elderly people are not physically able to continue paid employment.
30. When elderly people become very frail it is better to do everything for them.
31. It is not really possible for people to develop new interests in old age.
32. Elderly people should be involved in making decisions that affect them.
34. It is a waste of time trying to involve elderly people in activities requiring co-ordinated movements.
39. Elderly people should have the opportunity to participate in a wide range of activities related to their interests.

SCALE 2: ACCEPTANCE SCALE

This construct reflects the extent to which elderly people are regarded with acceptance and tolerance. The person at the positive end of the attitude continuum accepts that the characteristics of elderly people may be influenced by physical and cognitive changes of ageing and regards the elderly with understanding and tolerance. In contrast, the person at the negative end of the attitude continuum is irritated by characteristics perceived to be associated with elderly people and regards the elderly with intolerance. Eight items comprise the *Acceptance Scale*:

2. I feel irritated when an elderly person continually talks to me about the past.
7. I find it tiresome when an elderly person constantly complains of aches and pains.
10. I feel annoyed when elderly people continually talk to me about themselves.
14. It is exasperating when elderly people are slow to move.
18. I find it frustrating when elderly people remember what happened 40 years ago, but forget what happened yesterday.
26. I feel impatient when an elderly person takes a long time to tell me something.

35. I get exasperated when elderly people just don't hear what I have to say.
38. Elderly people become a burden when they can no longer meet their own physical needs.

SCALE 3: SATISFACTION SCALE

This construct reflects the extent to which the experience of interacting with elderly people is perceived as satisfying. The person at the positive end of the attitude continuum considers interacting with elderly people to be a satisfying experience, whilst the person at the negative end of the continuum does not derive satisfaction from interacting with the elderly. The *Satisfaction Scale* consists of eleven items:

3. I value the opinions of elderly people because they have had a lot of life experience.
11. I find that elderly people are understanding and kind.
15. Elderly people appreciate what I do for them.
17. I enjoy the stories of past events that elderly people tell.
19. I appreciate the wisdom of elderly people.
21. I feel appreciated when I am with elderly people.
23. It would give me a real sense of worth to help elderly people with some of their physical needs.
25. I find it easy to strike up a conversation with an elderly person.
27. I think that elderly people have a lot of valuable knowledge to share.
36. I find that elderly people are interested in what I am doing.
37. Because of their own past experience elderly people can help me with my problems.

SCALE 4: IDENTIFICATION SCALE

This construct reflects the level of personal identification with the state of being elderly. The person at the positive end of the attitude continuum reflects a positive and accepting view of personal ageing, whilst the person at the negative pole experiences fear and discomfort in relation to one's own ageing. The seven items in the *Identification Scale* are:

4. When I see elderly people I worry that I will be old and frail one day.
8. The frailty of elderly people depresses me.

12. I fear that I could end life being miserable like some elderly people that I have seen.
16. I feel saddened that life has to end with such frailty.
24. When I think of elderly people I think of death.
28. I don't like to think of myself with grey hair and wrinkly skin.
33. Seeing elderly people makes me afraid that I will finish up being a burden to others when I'm old.

RESEARCH INSTRUMENT DEVELOPMENT

As stated earlier, the Likert attitude instrument, developed by the author for application in this study, demonstrated acceptable psychometric properties following pilot study and revision and was considered suitable for research application. However, since some possible minor scale limitations were noted and the pilot-study sample was smaller than the size recommended (by Gable, 1986) for the number of items, Wood (1994, pp.92-93) suggested that the instrument should be considered provisional pending further psychometric analysis and recommended:

1. That another set of data collected from a larger sample of first-year, pre-registration nursing students be used to further analyse the psychometric properties of the instrument and direct any additional refinement.
2. That the above procedures be completed before any measurements produced using the instrument are put forward in support of research findings.

The first step of the attitude measurement procedures of this study, therefore, was the recommended further psychometric analysis and refinement required to complete development of the research instrument. The entire instrument development is reported in two phases:

- Phase 1 (Provisional Instrument Development) involved development of a pilot instrument followed by pilot study, psychometric analysis and revision resulting in the four-scale, 39-item provisional instrument reported by Wood (1994).
- Phase 2 (Pre-research Refinement) involved psychometric analysis of a larger set of data gathered from a sample similar to the pilot study followed by refinement of the provisional instrument to form the final four-scale, 38-item research instrument.

Each of the two development phases is described before the psychometric properties of the research instrument are presented.

PHASE 1: PROVISIONAL INSTRUMENT DEVELOPMENT

The provisional instrument was developed in a nursing education context preparatory to this study of nursing students' attitudes toward the elderly. Instrument development is reported in a separate detailed account (Wood, 1994); however, the essential aspects are summarised below and the psychometric properties of the provisional instrument at pilot study presented as background for the final refinement which occurred as the first step in this study.

Development of Constructs, Items and Scales

After reviewing a selection of research and noting "the apparent complexity of attitudes toward the elderly", Wood (1994, p.48) stated that it was "considered essential that the dimensions selected for development of the foundation constructs of the attitude measurement instrument should be appropriate to the context". Although attitude dimensions reported in the literature were considered, dimensions for instrument development were drawn primarily from sources specific to the context. Analysis of the goals and content of the pre-registration nursing curriculum yielded a number of possible dimensions. These, together with analysis of data from a sentence-completion exercise (Appendix 9) completed by first-year nursing students (who were not included in pilot study sample), "provided the foundation for the delineation of five dimensions considered to contribute to attitudes toward the elderly and which were also relevant to the research context" (Wood, 1994, P.51).

Constructs for each of the five scale dimensions (shown in Appendix 10.1) were devised and items developed, a number being derived from the sentence-completion exercise data mentioned earlier. After being subjected to a content validity check, the items and scales were revised to form a five-scale, 45-item pilot instrument (Wood, 1994). The items were then arranged into a questionnaire (Appendix 10.2) for administration in a pilot study. The five pilot scales were:

Scale 1: *Communication* (10 items).

Scale 2: *Physical Capacities* (9 items).

Scale 3: *Mental/Personality Characteristics* (8 items).

Scale 4: *Identification* (8 items).

Scale 5: *Individuality/Independence* (10 items).

Pilot Instrument Trial

Wood (1994, p.56) reports that the "pilot study provided for trial of the instrument in a context and with a sample similar to intended research situations". A sample of 84 nursing students nearing the end of first-year studies provided data for psychometric analysis of the pilot instrument. The analysis followed procedures described earlier in this chapter and is summarised below.

Item analysis (Wood, 1994, pp.58-61) showed that the majority of items were satisfactory for a Likert instrument, but also indicated a number of items of limited quality. Scale analysis (Wood, 1994, pp.61-67) indicated the need for revision of the pilot instrument. Internal consistency reliability as indicated by Cronbach's alpha coefficient was unsatisfactory in two scales and borderline in another two, while sensitivity of one scale was inadequate. Inter-scale correlations showed that scales 4 *(Identification)* and 5 *(Individuality/Independence)* were sufficiently discrete, but correlation coefficients ranging from 0.60 to 0.73 indicated inadequate discrimination among the three remaining scales. Instrument-level analysis (Wood, 1994, p.67-75) also indicated the need for revision. Item-scale correlations revealed the limited item discrimination and internal consistency of scales 1, 2 and 3, while factor analysis indicated the need for substantial revision of these scales and some adjustment to scales 4 and 5.

Psychometric analysis of the pilot instrument, however, did provide "evidence that the re-grouping of selected items would produce satisfactory scales" (Wood, 1994,p.76). Item quality was acceptable and the level of variance explained on factor analysis indicated a satisfactory level of association among items, the majority of which loaded on to four rotated varimax factors. The constructs and scales were therefore revised and the instrument properties re-assessed.

Revision of the Pilot Instrument

On the basis of psychometric indicators six items were deleted from the pilot instrument and, using factor groupings as a guide, constructs for the attitude dimensions were re-conceptualised and the remaining items re-assigned to scales (Wood, 1994, pp.80-82). The concepts of acceptance and satisfaction, implicit in the constructs for pilot scales 1, 2 and 3, formed the basis of two revised constructs for provisional instrument scale 2 (*Acceptance*) and scale 3 (*Satisfaction*). Constructs for the two remaining pilot scales, 4 and 5, were revised slightly and scales adjusted to form

provisional scale 4 (*Identification*) and scale 1 (*Competent Individual*) respectively. Psychometric analysis of the revised four-scale, 39-item structure confirmed the structure of the provisional instrument.

Provisional Instrument: Pilot-study Psychometric Analysis

The provisional instrument scales and constructs appear in Appendix 11. Psychometric properties were assessed as before using the pilot-study data and are summarised from the development report (Wood, 1994, pp.82-89). The item score frequencies analysis for the pilot items remaining in the provisional instrument are presented in Appendix 12.1.

Scale analysis indicated satisfactory scale sensitivity and internal consistency reliability with Cronbach alpha coefficients ranging from 0.78 to 0.84. Inter-scale correlations ranging from 0.27 to 0.55, although indicating reasonable discrimination, showed evidence of shared content between scales 2 and 3 in particular. Results of the scale analysis appear in Appendix 12.2.

Instrument analysis demonstrated a satisfactory scale structure. Item/rest-of-scale correlations (Appendix 12.3) indicated that both item discrimination and scale internal consistency were satisfactory, the highest correlation occurring with the intended scale for 38 of the 39 items. Factor analysis (Appendices 12.4 and 12.5) showed that 43.7% of the variance was explained and that items loaded on to four varimax rotated factors, with all but two items scoring their highest value with the intended scale.

In a critique of the pilot-study provisional instrument, Wood (1994, p.88) stated that "although the properties of the revised instrument indicate readiness for research application, some limitations should be noted". In addition to evidence of shared content among scales, Wood noted that "on content validity grounds it would appear that some items should be placed in different scales" and offered some examples for potential change. Citing Gable (1986, p.39) who suggests an ideal pilot sample size of "6-10 times as many people as there are items", Wood recommended that the instrument be subjected to further analysis using a larger similar sample and refined according to psychometric indicators.

PHASE 2: PRE-RESEARCH REFINEMENT

The pre-research refinement of the provisional instrument was carried out at the commencement of this study using psychometric analysis of the first data set collected

from the first-year, pre-registration nursing students before the data were then subjected to research analysis. Data were collected from these students at the beginning of their first-year studies, whereas pilot-study data had been collected in the previous year from a different group of students nearing the end of their first-year. A total of 206 students comprised the sample which is described fully in a later section.

Since a number of items were deleted following the pilot study, preparation of the instrument for research administration involved re-ordering and re-numbering of the items. Item numbers used throughout this thesis refer to the item numbers of the research instrument, except where indicated in appendices relating to the pilot study.

The attitude measurement questionnaire was presented to participants in a consistent format each time data were collected. Items from the four scales were placed in mixed sequence and a five-point rating scale provided. The rating categories were *Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), and Not Sure (N).* In an attempt to avoid a central response tendency, the *Not Sure* category was placed to the right rather than the centre of the rating scale. Responses were scored such that an individual item score of five (5) indicated the most positive attitude (scores for negative items having been reversed), and a score of three (3) reflected the *Not Sure* position.

The computer program SPSS (Statistical Package for the Social Sciences) was used for all statistical analyses including the psychometric analyses of the attitude instrument carried out according to the procedures set out earlier in this chapter. Statistics presented in this report have been rounded to a maximum of two decimal places. Where correlation analysis is reported, Pearson Product-Moment Correlation Coefficients are used. Where a range of scores is reported, the range is calculated using the "true limits" of the upper and lower scores (Runyon & Haber, 1984).

Provisional Instrument: Pre-research Psychometric Analysis

Some variations from the pilot-study psychometric properties were expected when the provisional instrument was tested with a larger sample of nursing students who were at an earlier stage of first-year studies. However, results of the pre-research analysis suggested that some scale revisions were necessary and guided the subsequent instrument refinement.

Item Analysis

Analysis revealed that item properties were adequate for a Likert instrument and were generally consistent with the pilot-study statistics, providing an indication of item stability. Some mean score differences apparent between the two sample groups were expected, given the different levels of experience with elderly people, but do not substantively alter the general consistency of item properties across both data sets. Item statistics are presented and discussed more fully in a later section reporting the psychometric properties of the final research instrument.

Scale Analysis

Scale analysis was effected through studies of the frequency distribution, the mean and the standard deviation of scale scores as indicators of scale sensitivity, Cronbach's alpha coefficient as an indicator of scale internal consistency reliability, and inter-scale correlations as indicators of scale discrimination. Scale statistics are summarised in Appendix 13.1.

Scale 1, Competent Individual (13 items): The mean score is high and standard deviation fair at 4.59 showing limited scale sensitivity although the spread of scores covering 51% of the potential range is adequate. Cronbach's alpha coefficient at 0.67 indicates a less than ideal level of internal consistency reliability and contrasts with the value of 0.84 yielded by the pilot-study data.

Scale 2, Acceptance (9 items): The mean score is moderately high and standard deviation reasonable (4.31) with scores covering 68% of the potential range, indicating satisfactory scale sensitivity. Cronbach's alpha coefficient at 0.66 again indicates a less than ideal level of internal consistency reliability in contrast with the pilot-study value of 0.78.

Scale 3, Satisfaction (9 items): As with scale 2, the mean score is moderately high and the standard deviation reasonable (4.15) with scores covering 68% of the potential range, displaying satisfactory scale sensitivity. Cronbach's alpha coefficient at 0.74, although satisfactory for an affective measure, is still below the desired level of 0.80 which was yielded by the pilot-study data analysis.

Scale 4, Identification (8 items): The mean score is moderate and standard deviation satisfactory (5.75) with scores covering 82% of the potential range, indicating satisfactory scale sensitivity. Cronbach's alpha coefficient at 0.77, which indicates

satisfactory internal consistency reliability, differs slightly from the pilot-study value of 0.80.

Inter-scale correlations show scale 4, scoring its highest correlation of 0.35 with scale 2, to be the most discrete scale. Meanwhile, correlations for scales 1, 2 and 3 ranging from 0.52 to 0.58 reflect evidence of shared content and are slightly higher than those in the pilot analysis which ranged between 0.46 and 0.55.

Instrument Analysis

Instrument analysis was effected through studies of item/rest-of-scale correlations (Appendix 13.2) as tests of item discrimination and scale internal consistency, and factor analysis (Appendices 13.3 and 13.4) to investigate dimensionality. Factor analysis used the principal components method for preliminary statistics followed by rotation solutions, with all analyses being limited to four factors in order to maximise clarity. Oblique as well as varimax rotations were used since pilot-study statistics and the constructs themselves suggest that factors may be positively correlated. Factor loadings of 0.30 or greater were considered to indicate adequate association of an item with a factor.

Scale 1, Competent Individual: While the majority of items have their strongest correlation with scale 1, several display their highest value with scales 2 or 3. Varimax rotation factor analysis demonstrates that factor loadings for scale 1 items are distributed between three factors, with the main loadings occurring on factor 4. Four items show their highest loading on factors representing scales 2 and 3, and another (item 38) did not display a loading on any of the four factors.

Scale 2, Acceptance: Item/rest-of-scale correlations reveal that six items have their highest correlation with scale 2, while the remaining three (items 6, 22 and 30) record their highest value with scale 1. On varimax rotation factor analysis, these same three items have their highest loadings on factor 4 indicative of scale 1. Meanwhile, the remaining items all score their highest loading on factor 2.

Scale 3, Satisfaction: Coefficient values show that all items have their highest correlations with scale 3 except item 7 which registers its highest correlation with scale 2. Varimax rotation factor analysis reveals that all but two items load on to factor 1. Item 7 loads on to factor 2, identified earlier as indicative of scale 2, and item 3 fails to display a factor loading.

Scale 4, Identification: Item/rest-of-scale correlations demonstrate clearly that all items have a much stronger association with scale 4 than any other scale, except item 20

which correlates most highly with scale 3. Varimax rotation factor analysis shows that all items load on to factor 3 except item 20 which loads on to factor 1, indicative of scale 3.

An acceptable degree of association among items is evident in the principal components factor analysis (Appendix 13.3) with 35.7% of variance being explained in terms of factors. Oblique rotation factor analysis reveals a factor loading pattern very similar to that produced by the orthogonal varimax rotation. Indeed, the oblique rotation factor correlation matrix shows that the factors do not correlate at all highly with values ranging from -0.25 to 0.19. Since this analysis added little to the psychometric profile of the instrument, full statistics are not included.

The instrument-level analysis revealed that item discrimination appeared adequate for the majority of items, with item correlations with intended scales ranging from 0.26 to 0.59. However, scale internal consistency was limited by a number of items showing their highest correlation with other-than-the-intended scale. Analysis also demonstrated that the dimensions reflected by the varimax rotation factor analysis were not entirely consistent with the provisional scale structure, although all factor loadings exceeded the desired minimum value of 0.30. However, the pattern of factor loadings paralleled the pattern of item-scale correlations suggesting alternative scale compositions.

In summary, the pre-research analysis of the provisional instrument showed that psychometric properties varied somewhat from those displayed by the pilot-study data. Some differences in item score means could be explained by the disparate experiences with elderly people of the two sample groups. However, the differences in scale properties evident in the pre-research analysis demonstrated the limitations of the provisional structure and indicated that some refinement of scale composition might improve the instrument.

Refinement Procedures

The outcome of the pre-research psychometric analysis together with evidence and recommendations from the instrument development report (Wood, 1994) led to critical re-appraisal of item content in relation to the constructs for each scale dimension. Using both item content analysis and the varimax rotation factor analysis to guide revision, eight items were re-assigned among the four scales and one was deleted.

Three items (17, 25 and 36) were transferred from scale 1 to scale 3. The item statements are:

17. I enjoy the stories of past events that elderly people tell.

25. I find it easy to strike up a conversation with an elderly person.

36. I find that elderly people are interested in what I am doing.

On content analysis, all three items reflect positive interaction with elderly people consistent with the *Satisfaction* construct of scale 3. On psychometric analysis, items 25 and 36 score their highest item/rest-of-scale correlation value and varimax rotation factor loading with scale 3, both items having shown close association with this scale in the pilot-study statistics. Item 17, whilst displaying strongest association with scale 2 (*Acceptance*) also correlates highly and produces a significant factor loading with scale 3, a pattern similar to that seen in the pilot study.

A fourth item removed from scale 1, item 38, was transferred to scale 2 (*Acceptance*). Although the notion of physical competence is included in the item, "Elderly people become a burden when they can no longer meet their own physical needs", the affective content of the statement also reflects acceptance/non-acceptance of physical capacity. The item thus more appropriately reflects the *Acceptance* construct of scale 2. On pre-research psychometric analysis, item 38 correlated most highly with scale 2, but did not produce a loading on any of the four varimax rotation factors representing the scales. In the pilot-study analysis, however, item 38 produced adequate loadings on two factors. This variation in item association may be attributed to the differences between two non-random sample groups. Indeed, the same item may display different qualities with another sample or at another data-collection time. Since item 38 displayed satisfactory correlation with scale 2, it was therefore considered worth retaining on content grounds.

Another item moved to scale 2, item 7 from scale 3, had been identified in the pilot study report (Wood, 1994) as more appropriately placed in the *Acceptance* scale. Item 7 "I find it tiresome when an elderly person constantly complains of aches and pains", like item 38, reflects acceptance/non-acceptance of the possible condition of an elderly person. Psychometrically, item 7 clearly belongs in scale 2 since it demonstrates its strongest item/rest-of-scale correlation and only factor loading with that scale.

In revising scale 3, consideration was also given to item 3 "I value the opinions of elderly people because they have had a lot of life experience". This item did not produce a substantial factor loading in the pre-research analysis despite having loaded adequately on scale 3 in the pilot-study analysis. Nevertheless its content reflects the *Satisfaction* dimension of scale 3, it shows its strongest correlation with that scale, and it does not

weaken reliability. It was therefore considered that item 3, like item 38 noted above, should be retained.

The remaining three of the eight items re-assigned among scales were:

6. I think that elderly people are generally sick.
22. Elderly people should be encouraged to leave their homes and live in old-age homes or retirement villages.
30. When elderly people become very frail it is better to do everything for them.

These items, moved from scale 2 to scale 1, reflect the ideas of competence, well-being, independence and individuality inherent in the *Competent Individual* construct. On psychometric analysis these items display their strongest item/rest-of-scale correlations and their only varimax factor loadings with scale 1.

The final alteration to the scales of the provisional instrument was the removal of item 20 from scale 4 (*Identification*). In the pilot-study report, Wood (1994) suggested deletion of this item noting that it was psychometrically weaker than all other scale 4 items and although its content was appropriate for scale 3, it was similar but of opposite polarity to item 23 in that scale. In the pre-research analysis, item 20 ("I feel uncomfortable with the idea of helping elderly people to meet their physical needs") scored its highest item/rest-of-scale correlation and only varimax rotation factor loading with scale 3 (*Satisfaction*); however, neither value was as high as item 23 ("It would give me a real sense of worth to help elderly people with some of their physical needs"). Even though on content grounds item 20 appeared suitable for scale 3, it was considered superfluous and therefore deleted. Nevertheless, for the sake of consistent presentation to respondents throughout the research, item 20 remained on the attitude questionnaire for the two remaining data collections, but of course was excluded from all data analysis.

Following this re-appraisal of item content in conjunction with the results of the pre-research psychometric analysis, it was considered that the refinements described above would strengthen the reliability of the scales and the construct validity of the instrument.

When scale and instrument-level analyses were repeated after the deletion of Item 20, psychometric properties were found to be satisfactory confirming the final structure of the four-scale, 38-item research instrument. Details of these properties are reported below following brief comment on the composition of the refined scales.

Refined Scale Composition

The final scales, together with their dimension constructs, were shown earlier in this chapter. Although the refinement process resulted in the movement of a number of items between scales, the integrity of the constructs was maintained. Indeed the content of items assigned to each of the final research scales more accurately reflects the dimension constructs. As a final check of content validity, five nurse educators were asked to independently review the constructs and the scale composition. Reviewers were given copies of the scale constructs and asked to comment on the appropriateness of the items assigned to each. No further revisions were recommended.

There are, however, some particular features of the scales that warrant discussion. Scales vary from the established convention of including both favourable and unfavourable statements in that only one of four scales (scale 1, *Competent Individual*) contains a mixture of positive and negative items. Scales 2 (*Acceptance*) and 4 (*Identification*) are composed of negative items whilst scale 3 (*Satisfaction*) includes only positive items.

Although instrument development began with each scale including a mixture of favourable and unfavourable items (Wood, 1994), factor analysis during the development phases showed that some of each item type tended to load on to separate factors. In the pre-research analysis, positive and negative items clearly load separately on three of four varimax rotated factors, with only one factor (representing scale 1) containing both item types. This pattern of factor loading challenges the assumption of bipolarity inherent in Likert scaling (and other summated attitude scales) and raises the possibility of the presence of ambivalence. Gardner (1987) has pointed out that it is conventionally assumed that positive and negative affects toward an attitude object, represented by favourable and unfavourable statements on an attitude scale, form polar opposites on a unidimensional scale. However, the respondent with mixed or ambivalent feelings may agree (or disagree) with both favourable and unfavourable statements on the same attitude scale; in this case the positive feelings are not necessarily opposite to the negative and the responses do not reflect polar opposites on a linear scale. Rather, on varimax rotation factor analysis, groups of positive and negative items containing such response patterns may separate into orthogonal factors providing evidence that the item types do constitute distinct attitude dimensions.

Although ambivalence can only truly be determined through the analysis of individual respondents' scores, the tendency to consistently express mixed feelings in

item responses may produce separate factor groups of positive and negative items (Gardner, 1987). In the case of the *Attitudes Toward the Elderly Scales*, ambivalence may well have influenced the factor patterns which emerged in the pilot study and persist in the pre-research analysis outlined above. Indeed, this issue of mixed feelings toward elderly people is discussed further elsewhere in this study.

The possible effects of ambivalence on dimensionality, was an important consideration in decisions aimed at maximising construct validity of the instrument during the final refinement process. Evidence in support of the construct validity of the refined instrument is apparent in the analysis of psychometric properties.

PSYCHOMETRIC PROPERTIES OF THE RESEARCH INSTRUMENT

Psychometric analysis following the pre-research refinement process both confirmed the structure of the 38-item research instrument and provided the profile of instrument properties in the first research measurement of students' attitudes toward the elderly.

ITEM ANALYSIS

As noted earlier, pre-research item analysis indicated that properties of the 39 items contained in the provisional instrument were adequate for Likert scales. The item statistics used to assess the popularity and sensitivity of the 38 items retained in the research instrument appear in Table 5.1. Item discrimination properties, assessed by means of item/rest-of-scale correlations, are discussed below under instrument-level analysis.

A total of 23 items show satisfactory sensitivity as reflected by an item standard deviation of 0.80 or greater, while another nine display borderline values. The remaining six items demonstrate limited sensitivity with standard deviations less than 0.70. Although several items indicate signs of popularity as reflected in high mean scores or a skewed distribution of scores across the response categories, only one (item 39) nears the extreme scores not desired in a Likert scale.

A high percentage of neutral scores are recorded on several items, indicating possible item ambiguity or the ambivalence of some respondents. However, some *Not Sure* ratings may indeed reflect genuine uncertainty related to the limited contact of some respondents with elderly people, an issue to be discussed in later chapters.

TABLE 5.1
RESEARCH INSTRUMENT:
ITEM SCORE FREQUENCIES ANALYSIS

			PERCENTAGE SCORING						
ITEM	**SCALE**	**+/-**	**1**	**2**	**3**	**4**	**5**	**MEAN**	**SD**
Item		+	*SD*	*D*	*N*	*A*	*SA*		
response:		-	*SA*	*A*	*N*	*D*	*SD*		
1	1	-	0.0	3.4	0.5	42.7	53.4	4.46	0.68
2	2	-	0.0	9.7	3.9	55.3	31.1	4.08	0.86
3	3	+	1.5	6.3	9.2	63.6	19.4	3.93	0.82
4	4	-	9.2	31.1	7.8	36.4	15.5	3.18	1.28
5	1	-	0.5	11.7	2.4	51.0	34.5	4.07	0.94
6	1	-	0.5	2.4	1.5	44.7	51.0	4.43	0.69
7	2	-	2.4	37.9	6.8	41.7	11.2	3.21	1.14
8	4	-	7.3	38.8	5.3	39.8	8.7	3.04	1.20
9	1	-	0.5	4.9	4.4	39.8	50.5	4.35	0.82
10	2	-	0.5	8.3	4.4	58.7	28.2	4.06	0.84
11	3	+	1.0	7.8	22.8	56.3	12.1	3.71	0.82
12	4	-	3.9	34.5	6.3	37.4	18.0	3.31	1.23
13	1	+	0.0	3.4	4.4	35.0	57.3	4.46	0.74
14	2	-	1.0	15.0	11.2	51.5	21.4	3.77	0.98
15	3	+	0.5	2.9	13.1	59.2	24.3	4.04	0.73
16	4	-	13.1	50.0	8.7	23.3	4.9	2.57	1.13
17	3	+	0.5	1.0	8.3	62.1	28.2	4.17	0.65
18	2	-	2.4	29.1	9.2	45.6	13.6	3.39	1.12
19	3	+	0.0	3.9	7.8	67.0	21.4	4.06	0.67
21	3	+	1.0	5.8	19.4	59.7	14.1	3.80	0.79
22	1	-	1.0	5.3	9.7	36.9	47.1	4.24	0.90
23	3	+	0.0	4.9	10.2	56.8	28.2	4.08	0.76
24	4	-	1.5	9.7	7.8	50.0	31.1	4.00	1.00
25	3	+	2.4	9.7	9.2	58.7	19.9	3.84	0.94
26	2	-	0.5	18.4	10.7	54.9	15.5	3.67	0.97
27	3	+	0.0	1.0	4.9	59.2	35.0	4.28	0.60
28	4	-	16.0	46.1	6.8	25.2	5.8	2.59	1.19
29	1	-	1.5	7.3	11.7	56.8	22.8	3.92	0.87
30	1	-	0.5	2.9	3.9	49.5	43.2	4.32	0.73
31	1	-	1.5	1.0	1.9	26.2	69.4	4.61	0.72
32	1	+	1.9	0.5	1.9	30.1	65.5	4.57	0.74
33	4	-	10.7	37.9	7.8	33.5	10.2	2.95	1.25
34	1	-	1.5	1.5	2.9	42.2	51.9	4.42	0.75
35	2	-	3.4	28.2	10.2	47.6	10.7	3.34	1.10
36	3	+	0.5	2.9	12.6	61.7	22.3	4.02	0.72
37	3	+	1.5	10.7	17.5	60.2	10.2	3.67	0.85
38	2	-	1.0	20.4	9.2	52.9	16.5	3.64	1.02
39	1	+	1.0	0.0	0.5	24.3	74.3	4.71	0.58

n = 206.
Note: Item 20 deleted from analysis.

Essentially, analysis demonstrates that item properties are satisfactory for a Likert scale where item-scale relationships, rather than individual item properties, are of primary importance.

SCALE ANALYSIS

Satisfactory psychometric properties, reflecting notable improvement on the provisional scale properties, are indicated by the statistics for individual scales summarised in Table 5.2, and the inter-scale correlations displayed in Table 5.3.

Frequencies and Reliability Analysis

Scale 1, *Competent Individual* (12 items)

Adequate sensitivity is reflected by the moderately high mean of 52.56 and standard deviation of 4.49, together with a spread of scores covering 49% of the potential range. The internal consistency reliability of this refined scale, indicated by a Cronbach alpha coefficient of 0.71, is satisfactory for an affective measure.

Scale 2, *Acceptance* (8 items)

Satisfactory scale sensitivity is evidenced by a moderate mean score of 29.15, a standard deviation of 4.80 and a distribution of scores over 76% of the potential range. Meanwhile, the Cronbach alpha coefficient of 0.74 indicates adequate internal consistency.

Scale 3, *Satisfaction* (11 items)

Statistics for scale 3 also reflect satisfactory sensitivity. The mean of 43.60 is moderate while the standard deviation of 4.70 and the range of scores over 64% of the potential range indicate a satisfactory dispersion of scores. The Cronbach alpha coefficient of 0.78 indicates satisfactory internal consistency.

Scale 4, *Identification* (7 items)

A high level of sensitivity is evident in statistics for scale 4. The scores covering 90% of the potential range and the standard deviation of 5.45, related to a moderate mean of 21.63, show a wide distribution of scores. Satisfactory internal consistency is indicated by a Cronbach alpha coefficient value of 0.78.

TABLE 5.2
RESEARCH INSTRUMENT:
SCALES FREQUENCIES AND RELIABILITIES ANALYSIS

SCALE:	**1**	**2**	**3**	**4**
NUMBER OF ITEMS:	12	8	11	7
MEAN SCALE SCORE:	52.56	29.15	43.60	21.63
STANDARD DEVIATION:	4.49	4.80	4.70	5.45
SCORE RANGE:				
ACTUAL (AR):	24	25	29	26
POTENTIAL (PR):	49	33	45	29
PERCENTAGE OF PR:	49%	76%	64%	90%
CRONBACH ALPHA COEFFICIENT:	0.71	0.74	0.78	0.78

n = 206.

TABLE 5.3
RESEARCH INSTRUMENT:
INTER-SCALE CORRELATIONS

SCALE	**2**	**3**	**4**
1	0.33	0.37	0.15
2		0.52	0.31
3			0.29

Inter-scale Correlations

Correlation coefficients (Table 5.3) reveal that the research instrument scales are far more discriminating than those of the provisional instrument. Scales 1 and 4, showing a correlation value of 0.15, are the most clearly differentiated, and of these scale 4 is the most discrete. Scale 4 *(Identification)* displays its highest correlation of 0.31 with scale 2 *(Acceptance)*, while scale 1 *(Competent Individual)* scores its highest correlation of 0.37 with scale 3 *(Satisfaction)*. Scales 2 and 3 show the closest association with a correlation

coefficient of 0.52 indicating some degree of shared content. These inter-scale correlation values are, however, markedly lower than the Cronbach alpha coefficients providing additional evidence of the discriminant validity of the scales.

INSTRUMENT ANALYSIS

Examination of the relationships among items and scales using item/rest-of-scale correlations and factor analysis also reveal improved psychometric properties.

Item/rest-of-scale Correlations

Correlation coefficients provide convincing evidence of item discrimination and scale internal consistency for all four scales. Statistics for all scales appear overleaf in Table 5.4.

Scale 1, *Competent Individual*

All items in this scale display their highest correlation coefficient value with it, although two items also correlate similarly with other scales. Item 5 shows equivalent correlation with scale 2 while item 13 correlates almost as highly with scale 3, indicating some commonality with these scales.

Scale 2, *Acceptance*

Every item scores its highest correlation value with scale 2.

Scale 3, *Satisfaction*

Ten of the eleven items display their strongest correlation with scale 3. Item 17, while showing its highest value with scale 2, correlates almost as strongly with scale 3.

Scale 4, *Identification*

Each of the seven items displays its strongest correlation with scale 4.

TABLE 5.4
RESEARCH INSTRUMENT:
ITEM/REST-OF-SCALE CORRELATIONS

SCALE	ITEM	+/-	SCALE 1	2	3	4
1	1	-	0.38	0.25	0.16	0.03
Competent	5	-	0.24	0.24	0.03	0.15
Individual	6	-	0.41	0.22	0.22	0.17
	9	-	0.32	0.18	0.26	0.21
	13	+	0.33	0.20	0.32	0.05
	22	-	0.25	0.10	0.18	0.06
	29	-	0.34	0.12	0.11	0.14
	30	-	0.34	0.07	0.15	0.04
	31	-	0.44	0.07	0.13	0.02
	32	+	0.34	0.05	0.18	0.01
	34	-	0.40	0.22	0.21	-0.01
	39	+	0.40	0.27	0.33	-0.05
2	2	-	0.12	0.33	0.21	0.19
Acceptance	7	-	0.22	0.39	0.27	0.15
	10	-	0.31	0.57	0.43	0.20
	14	-	0.31	0.45	0.39	0.14
	18	-	0.12	0.44	0.23	0.23
	26	-	0.18	0.55	0.39	0.27
	35	-	0.19	0.50	0.34	0.18
	38	-	0.25	0.32	0.28	0.16
3	3	+	0.23	0.31	0.41	0.22
Satisfaction	11	+	0.22	0.31	0.46	0.15
	15	+	0.10	0.30	0.46	0.03
	17	+	0.25	0.43	0.41	0.20
	19	+	0.32	0.28	0.49	0.16
	21	+	0.23	0.22	0.39	0.06
	23	+	0.22	0.41	0.45	0.26
	25	+	0.14	0.23	0.34	0.12
	27	+	0.37	0.33	0.51	0.25
	36	+	0.06	0.24	0.47	0.10
	37	+	0.24	0.24	0.47	0.24
4	4	-	0.15	0.21	0.22	0.61
Identification	8	-	0.18	0.27	0.21	0.47
	12	-	0.09	0.29	0.20	0.48
	16	-	0.04	0.07	0.05	0.50
	24	-	0.15	0.20	0.28	0.48
	28	-	0.06	0.28	0.25	0.49
	33	-	0.04	0.13	0.13	0.55

Highest correlation value for each item underlined.

Factor Analysis

Following the deletion of item 20, factor-loading values for the research instrument show marginal changes and the loading pattern varies slightly. Item 3, which did not display a significant factor loading in the pre-research analysis, loads adequately on to its intended scale. The principal components analysis (Table 5.5) reveals that 36.1% of variance is explained in terms of four factors indicating adequate association among items. Varimax rotation analysis (Table 5.6) provides evidence of construct validity in a factor pattern almost entirely consistent with the instrument structure.

Scale 1, *Competent Individual*

All items but two have their highest loading on factor 4, showing values ranging from 0.34 to 0.64. Items 5 and 13 display their highest loading with factors for scales 2 and 3 respectively, but they also load adequately on to the scale 1 factor. Two scale 1 items also show loadings greater than 0.30 on other factors; items 1 and 39 load on to factors indicative of scales 2 and 3 respectively. These statistics indicate some degree of association with other scales; however, the pre-research statistical and content analyses supported the placement of these four items in scale 1.

Scale 2, *Acceptance*

Seven of the eight items show their only significant loadings on factor 2, with values ranging from 0.44 to 0.66. Item 38, retained on content grounds after the pre-research analysis, does not display a significant factor loading.

Scale 3, *Satisfaction*

All eleven items load on to factor 1, with loadings ranging from 0.35 to 0.62. Items 17 and 27 load to a lesser extent on other factors, suggesting minimal shared content with scales 2 and 1 respectively.

Scale 4, *Identification*

All seven items load on to factor 3 only, with loadings ranging from 0.57 to 0.71.

The instrument-level analysis thus demonstrates satisfactory internal consistency and construct validity for all four Likert scales contained in the attitude measurement instrument.

TABLE 5.5
RESEARCH INSTRUMENT:
PRINCIPAL COMPONENTS FACTOR ANALYSIS

	FACTORS				
ITEM	**1**	**2**	**3**	**4**	**Communality**
1	0.33			-0.37	0.36
2	0.32			-0.33	0.32
3	0.49				0.25
4	0.40	0.54			0.53
5			0.35	-0.50	0.43
6	0.39		0.40		0.32
7	0.42				0.23
8	0.40	0.47			0.43
9	0.38				0.22
10	0.61			-0.35	0.54
11	0.49				0.31
12	0.38	0.50			0.40
13	0.38				0.29
14	0.54				0.35
15	0.40		-0.44		0.44
16		0.56	0.31		0.47
17	0.56				0.36
18	0.42			-0.46	0.44
19	0.53				0.33
21	0.40				0.33
22					0.20
23	0.55				0.37
24	0.42	0.42			0.41
25	0.36				0.20
26	0.57			-0.36	0.51
27	0.61				0.39
28	0.40	0.47			0.42
29			0.49		0.32
30			0.37		0.24
31		-0.35	0.48		0.42
32		-0.36			0.31
33		0.58			0.51
34	0.34	-0.39			0.36
35	0.50				0.36
36	0.40		-0.44		0.43
37	0.50			0.31	0.35
38	0.41				0.17
39	0.42	-0.46			0.40
Eigenvalue	*6.59*	*2.93*	*2.29*	*1.89*	*13.70*
Percent Variance	*17.4*	*7.7*	*6.0*	*5.0*	*36.1*

Item 20 deleted from analysis.
Factor loadings 0.3 or greater shown.

TABLE 5.6
RESEARCH INSTRUMENT:
VARIMAX ROTATED FACTOR ANALYSIS

			FACTORS			
SCALE	**ITEM**	**+/-**	**1**	**2**	**3**	**4**
1	1	-		0.39		0.44
Competent	5	-	-0.31	0.44		0.35
Individual	6	-				0.52
	9	-				0.38
	13	+	0.42			0.33
	22	-				0.34
	29	-				0.54
	30	-				0.49
	31	-				0.64
	32	+				0.48
	34	-				0.56
	39	+	0.31			0.47
2	2	-		0.52		
Acceptance	7	-		0.44		
	10	-		0.66		
	14	-		0.47		
	18	-		0.65		
	26	-		0.66		
	35	-		0.53		
	38	-				
3	3	+	0.35			
Satisfaction	11	+	0.51			
	15	+	0.62			
	17	+	0.43	0.40		
	19	+	0.46			
	21	+	0.54			
	23	+	0.46			
	25	+	0.44			
	27	+	0.45			0.32
	36	+	0.62			
	37	+	0.53			
4	4	-			0.71	
Identification	8	-			0.60	
	12	-			0.57	
	16	-			0.68	
	24	-			0.60	
	28	-			0.59	
	33	-			0.71	

Highest factor loading for each item underlined.
Factor loadings of 0.3 or greater shown.

In summary, the procedures used for development of a multidimensional Likert instrument have produced psychometrically sound scales for the measurement of attitudes toward the elderly. The psychometric properties revealed in the preceding analysis indicate that the pre-research refinement resulted in an attitude instrument suitable for research application. Item quality is adequate, scale properties display satisfactory sensitivity, internal consistency and discriminant validity, and there is evidence in support of the construct validity of the instrument.

The final pre-research analysis thus confirms the structure of the research instrument and completes the first stage of the attitude measurement component of this study. Since this analysis used the first research data set gathered from the sample of nursing students described below, it also provides the profile of instrument properties in the first of three research measures of attitudes reported in Chapter 6. Following all three measures of attitudes, further critique of the instrument will be offered as part of the methodological reflection presented in Chapter 10.

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CHAPTER 6
FINDINGS: ATTITUDE MEASUREMENT

In this chapter, the outcomes of the measurement of nursing students' attitudes toward the elderly are reported preparatory to an integrated discussion of research findings presented in Chapter 9. As described in Chapter 4, the attitude measurement component of the case study aimed to determine whether students' attitudes, as measured by the *Attitudes Toward the Elderly Scales*, changed following their participation in educational experiences concerning ageing and the aged.

Three separate measures of attitudes conducted on beginning the course, at the end of Year 1, and at the end of Year 2 are reported in sequence together with a summary of the psychometric properties of the Likert instrument as demonstrated on each occasion. Scale scores are presented and comparisons drawn among the outcomes of the three measures. Comparisons are also drawn among the sub-groups of participants as defined by age, gender, and frequency of contact with elderly people. The findings are not discussed at length in this chapter; they are elaborated in an integrated discussion of findings presented in Chapter 9.

ATTITUDES ON BEGINNING YEAR 1

It will be recalled that the attitude measurement component of the study aimed to include all students of the cohort who commenced a pre-registration nursing course and remained in full-time enrolment during the first two years of the three-year course. At the first measurement of attitudes during the first week of the course, 206 of the 217 full-time students completed the questionnaire yielding a response rate of 95%. Before reporting attitude scale scores, pertinent characteristics of the participants are described.

CHARACTERISTICS OF PARTICIPANTS

As noted earlier, previous research indicated a possible association between attitudes toward the elderly and the variables of age, gender, and frequency of contact with elderly people. These variables were therefore examined in relation to attitude scores and provide the basis for describing characteristics of the participants.

Age

Although applicants of various ages were accepted into the pre-registration nursing course, the majority of students were recent school-leavers. When participants were asked to indicate their age according to the six categories listed in Table 6.1, frequencies showed that the majority (87.9%) was in the 17-20 year age range.

TABLE 6.1
AGE RANGES: ATTITUDE MEASUREMENT PARTICIPANTS

CATEGORY	AGE RANGE	FREQUENCY	PERCENTAGE
1	17-20	181	87.9
2	21-25	15	7.3
3	26-30	5	2.4
4	31-35	2	1.0
5	36-40	2	1.0
6	>40	1	0.5

n = 206

Since all but 10 participants were aged 25 or under, the six categories were collapsed to three as shown in Table 6.2 in order to facilitate age group comparisons of scale scores. The three participant sub-groups were then identified as *Early adult* (17-20 years), *Young adult* (21-25 years) and *Adult* (over 25 years). This nomenclature, although somewhat arbitrary, serves to differentiate the age categories in subsequent discussion.

TABLE 6.2
AGE SUB-GROUPS: ATTITUDE MEASUREMENT PARTICIPANTS

CATEGORY	AGE RANGE	FREQUENCY	PERCENTAGE
Early adult	17-20	181	87.9
Young adult	21-25	15	7.3
Adult	>25	10	4.9

n = 206

Gender

As shown in Table 6.3, female students comprised the majority of the research cohort.

TABLE 6.3
GENDER: ATTITUDE MEASUREMENT PARTICIPANTS

GENDER	FREQUENCY	PERCENTAGE
Female	190	92.2
Male	16	7.8

n = 206

Frequency of contact with elderly people

Participants were asked to indicate their frequency of contact with elderly people according to the four categories listed in Table 6.4. Results show that while almost 70% had contact with elderly people on a daily or weekly basis, over 16% hardly ever had such contact.

TABLE 6.4
FREQUENCY OF CONTACT WITH ELDERLY PEOPLE: ATTITUDE MEASUREMENT PARTICIPANTS

FREQUENCY OF CONTACT	FREQUENCY	PERCENTAGE
Daily	18	8.7
Weekly	124	60.2
Monthly	30	14.6
Hardly ever	34	16.5

n = 206

The categorisation of participants into sub-groups defined by the three variables of age, gender and frequency of contact with elderly people enabled exploration of these variables as possible factors influencing attitudes toward the elderly. It also facilitated selection of participants for the interview component of the field research as described in

Chapter 7. Comparisons of the attitude scores of the various sub-groups are discussed after psychometric properties of the instrument are noted and the scale scores for entire cohort are reported.

PSYCHOMETRIC PROPERTIES OF ATTITUDE INSTRUMENT

It will be recalled that the Likert attitude instrument measured attitudes on the dimensions of *Competent Individual*, *Acceptance*, *Satisfaction* and *Identification*. Satisfactory psychometric properties of the instrument at this first data collection were established during the instrument refinement phase as reported in Chapter 5. Item quality was shown to be adequate; scale properties displayed satisfactory sensitivity, discriminant validity and internal consistency reliability (with Cronbach alpha coefficients for the four scales ranging from 0.71 to 0.78 as shown in Table 6.5); and factor analysis provided evidence in support of the construct validity of the instrument.

ATTITUDE SCALE SCORES

The mean scale scores shown in Table 6.5 indicate that participants on average hold positive attitudes toward the elderly, the questionnaire having been scored such that the higher scores reflect more positive attitudes. It should be emphasised that these mean scale scores permit interpretations to be made only about the average of the sample, although individuals within the sample may display disparate attitudes. Standard deviations indicate that the most widely varied scores occur on scale 2 (*Acceptance*) and scale 4 (*Identification*). The mean scores per item for each scale show clearly that scale 1 (*Competent Individual*) yields the most favourable score and scale 4 (*Identification*) the least favourable.

The mean per item score of 4.38 for scale 1 (*Competent Individual*) indicates that the majority of students view elderly people as individuals with their own interests and needs who are competent in their daily affairs, while the score of 3.96 for scale 3 (*Satisfaction*) reflects widespread agreement with the notion that interaction with elderly people is satisfying. Meanwhile, the mean per item score of 3.64 for scale 2 (*Acceptance*) reflects a lesser level of agreement, on average, with statements reflecting acceptance and tolerance of characteristics perceived to be associated with elderly people. Finally, the mean per item score of 3.09 for scale 4 (*Identification*), slightly above the mid-point of the score range, indicates that, on average, attitudes on the identification dimension only just fall into the favourable category.

The mean scale scores thus reflect mildly to strongly positive attitudes on all four dimensions among nursing students at the beginning of their pre-registration education.

TABLE 6.5
ATTITUDE SCALE MEANS AND RELIABILITIES ON BEGINNING YEAR 1

	Items	Possible Maximum Score	**Scale Mean**	Scale Std. Deviation	**Mean Per Item***	Mean Item Std. Deviation.	**Cronbach Alpha**
SCALE 1 Competent Individual	12	60.0	**52.56**	4.49	**4.38**	0.37	**0.71**
SCALE 2 Acceptance	8	40.0	**29.15**	4.80	**3.64**	0.60	**0.74**
SCALE 3 Satisfaction	11	55.0	**43.60**	4.70	**3.96**	0.43	**0.78**
SCALE 4 Identification	7	35.0	**21.63**	5.45	**3.09**	0.78	**0.78**

***n* =206**

** The potential range per item is from 1 (extremely negative attitude) to 5 (extremely positive attitude).*

ATTITUDE SCALE SCORES RELATED TO AGE, GENDER, AND FREQUENCY OF CONTACT WITH ELDERLY PEOPLE

The scale scores of sub-groups within the categories of age, gender and frequency of contact with elderly people were compared, and analysis of variance employed as a test of significant difference using the 0.05 significance level. The analysis demonstrated statistically significant differences in scale means among the *Frequency of contact* and *Age* sub-groups, while no such differences were found among the *Gender* sub-groups. Where significant differences were found, the analysis was extended by pairwise comparisons of sub-group means using the Tukey Honestly-significant-difference (Tukey-HSD) test. This post-hoc comparison test avoids the problem of increased risk of making Type I errors through multiple comparisons (McLaughlin & Marascuilo, 1990).

Age

The mean attitude scale scores for each sub-group presented in Table 6.6 show that the highest scores for each scale occur among the *Young adult* or *Adult* age groups. For scales 1, 2 and 3, the means vary little from the overall group means. However, on scale 4 (*Identification*) the mean score of 25.70 for the *Adult* sub-group is markedly higher than the *Early adult* mean of 21.36 as well as the overall group mean of 21.63.

Analysis of variance reveals a statistically significant difference ($p<0.05$) among the sub-groups on the *Identification* scale while variations among scores on the other scales are not significantly different. The pairwise comparison of age sub-group means using the Tukey-HSD test shows that the *Identification* scale scores of the *Early adult* and *Adult* groups are significantly different ($p<0.05$) indicating that the older students hold more positive attitudes toward their own ageing than do their younger colleagues.

TABLE 6.6
MEAN ATTITUDE SCALE SCORES ON BEGINNING YEAR 1: AGE SUB-GROUPS

	Early-adult 17-20 years	Young adult 21-25 years	Adult >25 years
SCALE 1			
Competent Individual	52.60	52.00	52.80
(Group mean = 52.56)			
SCALE 2			
Acceptance	28.94	30.93	30.20
(Group mean = 29.15)			
SCALE 3			
Satisfaction	43.61	44.20	42.50
(Group mean = 43.60)			
SCALE 4			
Identification	21.36	22.13	25.70*
(Group mean = 21.63)			
n = 206	***n = 181***	***n = 15***	***n = 10***

** $F(2,203) = 3.14$; $p<0.05$. (F_{crit} 2,203 = 3.04)*
Differences not significant for scales 1-3.

Gender

The comparison of attitude scale scores for the gender sub-groups, displayed in Table 6.7, shows that the mean scores for female students are higher on three of the four scales, but analysis of variance reveals no significant difference.

TABLE 6.7
MEAN ATTITUDE SCALE SCORES ON BEGINNING YEAR 1: GENDER SUB-GROUPS

	Female	Male
SCALE 1		
Competent Individual	52.74	50.50
(Group mean = 52.56)		
SCALE 2		
Acceptance	29.34	26.94
(Group mean = 29.15)		
SCALE 3		
Satisfaction	43.72	42.25
(Group mean = 43.60)		
SCALE 4		
Identification	21.58	22.19
(Group mean = 21.63)		
n = 206	***n = 190***	***n = 16***

Sub-group mean differences not significant

Frequency of contact with elderly people

The mean attitude scale scores for the frequency of contact sub-groups (Table 6.8) reveal notable variations on all four scales with analysis of variance showing that these differences are significant ($p<0.05$).

The most positive scores for the *Competent Individual*, *Satisfaction* and *Identification* scales occur among those participants having weekly contact with elderly people. While the *Daily* contact group registers the highest score on the *Acceptance* scale, it displays the lowest on the *Competent Individual* scale suggesting that such

constant contact may exert both positive and negative influences on these attitude dimensions. Meanwhile, the lowest mean scores for the *Acceptance, Satisfaction* and *Identification* scales occur among those having monthly or less frequent contact suggesting that the experience of interaction with elderly people is necessary for the development of strongly positive attitudes on these dimensions.

TABLE 6.8
MEAN ATTITUDE SCALE SCORES ON BEGINNING YEAR 1: FREQUENCY OF CONTACT SUB-GROUPS

	Daily	Weekly	Monthly	Hardly ever	F
SCALE 1 Competent Individual *(Group mean = 52.56)*	50.11	53.11	52.77	51.68	2.95*
SCALE 2 Acceptance *(Group mean = 29.15)*	30.06	29.63	28.90	27.15	2.67*
SCALE 3 Satisfaction *(Group mean = 43.60)*	42.67	44.51	43.10	41.24	5.03*
SCALE 4 Identification *(Group mean = 21.63)*	22.06	22.48	19.20	20.44	3.70*
n = 206	***n = 18***	***n = 124***	***n = 30***	***n = 34***	

F_{crit} (α=0.05) 3,202 = 2.65.
All values significant, p<0.05.

After analysis of variance of the scale means of the frequency of contact sub-groups revealed significant differences for all four attitude scales, the Tukey-HSD test was used for pairwise comparisons. Significant differences ($p<0.05$) are apparent between the *Weekly* and *Daily* groups on the *Competent Individual* scale, between the *Weekly* and *Hardly-ever* groups on both the *Acceptance* and *Satisfaction* scales, and

between the *Weekly* and *Monthly* groups on the *Identification scale*. In all comparisons the *Weekly* group displays a higher score suggesting that contact with elderly people on a frequent, but intermittent basis may contribute to the development of more positive attitudes.

In view of the apparent association between the attitudes toward the elderly held by beginning nursing students and their frequency of contact with elderly people, this variable was considered worthy of further exploration in the field research component of the study. Examination of individual participant responses by comparison of individual scores with the group means for each scale, revealed that some participants within each sub-group scored either above or below the mean on all scales while others produced mixed scores. These score patterns in the *Frequency of contact* sub-groups provided the basis for selection of participants for the focus-group interviews as described in the next chapter.

In summary, the measurement of attitudes conducted at the beginning of the pre-registration nursing course involved 95% of full-time students, the majority of whom were female, aged 17-20 years. Findings indicate that these first-year students held positive attitudes toward elderly people on the four dimensions of *Competent Individual, Acceptance, Satisfaction* and *Identification*, with the first of these reflecting the most favourable attitudes and the last reflecting the least favourable. Comparisons of attitude scale scores among participant sub-groups as defined by the variables of age, gender and frequency of contact with elderly people revealed association between *Age* and the *Identification* scale, and between *Frequency of contact* and all four attitude dimensions. Given the association between attitudes and frequency of contact with elderly people, this variable was targeted for further exploration in the field research component of the study.

ATTITUDES AT THE END OF YEAR 1

The second measurement of nursing students' attitudes toward elderly people occurred during the last teaching week of the first year of the course. As described in Chapter 4, the first-year curriculum includes studies of life-span development, field experience with well-elderly people in the community, and clinical experience in the provision of direct care to frail elderly people in extended-care settings.

PARTICIPANTS

As noted earlier, the study aimed to include all members of the student cohort who were in full-time enrolment. At the end of first year 197 students remained in full-time enrolment, 20 of the original 217 students having discontinued or reverted to part-time enrolment. Of these 197 remaining full-time students, 182 completed the questionnaire for the second measurement of attitudes yielding a response rate of 92%. Eleven of the 182 respondents had not completed the first questionnaire, leaving 171 whose first and second attitude scores could be compared.

PSYCHOMETRIC PROPERTIES OF ATTITUDE INSTRUMENT

Following the second measurement of attitudes, the psychometric properties of the Likert instrument were again assessed at item, scale and instrument levels using the procedures described in Chapter 5.

Item Analysis

Item qualities are generally adequate for a Likert scale, although statistics (shown in Appendix 14.1) for a number of items indicate increased positive popularity and reduced sensitivity when compared with the first measurement of attitudes. Seven of these eleven items are located in scale 1 (*Competent Individual*), suggesting increased likelihood of positive responses on this dimension, while the remaining four belong to scale 3 (*Satisfaction*). Several other items from scale 3 display a high percentage of neutral scores indicating either item ambiguity, or the ambivalence or uncertainty of some respondents on the *Satisfaction* dimension. Despite these variations, item statistics in general were consistent with the first measure of attitudes providing an indication of item stability.

Scale Analysis

Scale analysis indicates that scale properties remain generally satisfactory. Scale means and reliabilities are shown below in Table 6.9, while a full summary of scale statistics appears in Appendix 14.2.

Scale 1 (*Competent Individual*) with a moderately high mean, shows acceptable sensitivity with the spread of scores covering 53% of the potential range. However, the internal consistency reliability, indicated by a Cronbach alpha coefficient of 0.68, is slightly weaker than the value of 0.71 evident at the first measure of attitudes.

Scales 2 (*Acceptance*), 3 (*Satisfaction*) and 4 (*Identification*), all with moderate means, display adequate sensitivity with standard deviations and actual score ranges (70%, 60% and 90% respectively) indicating satisfactory dispersion of scores. Internal consistency for these scales is also satisfactory as shown by Cronbach alpha coefficients ranging from 0.75 to 0.81.

Inter-scale correlations indicate that the scales discriminate very well; the highest correlation coefficient of 0.39 occurs between scales 2 (*Acceptance*) and 4 (*Identification*), while the remaining correlations range from 0.03 to 0.27. All correlations are markedly less than the Cronbach alpha coefficients, providing a further indication of the discriminant validity of the scales.

Instrument Analysis

Assessment of the relationship among items and scales also demonstrates satisfactory psychometric properties. Item/rest-of-scale correlations (shown in Appendix 14.3) provide strong evidence of item discrimination and scale internal consistency for all four scales. All items but one correlate most highly with their intended scale; however, while item 5 in scale 1 (*Competent Individual*) has its highest correlation with scale 4 (*Identification*), it correlates almost as highly with scale 1.

Varimax rotation factor analysis (Appendix 14.4) produces a factor loading pattern almost entirely consistent with the scale structure, providing further evidence in support of the construct validity of the instrument. Almost all items display a significant loading on the factor representing the intended scale. However, two items in scale 1 (*Competent Individual*) fail to display a significant loading on the factor for that scale; item 5 shows its highest loading (0.31) on scale 4 (*Identification*), while item 13 does not load significantly on any factor. Principal components factor analysis (Appendix 14.5) indicates that 37.1% of variance is explained in terms of four factors.

In summary, the psychometric analysis following the second data collection demonstrates satisfactory instrument properties similar to the previous analysis indicating consistent performance of the instrument.

ATTITUDE SCALE SCORES

The mean attitude scores for the 182 participants at the end of first year (shown in Table 6.9) reflect positive attitudes toward elderly people on three of the four dimensions investigated. The high scale mean and mean per item score for scale 1 reflects strongly

positive attitudes on the *Competent Individual* dimension, while scores for scales 2 and 3, although not as high as scale 1, indicate that students generally also hold positive attitudes on the *Acceptance* and *Satisfaction* dimensions. The mean for scale 4 and the mean per item of 2.84 show clearly that students on average hold negative attitudes toward elderly people on the *Identification* dimension. As with attitude scale scores at the beginning of the year (Table 6.5), standard deviations indicate that the most widely varied scores occur on the *Acceptance* and *Identification* dimensions.

TABLE 6.9
ATTITUDE SCALE MEANS AND RELIABILITIES AT THE END OF YEAR 1

	Items	Possible Maximum Score	**Scale Mean**	Scale Std. Deviation	**Mean Per Item***	Mean Item Std. Deviation.	**Cronbach Alpha**
SCALE 1 Competent Individual	12	60.0	**53.87**	3.86	**4.49**	0.32	**0.68**
SCALE 2 Acceptance	8	40.0	**29.97**	4.36	**3.75**	0.55	**0.75**
SCALE 3 Satisfaction	11	55.0	**43.23**	4.63	**3.93**	0.42	**0.81**
SCALE 4 Identification	7	35.0	**19.91**	5.40	**2.84**	0.77	**0.81**

n = 182

** The potential range per item is from 1 (extremely negative attitude) to 5 (extremely positive attitude).*

Attitude scores among participant sub-groups

At the end of Year 1, comparison of group means among the sub-groups defined by age, gender and frequency of contact with elderly people were again explored to determine whether any differences in attitudes evident at the beginning of the course persisted until the end of Year 1.

Among the age sub-groups, ANOVA and Tukey-HSD tests reveal a significant difference ($p<0.05$) between the scale 4 (*Identification*) means for the Early adult (n=153;

mean=19.71) and Adult (n=5; mean=25.60) groups, a pattern consistent with the difference between these groups at the beginning of first year. A significant difference ($p<0.05$) between the mean scores of gender sub-groups is apparent on scale 3 (*Satisfaction*): Female students (n=159; mean=43.52) display more positive attitudes on this dimension than do their male colleagues (n=12; mean=40.67). However, the small size of the adult and male student groups limits the research significance of these statistics.

In contrast with the attitude measurement at the beginning of Year 1, there is no significant difference in attitude scores among the groups defined by frequency of contact with elderly people. It appears that any pre-course differences in attitudes related to frequency of contact are moderated by the subsequent course experience with elderly people.

Comparison to attitude scores on beginning Year 1

Before statistically comparing the attitude scale scores at the end of Year 1 with the initial measurement, the possible effects of participant attrition were considered. A total of 35 respondents to the first questionnaire either did not complete the second or did not provide sufficient identification to enable the matching of the first and second attitude measures. In order to determine whether these 35 students differed from the remaining 171 participants thus affecting score comparisons over time, their attitude scale scores on commencing the course were compared with those of the remaining group. The mean scores for the 35 students were similar to the remaining group on scales 1 and 2, lower on scale 3 and higher on scale 4; however, a t-test confirmed that these differences were not significant.

Comparison of the mean attitude scale scores at the end of first year with scores recorded at the beginning of the year for the 171 students who completed both attitude questionnaires (Table 6.10) indicates that students' attitudes become more positive on scales 1 and 2, but more negative on scales 3 and 4. The statistical comparison using a two-tailed t-test for paired scores reveals significant differences ($p<0.05$) on scales 1 (*Competent Individual*), 2 (*Acceptance*) and 4 (*Identification*).

Attitudes on the *Competent Individual* dimension became significantly more positive during the first year, suggesting that students had developed a more positive perspective of elderly people as individuals, competent in managing their own affairs and pursuing individual interests. Meanwhile, the increase in mean score on the *Acceptance*

dimension, while small, is also statistically significant suggesting that on average students became more accepting and tolerant of elderly people, particularly with regard to those characteristics that may be influenced by the physical and cognitive changes of ageing.

TABLE 6.10
COMPARISON OF ATTITUDE SCALE MEANS AT THE BEGINNING AND END OF YEAR 1

	Mean scores		Mean difference	t Value
	START YEAR 1	END YEAR 1		
SCALE 1 Competent Individual	52.62	53.82	1.20	3.94*
SCALE 2 Acceptance	29.22	30.00	0.78	2.39*
SCALE 3 Satisfaction	43.88	43.32	0.56	1.73
SCALE 4 Identification	21.37	19.89	1.47	3.95*

n = 171

** t_{crit} (α=0.05; df = 170) = 1.96 (two-tailed test)*
Values significant, p<0.05, scales 1, 2 and 4.

On the *Satisfaction* dimension, while the scale mean remains positive and is not significantly different from the first score, the lower score at the end of first year indicates that students generally perceive interaction with elderly people as a little less satisfying than earlier in the year. It is on the *Identification* dimension that that students' attitudes moved clearly into the negative range by the end of first year, becoming significantly more negative than at the beginning of the year. This finding indicates that on average students identify negatively with the state of being elderly and that their acceptance of personal ageing declined during the first year of their nursing studies.

The comparison of scale means from the first and second measurement of attitudes thus reflects both positive and negative changes in students' attitudes that will be discussed further in Chapter 9.

In summary, the second measurement of attitudes at the end of first year and the statistical comparison with scale scores obtained at the beginning of the year reflect some significant changes on three of the four attitude dimensions. Attitudes remained positive during first year on the dimensions of *Competent Individual*, *Acceptance* and *Satisfaction*, with significant positive change occurring on the first two of these. Meanwhile, attitudes on the *Identification* dimension became more negative suggesting that first-year experiences adversely influenced attitudes on this dimension. Analysis of scores for the various participant age groups show that attitudes on this dimension of the younger participants (17-20 years) were significantly more negative than those aged over 25 years.

ATTITUDES AT THE END OF YEAR 2

The third and final measurement of students' attitudes occurred at the end of the second year of the course. During second year, students expand their practice base primarily in acute-care settings. Students are engaged in care of elderly people in the acute-care context; however the second year curriculum does not include course content specific to ageing and aged care.

PARTICIPANTS

Of the cohort of 143 students who remained in full-time enrolment at the end of second year, 121 completed the third attitude questionnaire yielding a response rate of 85%. This response rate was somewhat lower than for the previous questionnaires due to limited class attendance on day of data collection. Of the 121 respondents, ten had completed only the first or second questionnaire leaving 111 whose first, second and third attitude scores could be compared.

PSYCHOMETRIC PROPERTIES OF ATTITUDE INSTRUMENT

As for the two previous measures of attitude, the psychometric properties of the Likert instrument were again assessed at item, scale and instrument levels. A brief critique of the overall performance of the instrument is presented in the concluding chapter.

Item Analysis

Item statistics (shown in Appendix 15.1) are similar to those for the second measurement of attitudes. While a few items from scale 1 (*Competent Individual*) reflect

positive popularity and limited sensitivity as before, only two items from scale 3 (*Satisfaction*) yield a substantial frequency of *Not Sure* responses suggestive of ambivalence. Essentially the item qualities are adequate for a Likert scale and have been shown to be consistent over the three measures of attitude thus reflecting item stability.

Scale Analysis

Scale statistics reflect satisfactory scale properties; scale reliabilities are shown in Table 6.11 and a full summary of scale statistics is presented in Appendix 15.2. All scales display satisfactory internal consistency reliability with Cronbach alpha coefficients ranging from 0.77 to 0.81. While the alpha coefficient of 0.77 for scale 1 (*Competent Individual*) indicates that reliability is higher than in the first two measures of attitude, the scale sensitivity is somewhat weaker with a moderately high mean and scores covering only 37% of the potential range. Scale means, standard deviations and actual score ranges for the remaining three scales reflect satisfactory sensitivity.

Inter-scale correlations indicate that the scales again discriminate well. As with the second measure of attitudes, the highest correlation (0.41) occurs between scales 2 (*Acceptance*) and 4 (*Identification*) while the remaining correlations range between 0.09 and 0.34. These values are considerably lower than the Cronbach alpha coefficients providing further evidence of the discriminant validity of the scales.

Instrument Analysis

Satisfactory psychometric properties are evident in the analysis of relationships among items and scales. Item/rest-of-scale correlations, displayed in Appendix 15.3, reflect satisfactory item discrimination and scale internal consistency for all four scales. All but one item correlates most highly with the intended scale: Item 13 in scale 1 (*Competent Individual*) has its highest correlation with scale 3 (Satisfaction).

Varimax rotation factor analysis (Appendix 15.4) again displays a factor loading pattern consistent with the scale structure, providing still more evidence in support of the construct validity of the instrument. All but three items display a significant loading on the factor representing the intended scale. In scale 1 (*Competent Individual*), item 13 shows its highest loading (0.41) on scale 3 (*Satisfaction*) while item 6 does not load significantly on any factor. Item 17 in the *Satisfaction* scale displays its strongest loading (0.36) on scale 2 (*Acceptance*). Principal components factor analysis (Appendix 15.5) indicates that 40.3% of variance is explained in terms of four factors.

In summary, the psychometric analysis following the third and final measurement of attitudes demonstrates that instrument properties are satisfactory. They are also similar to previous analyses, indicating consistent performance of the instrument.

ATTITUDE SCALE SCORES

The mean scale scores for the 121 participants remaining at the end of second year (presented in Table 6.11) indicate that students' attitudes are positive on three of the four dimensions. Attitudes are most favourable on the *Competent Individual* dimension. Scores for *Acceptance* and *Satisfaction* are also positive while the mean score on the *Identification* dimension reflects negative attitudes. As with the two earlier measurements of attitudes, the most widely varied scores occur on the *Identification* and *Acceptance* dimensions.

TABLE 6.11
ATTITUDE SCALE MEANS AND RELIABILITIES AT THE END OF YEAR 2

	Items	Possible Maximum Score	**Scale Mean**	Scale Std. Deviation	**Mean Per Item***	Mean Item Std. Deviation.	**Cronbach Alpha**
SCALE 1 Competent Individual	12	60.0	**54.21**	4.00	**4.52**	0.33	**0.77**
SCALE 2 Acceptance	8	40.0	**29.07**	4.98	**3.63**	0.62	**0.80**
SCALE 3 Satisfaction	11	55.0	**43.34**	4.56	**3.94**	0.41	**0.79**
SCALE 4 Identification	7	35.0	**19.88**	5.44	**2.84**	0.78	**0.81**

n = 121

** The potential range per item is from 1 (extremely negative attitude) to 5 (extremely positive attitude).*

Comparison to attitude scores during Year 1

The attitudes on all dimensions are consistent with those at the end of first year. The Year 2 attitude scale means are compared in Table 6.12 with means from both first-year measures of attitudes. Analysis of variance for repeated measures was used to test for the significance of differences between scale means for the 111 students whose scores could be matched across all three measures. As explained in Chapter 4, univariate analysis of variance was used for comparisons where the assumption of sphericity was met, otherwise multivariate analysis was used; sphericity being indicated by a non-significant Mauchly sphericity test result (Norusis, 1990; Glass & Hopkins, 1996).

TABLE 6.12
COMPARISON OF ATTITUDE SCALE MEANS
AT THE START OF YEAR 1, END OF YEAR 1 AND END OF YEAR 2

Scale Means
(Scale means per item)

	Start year 1	End year 1	End year 2	F#
SCALE 1	**52.69**	**54.14**	**54.23**	**9.85***
Competent Individual	*(4.38)*	*(4.49)*	*(4.52)*	
SCALE 2	**29.00**	**30.26**	**29.23**	**6.89***
Acceptance	*(3.64)*	*(3.75)*	*(3.63)*	
SCALE 3	**43.82**	**43.45**	**43.48**	**0.46**
Satisfaction	*(3.96)*	*(3.93)*	*(3.94)*	
SCALE 4	**21.94**	**20.04**	**19.78**	**10.55***
Identification	*(3.09)*	*(2.84)*	*(2.84)*	

n = 111

F values significant, p<0.01, scales 1, 2 and 4.
#F computed from repeated measures analysis of variance: For scales 1 and 3, the Mauchly sphericity test was non-significant and univariate F is reported [df=2,220; F_{crit}=4.71 (α=0.01)]; For scales 2 and 4, the test was significant (p<0.05) and multivariate F is reported [df=2,109; F_{crit}=4.82 (α=0.01)].

Table 6.12 shows that changes in attitudes over the two years are significant ($p<0.01$) on three of the four dimensions. Attitudes on the *Competent Individual* dimension become increasingly positive, attitudes of *Acceptance* are most positive at the end of Year 1 while those of *Identification* become increasingly negative by the end of Year 2. Meanwhile, attitudes on the *Satisfaction* dimension remain steadily positive over the two years. Although there are statistically significant changes on three dimensions, students' attitudes overall remain relatively consistent over the three measurements of attitude as illustrated by the comparison of mean per item scores for each scale shown in Table 6.12. The third and final measurement of attitudes at the end of Year 2 and its comparison with earlier measures thus highlights the consistency of students' attitudes during the first two years of the pre-registration nursing course.

SUMMARY

The attitude measurement component of the case study provided the starting point for the investigation of nursing students' attitudes toward the elderly. Attitudes were measured on the dimensions of *Competent Individual*, *Acceptance*, *Satisfaction* and *Identification* at the commencement of the three-year pre-registration nursing course, at the end of first year after various experiences concerning ageing and the elderly, and again at the end of the second year. Comparisons were drawn between attitude scores at the beginning and end of first year for the various sub-groups of participants defined by age, gender, and frequency of pre-course contact with elderly people.

At the beginning of first year attitudes were positive on all dimensions: *Competent Individual* was the most favourable while *Identification* was the least favourable, its mean score scarcely within the positive range. By the end of that year attitudes of *Identification* were clearly negative while those of *Competent Individual* became more positive and attitudes on the other two dimensions remained favourable. At the end of second year attitude scale scores were consistent with those at the end of first year, with *Competent Individual* remaining the most favourable of the three positive dimensions.

Comparison of participant sub-groups at the beginning of first year revealed that students aged over 25 years held more positive attitudes on the *Identification* dimension than the majority of their colleagues, those aged 17 to 20 years. Those students having *Weekly* pre-course contact with elderly people held more favourable attitudes on all dimensions than those having a different frequency of contact, while no differences were

apparent for the gender sub-groups. By the end of first year older students maintained a more positive *Identification* score and male students displayed less favourable attitudes on the *Satisfaction* dimension than their female colleagues; however, the small size of these participant sub-groups attenuated the research significance of these findings. The earlier differences among *Frequency of contact* sub-groups were not apparent at the end of first year.

Attitude scale scores thus indicate that students become increasingly positive in their attitudes toward elderly people as competent individuals with their own interests and needs and, throughout the first two years of the course, the majority accept characteristics associated with the elderly and perceive interaction with elderly people as satisfying. These findings suggest that students entering the nursing course do not hold the ageist attitudes relating to elderly people in terms of their individuality, competence, characteristics and personal interaction that are commonly reported in the literature as prevalent in society. That these attitudes remained consistently favourable during the two years suggests that students' experiences during that time may have positively reinforced their views of elderly people. In contrast, the *Identification* scale scores indicate that students' attitudes become increasingly negative in terms of their personal identification with the state of being elderly suggesting that course experiences have a negative influence on these attitudes. The implications of these attitude measurement findings are elaborated in conjunction with findings from other research components in the integrated discussion presented in Chapter 9.

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CHAPTER 7
FINDINGS: FIELD RESEARCH

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In this chapter, the findings of the field-research component of the case study are reported. All three key research questions were investigated, in particular the sub-questions concerning the nature of nursing students' attitudes toward elderly people and the factors influencing their attitudes. As described in Chapter 4, the field research design included focus-group interviews, participant observation of students in the classroom and in clinical practice in aged-care settings, and the analysis of documents produced by students in the course of their studies of ageing and care of the elderly. Findings from each of these elements are presented and relationships are identified as appropriate between the various sets of data from the field. While this chapter includes some interpretive discussion as findings are presented, more comprehensive interpretation appears in Chapter 9 as the findings from all three components of the research design are integrated.

The field research data were gathered over a one-year period, the first year of students' experiences in the pre-registration course, and analysed according to the procedures described in Chapter 4. Findings are presented in the sequence in which data were collected: focus group interviews at the beginning of Year 1, observation in the classroom, participant observation in clinical settings, document analysis, and focus group interviews at the end of first year. These separate sets of field research findings are then integrated in a summary discussion at the end of the chapter.

INTERVIEWS ON BEGINNING YEAR 1

The first phase of the field research using focus group interviews was conducted early in Year 1 after the first set of attitude measurement data had been collected.

PARTICIPANTS

As described in Chapter 4, participants were selected from these students who had completed the first attitude questionnaire, according to their scores on the attitude scales and their frequency of contact with elderly people. With the intention of interviewing approximately 30 participants, 60 students representing equally the four "frequency of contact" groups as well as high, low and moderate attitude scores, were invited to
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participate. Of these, 33 agreed to join the focus group interviews. The intended mix of attitude scores and frequency of contact with elderly people was reflected in the group of participants. Written consent was obtained from all participants, according to the procedures described in Chapter 4, before appointments for interview were arranged.

INTERVIEW CONTEXT

All focus group interviews were conducted on campus in a quiet meeting room at times negotiated with the participants. The size of the eight focus groups ranged between three and seven participants. All interviews of 45-60 minutes duration were facilitated by the researcher and recorded on audio-tape.

INTERVIEW FORMAT

Each interview commenced with an expression of thanks to the participants and a reminder that the purpose of the discussion was to explore ideas about elderly people and their needs. The loosely-structured interview used open questions designed to elicit participants' views of elderly people and, as the interview progressed, questions were tailored to promote further discussion. Examples of the open questions include "How would you define *elderly*?" and "Please describe what comes to mind when you think of elderly people". A copy of the focus group interview plan appears in Appendix 6.1.

ANALYSIS

Analysis of the focus group data involved listening to each taped interview before transcribing it verbatim for thematic analysis. Listening repeatedly to the tapes and reflecting on the content proved to be an important step: Only four of the eight interviews were transcribed completely as no new data were apparent in the remainder. The thematic analysis involved repeated reading of the transcriptions and coding of individual items before refining the codes and grouping them into categories, each reflecting a theme. Data were managed using 'cut and paste' procedures and word-processing functions for sorting and retrieval. While transcription was challenging, it was nearly always possible to differentiate the speakers in a group as participants introduced themselves at the beginning of the interview; each was then identified by a pseudonym represented by a single initial in the transcript. This allowed sequences of dialogue to be reproduced more clearly in the following report.

FINDINGS: REFLECTIONS OF ATTITUDE ON BEGINNING YEAR 1

Five main themes emerged from the focus group interviews held with beginning nursing students. The themes, each consisting of a number of elements, reflect dimensions of attitudes toward elderly people. Four of the five themes, identified below, may be considered to reflect personal attitudes while the fifth represents the beginning development of professional attitudes toward caring for the elderly:

- Images of elderly people: Definitions and perceptions.
- Relating to elderly people: Contact and communication.
- Understanding elderly people: Understanding the realities and experiences of ageing.
- Identification: Identifying with being elderly.
- Contemplating nursing care of elderly people: Developing professional attitudes.

Each of these themes is elaborated in the following discussion and illustrated with quotations selected as typical of a category. Speakers are differentiated using the initials A, B, C..., only when a sequence of dialogue is presented.

Images of Elderly People: Definitions and Perceptions

The theme Images of Elderly People incorporates participants' definitions of the term *elderly* and how they perceive or imagine elderly people to be. Definitions and images are modelled on ideas of age, appearance, activity, health and competence and are shaped by participants' experience with elderly people.

In response to the opening interview question "How would you define *elderly*" some participants offered definitions in terms of age, while the majority shared perceptions about appearance and abilities as defining characteristics. For example, in the third focus group one participant defined *elderly* as:

> *Over 65 or something or about sixtyish they're older. I suppose you seem to take it a lot by physical looks – I do anyway. Like one of my friends, her Grandmother is quite old but her hair isn't grey and she's got a fairly wrinkle-free face and you don't think of her as being as old as someone who's grey and wrinkled, even though they might still be late 50s. You take it a lot on physical appearance.*

Discussion progressed in response to this defining statement with four of the participants engaging in the following banter about their images of elderly people:

> A. *You tend to look for wrinkles and grey hair and say they're old.*
>
> B. *And going blind – needing glasses.*
>
> A. *And their style of dress – I think of cardigans and slippers.*

C. Floral dresses – revolting dresses and suit jackets.

A. Hairy legs with stockings over them.

B. Walking frames.

D. Yeah, and that purple coloured hair you know that sort of hair that old people have, grey but sort of purple.

C. With teeth that they take out at night. I remember when I first saw my Grandma do that I was horrified.

These stereotypic images are typical of those expressed in other groups; certain images are taken as generalised defining characteristics of elderly people.

As well as appearance, perceptions about activity and ability are prominent in participants' images and definitions, for example:

> *Often I think of old people as someone who's finished, you know what I mean, their life. But someone might not be elderly when they're 70 because they're still really active. You look at achievements and their ability and what they're doing.*

This introduces an important and recurrent notion evident in the focus group discussions; that a person, whilst fitting the chronological definition of *old* or *elderly*, is neither old nor elderly unless dependent to some degree. This notion is exemplified in a statement by one participant as she differentiated her active grandmother from those whom she perceived as *old*:

> *My Grandma, she's 63 and she's unbelievable. She walks 5k every day and I don't think of her as old. I think more of people who have to be nursed because they can't do anything for themselves. You think of someone old and you think of helping them to the toilet, helping to feed them – things like that.*

Associated with the notion of dependence are perceptions of sickness and disability that emerged when participants were asked to describe people who came to mind when they thought of elderly people. In one focus group, two participants replied:

A. People in nursing homes. Sick people.

B. Helpless, with certain disabilities.

These sentiments were echoed in another group:

> *People whose actual health, well-being, is deteriorating. I don't know if that is biased but that is my perception.*

Seeking clarification, the researcher asked "Are you saying you think of elderly people as sick?" She and a colleague confirmed this perception:

A. Yes I do.

B. I do too. I think they are helpless and can't do much for themselves. Then you see the healthy ones – sometimes jogging – they seem to be the exception – not the usual picture you have of an old person.

It thus seems that for many participants the defining feature of old age is sickness or dependence. However, it appears that their images of elderly people are informed by their experiences with older people, particularly their grandparents:

A. It is individual because my nanna is 82 but she still drives a car.

B. When you think of your grandparents it's hard to have a general idea (of elderly people) because my grandmother, although she's relatively old, she is still pretty active – she likes being active so it's hard to have a stereotypic old person.

The importance of appreciating individuality was emphasised here, while the trap of stereotyping characteristics of elderly people is recognised. It also seems that, for some participants, the concepts of *old* or *elderly* do not necessarily apply when grandparents are well and active.

This again raises the issue of semantics surrounding *old* and *elderly* illustrated below as a participant differentiates the terms:

My grandmother is 80 and she never stops. I suppose when they talk about elderly they associate it with institutions, geriatric care, meals on wheels and things like that. Whereas I know they use other words to describe the sort of people who are retired and not going to work, the older generation and things like that.

In response to a clarifying question from the researcher, "So if I had asked you about *old* people, would you answer me in the same way", she replied:

How I would define old people? I probably would have said more to do with age.

It seems that here *elderly* is characterised by some level of dependence while *old* is simply associated with advanced age. This contrasts with the participant quoted earlier who perceived *old* as signifying dependence. Other participants do not make any semantic distinction; rather they regard *old* and *elderly* as synonymous, being defined by age. As illustrated below, they also suggest that healthy elderly people may be differentiated from those who are not healthy, a recurrent idea in the data that is discussed further in this chapter.

A. I think of a certain age rather than the degree to what they are cared for.

B. You can have healthy elderly people and unhealthy elderly people.

A. If they still run every day it doesn't mean they're not elderly.

The theme Images of Elderly People thus reflects both stereotypic and realistic images and perceptions of elderly people. While most participants engaged in some banter about perceived characteristics of elderly people, they also engaged in thoughtful dialogue about their views. Two important findings are evident in this theme: first, the association of *old* and *elderly* with dependence by some participants reflects stereotypic views of elderly people as incapable; and second, that some individuals attach different meanings to the terms *old* and *elderly*. This issue of semantics has implications for attitude measurement where different interpretations of scale items may affect outcomes.

Relating to Elderly People

This theme reflects participants' impressions of relating to elderly people and perceptions of their psycho-social characteristics. Focus-group discussion revealed that some expressed positive feelings about relating to elderly people while others held unfavourable impressions. Participants' perceptions are clearly based on their experiences; those expressing positive views have found elderly people to be friendly and easy to communicate with, for example:

> *Most of them are so easy to get along with. I always think of really nice loving caring people – not snappy people. The old people I know are friendly and nice. I only ever had one elderly person snap at me.*

Others, apparently with less positive experiences, expressed views more consistent with negative stereotypes of communication with elderly people, for example one suggested interaction could be frustrating:

> *I think people become frustrated when an older person always talks about their past or takes a long time to catch on to something that you're trying to tell them, perhaps because they're deaf or they just don't quite understand. That can be frustrating.*

Meanwhile another spoke of her own impatience, apparently perceiving communication to be difficult:

> *Sometimes I just get really impatient with their habits, the way they think. Like things to me that seem common sense or not a major hassle, they sort of seem to make something big about it.*

These unfavourable reactions seem indicative of negative underlying attitudes.

While some participants held either positive or negative perceptions of relating to elderly people, others held more balanced views, recognising that psycho-social characteristics and communication styles vary among the elderly just as they do among the general population:

> *I think they're great. They're very listening people. Some old people complain a lot 'cause they're in pain and they're very demanding on your attention, but most of my experience with old people is – they're great. They have a lot of experience to tell you about. But with elderly people – in any group, like even in our group, there are some individuals you like and some you don't. They're just the same. It's the same with elderly people.*

Just as participants' images were shaped by contact with grandparents, so too their feelings about relating to elderly people were influenced by them; for some this provided positive experiences.

> *I just find my grandparents are so easy to talk to and always so interested in what you are doing, just always interested. They are very supportive and willing to help ... but apart from my grandparents I very rarely see others, occasionally their friends.*

However, unsatisfying relationships with grandparents discussed by several participants, appear to affect feelings about interacting with elderly people in general, as illustrated here:

> *I sometimes get really frustrated with them (old people) – because, like I suppose it's when I've seen my grandparents. I know they've had a lot of experience and they're very wise and everything, but sometimes I can't really relate to them and I suppose they can't really relate to me. I mean I wish I'd had a lot more contact with them because I think it would have made it a lot easier.*

These contrasting experiences both point to the influence of limited personal contact; that perspectives may be constrained without experiences in relating to a range of elderly people, for example:

> *My grandparents were very, very quiet and didn't talk much at all so I haven't had all that much contact. But one day I was fundraising and knocked on an old lady's door and finished up staying for hours just talking. I couldn't believe how different she was from my grandparents. I think the happy ones, people who are happy with their lives, then they are really pleasant. But if you get someone who resents their past and whinge and complain then you just want to walk away.*

The experience of relating to someone different was clearly enlightening for this participant.

While contact with grandparents variously influenced participants' ideas about relating to elderly people, a number had little or no experience on which to base an opinion.

> *I don't really have much contact with elderly people. The only real contact I've had is at school we used to go to the nursing home. But that's about the extent of it.*

Nevertheless, they expressed concern that they had not had more contact and opportunities to develop their understanding of elderly people and their abilities to relate to them prior to beginning professional practice in aged care.

Analysis reveals both favourable and unfavourable perceptions and feelings about relating to elderly people, as well as recognition of the individual nature of relationships. Participants' views are clearly shaped by their experiences, particularly with grandparents. Satisfying relationships underpinning positive views of relating to elderly people contrast with the stereotypic ideas, suggestive of negative underlying attitudes, associated with unfavourable experiences.

Understanding Elderly People

This theme reflects participants' understanding of the lifestyles and needs of elderly people as well as the changes associated with ageing and illness in later life. It also incorporates recognition of life experiences:

> *A. It's really good to talk to elderly people... – they seem to be able to set the scene about what it was like 50 to 60 years ago – it's so interesting.*
>
> *B. They've lived up to four times as long as we have and more.*
>
> *C. They've had such full lives and been through so much – cars, electricity, depressions, wars – so much. The car, the electricity that we can't live without – they just did not have.*

This appreciation of life experience formed a basis for identifying certain needs of the elderly as participants reflected on the changing family and social structures surrounding people in later life. One participant spoke of the importance of maintaining independence and self-determination:

> *I think what is important to old people is their independence. Like families worry that they won't be able to do things for themselves but when I talk to my next door neighbour she says "No, I'll never go into one of these nursing homes – I'll have no freedom and no independence".*

Meanwhile another, drawing on family experience, highlighted the need for affection and social interaction and recognised the potential for loneliness:

> *They need a lot of love and caring. My grandfather, he gets really lonely – he's in a retirement home which is just a flat type of thing by himself. Lately he's been involving himself in Senior Citizens and getting active in the community, but before that and after his wife died (we are the only grandchildren around him) he got really lonely. He misses the love people give and touch and kisses – just the affection. I suppose people in nursing homes get that through nurses as well as their family – they get affection shown. We take it for granted being around people – we are with people all the time, at work and at home. But my grandfather*

– sometimes we drop in say once a week and that's it. There is a lot of time that he is by himself. I reckon that is a bit of a fear for old people.

This theme also reflects an appreciation of the suffering experienced as elderly people become unwell, or are adversely affected by changes of ageing.

My grandma had a mild stroke and for about three weeks she couldn't talk properly, she got so frustrated because she knew what she wanted to say. I felt so sorry for her.

The following dialogue indicates that participants are sensitive not only to the suffering of elderly individuals as illness intervenes, but also to the distress of loved ones. Furthermore, it shows sensitivity to the emotional experience of those with dementia.

A. I think it would equally sad if you mind deteriorates and your body is in reasonable condition so you keep on living say for about 10 years.

B. It's awful for husbands and wives – it would be worse for people around you, because you don't really know when your mind's gone.

C. It's hard to tell what they think though – there's probably still something going on in there. It might be scary for them.

D. It could be terrifying.

E. It would be worse for the kids I reckon. My grandmother, she's the only one alive and she's a bit around the twist – like her memory is going and things like that. I reckon it would be so frustrating and sad for Dad because he knows what she was like.

The theme, Understanding Elderly People, thus indicates that participants appreciate the life experience of elderly people and are sensitive to their needs for independence and self-determination in managing their lives. The also recognise the need for affection and social interaction as well as the suffering brought about by illness.

Identification

This theme reflects participants' own views of personal ageing. Some participants expressed strongly, their fear of becoming elderly:

A. I really, really fear it. I fear it.

B. Especially when you see an elderly person experiencing difficulties. I saw this old man crossing the road the other day and it took him ages and ages taking tiny little steps and he was all hunched over. The lights had changed before he got there. I thought then, I'll hate to grow old.

Other participants suggested that they did not necessarily fear growing older, but rather feared any deterioration in health or capacities, in particular becoming dependent on others for personal needs, for example:

> *I'm not really fearing if I'm a sort of healthy, lively person – I don't think that would worry me. Just getting wrinkles and grey hair, losing your youth – that doesn't really bother me, that's inevitable, but it's just the things that accompany that. You don't worry so much about being old – you worry about being dependent on others – we are so independent now and the thought of someone having to take you to the toilet – its not something you want to think about. But when you see it, like we'll see it in extended care, then it will be scary because you know it's going to happen.*

Concerns about personal ageing were also expressed in the second focus group interviews and identified in the data gathered in the participant observation component of the field research. These observations are consistent with the *Identification* scale in the attitude measurement component of the case study.

Contemplating Nursing Care of Elderly People

This theme reflects participants' concerns as they contemplated nursing elderly people during their forthcoming clinical practice. Some expressed general concerns about providing personal care:

> *I'm just a bit worried about handling elderly people, what they are going to be like. Once the first few days are over I should be right, but I'm worried about these first few days.*

Meanwhile others focussed on more intimate aspects of physical care:

> *I don't mind talking to them, I just don't want to do all the messy things. What does worry me are some of the disgusting chores. I mean I don't mind cleaning teeth but I'm not looking forward to bedpans or things like that.*

While students anticipated learning to adjust to such nursing roles, a focus on the negative aspects may affect developing attitudes. Indeed, the impact of these new experiences is discussed in following sections of this chapter.

An issue of concern apparent in this theme is the negative influence extra-curricular experiences on participants' developing professional attitudes toward aged care. One participant spoke of a pre-course visit to a nursing home that clearly left her with unfavourable impressions:

> *The nursing home where I went (with school) – it just hit me, the smell, I thought Yuk! Get me out of here! It was really bad. Often when I went there it really depressed me. I wanted to get out of there as soon as I could – didn't like it at all.*

> *Just seeing them all sitting around watching TV – it seemed like a waste of their life.*

Another described the impact of her current part-time employment on her attitudes toward aged care:

> *I work at a special accommodation home with mentally and alcohol affected elderly people. I think that that's given me a very negative attitude towards elderly people so I'm going to have to try to be positive. I've spent a lot of time there and I've built up, not a resentment, but not a very good attitude because they're ... well, I look at them and they're so helpless and I think "You did this to yourself. I haven't had all that much contact with healthy old people, only the decrepit ones, they're hopeless. Literally helpless, they can't do anything. But my grandmother is really healthy and has a good life.*

Such negative influence early in a professional nursing course presents as an important issue that was to arise again in the survey component of the research discussed in the next chapter.

This theme thus reflects the beginning development of participants' attitudes toward the elderly in a professional context. Anticipated concerns about providing personal care for elderly people and negative extra-curricular experiences were identified as having the potential to adversely affect developing professional attitudes toward aged care.

SUMMARY OF FINDINGS: THE FIRST FOCUS GROUPS

The first focus group interviews thus revealed five themes reflecting various dimensions of nursing students' attitudes toward the elderly. Images of elderly people reveal stereotypic ideas based on perceptions of appearance and ability, suggesting a tendency towards negative attitudes. The notion of dependence was semantically linked to the terms *old* and *elderly* by some participants and seen as a defining feature of old age, while others saw dependence as a means of classifying elderly people as well or unwell. Participants' perceptions of relating to elderly people were clearly based on their own experiences and reflected both favourable and unfavourable reactions. Their understanding of the lifestyles, health and needs of elderly people reflected positive attitudes, but some were fearful of their own ageing. Finally, the early development of attitudes to professional practice was evident as participants contemplated their first clinical experience, observation of which is reported later in this chapter.

OBSERVATION IN THE CLASSROOM

Participant observation of classroom sessions occurred shortly after the first focus group interviews were completed. As described in Chapter 4, the sessions observed were lectures on ageing and the needs of elderly people, conducted as part of a life-span studies unit and preparatory to clinical experience. The two hours devoted to this topic allowed for student contributions to a discussion of assumptions about ageing and the aged. Teaching sessions were presented separately to each of the two first-year student cohorts, allowing the researcher two opportunities for observation.

Both teaching sessions were presented by the same lecturer using the same format on each occasion. Each session was held in a single-level lecture theatre with seating for approximately 120 people and attended by the majority of students of the respective cohort. The researcher, who was seated in the lecture theatre with students on each occasion, did not participate in the sessions, but rather observed from the back row and recorded field notes throughout. Data from both sessions were analysed collectively.

The data most valuable to the research were gathered during the portion of the teaching sessions involving student contribution to discussion. The lecturer commenced the sessions with an overview of the demographic profile of the elderly population in Australia and the anticipated changes in life expectancy and demographics. She then outlined the need for both commitment to quality aged care and adequate resources, particularly as the proportion of elderly people in the population increases. At this stage the lecturer introduced briefly the notion that ageism may affect aged care suggesting that society's views and values were generally youth-oriented. Students were then asked to identify adjectives or characteristics that typified elderly people. Lively chatter followed as characteristics were identified; the lecturer recorded these without comment on the blackboard. One cohort of students identified 28 characteristics while the other identified 36, the majority in both cases being negative with many reflecting stereotyped views of the elderly. Noting in each class that few responses were positive, the lecturer then indicated that she aimed to put views of the elderly into perspective and would return to these characteristics later in the session.

On analysis, the characteristics identified by students grouped into three broad categories: *Appearance* reflecting perceived physical features of elderly people, *Health and Competencies* indicating physical and mental competence, and *Psycho-social Characteristics*. These grouped characteristics are displayed in Table 7.1.

TABLE 7.1
CHARACTERISTICS TYPICAL OF ELDERLY PEOPLE IDENTIFIED BY STUDENTS AT THE START OF YEAR 1.

Appearance	Health and Competencies	Psycho-social Characteristics
Wrinkled Grey hair/Blue rinse False teeth Glasses Physically small Fragile/Frail	Poor vision Hearing deficit Reduced mobility/Slow Dangerous drivers Taking pills Incontinent Increased dependence on others Vague/Forgetful Disorientated Senile	Individual – different from each other Fiercely independent Wise Experienced Knowledgeable Interesting Intelligent Resilient Kindly Loving and caring Relaxed Patient Friendly Trusting Appreciate visitors Family orientated Frugal Retired – not working Talkative – never stop Reminiscing/Yarning Repetitive Lonely Yearning Frustrated Alienated Feel useless Worried Self-righteous Argumentative/Rude Whingers Inflexible ideas Racially prejudiced Intolerant Defensive

While the information from the classroom session is more superficial than that generated by the focus group discussion, the categories of characteristics perceived by beginning nursing students as typical of elderly people parallel some of the themes identified in the focus group data. Not surprisingly, the *Appearance* and the *Health and Competencies* categories include some of the elements apparent in the *Images of Elderly People* theme. Similarly, some items among the *Psycho-social Characteristics* reflect elements within the focus group themes *Understanding Elderly People* and *Relating to Elderly People*. Although the classroom observation data lack the richness found in the focus group data, they collectively provide a useful overview of the perceptions of elderly people shared by the entire student cohort.

The lecturer in both classroom sessions made good use of students' perceptions in introducing the Well Elderly Field Study (outlined in chapter 4) as a learning activity. After identifying and listing the perceived characteristics, she continued with the content of the session which included explanatory theories of ageing, developmental tasks, normal physical, cognitive and psycho-social changes of ageing, and major health problems. Having outlined these aspects of ageing, the lecturer then turned students' attention back to the characteristics that they had identified as typical of elderly people, prompting them to examine their own attitudes and prejudices. She asked students to assist in deleting characteristics that may be found in any age group. Amid much noise and embarrassed laughter, the list was reduced to a few items such as "grey hair", "reduced mobility" and "retired" that may reflect the actual reality of ageing. "Yarning" and "reminiscence" also remained on the list, the lecturer noting that such reflection is a way of reviewing life events and passing on information to others. These final remarks were then used to orientate students to the life history component of their field study activity.

The Well Elderly Field Study was timed to begin before students commenced their first clinical nursing experience and conclude shortly after with the submission of a written assignment. This concurrent experience with both the well and frail elderly was intended by the teaching staff to provide students with some balance to their impressions as they began to care for dependent elderly people. The impact on students and the evaluation of this learning activity are reported in the remaining elements of this field research component as well as in the survey research findings in the next chapter.

PARTICIPANT OBSERVATION IN THE CLINICAL SETTINGS

An opportunity to explore contextualised reflections of students' attitudes was available during clinical experience in extended-care settings where all students in the case study were involved in care of the frail elderly. As explained in Chapter 4, this was the first "hands-on" nursing experience for students and consisted of two days clinical practice per week for five weeks at the end of the first semester. Students were allocated to clinical practice in groups of eight with each group accompanied by a clinical teacher and, since each of the two student cohorts attended clinical practice on different days, it was possible to observe two groups in two different clinical contexts.

As noted in Chapter 4, since environmental and role-model factors are thought to influence attitudes, two contrasting clinical agencies were selected as settings for field research in an attempt to study the effect of differing contexts. One was a contemporary, purpose-built residential-care facility with a reputation for offering a progressive approach to aged care, while the other was established many decades earlier and has a long tradition of providing long-term care for the elderly. These clinical contexts are hereafter referred to as *First Nursing Home* and *Second Nursing Home* respectively.

Permission to gain access to the clinical agencies and observe students in practice was obtained, according the procedures described in Chapter 4, from the Nursing Directors of the agencies and the university where students were enrolled. Written consent was also obtained from all participating students as well as the clinical teachers accompanying them. In the daily course of participant observation, oral consent was sought from residents and agency staff as events unfolded.

As described in Chapter 4, the researcher looked for evidence of underlying attitudes. Data collection focussed on participants' reactions to and interactions with elderly residents, their engagement in providing direct care and their expressed views of elderly people. Each group of participants was observed throughout the ten-day practicum; the researcher accompanied the entire group and the clinical teacher each afternoon as the day's activities were reviewed at clinical conference and at other times observed students as they worked singly or in pairs with residents. The researcher role varied from that of *participant observer* when the researcher was involved with participants in nursing activity, to *complete observer* for periods when there was no interaction. Observations within the clinical contexts were initially quite broad in order to establish the most useful indicators of participants' attitudes; after the first two days they focussed on participants' direct engagement with elderly residents and their

conversations at clinical conference and various other occasions such as tea breaks. Observations were recorded in field notes and discussions at clinical conference were recorded on audio-tape. The transcribed data were analysed thematically.

Observation in each of the two contexts is reported in turn. Participating students and their clinical teachers are introduced (using pseudonyms) and the context described before the researcher's observations and data gathered through conversations are discussed. These observations are reported in relation to:

- Communicating with elderly residents,
- Caring for elderly residents,
- Impressions of care,
- Feelings and attitudes.

The collective findings are then summarised.

For ease of reporting, participants are referred to as students throughout this section and the researcher's observations, drawn from field notes, are written in the first person. Where residents or nursing home staff are named, pseudonyms are used.

PARTICIPANT OBSERVATION IN FIRST NURSING HOME

The Participants

Eight students commenced clinical experience at *First Nursing Home*, but one who had been awaiting transfer to another course discontinued during the first week. The seven students who completed the practicum were: Adam, Christina, Emma, Geoff, James, Jade and Nancy. All but James and Geoff had quite regular contact with elderly people prior to commencing the nursing course. Three students, aged 18, had completed their secondary education in the previous year, while their older colleagues, aged 20-29, had worked in various occupations other than nursing. A clinical teacher, Monica, accompanied students throughout the practicum.

The Context

First Nursing Home, located in metropolitan Melbourne, is a purpose-built residential care facility for frail and dependent elderly people. The single-level building, designed to avoid an institutional or hospital-like appearance, consists of two wings of residents' rooms extending spoke-like from a hub where reception, recreational and dining facilities are provided. Each wing accommodates up to 30 residents in single, two-

bed or four-bed rooms and nursing care is coordinated from a staff office located at the entry to the wing. Students participating in the research were involved in caring for residents in one of these wings; four students were allocated to each.

The bright open recreation area consists of a sitting room with a dining room off to one side, and an adjacent activities room which houses facilities for art, craft and cooking activities. The sitting room is well furnished with groups of comfortable chairs, television, stereo-system and piano along with various games equipment and a cupboard for drinks, and overlooks a garden area with barbecue. The large dining room, furnished with tables, chairs and a dresser displaying various decorative items, provides dining facilities for both residents and staff. All residents' rooms in each wing overlook gardens and open from a main corridor that flanks the bathrooms and service rooms. The interior is painted in neutral tones and decorated with pastel patterned curtains, bed screens and bed covers; the recreation areas and corridors are carpeted while remaining floors are vinyl-covered. Handrails to aid mobility are fitted in all corridors and rooms.

With the stated aim of providing quality, personalised care in a home-like environment, *First Nursing Home* incorporates into practice many innovations in aged care: for example, social activities are organised for residents, rehabilitation services are provided by visiting practitioners, and staff wear street clothes rather than uniforms. Reality orientation by means of various activities and a day/date display in the sitting area is also provided. An activities-officer is employed to organise therapeutic and recreational activities within the nursing home, as well as periodic outings.

The researcher visited the facility before students commenced their practicum and was shown around by the Director of Nursing who appeared committed to providing quality care. The residents, many seated ready for lunch, appeared comfortable and the only staff members sighted were busy attending to residents. Unfortunately, any favourable first impressions of *First Nursing Home* were dampened by a strong faecal odour that permeated the entire facility; a surprising observation.

A profile of the age and condition of residents showed that many were very dependent as a consequence of various health problems: Ages of the 60 residents ranged from 56 to 97 years. Only eight could walk unaided; 12 could walk with assistance while remainder were chair or bed fast; 13 were unable to feed themselves at all while 10 to 12 needed assistance. Only 12 to 14 residents were orientated to place and approximately 40 suffered various degrees of incontinence. The students were thus to begin their first nursing experience caring for very frail and dependent elderly people.

Observations and Conversations

Observation began with the orientation to the nursing home provided for the students and their clinical teacher. They were welcomed by the Director of Nursing who outlined the organisation of the facility, the needs of residents and the approaches to care, and concluded by saying "residents are people who are different to how they used to be". Students then toured the facility before meeting the nurse managers and the residents whom they were to care for on the following day. They spent the remainder of that first day talking with residents and discussing their impressions and concerns with the clinical teacher, Monica, at clinical conference.

Communicating with residents

On the first day students were seen to be interacting comfortably with residents; James and Geoff were seen in the sitting room talking with two residents while Jade was in deep conversation with another who was clearly enjoying the opportunity to talk about her family. Geoff later remarked that this was his first exposure to someone so old as he had no living grandparents.

Challenges to communication arose from the second day as students began to provide direct care for residents. For example, Geoff encountered difficulty in dealing with a resident who could understand but was unable to speak:

I'm not sure how to handle this patient – I'm not sure what he wants.

Monica and a staff member quickly came to his assistance with strategies for dealing with such a situation. Christina found communication awkward when first showering a male resident, but eventually overcame her embarrassment, while several others were challenged by the disordered communication of confused residents. These challenges, however, could have occurred with adults of any age in a variety of care settings so responses are not necessarily indicative of attitudes toward the elderly.

Throughout the practicum, students were seen to relate warmly to the elderly residents as they engaged in conversation and provided personal care, with the exception of one student who appeared rather distant. Nevertheless, the overall impression was that positive attitudes were reflected in students' communication with the elderly residents.

Caring for residents

Students began providing direct care from the second day of practicum, at first working with staff to shower or bath and dress residents and feeding or assisting those

who needed help with meals, and later working more independently. They were understandably hesitant at first and needed considerable support from Monica in order to meet adequately the needs of residents; Geoff expressed concern for residents' needs and his own lack of skill:

> *It's not very good for the patients to have us here – we don't know what we are doing.*

Later at clinical conference, he expressed sensitivity to this again:

> *Still don't think it's right – it was worse for the patient than for me. It's hard to think of all the higher needs of a patient when you're just panicking about what to do.*

Nancy, a fellow student, attempted to reassure by saying:

> *Just think of how you would like it done for yourself.*

However, as students became more competent and confident the aura of anxiety surrounding their caring skills subsided, making observation for reflections of underlying attitudes somewhat easier.

Students appeared generally positive as they engaged in providing care; they dealt with unfamiliar and not always pleasant necessary activities involved in providing personal care for helpless individuals without displaying signs of unfavourable attitudes. They appeared concerned to provide the best possible care for their residents. The only area of practice that reflected inadequate respect was failure to maintain residents' privacy while moving them from bed to bathroom. Three of several similar entries in the field notes illustrate this:

> *Day 2: As I was about to enter one of the bedrooms from the main corridor, I saw Geoff with a staff member transferring a resident clad only in a pyjama coat from bed to chair without screening the bed area. As I approached the staff member exclaimed "Aha, the watcher's here, better pull the screens". I replied "Oh no, I'm not here to check up on you" and Geoff immediately added a helpful remark "Oh no, she's just interested in us and our learning".*

> *Day 3: I observed Emma preparing to shower a resident who was sitting in a shower chair without a jacket or knee rug saying "I'm cold". Since Emma was not making any move to remedy the situation and the clinical teacher was not present, I assisted her to find the necessary articles and make the resident comfortable.*

> *Day 4: Saw Adam preparing to shower Jack. As I was walking along the corridor I saw Adam at Jack's bedside – he pulled back the bedclothes leaving Jack, clad in only a pyjama coat, on full view. As I entered the room I greeted them both and drew the screens.*

These events raise not only the issue of privacy and dignity, but also the nature of the participant-observer role that will be further discussed in Chapter 10. While it is possible

that negative attitudes are reflected in this apparent failure to respect privacy, such attitudes may not be directed specifically toward the elderly. It is also possible that the omissions relate to poorly-developed professional skills, perhaps reflecting the poor examples set by some staff at this facility. Many such instances were seen. In the first week, one of the nurse managers was seen wheeling a resident to the bathroom without covering, while staff were seen dressing another resident on view in the main corridor. With their clinical teacher's support all students but one moved beyond these examples to respect residents' dignity; one did not always observe privacy and continued to appear rather uninterested, indicating unfavourable attitudes.

Impressions of care

The events of the first day at *First Nursing Home* clearly left some strong impressions which students discussed at clinical conference. They all commented on the odour, suggesting it was difficult to accept and tolerate. Nancy and Jade said they were "appalled to see a resident being dressed in the hallway", while James remarked on the general attitudes of staff, concluding that "people working here don't want to be here". Monica listened to their views and suggested positive ways of using their observations.

Despite these initial negative views, students by the end of the practicum seemed satisfied with the overall quality of physical care as well as the quality and variety of activities provided for residents. They themselves were able to engage in organised activities and take residents out in wheelchairs to the park or nearby shops. They did, however, remain concerned at staff communication with residents, as James observed:

> *I haven't seen anyone talking to them – they talk at them. I'm disgusted at the way some of them talk to the residents like children – over the top, gratuitous.*

As well as being concerned about this infantile communication, students felt that many of the staff were not interested in the residents as people and did not take the time to talk to them personally; rather communication was limited to daily routines. Nevertheless, the students' sensitivity to this issue in itself reflects positive attitudes toward elderly people as individuals.

It is important to note here that the researcher's impressions of care were consistent with those of the students. Indeed the Director of Nursing, Anne, had herself acknowledged concerns about the facility and staffing in a conversation with the researcher recorded in the field notes:

> *Day 6: Conversation with Anne* (Director of Nursing). *Anne says there has been a lot of staff turnover recently, and a lot of sick leave. She says this is to do with cost reductions – hours for part-time staff have been reduced. Staff now have to work a lot harder and don't have time to be involved in activities – so there is some dissatisfaction. Anne also remarked on the need to spend more money on cleaning, that carpets need more cleaning.*

This conversation assisted to place the observations in context. Nevertheless, as researcher and participant-observer, it was important to acknowledge that these adverse impressions may interfere with the observations of students. This issue is discussed further in Chapter 10.

Feelings and attitudes

While students at times expressed their feelings and attitudes at clinical conference, it was considered after three weeks of observation that more accurate indications of underlying attitudes would be obtained through an interview. With the clinical teacher's agreement, a group discussion for the end of the fourth week was arranged. Students were asked initially to talk about their feelings when caring for residents and, as the session progressed, clarifying questions were used to promote discussion of attitudes and career intentions.

Discussion initially turned to the level of dependence of the residents with James commenting on his first impressions:

> *I was shocked at first at their level of dependence, but you get your rewards from doing small things caring for them – like bathing them, getting them to eat. It's good when you see them enjoying an activity.*

Jade agreed:

> *Yes they need a lot of care, but I enjoy looking after the residents and I feel good about it.*

While the dependence is acknowledged, positive attitudes are reflected in the emphasis on the rewarding experience of caring for helpless individuals. However, two others including Geoff said they felt sad at the plight of the elderly residents and would eventually find the work depressing:

> *How sad getting old is. I would probably get depressed if I worked here for a while.*

When asked about their attitudes toward elderly people in general, students all responded in positive terms. However, they raised an issue evident in the focus group discussions reported in this chapter: the notion that there are two groups of elderly

people, those who are well and those who need ongoing care. Their responses suggest that one might hold certain attitudes to elderly people who are well and different attitudes to those who are dependent. According to Nancy:

There are elderly people and there are people in nursing homes.

Christina responded:

I only think of people as old when they need some help.

This last comment also raises another idea evident in the focus groups: that people are really only considered *old* or *elderly* if they are dependent. These issues are further discussed later in this chapter.

Expressions of interest in future work in aged care also gave some indication of underlying attitudes. Jade and Emma had clearly found the aged care experience to be positive:

I'm so happy since being here. I really know I've made the right career choice.

I enjoyed clinical. I didn't know what to expect as I had never been to nursing home, but I could work here again.

While other students also suggested that they might work in the area in the future after other nursing experiences, the two who had earlier described continued caring for elderly people as depressing said they were unlikely to specialise in aged care. In addition, remarks from the student who had earlier appeared uninterested suggested unfavourable attitudes toward aged-care nursing:

I don't think I could do this sort of work for a long period – I like more action.

However, it may be that this student was also affected by the degree of dependence of residents. When asked whether any negative aspects of the care or the staff had affected their interest in aged care, students suggested that, while the staff did little to encourage their interest, Monica was able to help them deal constructively with these impressions.

In summary, participant observation at *First Nursing Home* indicated that the majority of students held positive attitudes toward the elderly and some were interested in further experience in aged care. Several students clearly displayed growth in both understanding of the elderly residents and warmth towards them. Only one student appeared to hold unfavourable attitudes and was clearly not interested in future work in aged care. Although students observed some undesirable nursing practices, they were assisted by the clinical teacher to analyse these negative impressions.

PARTICIPANT OBSERVATION IN SECOND NURSING HOME

The Participants

Eight students completed the ten-day practicum at *Second Nursing Home* and were accompanied throughout by their clinical teacher, Barbara. The students were Carmel, Elaine, Jenny, Kerry, Lyn, Ria, Sophie and Veronica. Six students were aged 18 and had completed their secondary schooling in the previous year while the two older students, aged 21 and 27, had earlier worked or studied in areas other than nursing. Carmel, Jenny and Lyn had little contact with elderly people prior to commencing the course, but all others frequently spent time with elderly relatives.

The Context

Second Nursing Home, also located in metropolitan Melbourne, has for many years provided residential care services for dependent individuals, most of whom are elderly. This large facility is structured as a number of separate wings each with an entrance from a service walkway and each constituting one self-contained residential unit accommodating up to 28 residents in single, two-bed or four-bed rooms. Clinical experience in two of these units was provided for the eight students participating in the research at this facility; four participants were allocated to each of the two units.

The two residential units are similarly designed and decorated although one had been recently repainted. Residents' rooms open from one side of a central corridor while along the other are service facilities and a nursing staff office which overlooks a large open space continuous with the corridor that serves as a sitting and dining room for residents. This area is equipped with a television and stereo unit, several armchairs arranged for television viewing and some laminated dining tables each large enough to seat six residents. Corridors and rooms are fitted with safety hand rails and floors are surfaced with vinyl tiles. Both units appear clean and light, decorated in neutral colours and finished with sheer window curtains, pastel bed screens and brightly-patterned bed covers. However, the waist-high windows and sheer curtains hinder residents' views to the outside.

The stated aim of *Second Nursing Home* is to provide high quality multi-disciplinary care for elderly people. Like many long established residential-care facilities, it has moved away from the earlier custodial-style care initially practised there to a more personalised approach to care that incorporates recent innovations. Social, recreational and rehabilitation services are provided by central units at this facility and

periodic outings are arranged. However, the extent to which the residents' rooms and sitting/dining areas can be made home-like is limited by the structure of the units that resemble traditional hospital wards. The nursing staff continues to wear uniform giving the impression of an institutional rather than a home-like environment.

The researcher visited both units in the week prior to the practicum and met with nurse managers and other staff. First impressions were of staff committed to care of the residents and keen to support students in learning about aged care. A quick tour of both units indicated that they were well equipped with facilities for caring for immobile individuals, and both appeared and smelled clean. The residents appeared well-cared-for and comfortable. As at *First Nursing Home,* a brief profile of the age and condition of residents showed that many were very dependent as a consequence of various health problems: Ages ranged from 61 to 98 years apart from two residents in their early 40s and one in mid-50s. Of the 56 residents, only four could walk unaided; 12 could walk with assistance while remainder were chair or bed fast; 15 were unable to feed themselves at all while 12 to 14 needed assistance. Only 12 to 14 residents were orientated to place and approximately 45 suffered various degrees of incontinence.

Observations and Conversations

Observations also began with an orientation session conducted by a senior member of nursing staff who warmly welcomed the students and clinical teacher, Barbara, to *Second Nursing Home* and provided them with information about the organisation and approaches to care. He concluded by discussing the needs of the elderly residents saying:

> *You will find the old people here are all individuals – all different from each other. Most are kind – some are grumpy. Someone who is grumpy as an elderly person has probably always been grumpy – no different from other people.*

After touring the facility, the students met the nurse managers of their allocated units, one of whom echoed the comments at orientation:

> *We'll help you get to know the people* (the residents) *here -- they're all different – but they're all beautiful.*

Students were then introduced to the residents in their respective units whom they were to care for on the following day and spent some time talking with them. Later at clinical conference, all students indicated that they found the staff friendly and felt quite welcome; staff had also helped them with information about their allocated residents.

Communicating with residents

From the first day, students appeared to communicate well with elderly residents as illustrated in the field notes:

> *Day 1: I was able to see whilst talking with nurse manager that students appeared to be interacting well with Alice. They were sitting down so as to make comfortable eye contact. I heard one student ask this resident how she preferred to be addressed – heard her say "Alice". She was smiling broadly and seemed quite happy to "entertain" her two new visitors.*

Students continued to relate well to residents while providing personal care and at other more social times. One of the nurse managers was overheard complimenting Carmel on her ability to communicate with residents:

> *It's good – you've learned how to communicate. So many come in here and talk to them like babies, but they're not babies. Often we get little student SENs* (student Division 2 nurses, formerly State Enrolled Nurses) *coming in here and they talk to the residents like babies – you just have to teach them how to communicate.*

This indicates both positive attitudes and appropriate preparation for interacting with the elderly residents, many whose communication is impaired because of health problems. Sophie explained that, while the students had studied professional communication in readiness for the practicum, the clinical teacher had helped them to develop their skills:

> *She's taught us so much about how to communicate, how to talk to them – especially the confused ones. Sometimes when we're stuck for something to say, Barbara will come along and say something – so we learn by watching and hearing her communicate. Before I came here I didn't think I'd be able to talk to the people.*

Indeed students were consistently positive and professional in their communication with residents, giving a clear impression of favourable underlying attitudes.

Caring for residents

As at *First Nursing Home*, all students were hesitant as they began to provide personal care. One (Veronica) showed marked hesitancy: She experienced difficulties with lifting, but said she felt more comfortable in handling residents once her skills had improved. With Barbara's support, all students quickly developed competence and confidence; their care-giving observed in a range of situations too numerous to describe here was consistently thoughtful and considerate. The impressions of students' direct care of residents at *Second Nursing Home* are best captured in a summary remark in the field notes:

> *Day 6: Observed behaviours have been invariably positive – students' handling of residents is gentle and considerate. They all spend a lot of time talking with residents and dealing with personal needs. Their respect for privacy is also very good; residents are always adequately covered for privacy and warmth. (This contrasts with the other group where at least one student is rather poor at maintaining privacy and respect.)*

Unlike their colleagues at *First Nursing Home*, these students were not exposed to nursing practices that were inadequate in terms of personal privacy and respect, an observation recorded in the field notes:

> *The staff is very good at maintaining privacy. Staff clearly make every effort and considerable thought has been put into providing privacy – screens are of adequate length and can be drawn so that the bed area is fully screened. Portable doorway screens are also provided; these allow privacy when difficult transfers are taking place, for example when using a lifting machine.*

They were also well supported by their clinical teacher; Kerry spoke of her influence:

> *Without Barbara we would have been lost. She's taught us so much about how to care. I mean, I always wanted to give good care, but Barbara teaches us how to give it – and she's so caring – things like how to make them comfortable, and how to wash and feed.*

The importance of role-models to learning is illustrated here: Students modelled their practice on the positive examples set by staff and the caring skills demonstrated by Barbara. They also responded to Barbara's caring approach to residents, shaping their own practice accordingly. Just as students' communication with residents appeared to reflect favourable underlying attitudes, so too did their direct care activities.

Impressions of Care

Overall, students indicated that while staff seemed very kind and they were impressed with the quality of personal care, they felt that staff could do more for residents in terms of conversation and activities. Veronica observed that:

> *Staff don't seem to make an effort to engage in any conversation that is meaningful to the residents, such as about their past life, interests, occupation, skills, or family. They just seem to engage in superficial conversation about baths and food and clothes.*

Indeed, this observation is similar to one at *First Nursing Home*. Students seemed very sensitive to the individuality of residents and the importance of staff taking a personal interest in them; however, they recognised that a shortage of staff and time militated against these ideals of care. (Both units were short-staffed on several days during the practicum.) Ria remarked that care activities seemed to be limited to routines rather than personalised:

> *You can really tell – there's only just enough time for the staff to do the basics – no time to do the extras or talk to people.*

Carmel also recognised these difficulties as she expressed disappointment that there were few activities for residents:

> *There should be more music and activities to stimulate the residents. They just sit there and stare most of the time – only a few really watch TV. They need interests that involve them. I really feel that the quality of life could be so much better if there was more time to do these things.*

That students displayed a well-developed sense of the needs of frail elderly people and how residential care might be improved, indicates favourable attitudes.

Feelings and attitudes

Students' expressions of feelings and attitudes were gleaned from occasional conversations, clinical conferences, and from a group discussion held towards the end of the practicum. As at *First Nursing Home*, the feelings expressed while caring for the elderly residents ranged from enjoyment to depression and sadness. Indeed many appeared to have mixed feelings: On one hand students enjoyed interacting with elderly residents and took pleasure in caring for them, but on the other hand were saddened by the helplessness and suffering of some residents and felt depressed about continually working with them. A conversation with Sophie illustrates this ambivalence:

> *Researcher: It's the last day of clinical tomorrow. Have you enjoyed your time here?*
>
> *Sophie: Oh yes, loved it! My perception of old people has changed so much. They're people – you know what I mean – they're individuals. Before I came I thought of them more as just a lot of people to be cared for, but now I know they're all different – they're all individual. I'm just so much more positive about elderly people.*
>
> *Researcher: What do you think has made you feel differently?*
>
> *Sophie: Working with them, talking with them – I really enjoy talking with them.*
>
> *Researcher: Do you think that you will work with elderly people after you graduate?*
>
> *Sophie: It's hard to say. Maybe after I've done all the other clinicals I'll come back to it. I wouldn't like to do my whole training here though – it's too depressing. It's like working with terminally ill people. I did that on work experience for two weeks and that was enough – it was so depressing – I just needed to get away. I like to have some reward when I'm working – to be able to see people get better and go home. But the people here just don't get better, they get worse. They are here to stay, here to die.*

Career interest in working with elderly people is usually interpreted as indicative of underlying attitudes; however, while this student expresses positive feelings about elderly people themselves, she is unfavourably disposed towards caring continually for dependent individuals.

The relationship of this ambivalence to career interest was apparent in conversations with other students; for example, Carmel initially expressed positive attitudes and enthusiasm for aged care:

> *I'm just so much more positive about elderly people now. I mean, I really wasn't looking forward very much to this part of clinical experience. I didn't feel really bad about it, but thought of it as something to get over and done with. But now I feel so positive about caring for elderly people – there's so much that can be done.*

However, when asked later about intentions to work in aged care in the future, she seemed ambivalent and emphasised the difficulties of coping with the demands of caring for dependent people on a continuing basis:

> *It was pretty intense – it was just continually the same problems and the same needs. And you get depressed the same way – because you need that little bit of a break. It's hard to say (whether I'll work in aged-care again) until we've finished all the other different clinicals, but probably – I wouldn't say that I won't.*

While future work in aged-care is not ruled out, the range of choice of other career directions is alluded to here; furthermore, the intensity of caring for dependent individuals appears as a factor possibly influencing this choice. Indeed, factors affecting career interest in aged care are examined further in the survey component of the case study reported in the next chapter.

The feelings generated by the helplessness and dependence of some residents thus emerged as a central issue in expressions of feelings and attitudes among students at *Second Nursing Home* and appears to account for the apparent ambivalence in attitudes toward the elderly. This issue was further clarified as students discussed their intentions regarding future work in extended-care settings:

> *Lyn: I really wouldn't want to do this sort of work all the time. They're all so helpless – they'll never go home – they're just here to die. What sort of life is it anyway, just lying there being fed and watered and having the sheets changed every so often?*
>
> *Kerry: I just really hope that some of those people don't know what's going on – what's happening. I just couldn't do this sort of work for long because they're so helpless – they can't do anything for themselves and they'll never leave here.*
>
> *Lyn: And some on our ward are young.*

Indeed, these remarks suggest that they themselves felt helpless about the plight of dependent residents. Students also explained that they felt the same about younger residents (one aged 40 and another slightly older). Carmel's feelings about one resident illustrate this:

Age isn't really a factor – it's just that she can't do anything for herself.

This discussion separates dependence from advanced age; it thus seems that the ambivalence noted earlier may be rather a confounding of different attitude dimensions: elderly people and dependent people. The notion that attitudes toward elderly people in general are constructed differently to attitudes to dependent elderly people was also evident among students at *First Nursing Home* and is discussed further in Chapter 9.

Age of the students was also identified as an issue potentially affecting career choice. It will be recalled that six of the eight students at *Second Nursing Home* were recent school leavers aged 18, one had recently turned 21, and one was aged 27. The eldest student responded to the remarks of others, reported above, who indicated that they did not intend to specialise in aged care because of the dependence of residents, saying:

> *I could do it now – because I'm older I think I can accept it. I could do it for as long as I could keep up the care, without letting it* (the dependence) *affect my care for them – the minute I stopped caring for them as a person, then I would get out.*

Kerry, aged 18, added a rejoinder:

> *We couldn't nurse geriatrics at that stage – straight out of uni'. You've got to be mature.*

These opinions, while from only one clinical group, suggest that students may feel better able to cope with the emotional demands of aged care once they themselves have more life experience. Indeed, these sentiments were echoed in the survey component reported in the next chapter.

These quotations signal another related attitude expressed by students in the group discussion, that of professional attitude toward caring for clients. In discussing the demands of caring for dependent residents, students remarked that staff could be more attentive at times, noting that they were sometimes slow to change wet beds. Reflecting on her own attitudes, one student remarked:

I hope I don't become uncaring – that happens to people – you need a break.

Students suggested that their caring activities may become less personalised if they worked in extended-care settings continually, noting that this seemed to be the case for some staff at *Second Nursing Home*. Indeed, the issue of routine rather than personalised care emerged as an issue in the second focus-group interviews reported later in this

chapter. Students explained that their clinical teacher assisted them to maintain standards of personalised care during their practicum, as one remarked:

> *We couldn't stick to standards of care without the support of our clinical teacher – otherwise you would go along with what you see.*

As at *First Nursing Home*, the clinical teacher appeared to moderate the influence of any inadequate nursing practices observed by students and supported the development of positive professional attitudes.

In summary, observation of students undertaking clinical experience at *Second Nursing Home* revealed that positive attitudes were reflected in their interactions with elderly residents; they communicated warmly and were gentle and considerate in providing personal care. The clinical teacher clearly assisted students to develop positive and professional attitudes and nursing practices. Although students expressed positive attitudes toward elderly people, they generally found caring for very dependent people to be depressing. Consequently, most did not intend to work in aged care in the future.

SUMMARY OF FINDINGS: PARTICIPANT OBSERVATION

Observation of the fifteen students during their clinical experience in extended-care settings and conversations with them revealed that various attitudes were reflected in their care of elderly residents at *First Nursing Home* and *Second Nursing Home.* Positive attitudes to elderly individuals were evident in students' interactions with residents. Apart from one student who seemed somewhat inattentive, they communicated warmly and were gentle and considerate in providing personal care. Indeed students openly expressed positive attitudes toward elderly people in general; however, they differentiated well elderly from dependent elderly people and appeared to construct their attitudes accordingly. While their interactions with and concern for elderly residents as individuals reflected positive attitudes, the majority found caring for those who were dependent to be depressing and did not aim to specialise in aged care in the future, indicating unfavourable attitudes to dependent people or at least to nursing them. As well as attitudes toward the elderly, the development of positive professional attitudes toward caring for clients was reflected in students' work. Development of these attitudes was supported by the clinical teachers who at both nursing homes acted as positive role-models. The clinical teachers also buffered the potential adverse effects of any inadequate nursing practice observed by students during their practicum.

ANALYSIS OF COURSE DOCUMENTS

The documents examined for reflections of attitudes toward the elderly included nursing care profiles and plans produced by the students observed in clinical practice, and the well-elderly field study reports produced by these students and those involved in the focus group interviews. Documents were read and re-read several times to gain overall impressions and to identify passages indicative of attitudes.

Nursing Care Documents

As part of the learning and assessment activities in the extended-care practicum, each student was required to submit to the clinical teacher a brief profile of one resident and a plan for nursing care. With permission of the students, copies of their work were obtained from the clinical teachers.

Overall, the material presented in the documents reflects approaches to aged-care consistent with students' care of elderly residents observed during the practicum. The profiles reflect appreciation of residents' background and current needs, and the nursing care plans show recognition of the need to individualise care and promote independence. While it may be said that the documents might be expected to display these qualities because they were produced for assessment purposes, the tone of students' writing reflects favourable attitudes toward elderly people as individuals. Two excerpts illustrate this:

> *I feel that considering the environment in which Alice is living it is no wonder that her communication skills have decreased as she is not required to use them much. She therefore should be encouraged to talk more as in fact she does enjoy talking about her life.*
>
> *Alec's speech is slow and slurred. It is intelligible, but he needs to be listened to closely. Alec does not communicate well with other residents and may suffer some degree of sensory deprivation – thus patience and commitment is needed by the nurse for effective communication. He is a loner and tends to sit by himself near a window. Alec's cognitive abilities are, I feel, very good. He has been an avid reader in his life, but says he is "too bloody old to read now". He enjoys going outside and will ask to be wheeled around the park at every opportunity – all day if possible. Alec enjoys his meals, his glass of beer before lunch, and attention being paid to him. He seems to love physiotherapy and the physiotherapist. He should have more.*

Well-elderly Field Study Reports

Students carried out the well-elderly field study concurrently with the extended-care practicum and submitted the report at the end of first semester. It will be recalled

that the study involved exploring ageism, comparing common stereotypes with the realities of ageing, interviewing a teenager and a middle-aged person about their views of common stereotypes, investigating community services for the elderly, and meeting with a well elderly person to discuss life history and current needs.

The reports examined were all well written and displayed thoughtful examination of the issues. Students dealt enthusiastically with the stereotypes expressing surprise at their prevalence and, on occasion, their own mistaken assumptions about elderly people. Their writing also suggested that they were very interested in the connections between the life history and current lifestyle of their well elderly subjects.

The field study apparently broadened students' understanding and appreciation of elderly people and alerted them to the prevalence and potential effects of negative stereotypes. This improved knowledge was on the whole presented in a way that reflects favourable attitudes toward the elderly, exemplified in the concluding paragraph from one student's report:

> *After doing this report I realised how young people's reactions to the elderly are mostly negative and few believe they have much to contribute to society. Indeed I too was often critical of the elderly on totally unfounded grounds that they didn't seem to make an effort and kept very much to themselves. As people themselves grow older they seem to be more receptive to the needs of the elderly and the valuable experiences they have to offer. For me actually spending time during clinical and doing this report has given me a totally different outlook on this group of people society is happy to overlook or shove into a corner. I realize that through education and having an ageing population, attitudes are slowly changing and services for the elderly are continually improving so we can only look forward into the future with a positive outlook for our elderly citizens.*

In summary, the analysis of students' writing about elderly people produced during first year reveals overall, that their work reflects favourable attitudes toward the elderly. The nursing documents produced during the clinical practicum reflect positive and thoughtful approaches to the care of dependent elderly residents, while the field study reports suggest that the increased knowledge of ageing and prejudices against the elderly gained through this activity is accompanied by favourable attitudes.

INTERVIEWS AT THE END OF YEAR 1

The final phase of the field research involved interviews with those students who had participated in the first set of focus group interviews. These second interviews were conducted on campus at the end of first year after all course experiences were completed.

As before, the focus groups were facilitated by the researcher and recorded on audio-tape. Again, open questions were used to initiate discussion while subsequent questions were shaped to promote further discussion and explore particular issues. The interview aimed to re-examine participants' views of elderly people and their needs, and evaluate the impact of course experiences on these views. A copy of the interview plan appears in Appendix 6.2. Of the 33 participants in the first interviews, 25 were available for the second set of focus groups. Five interviews were held with four to six participants in each group. Data analysis was conducted as for the first interviews.

FINDINGS: REFLECTIONS OF ATTITUDES AT THE END OF YEAR 1

Analysis of data generated by the second focus group interviews revealed three main themes. These themes, informed by participants' experiences during first year, are interrelated and contain many elements evident at the first interviews. The three themes are:

- Images of elderly people.
- Feelings and attitudes.
- Impact of course experiences.

Each theme is elaborated in the following discussion and illustrated with quotations typical of the various categories within the themes. As in the report of the first interviews, where sequences of dialogue are presented, participants are differentiated by initials A, B, C... and the researcher is designated "R".

Images of Elderly People

The first theme incorporates participants' definitions and images of elderly people. These no longer reflect the rather superficial impressions or generalisations identified in the first interviews; rather, images are tempered with an understanding of the realities of ageing and the experience of interacting with elderly people. Participants generally define the term "elderly" more realistically in terms of chronological age and appearance, rather than the stereotypic ideas about personal characteristics and dress reflected in the earlier interviews, for example:

> *People who look roughly over 70 I guess – I tend not to think of people over 65 as elderly. Mostly you judge it by how they look.*

As in the first interviews, notions of dependence are included in some definitions and images of elderly people, for example:

> *Generally people over 70. You associate things – you think of people over 70 – they are wrinkled – all of these things. You tend to associate elderly people with people who depend on others.*

However, these notions are more clearly articulated and related to participants' experiences with elderly people, both before commencing their nursing education and during the first year of the course. The ideas of dependence are also balanced against wellness; for example, one participant contrasts the elderly people of her own experience with those encountered during her first-year clinical experience:

> *My experience has always been of healthy, fairly fit elderly people even right up into their late eighties or nineties. This year I saw a different side of getting old to what I had seen before. I don't think it changed my ideas – I mean you can be 40 and unfit, unhealthy. I didn't think – oh crikey, so that's what being elderly really is like!*

Nevertheless, the potential for personal images of ageing and the elderly to be dominated by ideas of dependence arising from experience with nursing home residents is recognised. According to one participant:

> *I mean if the nursing home was the first contact and that's what you take as your image of elderly people then that's how you see them. But if you have grandparents or neighbours who are elderly then you'll have that to work against.*

The contrast between wellness and dependence thus formed an important element in participants' images of elderly people at the end of first year. Reflecting on their recent experiences, some participants suggested that it is preferable for elderly people to be regarded as either well or dependent, prompting a clarifying question from the researcher:

> *R. Am I interpreting correctly that we are seeing two groups of people – those who are well or able to do for themselves and those who are dependent?*
>
> *A. Well they are not separate groups but they are perceived as separate groups.*
>
> *B. I think it's better than they're being seen as one – all old and frail as some people tend to do.*
>
> *A. There is a classification really – you have to say that there are well elderly and there are unwell elderly.*

This distinction between well and dependent elderly people is also evident in participants' expressed feelings and attitudes and is further discussed in the next theme.

Feelings and Attitudes

The second theme emerging from the second focus group interviews consists of feelings and attitudes toward elderly people expressed at both personal and professional levels.

Feelings and attitudes are much more clearly expressed in terms of recent relationships with elderly people. When asked to describe feelings toward elderly people and whether they had changed over the year, responses reflect various dimensions of attitude. These include attitudes toward elderly people in general, elderly people as individuals, dependent elderly people, and identification with being elderly.

Responses from participants who had no previous contact with elderly people reflect a shift toward more positive general attitudes, for example:

A. I didn't know any old people until I went to the old people's home.

R. So in what way would you say your feelings have changed?

A. Probably better, more positive. It's just that I've never really known any.

A participant in the same group who had previous contact suggests that while her attitudes remained positive, her understanding of elderly people had increased:

> *B. I had contact before the elderly experience – I think I'm now more understanding of their problems with ageing. But I don't think my attitudes have changed.*
>
> *R. How would you describe your attitudes?*
>
> *B. I think personally I've always been pretty accepting of them. I don't mean that condescendingly, but patient with them and interested in them. I don't think that's changed – I've just become more aware.*

This response is typical of attitudes expressed in other groups, that positive regard for elderly people was enriched by the experiences of first year.

After general feelings and attitudes were expressed, discussion in most groups moved to individuality; the notion that since elderly people are individuals, one may feel positively toward one elderly person and negatively toward another. As one participant stated:

> *I really think my attitudes are towards individuals – I have one attitude to this individual and another to that one. But old people? I like them, I really like them. I just love their wisdom. They say such wonderful things. They know so much from their lives, their experience.*

Although general attitudes in all groups were expressed in positive terms and the individuality among the elderly was recognised, the contrast between well and dependent elderly people arose once again. This contrast is illustrated in the responses of two participants when asked to describe their attitudes toward the elderly:

> *A. Pretty positive. I like them. But there are two groups of elderly people – those that need care and those that don't.*
>
> *B. Oh, it's hard to say. I feel pretty good about the well ones – but the others ....*

R. Do you feel differently?

B. I shouldn't, but I feel sorry for them – pity them. It's depressing. But the others – the well ones – I like them.

C. Yes, I feel sorry for them too – the ones that need care – but I can still care for them.

This dialogue illustrates the ambivalence that may exist within expressed attitudes toward elderly people in general. It may even suggest quite different attitude objects, well elderly and dependent elderly, and thus raises issues for attitude measurement that will be discussed in Chapter 10. It also highlights a distinction between personal and professional attitudes, the notion that, while one may hold such personal feelings as pity, it is possible to also hold caring attitudes at a professional level and to practise accordingly. This issue is discussed further in relation to the next theme.

Another dimension of personal attitudes apparent in the second focus group discussion is that of participants' identification with being elderly. Identification formed one dimension of the attitude instrument and was evident in the first focus group interviews. Some participants were not concerned about their own ageing and able to recognise that dependence did not necessarily accompany ageing, for example:

I don't really think about myself being old – can't imagine it – I didn't think about it in the nursing home, but I just hope I don't end up in one.

However, others without earlier contact with elderly people were even more concerned after the clinical experience in extended-care settings, for example:

I don't have much contact at all. This year was the first real contact with elderly people and it's just made me even more fearful of getting old because I've seen these people in a nursing home. I suppose I've seen other people who are very capable – I'm much more open to what they can do. I've seen another side to them I suppose.

While rather reluctantly acknowledging awareness that some elderly people are very capable, the fear of frailty and dependence persists.

Indeed the dependent elderly people encountered during extended care clinical experience elicited other feelings that were shared in the focus groups. While some participants expressed their pleasure and satisfaction gained from caring for elderly residents, the dominant feelings were those of helplessness and depression, for example:

Mostly helplessness that you could never do anything to the degree that you would have liked to have done it. I think about when I shower myself. Nothing is really done the way you like to have it done for yourself. It's depressing to think that these people can't have basic things done for them.

> *I think nursing homes are horrible places. I found it really depressing. It was just like this is the final stage – they were all there waiting – this is the last part of life.*

These participants clearly found caring for dependent elderly people to be very challenging and emotionally demanding, a finding also apparent among the students observed in clinical practice. The impact of this experience is discussed further in the next theme.

Impact of Course Experiences

The final theme arising from the second focus group interviews reflects participants' evaluation of the course experiences dealing with ageing and the elderly: the well-elderly field study, classroom lectures and the extended-care clinical practicum. The impact of each of these experiences is discussed in turn. This theme, as a reflection of experiences affecting participants' images, feelings and attitudes surrounding elderly people, relates closely to the first two themes.

Well elderly field study

Participants generally found this activity helpful for both developing their understandings of ageing and issues for the elderly, and providing opportunities for interaction with a well elderly person living independently in the community. While two of the several participants who had studied ageing in the context of human development studies at secondary school felt that they learned nothing new from the field study, the remainder valued the personal contact with an elderly person.

> *I didn't lack knowledge because I had done a lot at school, but I didn't have much contact with them. The only elderly people that I had seen are the ones who are out and about in the street and I had never been to a nursing home.*

Participants regarded the meetings with an elderly person as particularly helpful as they began to prepare for interactions in clinical practice.

> *I found it helpful especially at that stage of the year when we concentrated on care of the elderly people. For people who haven't had contact with elderly people then it would help to change ideas. I think it's worthwhile.*

Apart from enjoying the interaction with elderly people, participants found the exploration of ageism as expressed in myths and stereotypes to be particularly enlightening, for example:

> *About the myths and perceptions people had – I didn't realise what some people thought. I mean I knew that some people regard all old people as senile but I*

didn't realise the extent of these ideas. I found it amazing – I didn't think anyone would think like that.

Seeking to further understand the prevalence of these stereotypes, participants suggested that lack of personal experience with elderly people might reinforce incorrect assumptions, indeed some found this to be the case among teenagers interviewed as part of their investigation of ageism in the well-elderly field study:

A. The teenagers' opinion and attitudes were interesting.

B. If you look at it though, the boy that I interviewed – he didn't have (contact with) *grandparents so how are you meant to know. The only people they might see are the ones they see when they're out and they might look a bit frail.*

C. Yes, well you notice them. You notice if it takes a long time to cross the road, or you notice the old drunk, or the doddery lady with the frame.

B. And the vague one who doesn't know where she is going and you think "doddery old dear". People notice them – they don't notice the sprightly ones.

It is recognised here that in the absence of personal experience, the formation of images of the elderly may be based on chance observations, and then only observations of elderly people to whom attention is drawn because of perceived difference or deficit.

In the second focus groups, participants were asked about the main influences on their own images and perceptions of elderly people before commencing the nursing course; responses included:

Stereotypes from the media – that was a pretty big influence – through news, films, advertisements.

Things you read – at school we did case studies and read articles. Grandparents. People you see in the street.

Many acknowledged that they themselves had limited ideas about ageing and the elderly until they completed the field study.

Discussion among participants also reflected an appreciation that elderly people themselves may be personally aware of and affected by the stereotypes, for example:

It was interesting – talking to my elderly person. She was so aware of these perceptions or stereotypes about elderly people. She would say, "Oh, I'm going on now aren't I, like an old woman" or reminiscing about things and say "Oh, you are probably really bored".

It seems that, through exploring stereotypes held among the various age groups, participants were able to arrive at more realistic views of ageing and better prepare for caring for elderly people in nursing practice. All groups suggested that the field study be retained as a first-year experience not only because it prepared them for their first clinical

experience, but also because it relates to other aspects of the course involving care of elderly people.

Classroom lectures on ageing

Focus group discussion of the classroom lectures on ageing, described earlier in this chapter, raised some interesting points concerning the impact of course experiences upon feelings about elderly people. For many participants, the lectures had left little impression by the end of the year when the second focus groups were held. Some suggested that the lectures simply provided a review of earlier knowledge, although some were surprised to learn that only a small percentage of elderly people were actually resident in nursing homes, as one participant remarks:

> *For me it was things I already knew, but the percentage of people that aren't in nursing homes that are older – that was good to know – because when you are working in hospital you start to think "My God, all these people".*

Participants in one focus group reflected on the limits of information alone in shaping opinions and attitudes. This is illustrated in following dialogue as one group evaluated the impact of the classroom lectures:

> *A. I don't think these sorts of things help because it's not the logical things, the things that you can think about that influence your feelings about old people. You can sit down and if you ask somebody "Are all old people senile?" and they say, "Of course not, my grandmother's not" but then they say in general conversation "Gosh there is this senile, stupid old fool – they're all like that".*
>
> *B. You can think things through logically but you can't influence your feelings just by somebody standing up and saying these are the facts – you have to actually see it and feel it rather than just hear about it.*
>
> *A. Yes, that's the difference. You can be told something twenty times, but never really catch on to it and I think that is the trouble with a lot of people and their treatment of old people. They know old people are just people who live longer than themselves, but they still act as though they are a separate group – a different race almost, rather than just people who are older.*
>
> *C. If you think about that though the lectures are useful in conjunction with the practical. The lectures are the information (like elderly skin is weaker – all that sort of thing, and that's very useful), but it's the clinical that hopefully will get you past viewing them as separate.*
>
> *D. I don't think you could go into a clinical setting and not get a feeling out of it – combining the thinking and the feeling.*

Indeed, this dialogue presents an important reflection on affective learning that is further illustrated in participants' evaluation of the impact of clinical experience.

Clinical experience

As noted in Chapter 4, first year clinical experience included not only the aged-care practicum in extended-care settings, but also a later period of nursing practice in acute-care hospitals. While the focus here is the impact of clinical the aged-care experience, participants made some references to their experiences of caring for elderly people in acute-care settings.

When asked which first-year experience had the greatest impact on feelings toward elderly people, all participants referred unequivocally to the extended-care practicum, for example:

> *Going to the nursing home. That's when you get first hand experience – it's much better than just an interview. It's broadened my ideas even more.*
>
> *The nursing home experience, it just made me value elderly people even more. There's nothing like clinical experience. I would not swap it for anything.*

Indeed, the main topics of discussion at the second focus group interviews were the impressions and effects of the practicum. The impact of the aged care clinical experience is discussed in terms of *Impressions of Care* and *Learning to Care.*

Impressions of care

Although participants considered that the quality of basic care at the various nursing homes was good, they regarded the quality of life for residents as poor. All focus groups shared concerns about the lack of activity and stimulation for residents and the imposed monotony of their daily routines.

> *A. I found the biggest impact on me was the type of care and the quality of care. The quality of basic nursing care was good.*
>
> *B. That is the physical care – showering, toileting and so on – that's all it was.*
>
> *C. Yes, the quality of life was poor.*
>
> *B. I thought I would hate for my relatives to end up somewhere like this, not so much to be in that dependent state, but receiving that kind of care – sitting in front of the television all day, every day.*

It was considered that staff could have done more to provide stimulation and variety for residents, even with limited resources, for example:

> *A. I think the staff could have extended themselves a bit. I couldn't believe that people didn't get taken outside. We had quite a lot of time so we took people out into the garden – there was a nice little barbecue area, but they had never been out there in two or three years. They never got taken out unless families came in.*

> *B. But a lot depends on the person – like the girl where we were who started everyone singing before lunch. Depends on whether you just do the job for the money or whether you are committed to it and enjoy it.*

Participants shared the impression that the failure to provide stimulation was part of a general lack of understanding and respect for the needs of the elderly. They observed that residents were not always treated with sensitivity by some nursing-home staff:

> *Ours* (residents) *didn't even get sat in front of the TV. They were just put in a semi-circle and the nurses' station was in the middle. They weren't even looking out the windows, just looking at each other. I just couldn't believe it. I mean they were given good basic care with feeding and so on. I suppose it's hard for people not to treat them like children but some of the comments that staff would make about them were just as though they were like a piece of meat – just like a body. They were really insensitive to their needs.*

Insensitivity and indifferent attitudes were seen by participants to be reflected, for example, in failure of some staff to observe privacy and dignity, and their apparently thoughtless handling of residents:

> *They lost all dignity – that's what I could see. They weren't individuals, even privacy wasn't really observed terribly carefully. People were wheeled down corridors in barely anything, just a nightie hoisted up to sit on a shower chair and with their lower body exposed. The staff didn't worry about it.*
>
> *I know we had more time than them and they were probably rushed, but some of the things they did – you thought "How could they do it?". You've got to realise that they* (elderly people) *are human. You would reckon some of them* (staff) *didn't think that. But there were a lot that did a really good job with the time they had. I found from a lot though that it was just a job.*

Despite their disappointment over these observations, participants suggested that some of the apparent insensitivity might relate to staff workload and repetitive nature of the work:

> *It's not that they are meaning to be unkind. It's just that they're rushed or become accustomed to working with them every day so that the little things they might have done fall away.*
>
> *The longer you work there the less you see. We were only there for a little while and saw all these things and thought ugh! But if you are working there all the time, it becomes routine and quite normal and I don't think you would see it as much as you do when you are first faced with it.*

Here, participants recognise the potential for ideals and standards for personalised care to fade into routines focussed on the physical dimensions of care.

Indeed, the imposition of routine at the expense of attempts to individualise care is another concern identified by participants as they reflected on staff attitudes. They observed that residents' lives were organised according to rigid routines:

> *A. Their lives are so rigid and planned – there was no variety in the day apart from the odd half hour in the week when there was an afternoon activity.*
>
> *B. There has to be a routine – you can't avoid it unfortunately.*
>
> *C. Unless there was enough staff to allow more flexibility.*
>
> *A. There will never be enough staff. So that's the only way they can keep any sort of order and not have total chaos.*

Again the adherence to routines rather than ideals of care is seen to relate to staff workload. Participants also observed that any self-determination for residents was lost as routine was imposed; staff controlled completely all the activities of daily life:

> *A. All control is taken away from them.*
>
> *B. They have no say, they are told what time to eat. Some of our residents they had up before we got there because they had wet the bed. So they were showered and out of bed at 6.45am. Bad luck, they're out of bed for the rest of the day and it was "Good morning", curtains open, lights on, because breakfast came at 7.30am. If anyone wanted to stay in bed they were called difficult! That was the attitude: if they didn't do as they were told, they were difficult. Where I am now in acute care, breakfast doesn't come until 10 past 8 and the staff say if they're asleep, let them sleep as long as possible.*

One participant reflected on her own role in such control not only as a student, but also in her part-time work as a nursing assistant:

> *I don't like it when I work in the nursing home either – here I am, I'm 20 and I'm telling these people when to go to bed and what to eat, when to clean their teeth and what to watch on television.*

This important personal insight shows awareness of the extent to which nurses may control residents' lives; the insight itself suggests positive attitudes.

As indicated above, nursing practices in acute-care settings were contrasted with those provided in extended care. Several participants observed that elderly people in acute care hospitals were perceived and treated somewhat differently than those in nursing homes:

> *A. The nursing approaches are different. The elderly people are in there for medical problems and not because of their age. We've had some* (elderly people) *who are not as alert as the people in the nursing home but when the staff talk to them they treat them like any other person.*
>
> *B. In acute care they are treated like members of the general public, they just happen to be old. They retain their identity whereas they are just incapable old people when they are in nursing homes. People who are old in the community and just turn up in an acute hospital are still individuals.*

However, they observed that while elderly people in acute care appeared to be treated as individuals with medical problems, nursing home residents were generally regarded as requiring long-term care only because of advanced age. It was suggested that once in a

nursing home medical reasons for dependence seem to be set aside and the resident's condition attributed solely to age; that advanced age appeared to be defined as illness:

> *It's all right being old and a member of the general public – it's a normal state of affairs. But as soon as you are old and put in a nursing home then OLD became sort of like an illness – it's a disease rather than just being a normal process.*

Participants observed that, regrettably, this attitude toward nursing home residents was evident in acute hospitals, for example:

> *We had a couple of ladies from nursing homes. A lot of the other ladies were elderly and they were treated just like any other patient, but the ones from nursing homes were left until last after everything else was done. The staff said "Oh, they are used to that sort of routine". I don't know whether it was because staff were not used to that type of care – such dependence or so much assistance with basic needs.*

While the focus group discussion concentrated on the extended-care clinical experience, participants' comparisons to the acute-care settings indicated their concerns about the quality of care for elderly people and reflected positive attitudes as they learned to provide care themselves.

Learning to care

While participants reported negative impressions, they nevertheless evaluated the extended-care clinical experience favourably in terms of learning to care for and relate to elderly people. Their discussion within this theme gives some insight into attitudes. They began to develop understanding of both the health problems that cause individuals to require long-term care, and the needs of residents in nursing homes.

> *I'm now more understanding of what their health problems are and how they fit into the system in the nursing home.*

The impressions of care highlighted for participants, particular needs in addition to the need for dignity and self-determination. In one focus group the need for love and companionship was emphasised:

> *A. A lot need companionship – it's lonely just sitting there all day. They need that as well as physical needs.*
>
> *B. I think they need love, too. You couldn't go out of the nursing home once you were in – that was the last chapter and that was a horrible thought. It was really important that people who love them come in to say, "We are still with you".*

Participants also recognised the need for activity and independence, having observed that there was little or no rehabilitation or effort to promote independence, as illustrated in the following example:

> *A. It seemed important that they maintain as much independence as they can. There should be more activities in the nursing home.*
>
> *B. There is absolutely no rehabilitation at all. If it takes them* (residents) *ten minutes to do something and it takes me nine, then I'll do it for them – you know; I haven't got the minute to spare. It would be nice for them to do something perhaps?*
>
> *A. Like if they are eating too slow. I didn't even know this man was capable of feeding himself and they said to feed him and so here I am feeding. Then I left him to go and help a lady sit up and he picked up the spoon and started to feed himself. He was very slow but so what, at least he was doing it.*

Appreciation of the psycho-social needs of elderly residents as well as the need to maximise their independent activity is indicative of positive attitudes.

While participants were becoming aware of the broader needs of elderly residents, they were themselves focussed on developing skills essential to providing personal care. Indeed participants acknowledged that they were at first more concerned with skills than with relating to residents, for example:

> *I think first time out you are more worried about your skills rather than relating to the person – you are more worried about doing things properly or not messing something up. It sounds terrible to say that when you are looking after someone, but I think you are.*

This focus on immediate learning needs is consistent with a finding from the survey component of the research reported in the next chapter. Although this finding is not altogether surprising given that the practicum was the first experience of providing personal care, it is of concern that skills take precedence, albeit temporarily. Nevertheless, participants said that once they were past initial concerns about psycho-motor skills, they developed their abilities to communicate with residents.

Another important aspect of learning to care involved adjusting to giving intimate personal care; participants in the first focus groups anticipated that they would have difficulty dealing with incontinent residents and assisting others to toilet. In the second focus groups, participants discussed this issue with sensitivity as the following examples demonstrate:

> *I was surprised in my behaviour, when it happened I just did it, quickly and then later think "How awful". Not only was it awful for me, but awful for them as well. It takes a while to get used to it though – some days you think it is OK and others you think "If I have to do this once more...".*
>
> *No one would really like to do it if they had a choice, but it's going to be much worse for them than it is for you. If you can keep that in mind, then that's important.*

It thus seems that they dealt with this potentially uncomfortable area of nursing practice in a caring manner, reflecting positive professional attitudes.

Like their colleagues observed in clinical practice, participants spoke of the support provided by their clinical teachers as they learned to care for residents, for example:

> *Our clinical teacher was always there – I found her very supportive and positive.*
>
> *Or teacher was good in that she explained how things should be done in the way that made it right for the resident. She took her teaching role very seriously.*

Most also said that because of the teacher's presence, nursing home staff had little influence on their care of residents, for example:

> *We didn't have much contact really – we were with our clinical teacher so we just went to her. And you usually couldn't find the staff because they had too much else to do.*

Indeed the clinical teacher assisted participants to process any observations of inadequate nursing practices:

> *You put them in the back of your mind and think – I'll never do that.*

As with the students observed in clinical practice, it seems that the support of clinical teachers had a mitigating effect on any adverse impressions of care.

In their discussions of learning to care, participants indicated that they preferred to begin nursing practice in an extended-care facility rather than an acute-care setting. However, they tended to oversimplify the knowledge and skills required for aged care:

> *You are not thrown into it – you are able to start gradually – it doesn't take that much to catch on. Now you go out into acute care it helps. Elderly want basic care, whereas with acute-care there is more to think of.*

Nevertheless, they felt better prepared to care for elderly people in acute-care settings:

> *I feel I can now get in there and really help the elderly patients in acute-care.*

While there are arguments against students having their first nursing experience in extended-care settings, as noted in Chapter 3, it appears that grounding in caring for elderly people may enhance their nursing practice in acute-care settings where many patients are elderly.

When asked about working in aged care after graduation, most participants expressed uncertainty, for example:

> *I'll probably come back to it after I've had experience in some of the other areas of nursing.*
>
> *Maybe – it's a bit hard to say until after all the other clinicals in second and third year – but it can be depressing after a while.*

Probably not – because I really want to work with children.

Again, like their colleagues observed in clinical settings, they allude to the range of career choices available and also their perception of continued work in extended-care settings as potentially depressing.

Although participants at this very early stage of their nursing careers were themselves uncertain about specialising in aged care in the future, they expressed their views of desirable nursing approaches and attitudes to care of the elderly, for example:

> *Think you've got to be really keen and enthusiastic. If you were nursing in an elderly hospital full-time you'd have to really want to make it something worthwhile. It's really a personal kind of attitude how you go into it because, the actual nursing care, the nursing skills that you use aren't that diverse. You've got to really have a good attitude I think, and really want to see the people happy or at least content.*

They discussed the significance of the nurse's role in aged care; one considered how her own role might develop with further education:

> *How important the nurses' role is – how much you really can make a difference. And as we learn about community health we should have the resources behind us to be more helpful.*

Finally, as participants reflected on their impressions of care and the needs of residents in extended-care settings, they identified the need for changes to aged care:

> *Changes within the system have to be done now because it's going to get worse with an ageing population. There is going to be more demand and I feel if they don't start now....*

Recognition of desirable nursing approaches and the need for changes to aged care services in the context of growing community demands, indicates favourable attitudes toward elderly people.

This final theme within the second focus-group interviews thus reflects the impact of course experiences on participants' understanding of elderly people and attitudes toward them, and as such relates closely to the first two themes *Images of elderly people* and *Feelings and attitudes.*

SUMMARY OF FINDINGS: THE SECOND FOCUS GROUPS

The second focus group interviews, held at the end of first year after course experiences concerning ageing and care of elderly people, thus revealed three themes reflecting various aspects of attitudes toward the elderly. Participants' images of elderly people, compared with those articulated at the beginning of first year, are more realistic in

terms of age, appearance and abilities. Feelings and attitudes are more clearly expressed in terms of recent relationships with elderly people and indicate positive attitudes toward elderly people in general. However, well elderly people are contrasted with those who are dependent; indeed it appeared that elderly people were classified as well or unwell and attitudes toward them constructed accordingly.

The third theme reflecting participants' evaluation of the impact of course experiences reveals significant development in understanding of elderly people and the personal and professional attitudes surrounding them. The well-elderly field study and classroom lectures challenged participants with their own misconceptions about ageing, assisted them to develop understanding of elderly people and their needs, and alerted them to the nature and prevalence of ageist attitudes in the community. Participants' reflection on their clinical experience in extended-care settings indicates positive attitudes toward the elderly as well as positive professional attitudes toward the nursing care of clients; however, many felt depressed by the level of dependence of some residents and did not favour working in aged care in the future.

SUMMARY OF FIELD RESEARCH FINDINGS

The field research component of the case study of nursing students' attitudes toward the elderly generated a diversity of findings. The methods used in the field research, focus group interviews, participant observation and document analysis, revealed both favourable and unfavourable attitudes. The thematic analysis generated themes from the data collected by each method; these are now integrated into four major themes that form the framework for the following summary discussion of the field research findings. The four themes are:

- Images of elderly people,
- Understanding of elderly people,
- Relating to elderly people,
- Feelings and attitudes toward the elderly.

Images of elderly people articulated by students in a classroom discussion and by participants in focus groups held at the beginning of first year, reflected clearly stereotypic ideas about appearance and ability. By the end of first year, the images had

been modified to reflect more realistically characteristics of appearance and ability, as well as recognition of individuality among the elderly; participants also defined *elderly* more accurately in terms of age. Focus-group discussion indicated that course experiences mediated the changes in images and definitions, particularly for those who little or no contact with elderly people and therefore lacked a frame of reference for their images. Participants' definitions at the beginning of the year revealed contradictory semantic distinctions between the terms *old* and *elderly*; some associated *old* with dependence while others only saw people as *elderly* if they were dependent. Indeed, the issue of dependence endured and participants continued to classify elderly people as either well or unwell, a finding to be elaborated in relation to the final theme.

Understanding of elderly people was reflected in participants' awareness of the needs of the elderly both in the community and in long-term care, and their sensitivity to adverse effects of ageing. While some such awareness was evident early in the year, participants attributed their marked increase in understanding by the end of the year to having completed the well-elderly field study and the clinical experience involving care of elderly people. Understanding of the needs of dependent elderly people was clearly demonstrated in their nursing practice observed during the clinical practicum. It was also evident in participants' recognition of the inadequate practices that they themselves observed during their practicum, their opinions of desirable nursing approaches and attitudes, and their recognition of the need for further development of aged-care services.

Relating to elderly people during first year was a new experience for some participants as they had little or no contact with elderly people before commencing the nursing course. Some negative stereotypes about communication were evident in the classroom discussion, while in the first focus groups participants expressed favourable or unfavourable views informed by their own relationships with elderly people, many of whom were grandparents. The well-elderly field study was found to be helpful in providing the opportunity for personal contact and interaction with an elderly person prior to nursing practice involving the elderly, and was valued particularly by those without previous contact. While clinical practice presented some communication challenges for participants, those observed during the practicum related warmly to dependent elderly residents. They were, however, concerned over the lack of respect and poor attitudes toward residents reflected in the communication of some nursing home staff.

Feelings and attitudes toward the elderly were expressed in focus groups and evident in participants' nursing practice and written work, as well as being reflected in the

above themes. At the beginning of first year, while images reflected stereotypic attitudes on the part of some participants, expressed attitudes focussed on identification with personal ageing and anticipated concerns about caring for elderly people in clinical settings. By the end of the year, although some participants continued to identify unfavourably with the idea of becoming elderly themselves, expressed attitudes toward the elderly appeared generally favourable, but were more complex. Attitudes were clearly influenced by the course experiences concerning ageing and the elderly. Participants indicated that while they gained useful knowledge from the lectures and their field-study work, their experience with well and dependent elderly people provided the key to their learning and the development of their feelings and attitudes. Positive attitudes were reflected in the caring practices of participants observed during clinical experience. Their written nursing care documents, as well as the well-elderly field-study reports that were analysed, also reflected positive attitudes. Participants in both clinical practice and focus groups expressed positive attitudes toward elderly people in general; however, some ambivalence was apparent. Dependent elderly people were viewed somewhat differently and attitudes were constructed accordingly: While participants were concerned that the dependent elderly receive quality care, the majority found continued caring for them to be depressing and did not aim to specialise in the area after graduation. Nevertheless, the concurrent development of positive professional attitudes to the nursing care of clients was evident.

The field research component of the research thus revealed that attitudes toward the elderly held by the first-year nursing students in the case study were complex in nature and were obviously influenced by the various course experiences. Attitudes were reflected in participants' images and understanding of elderly people, their relationships with them, and their care of elderly people in clinical settings, and were expressed in conversations and interviews. The findings from this research component are discussed further in Chapter 9 as they are integrated with findings from the attitude measurement and survey components.

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CHAPTER 8
FINDINGS: SURVEY QUESTIONNAIRE

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In this chapter, the findings from the survey component of the case study are reported preparatory to their integration with the attitude measurement and field research findings in Chapter 9. As described in Chapter 4, a survey questionnaire was used to investigate aspects of all three key research questions, in particular the impact of course experiences on nursing students' attitudes toward and understanding of elderly people.

QUESTIONNAIRE

Written questionnaires were used to elicit both quantitative and qualitative data at the end of Years 1 and 2. It will be recalled that the survey, aimed at all students included in the case study, was administered in conjunction with the attitude questionnaires. The main survey questions were presented as Part 2 of the second questionnaire (Appendix 7) at the end of Year 1, and two of these questions were repeated as Part 2 of the third questionnaire (Appendix 8) at the end of Year 2.

Development of the survey questions was informed by data gathered during the focus group interviews and the participant observation of students' clinical experience with elderly people. Some questions aimed to gather further indications of students' attitudes as reflected by their interest in working with elderly people, while others sought to evaluate the impact of first-year learning experiences on knowledge and attitudes. Specific questions are elaborated below as findings are reported under these two categories of research interest.

PARTICIPANTS

Since the survey questions were administered in conjunction with the second and third attitude questionnaires, the participants were those described in the attitude measurement component: 182 of the 197 enrolled full-time students completed the main survey at the end of Year 1 while 121 of the 143 remaining full-time students responded to the two questionnaire items repeated at the end of Year 2, yielding response rates of 92% and 85% respectively. Of the 121 students participating at the end of Year 2, 114 had completed the main survey allowing direct comparison of their responses to the repeated items.
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Findings are reported in two sections: *interest in working with elderly people,* and *impact of first year experiences.* Relationships between attitude measurement scores and selected survey question results are examined, and comparisons are drawn between first-year and second-year responses for those topics investigated in both questionnaires. As with the two previous *Findings* chapters, comprehensive discussion of the research outcomes is reserved for the integrated report presented in Chapter 9.

INTEREST IN WORKING WITH ELDERLY PEOPLE

Interest in aged care and preference for working in the field may be considered to reflect underlying attitudes toward elderly people and, as noted in Chapter 3, these interests have been explored by other researchers as indicators of attitudes. Survey questions explored participants' general and career interests in working with elderly people. General interest was assessed by asking participants to rate their level of interest in working with elderly people while career interests were assessed through ratings and qualitative comment on interests in both further course experience and future employment in the aged-care field.

GENERAL INTEREST

Participants' general interest in working with elderly people was investigated by asking them to rate their current (end of year 1) interest on a five-point, forced-choice scale ranging from *not interested* to *extremely interested.* In a following question participants were asked how they would have rated their interest at the beginning of the year before commencing nursing studies.

The mean and percentage ratings and t-test of paired observations, presented in Table 8.1, show that interest in working with the elderly increased significantly by the end of first year; 23% of participants rated themselves as *very* or *extremely interested* while only 12.1% recalled having that level of interest at the beginning of the year.

Meanwhile a large contingent (44%) were less committed, rating themselves after one year of the course as *moderately interested.* However this mid-point response, although possibly subject to response set, may indicate uncertainty in the absence of a *not sure* option or may reflect some ambivalent feelings among participants. Nevertheless the overall finding of increasing interest during first year may relate to the concurrent development of participants' knowledge and experience of elderly people. This

possibility and the notion of ambivalence were noted in the attitude measurement and field research components of the study and are discussed further in Chapter 9.

TABLE 8.1

RATINGS OF INTEREST IN WORKING WITH ELDERLY PEOPLE: BEFORE COMMENCING NURSING COURSE AND AT THE END OF YEAR 1

		PRIOR TO COMMENCING COURSE	AT END OF YEAR 1	
RESPONSES	**SCORE**	**PERCENTAGES**		
Not interested	1	24.7	8.2	
Slightly interested	2	33.0	24.7	
Moderately interested	3	30.2	44.0	
Very interested	4	11.0	19.2	
Extremely interested	5	1.1	3.8	
MEAN		2.31	2.86	**t-value** 6.87*

n = 182
***p<0.001, two tailed test (t critical [df,181] = 3.29)**

Correlation of the level of interest at the end of Year 1 with the concurrent measurement of attitudes reveals significant ($p<0.01$) positive correlations with three of the four attitude scales, *Acceptance* ($r=0.37$), *Satisfaction* ($r=0.37$) and *Identification* ($r=0.23$), suggesting that students who were interested in working with elderly people also held positive attitudes on these dimensions. While these positive associations may be expected, the finding does provide some evidence in support of the validity of the attitude scales.

CAREER INTEREST

Although ratings of general interest in working with elderly people may reflect attitudes, the ratings of career interest provide a more useful indication of participants' attitudes and intentions to work in aged care in a professional nursing context. Career interest was investigated primarily in terms of participants' interest in future professional

practice in aged care. Their more immediate career interest, as indicated by ratings of interest in further gerontic nursing experience during their pre-registration course, was also examined.

Interest in Working in Aged Care as a Registered Nurse

Interest in future professional practice in aged care was explored using a single item, *Would you like to work in the aged-care field after you qualify as a registered nurse?* asking participants to respond on a five-point, positive-to-negative rating scale containing a *not sure* option. The item also invited participants to explain their response. Both elements of this item were repeated at end of Year 2 with the final measurement of attitudes.

The ratings from both Year 1 and Year 2, compared in Table 8.2, indicate that students who would like to work as registered nurses in aged care are in the minority in both years. Indeed only 1.1% (two students) indicated *definitely yes* at the end of first year and by the end of Year 2 only one student expressed definite interest. It is also clear that students collectively became less interested in professional practice in aged care as they progressed through the course; 58.8% expressed low interest at the end of Year 1 compared with 74.4% by the end of Year 2. Additionally, students seem more certain of their decisions; at the end of first year 13.7% were not sure whether they would like to work in aged care once qualified, whereas only 5.8% expressed uncertainty at the end of Year 2.

Since there were fewer participants at the end of Year 2 than in Year 1, the apparent difference in interest in future professional practice in aged care was more accurately assessed by directly comparing the scores of the 114 participants who completed both questionnaires. A t-test of paired observations (Table 8.2) shows that the means for the 114 are similar to the total group means on both occasions. The difference between Year 1 and Year 2 is significant ($p<0.01$): As students progress through their pre-registration nursing course they become less interested in a career in aged care, a finding of concern to be discussed further in the next chapter.

As with general interest in aged care, there is evidence of a significant ($p<0.05$) positive relationship between career interest in aged care and three of the four attitude scales: *Acceptance* ($r=0.24$), *Satisfaction* ($r=0.34$) and *Identification* ($r=0.17$). A similar pattern is evident at the end of Year 2 with somewhat higher correlations on the *Satisfaction* ($r=0.41$) and *Identification* ($r=0.29$) scales, and slightly lower on the

Acceptance (r=0.21) scale. However, the difference between the Year 1 and Year 2 correlations for each of the three scales, tested using the Fisher Z-transformation (Glass & Hopkins, 1996), is not significant.

TABLE 8.2

INTEREST IN WORKING IN AGED CARE AS A REGISTERED NURSE: COMPARISON OF RATINGS AT THE END OF YEARS 1 AND 2

		END OF YEAR 1		END OF YEAR 2		
	Score	**N**	**Percent**	**N**	**Percent**	
Definitely Not	1	30	16.5	30	24.8	
Probably Not	2	77	42.3	60	49.6	
Not Sure	3	25	13.7	7	5.8	
Possibly Yes	4	48	26.4	23	19.0	
Definitely Yes	5	2	1.1	1	0.8	
		N	**MEAN**	**N**	**MEAN**	
Group Means		182	2.53	121	2.22	
t-test of paired scores		114	2.65	114	2.25	**t-value** 4.19*

n = 182
*** p<0.001 two-tailed test, (t-critical [df,113] = 1.98)**

While the rating scales are not identical and therefore not strictly comparable, it is important to note some difference between participants' ratings of general interest and their level of interest in a future career in aged care. At the end of first year 8.2% rated themselves as *not interested* in working with elderly people while at the same time 16.5% indicated that they were *definitely not* interested in working in aged care after qualifying as registered nurses. Responses to the open-ended element of the survey item investigating career interest assist in understanding these ratings.

The majority of participants responded to the open question inviting explanation of the rating of future career interest at the end of Year 1 and again at the end of Year 2. For clarity of interpretation, statements were grouped for content analysis according to the rating scale responses. Analysis produced several categories explaining the level of interest in working in the aged-care field after qualifying as a registered nurse. These categories which apply variously across the ratings include:

- Satisfying work
- Perceptions of aged-care
- Require other experience
- Prefer other practice specialty
- Limited scope of practice
- Uncertainty/Ambivalence
- No interest
- Depressing work.

The distribution of categories of explanation across rating-scale responses is summarised below in Table 8.3. Each of the categories is then discussed in relation to rating scale responses and illustrated with statements from participants.

TABLE 8.3

INTEREST IN WORKING IN AGED CARE AS A REGISTERED NURSE: CATEGORIES EXPLAINING RATINGS AT THE END OF YEARS 1 & 2

Definitely Yes * Yr 1 n=2 * Yr 2 n=1	**Possibly Yes** Yr 1 n=48 Yr 2 n=23	**Not Sure** Yr 1 n=25 Yr 2 n=7	**Possibly Not** Yr 1 n=77 Yr 2 n=60	**Definitely Not** Yr 1 n=30 Yr 2 n=30
Satisfying work Yr 1=1 Yr 2=0	Satisfying work 10 10			
Perceptions of aged-care 1 0	Perceptions of aged-care 7 3		Perceptions of aged-care 1 1	Perceptions of aged-care 0 1
	Require other experience 12 9	Require other experience 7 1	Require other experience 5 0	
	Prefer other practice specialty 7 0	Prefer other practice specialty 3 2	Prefer other practice specialty 46 25	Prefer other practice specialty 12 15
			Limited scope of practice 12 15	Limited scope of practice 6 3
	Uncertainty / ambivalence 2 0	Uncertainty / ambivalence 13 3		
			No interest 4 5	No interest 3 5
			Depressing work 7 3	Depressing work 7 4

* Total N: Year 1=182 (approximately 10% of participants did not complete this open-ended item).
Year 2=121 (approximately 15% of participants did not complete this open-ended item).

It is clear from Table 8.3 that the low level of career interest in aged care in both Years 1 and 2 is explained primarily by participants' preference for other areas of nursing practice. Those who perceive aged care nursing as depressing or limited in scope also lack interest. Meanwhile, participants who describe aged care as satisfying work indicate career interest, and most of those expressing uncertainty or ambivalence rate themselves as *not sure* about working in aged care in the future. Such a distribution of explanatory responses is evidence of the validity of the rating scale. The following discussion of explanatory categories further illuminates the rating scale responses.

Satisfying work

Among the participants indicating that they would *definitely* or *possibly* work in aged care following graduation, are some who describe their nursing experience with elderly people as rewarding, enjoyable or satisfying. Two participants highlight the personal and professional fulfilment achieved through their involvement in aged care:

> *I get a lot of self-satisfaction and enjoyment working with the elderly.*
>
> *I find it a fulfilling job working with the aged and I enjoy it so much and it can be very rewarding.*

Meanwhile other statements in this category reflect the increased interest in elderly people developed through the clinical experiences.

> *I have developed a much greater interest in the elderly since clinical and my experiences with my patients have been pleasing. I enjoy working with them.*
>
> *I really enjoy working with the elderly because they have so much to offer.*

Perceptions of aged-care

This category reflects perceptions of both the need for aged-care services and the quality of nursing services currently provided. Participants indicating that they may work in the aged-care field in the future tend to focus on the need for quality services while those not interested focus on the perceived inadequacy of current services and the need for change. The following comments from interested students, while alluding to some negative impressions of aged care, reflect the potential for improvements arising from quality nursing practice:

> *I find that a lot of people don't have time to give elderly people the care and respect they deserve. Our aged population is getting larger and what we really need to see is people who really care and will put their best into the care of the aged. It's not only the elderly who get satisfaction – it's also the nurse.*

> *The elderly are just as worthwhile to look after and I would like to help improve their lives and attitudes of others towards them. There is room for a lot of improvement as to the resources available to the elderly.*
>
> *Aged people need more nurses devoted to their care – not for them to be treated as shabbily as I've seen.*

Indeed one student signals an active role in improving aged-care practice:

> *I would like to be a change agent.*

However, comments from other students reflect negative experiences of aged care and their belief that they would be unable to effect any change in the quality of practice, for example:

> *I don't like nursing homes or institutionalised care, it depresses me to see how little is done for older people and due to lack of funds and apathy there's so little you can do.*
>
> *Because it's hard nursing it may be basic care but the work is heavy. The facilities are poor and it depresses me to see them being cared for so badly and I really think I couldn't change that. I'm interested in other fields.*

Require other experience

Varied experience seems to be considered important in career development. A number of participants in both Years 1 and 2 emphasise their intention to practise nursing in a range of health-care settings before specialising in any particular field. Several of these indicate that they would possibly work in aged care in the future, but only after other experience:

> *I find I get along well with elderly people and probably wouldn't mind exploring this kind of nursing. However I need to experience other areas of nursing first before I make a definite decision.*
>
> *I don't expect that as a young RN* (Registered Nurse) *I would be interested in aged care as I'm hoping to gain as much experience in all fields as possible – perhaps later on.*

One student not interested in future work in aged care suggests that adequate experience with elderly patients will be gained in acute-care settings:

> *I know I will be getting enough experience with the elderly in a large general hospital without working at a geriatric hospital particularly. I wish to have some general all round experience before I choose any speciality.*

Prefer other practice specialty

This most popular category of explanation reflects the intention of participants to specialise in a selected area of nursing practice. Most of these participants indicate that they would

definitely not or *possibly not* work in aged care in the future because they intend to practise in another field, for example:

> *Although I enjoy working with the elderly I am more interested in other fields of nursing (i.e., working in third world countries).*

For several, it seems that the purpose of studying nursing is to be able to practise a nursing specialty such as critical care, midwifery or children's nursing, for example:

> *It is not that I do not like working with the elderly. I find some elderly people very rewarding. However even before I began nursing I had made my mind up that I wanted to work with children or babies.*

Limited scope of practice

The notion that aged care is limited in terms of its focus and the nursing expertise required is apparent in comments from both first and second year students not intending to work as registered nurses in the aged-care field. The focus of aged care is apparently perceived by some students to be limited to end-of-life and personal care. Several students emphasise their preference for curative care rather than the long-term care of frail elderly people. For them, assisting patients toward recovery is all-important:

> *This may change between now and then, but I prefer to work in a situation where most of your patients get better rather than just making sure their last days are comfortable.*
>
> *I believe that nursing homes do not attempt to help the patient but just make them comfortable until they die.*
>
> *I find nursing home care depressing. I would need a job where I could see my patients getting better and going back to their normal lifestyle.*

Other students apparently find burdensome the focus on personal care and the physical demands of caring for the frail aged. Their comments suggest that the nursing role is perceived as unrewarding while the personal aspects of care are considered distasteful.

> *This does not seem to be a very challenging role for the nurse as it is a very manual and basic care work and too much heavy lifting, urine and faeces.*
>
> *I find it too physically draining and not interesting enough to be working full time in the field.*

In addition to the above issue, it is of considerable concern that a number of students perceive aged care to be relatively unskilled work not necessarily requiring the expertise of registered nurses, for example:

> *I would prefer to go into a field of nursing where my qualifications would be useful; i.e., theatre or midwifery. While at extended care I felt as if anyone could be doing that sort of work.*

> *I don't find the elderly challenging to care for. There appears no advancement etc. in medical care of the aged, i.e. nursing homes. To me when patients are non-responsive and need everything done for them, nursing becomes boring and painful. It seems a waste of skills for a qualified nurse. This type of nursing should be left for assistants.*

Uncertainty/Ambivalence

Although uncertainty and ambivalence are not the same phenomenon, a point discussed elsewhere in this thesis, these concepts are grouped here for convenience. At the end of first year 25 students were *not sure* whether they would work in the aged-care field after graduating. While a number attributed their *not sure* rating to interest in other fields, eight were clearly uncertain stating that they were not yet able to make career decisions. Another five students seemed ambivalent about future work in aged care pointing to both positive and negative perceptions of their work in the field, for example:

> *It is an interesting field of work and one which I enjoy, though it can be very physical work and sometimes mentally draining.*

In the Year 2 responses, ambivalence is not apparent and only three students express uncertainty suggesting that the broader nursing experiences in Year 2 assist students to clarify career directions.

No interest

This category includes responses in which the participant clearly identifies a lack of interest in aged care. Most do not explain their certainty, simply describing this specialty as uninteresting or not appealing. However, some responses suggest that perceptions of aged-care nursing as repetitive and unrewarding underpin the lack of interest, for example:

> *Not interested, unrewarding, frustrating.*

Depressing work

Other students are *definitely not* or *possibly not* interested in working in aged care following graduation because they perceive the work as sad and depressing, for example:

> *I feel it is a depressing and unproductive field in which the only satisfaction you could gain would be the fact that the residents may be mildly happy.*

> *I worked in a nursing home for a period of four months, I found it depressing and the lifestyle they lead lacking in fulfilment for themselves.*

The feelings of sadness and depression evoked when caring for frail elderly people are clearly salient for some students, a point discussed further in the next chapter.

The responses to the open questions on career interest in aged care thus reveal a variety of explanations for the ratings of interest. Some participants plan to work in aged care because it is satisfying while others are not interested because they find the work unrewarding and depressing. Varying perceptions of aged-care nursing appear to influence interest: Those who see the value of quality care and the potential for improvement tend to be interested, while those who cannot see themselves influencing practice or perceive the scope of nursing to be limited are not interested in aged care.

Interest in other areas of nursing practice is clearly the most prominent explanation for low ratings of interest in future work in aged care. It is apparent that many students enter nursing intending to specialise in a particular area: While they may enjoy nursing work with elderly people, they clearly intend to pursue other interests. This pattern of response may explain the discrepancy between the ratings of general interest and career interest. Although students may be interested in working with elderly people, when asked to declare a career direction other areas of practice take precedence, particularly after a broader range of practice experiences in second year.

While the ratings of interest in working in aged care following graduation show a decline in interest over the first two years of the pre-registration course, the responses to the open question indicate that this change relates to a shift in the career preferences of participants, rather than a negative shift in attitudes toward the aged. Although some negative opinions are apparent among participants' comments, these do not become more frequent as the rating of career interest declines. The survey item exploring interest in further education in gerontic nursing reveals a similar pattern.

Interest in Further Course Experience in Gerontic Nursing

As with the primary assessment of participants' career interest, their more immediate interest in further experience in care of the elderly was investigated using a single item: *Would you like to study and have further clinical experience in gerontic nursing later in your basic nursing course?* The item, presented at the end of Years 1 and 2, invited students to respond on a five-point rating scale and also provide explanatory remarks. Again the findings compared in Table 8.4 reflect a lessening of interest as the course progressed; by the end of Year 2 fewer students were *definitely* or *possibly* interested in further gerontic nursing experience while the proportion *definitely not* interested increased to 27.3% from 11.5% at the end of first year. Participants also

seemed more certain of their decisions by the end of Year 2 with only 3.3% giving *not sure* responses.

As with future career interest, a t-test of paired observations for the 114 participants who completed both questionnaires (Table 8.4) shows that the means of this sub-group are similar to the total group means on both occasions. The difference between the Year 1 and Year 2 scores is significant ($p<0.001$) demonstrating that as the course progressed participants became less interested in further pre-registration experience in gerontic nursing, a finding parallel to the decline in future career interest. However, interest in further course experience is consistently higher than future career interest suggesting that while students may be prepared to learn more about gerontic nursing, they would prefer not to pursue a career in the specialty.

TABLE 8.4

INTEREST IN FURTHER COURSE EXPERIENCE IN GERONTIC NURSING: COMPARISON OF RATINGS AT THE END OF YEARS 1 AND 2

		END OF YEAR 1		END OF YEAR 2		
	Score	**N**	**Percent**	**N**	**Percent**	
Definitely Not	1	21	11.5	33	27.3	
Probably Not	2	67	36.9	46	38.0	
Not Sure	3	28	15.4	4	3.3	
Possibly Yes	4	60	33.0	36	29.8	
Definitely Yes	5	6	3.3	2	1.7	
		N	**MEAN**	**N**	**MEAN**	
Group Means		182	2.80	121	2.41	
t-test of paired scores		114	2.89	114	2.45	**t-value** 4.04*

***p<0.001, two tailed test, (t-critical [df,113] = 1.98)**

Correlation of interest in gerontic nursing with the attitude scale scores at end of Years 1 and 2 reveals significant positive association with the three scales that correlated similarly with both general and career interest in working with elderly people: *Acceptance* (Year 1: $r = 0.23$; Year 2: $r = 0.26$), *Satisfaction* (0.29; 0.43) and

Identification (0.15; 0.28). While there is consistently stronger association in Year 2, the differences between the annual correlations for each scale are not statistically significant.

As with future career interest in aged care, the themes arising from the open-ended section of the survey item illuminate participants' ratings of interest in further course experience in gerontic nursing. Again, for clarity of interpretation, statements were grouped for analysis according to rating scale responses. Content analysis produced the following categories explaining the ratings of interest:

- Satisfying work
- Perceptions of aged care
- Require more gerontic nursing
- Sufficient gerontic nursing
- Prefer other experience
- Limited scope of practice
- Uncertainty
- No interest
- Depressing work.

The distribution of explanatory categories across the rating scale responses is summarised in Table 8.5; each category is then elaborated.

Table 8.5 shows that the categories explaining the ratings of interest in further study of gerontic nursing are similar to those explaining ratings of interest in future work in aged care (Table 8.3). Participants who describe gerontic nursing as satisfying work express interest in further study in the field, while those who perceive this nursing work as depressing are not interested. As with career interest, a small proportion comment on their perceptions of aged care needs and the scope of practice in aged care nursing, while preference for another field appears as an important factor explaining the low level of interest in further study of gerontic nursing. However, categories referring to the perceived adequacy or otherwise of the course experience in gerontic nursing distinguish the explanations of interest in further study of gerontic nursing from those of career interest. The explanations are elaborated in the following discussion of the categories.

TABLE 8.5

INTEREST IN FURTHER COURSE EXPERIENCE IN GERONTIC NURSING: CATEGORIES EXPLAINING RATINGS AT THE END OF YEARS 1 & 2

Definitely Yes * Yr 1: n=6 * Yr 2: n=2	**Possibly Yes** Yr 1: n=60 Yr 2: n=36	**Not Sure** Yr 1: n=28 Yr 2: n=4	**Possibly Not** Yr 1: n=67 Yr 2: n=46	**Definitely Not** Yr 1: n=21 Yr 2: n=33
Satisfying work Yr1=0 Yr2=1	Satisfying work 10 13			
Perceptions of aged-care 1 1	Perceptions of aged-care 3 5	Perceptions of aged-care 3 0	Perceptions of aged-care 1 1	
Require more gerontic nursing 5 0	Require more gerontic nursing 27 9			
	Sufficient gerontic nursing 2 0		Sufficient gerontic nursing 18 15	Sufficient gerontic nursing 2 13
	Prefer other experience 6 5	Prefer other experience 10 2	Prefer other experience 26 13	Prefer other experience 4 5
	Limited scope of practice 1 1	Limited scope of practice 3 0	Limited scope of practice 7 2	Limited scope of practice 3 6
	Uncertainty 5 1	Uncertainty 5 0		
			No interest 2 4	No interest 3 5
		Depressing work 3 0	Depressing work 5 3	Depressing work 5 4

* Total N: Year 1=182 (approximately 10% of participants did not complete this open-ended item)
Year 2=121 (approximately 10% of participants did not complete this open-ended item).

Satisfying work

As with career interest, a consistent number of students in both Years 1 and 2 explain their interest in further study of gerontic nursing in terms of the feelings of satisfaction, enjoyment or reward experienced when nursing elderly people, for example:

> *I enjoy nursing elderly people. I find that it is difficult at times but generally quite rewarding for me.*
>
> *I enjoy working with elderly people. You become attached to them very quickly and they appreciate every little thing you do for them which makes me feel like I*

am doing something to make their life more worthwhile and meaningful. Help in showing how important basic needs are to nursing.

This second comment illustrates the significance of caring attitudes in aged-care nursing. It also highlights the importance to nursing in general of developing sound knowledge and skills in assisting patients to meet their basic personal needs.

Perceptions of aged care

This category, as with future career interest, reflects perceptions shared by a small number of students, some interested in additional gerontic nursing experience and some not, regarding both the quality of current services and future needs in aged care. Comments from two students expressing tentative interest in further course experience emphasise the need for improvements in care of the frail elderly:

Not unless care of the elderly changed allowing them to make more decisions and participate in more activities, rather than adhering to the rigid structure of many nursing homes.

Possibly, but if so I would hope to be able to make great changes in the way the elderly are cared for in the community.

The potential for improvement in the quality of aged care is also evident in the next category.

Require more gerontic nursing

At the end of first year, 32 students who expressed interest in further course experience in gerontic nursing indicated that they needed to develop their knowledge and skills in aged-care nursing. However, at the end of Year 2, only nine students were of this opinion. This shift in interest in gerontic nursing experience is discussed in relation to the next category, *Sufficient gerontic nursing*, but first the reasons that students perceive a need for more course experience are elaborated.

Some students recognise, after their brief clinical experience, that there is a great deal to be learned about aged-care nursing. Two comments highlight the complexity of nursing care involved as well as the applicability of skills in other areas of practice:

There is so much to learn about the elderly – so many different aspects of their care to master, and all of which can be used in the care of other patients.

I feel in first year that we've only covered the basics. With Australia's increasing ageing sector, we need to learn more about the needs of elderly people.

Many students identified the expanding need for aged-care services as the proportion of the elderly in Australia's population increases, as a reason for their interest in further experience in gerontic nursing, for example:

> *With the elderly population growing I feel that it is necessary for us as nurses to gain a better knowledge of the processes involved with ageing.*
>
> *I feel we are an ageing society and we may need to have further clinical experience in gerontological nursing.*

As with responses in the previous category, *Perceptions of aged care*, a number of students identify the need for improvement to aged-care services, but also suggest that more gerontic nursing experience during the pre-registration course will better prepare nurses to provide quality care for the elderly in the future.

> *I think elderly people are very worthwhile human beings who are individuals and should be treated that way. I think we should expand our knowledge (i.e., resources) so that care for elderly can be more adequate.*
>
> *I think it is essential that we concentrate on the elderly because there is an increase in the number and because they are not appropriately cared for.*

Several other students favour more experience in aged-care nursing later in the pre-registration course as they would then be able to focus on the complexities of care rather than the development of fundamental skills as in first year. They consider that their improved knowledge and skills would enable them to provide more informed and better quality care than in first year, for example:

> *Our elderly placement this year was basically to practise the basic skills of nursing, though care of the elderly requires much more than just the basics. It would be good to go back with more knowledge and experience and give them the greater care that is required.*
>
> *It could be quite good to have another experience at caring for the elderly later on in the course as we would be more experienced and possibly able to confront their problems better than when we first had this experience.*

While the above comments provide sound reasons for further course experience in gerontic nursing, a considerable number of students in both Years 1 and 2 suggest that no more experience is required.

Sufficient gerontic nursing

At the end of first year this category included 22 students two of whom, while expressing possible interest in further study of gerontic nursing, still said that they already had sufficient experience in the field:

> *Yes, I'm interested in elderly people however we have done enough study on them.*

The remaining 20 students were not interested in further course experience. Their comments reflect lack of interest or the belief that they now had adequate knowledge of aged-care, particularly as they had cared for elderly patients during their later acute-care experience, for example:

> *I'm not particularly interested enough in this area to further my studies. I've dealt with the elderly and feel that was enough experience.*
>
> *I feel I have an adequate enough knowledge of the elderly compared to other areas of the nursing course.*
>
> *I feel that we have done enough. We deal a lot with elderly people in acute care anyway.*

By the end of second year, all 28 students in this category were not interested in further course experience in gerontic nursing; however, their comments reflect a different pattern of explanation. Several reflect the view that further experience is not required because, unlike students in the previous category, they believe there is not a great deal to be learned about aged care, for example:

> *I feel that there is only so much you can learn in caring for the elderly and I think that the time we had was enough experience.*

One student suggested that perhaps further course experience in gerontic nursing could be made available as an elective study unit in the final year of the course:

> *I feel that the gerontological exposure we had was enough – although as an elective in third year it would be appropriate.*

The influence of acute-care experience is more obvious by the end of Year 2 which includes several weeks of clinical practice in this area. Six students noted that many patients in acute-care are elderly and argue that as a consequence they receive sufficient gerontic nursing experience in that setting.

> *I feel that I have probably more experience nursing geriatrics than I do young people particularly in public hospitals because there are so many.*
>
> *Specific gerontological care is covered enough because a large percentage of patients in acute care are elderly.*

However, weekend work as nursing assistants in aged-care settings is the most prominent reason for students' beliefs that they have had sufficient course experience in gerontic nursing by the end of Year 2, an influence discussed again later in this chapter. Seventeen students suggest that nursing-assistant work provides adequate gerontic

nursing experience and indeed meets the educational requirements of preparation for the role of a registered nurse, for example:

> *Perhaps because I work in a nursing home with elderly people I don't feel the need to have any further gerontological nursing in the course.*
>
> *I work in an elderly people's hostel on weekends so I am meeting my educational needs there.*

The perception that nursing-assistant work is considered as adequate preparation in gerontic nursing within a pre-registration course is something of a concern and will be discussed again in Chapter 9. Nevertheless, the reality that this remains an ongoing influence is captured in the words of one student:

> *Most of us are able to get jobs in nursing homes to finance our education.*

It is important to note that of the 28 students in this category in second year, 13 were *definitely not* interested in further course experience in gerontic nursing while only two of the 22 in Year 1 gave such a negative rating. It appears that clinical experience with elderly people in acute-care settings combines with the extra-curricula influence of nursing-assistant work to reduce the interest in gaining further knowledge of this important area of nursing practice.

Prefer other experience

As with future career interest in aged care, this is the largest category of explanation for students' ratings of interest in further course experience in gerontic nursing with 46 students in Year 1 and 25 in Year 2 indicating that they would prefer course experience in other areas of practice. Their comments highlight their previous experiences in aged care nursing and point to the need for other course experiences, for example:

> *Because we have had a taste of what it is like to work with elderly in both extended care and acute care. It would be more beneficial to work in another area, e.g., psychiatric nursing.*
>
> *We have already learnt about the elderly in great detail and had experience in caring for them many times. I feel our clinical experience would be best focused on other fields of nursing.*

Several students noted that further experience in gerontic nursing may not be possible as there were many areas of practice to be covered in a three-year, pre-registration course, for example:

> *It would depend on the other content of the course. If gerontology was included in further experience so should many other areas.*
>
> *I think the course cannot afford to spend too much time in one area.*

Limited scope of practice

This category reflects the view held by a number of students that further experience in gerontic nursing is not desirable because the scope of practice and the nursing expertise required in aged care is limited. As with career interest some comments reflect the perception that gerontic nursing is repetitive and not at all challenging.

> *Gerontological nursing is satisfying from a caring point of view, but I do not find it very challenging with regard to nursing skills and thinking. There seems to be very little variation and it all seems too routine. Maybe nurses should think about improving this area.*
>
> *Although the elderly people have much to offer I feel that I would rather be challenged with different types of nursing duties to gain experience.*

It seems that while aged-care nursing may be satisfying in terms of caring, students do not perceive it as fulfilling in terms of development of their clinical skills. They view care of the elderly focussed on assisting individuals to meet their daily needs as less complex, and hence less valuable, than acute-care nursing where more technical skills are required. Rather than spending more time studying gerontic nursing, students in this category prefer to focus on acute medical-surgical nursing, for example:

> *Extended care was excellent to begin my training but I feel a lot more knowledge/skills is obtained from the time spent in med/surg blocks.*
>
> *Once you have done gerontological nursing once nothing changes dramatically, the course needs to concentrate on more complicated aspects of nursing.*

Uncertainty

Ten students in Year 1 were uncertain whether they would like further course experience in gerontic nursing, having rated their interest *possibly yes* or *not sure*, while only one expressed uncertainty in Year 2. Their statements simply expressed uncertainty without elaboration, for example:

> *I am not sure whether I want to or not.*

The ambivalence apparent in first-year comments relating to career interest is not present in statements about further course experience in gerontic nursing.

No interest

A small number of students in both Years 1 and 2 expressed lack of interest in further study of gerontic nursing. Weekend work as a nursing assistant in aged care was evident as a factor influencing the level of interest held by some students, for example:

I've spent this year working at a nursing home on a weekend basis and have no desire to further this work.

Depressing work

As with career interest, other students lack interest in further course experience in aged care because they find the work depressing, for example:

Although I like elderly people I did not find working with them enjoyable. If anything it was depressing.

Not really because I get a little depressed working in nursing homes etc. and it is not really a challenge.

For these students, the feelings evoked when caring for frail elderly people clearly militate against their interest in further study of gerontic nursing.

The analysis of responses to the open question on further course experience in gerontic nursing thus reveals various explanations of students' ratings of interest. The most prominent reason for interest is students' perceptions that they need to develop their knowledge and skills in gerontic nursing in order to be able to meet the challenges of providing quality aged care. The potential to contribute to improvements in aged care and the satisfying nature of the work are also given as reasons for interest in further study in the field.

Meanwhile, the most important reasons for lack of interest in further course experience are students' preferences for other areas of nursing study or their perceptions that they already have, in the first two years of the pre-registration course, sufficient knowledge and experience in gerontic nursing. Many emphasise the need to explore other field of nursing practice during the time remaining in their three-year course, while others argue that they have sufficient gerontic experience through their work in acute-care settings where many patients are elderly. A number of students attribute their lack of interest in further course experience to their own weekend work as nursing assistants in aged-care settings. The importance of such extra-curricula influences on students' level of interest in aged care is explored further in the next section of this chapter.

As with future career interest in aged care, the overall rating of interest in further course experience in gerontic nursing declined over the first two years of the pre-registration course. Similarly, responses to the open question indicate that this decline relates to participants' preferences for experiences in other fields of nursing practice rather than a decline in attitudes toward the elderly.

In summary, the investigation of participants' interest in working with elderly people, incorporating assessments of general and career interest, has yielded a complexity of findings. General interest, assessed during first year by means of a rating scale, showed that participants' interest increased such that by the end of the year almost 70% were *moderately* to *extremely interested* in working with elderly people. However, their ratings of career interest in working with the elderly are somewhat different.

Future career interest as reflected in participants' ratings of interest in future employment as registered nurses in aged care declined significantly to a mean of 2.22 by the end of second year (Table 8.2). More immediate career interest as reflected in ratings of interest in further course experience in gerontic nursing also declined (Table 8.4), but remained consistently higher than interest in future employment in aged care. Participants' explanations of these ratings reveal that the decline in interest is largely due to their preferences for other fields of nursing practice, rather than negative attitudes toward aged care and the elderly. Indeed the explanatory categories that may reflect unfavourable attitudes (Depressing work; No interest; Limited scope of practice) represent a minority of participants in both years.

The explanations of the rating scale responses have illuminated the findings of this section of the survey. While the rating scales give the impression that participants in the case study lack interest in aged care and gerontic nursing, a finding which may indicate negative attitudes toward the elderly, the explanatory responses show that these ratings are due primarily to other priorities. Although many responses reflect positive attitudes toward elderly people in general, it seems that competing interests and learning needs at this early stage militate against interest in aged care. Exploration of the impact of first-year experiences on participants' knowledge of and attitudes toward the elderly provides further insights.

IMPACT OF FIRST-YEAR EXPERIENCES

In exploring nursing students' attitudes toward the elderly, this case study also sought to explore factors that may influence the development of those attitudes. Of particular importance are the first-year course experiences specifically relating to elderly people and their nursing care; the survey therefore included items designed to evaluate the impact of these experiences. As described in Chapter 4, the three key course experiences were: classroom lectures on ageing and the latter years of the life-span; a

"well-elderly field study" where students explored the realities of ageing through meetings with well elderly people in the community; and a clinical practicum in extended-care settings where students provided direct care to frail elderly residents.

Four survey components were used to investigate various dimensions of the course experiences. The first component involved students' evaluation of the helpfulness of the key learning experiences in developing an understanding of ageing and the elderly. The second involved their assessment of the impact of these experiences on their general interest in working with elderly people and identification of any other factors that may have affected their interest. In the third component a set of items was used to probe students' motivations while caring for frail elderly residents in extended care settings. Finally, another group of items compared feelings experienced by students when relating to elderly people during the fieldwork and clinical experiences. As each of these components is reported below, relationships to the outcomes of other relevant survey items and the attitude measures are discussed.

IMPACT ON UNDERSTANDING AGEING AND ELDERLY PEOPLE

In this component of the survey two items were used to evaluate the helpfulness of the three key course experiences in assisting participants to develop some understanding of the nature of ageing and elderly people. The first item elicited ratings of helpfulness for the course experiences while the second explored helpful aspects of the well-elderly field study.

Course Experiences

Students were asked to rate the helpfulness of each of the three course experiences on a five-point scale ranging from *not helpful* to *extremely helpful*. The ratings, summarised in Table 8.6, show that extended-care clinical experience was considered by far the most helpful in assisting the development of understanding of ageing while the classroom activities and the well-elderly field study were perceived as *moderately helpful*.

TABLE 8.6

DEVELOPING UNDERSTANDING AGEING AND ELDERLY PEOPLE: RATINGS OF HELPFULNESS OF LEARNING EXPERIENCES

		CLASSROOM LECTURE	WELL ELDERLY FIELD STUDY	CLINICAL EXPERIENCE: EXTENDED CARE
RESPONSES	SCORE	PERCENTAGES		
Not Helpful	1	6.6	8.7	1.0
Slightly Helpful	2	23.6	22.0	2.2
Moderately Helpful	3	44.5	34.6	7.8
Very Helpful	4	21.4	23.6	36.8
Extremely Helpful	5	3.8	11.0	52.2
MEAN		2.92	3.01	4.36

n = 182

Well-Elderly Field Study

The well-elderly field study was singled out for particular attention in this component of the survey since it was designed to assist students to develop a balanced perspective of ageing and the elderly in the face of intensive clinical experience with extremely frail elderly people. An open-ended item asked students to comment on aspects of the field study found to be most helpful. It will be recalled from Chapters 4 and 7 that the field study asked students to engage in interviews and literature research. Students were required to:

- examine the concept of ageism and identify common stereotypes about ageing and the elderly;
- examine the real changes of ageing;
- discuss selected stereotypes and the realities of ageing with a well-elderly person, a middle-aged person and an adolescent;
- examine community services available for elderly people;
- explore the life and health history of their well-elderly subject; and
- present a written report on all of these activities.

The majority of students, including those who rated the study as *slightly* or *not helpful*, responded to the question *What aspect of the well-elderly field study did you find most helpful in developing your understanding of the nature of ageing and elderly people?* Content analysis of these responses reveals that many participants not only identified helpful aspects of the study, but also described how these activities affected their understanding.

Aspects helpful in developing understanding

Participants identified both process and content aspects of the well-elderly field study as helpful in developing understanding of the nature of ageing and elderly people. The interview process and the comparison of stereotypes to the realities of ageing were prominent among responses while the exploration of an elderly person's life history and the investigation of community resources were also identified as helpful. Many responses included comment on more than one aspect of the study.

Interviews

For 56 participants, the actual experience of interviewing an elderly person was the most instructive part of the field study. As described in the following responses, it provided the opportunity to engage with well-elderly individuals in their own environment and explore with them the experience of becoming and being elderly.

> *Actually interviewing the person and letting them talk freely about their life. Also the fact that we were studying a well elderly person gave me the opportunity to see how active someone can be in old age.*
>
> *Talking to my well elderly person and finding out her concerns and fears and what accommodations she has had to make since becoming elderly.*

Several of these participants considered that the most important and helpful part of the interview process was taking the time to engage with an elderly person and listen to their views, for example:

> *The fact that we had to interview someone and in order to complete the study, we needed to listen and understand what they had to say.*
>
> *The individual study which helped me learn to listen carefully to what the elderly person had to say and to realise that she was once young and is an individual.*
>
> *The conversations with my elderly person. Developing my communication skills, making sure I stopped and listened to what was being said even though it was time consuming.*

For some participants the interview process appeared to provide a unique opportunity to meet with an elderly person. It will be recalled from Chapter 6 that a sizeable proportion (16.5%) indicated that they rarely had contact with elderly people. In the words of one participant, the most helpful aspect of the field study was

> *Coming into contact and talking with an elderly person personally.*

Other participants suggested that the most helpful aspect of the interviews was researching misconceptions about ageing and the elderly and discussing these views with the well-elderly person and people of other age groups, for example:

> *Researching the literature available and then interviewing the different age groups about the misconceptions of aging.*
>
> *The interview with an elderly individual and then its comparison to the literature on ageism.*

Ageism and stereotypes

The exploration of ageism and common stereotypes about the elderly was identified by 44 students as the aspect of the field study most helpful in developing an understanding of ageing and the elderly. Many were clearly surprised to discover the nature and prevalence of misconceptions about the elderly, for example:

> *Finding out the truth about ageing and finding out how false stereotyping of elderly is, many stereotypes of elderly are misconceptions.*
>
> *It made me aware of how many stereotypes for the elderly are widely accepted throughout the community and how unjust it is that they are so generalised.*

Several of these students highlighted the value of testing stereotypes with people of various age groups, noting that young people were less informed about the realities of ageing, for example:

> *The section on assumptions society have about the elderly because the majority of them proved to be untrue and I found that younger people were less knowledgeable about the subject.*

Realities of ageing

Exploration of the realities of ageing when compared with common misconceptions was cited by 40 participants as being helpful in developing understanding and assisting them to separate the physical and psychological changes of ageing from sickness:

> *The real changes associated with ageing I find most helpful, as they helped clarify the many assumptions about ageism.*

The knowledge that many things associated with old age were not sickness.

The confounding of sickness and ageing was also identified in the field research component of this case study and is discussed again in the next chapter.

Community resources

Exploring the realities of ageing and community services for the aged assisted students to appreciate both the capabilities and needs of elderly people in the community as well as the extent of their independence. For 17 participants this was the most helpful aspect of the field study, for example:

> *Finding out what community aids the elderly use helped me to understand the level of independence of the elderly.*
>
> *Researching the community services helped me to see just how much support elderly people needed in our community. Also speaking to an elderly person helped me to understand the problems experienced by the ageing. I used to think that they whinged about problems that didn't exist. But the ageing person I interviewed showed me that the problems do exist.*

After exploring the relationship between ageism and community services, one participant concluded that the availability of services for the elderly people indeed reflected ageist attitudes in the community:

> *The community services section was most helpful because it was generalised to a community and our prejudices about ageing were revealed.*

As part of the field study students were required to explore their elderly subject's utilisation of community services. Several students indicated that this was most helpful in understanding how an elderly person's life history affected their ability and willingness to access community services, for example:

> *Finding out that there are limited facilities for the elderly. Finding out how their background affects their state of mind in dealing with growing old.*

Life history

Comments from 27 students suggest that the exploration of their elderly subject's life history was an enlightening experience. One statement captures the significance of this aspect of the field study:

> *Interviewing and talking with my selected elderly person. Listening to their lives turmoil and struggle and developing a better understanding as to why they are, what they have become. Developing an awareness and acute sensitivity to the older and wiser generation within our community in the light of my study and research.*

It is statements such as this that enrich the findings from this survey item by pointing to the dimensions of understanding generated by the well-elderly field study.

Dimensions of understanding

Many students commented that the field study had led them to 'awareness' or 'realisation' of some dimension of ageing and the lives of elderly people. While some of these are reflected in statements already presented, the most prominent dimensions are outlined and illustrated with quotations.

Acceptance

Some participants explained that they came to appreciate and accept elderly people in general following the personal contact with their well-elderly subject:

> *The actual contact I had with the elderly person while I was interviewing her, to see how she lived and how much knowledge and experiences she has had really gave me appreciation and acceptance of old people.*
>
> *I learnt that elderly people have always something valuable to give and say, if you are prepared to listen to what they say.*

Individuality

The awareness of individuality, that an elderly person is a person rather than just one of a homogeneous group, was a key discovery evident in the following statements about the field study and apparent elsewhere in this research.

> *Identifying that all elderly people are not the same and that they all have different needs.*
>
> *The focus on one individual – not a general group – helped me to realise the differences between every elderly person.*

One student reflected on the significance of elderly individuals retaining independence in decisions affecting their lives, alluding to the loss of independence in decision-making experienced by many residents in nursing homes:

> *My subject lived in his own home. He still made all his own decisions, unlike some elderly in nursing homes. Also, it showed me that ageing is a very individual process, and it affects everyone differently.*

Difference between well and institutionalised elderly

Recognition of the difference between well and institutionalised elderly people is another important dimension of understanding. The clinical experience with frail elderly

people in extended-care settings provided students with a graphic contrast to the well elderly and alerted them to the possible effects of institutionalisation, for example:

> *To be able to see the difference between the well elderly and the effect institutionalisation has on the elderly. The differences I think were caused by the nursing homes.*

It is also apparent that these two learning experiences helped to prepare students for the nursing care of elderly people.

> *The physiological changes which occur during ageing and the variations amongst these changes helped me to understand the nature of certain clinical problems which affect the aged.*

> *The way it was centred on the stereotypes of old age made me particularly aware of this when I was dealing with elderly patients. Overall I found the assignment quite useful.*

Discrimination

An awareness of misconceptions about the elderly and discrimination against them was a prominent outcome and, as the following statements suggest, led participants to recognise their own prejudices.

> *Made me realise that there is discrimination against the elderly. Woke me up a little.*

> *Becoming aware of some misconceptions about ageing and also realising I had misconceptions as well.*

Coupled with the awareness of discrimination was the recognition that elderly people are often marginalised in society, for example:

> *Reading about elderly and how they suffer a loss of role in life and what this takes from them. Realising how much they have to offer with no chance of giving.*

Meaning

Developing an understanding of the personal meaning of ageing and being elderly is another outcome of the study identified by several participants, for example:

> *The interview with a well elderly person helped me to understand more personally the process of ageing and what it means to elderly people.*

In addition to the awareness of personal meaning, the recognition of the impact of negative social attitudes upon elderly people was salient for some participants:

> *When I found out about how they feel about themselves being old and how much they realised what people felt about them.*

> *Research into the opinions and behaviours of society towards the elderly and I learnt how negatively they are viewed and how difficult it must be for them.*

These statements reflect the developing empathy with elderly people that the field study aimed to promote. Meanwhile another participant highlights the developing awareness of personal attitudes toward the aged and one's own feelings about becoming and being elderly.

> *The clinical experience gave you an insight on how some elderly live and are treated and on your own reactions to them. The well elderly field study made you assess your own beliefs on being old.*

The dimensions of understanding identified in participants' comments provide valuable insights into the learning promoted by the well-elderly field study. As an educational activity designed to promote understanding of ageing and the elderly, the field study appears successful. One student described the most helpful aspect as:

> *All of it. Finding out what different people's attitudes are and why about elderly people was interesting. Finding out what really happens makes you more understanding and patient. The community needs to offer elderly people places and opportunities to do what they like, offer services that they will enjoy as well as what they need. It was fun and interesting learning about my grandmother as a person.*

Even students who rated the study as only *slightly helpful* identified useful aspects. While a small proportion of students (8.7%) rated it as *not helpful* in developing understanding of ageing and elderly people, only one offered an explanation:

> *I really didn't learn anything new from the field study as I had previously completed a very similar assignment for Human Development at school.*

It may be that other students in this group had also had similar prior education in their final years of secondary schooling.

In summary, personal contact with a well-elderly person in the community was clearly the most helpful aspect of the field study. Interviews and life-history study with the elderly person coupled with the comparison of the realities of ageing with common stereotypes, assisted students to develop their understanding of ageing and the elderly. The dimensions of understanding arising from these activities, particularly the awareness of discrimination and the realisation that elderly people are individuals, appeared to promote an attitude of acceptance, one of the dimensions explored in the attitude measurement component of the case study. Further insights into the effects of the well-elderly field study are apparent in the next component of the survey.

IMPACT ON INTEREST IN WORKING WITH ELDERLY PEOPLE

The second survey component investigating the impact of first-year experiences focussed on the impact on participants' interest in working with elderly people. Two items were used to assess the impact of various experiences. The first item invited a rating of the perceived impact of course experiences on general interest in working with elderly people, while the second asked participants to identify other experiences during first year that may have affected their level of interest.

Course Experiences

Immediately following the questions gauging general interest in working with elderly people, participants were asked to rate the impact upon their interest of the three key first-year experiences: classroom sessions, well-elderly field study and clinical practice. Exploration of the extended-care clinical practicum was expanded to include items assessing the impact of contact with aged residents, clinical staff, and clinical teachers. Ratings of the perceived impact of these experiences, displayed in Table 8.7, show that the residents themselves have by far the strongest impact on students' interest while clinical staff and teachers have moderate impact.

TABLE 8.7

RATINGS OF IMPACT OF FIRST-YEAR COURSE EXPERIENCES ON GENERAL INTEREST IN WORKING WITH ELDERLY PEOPLE

		Classroom Lecture	Well-Elderly Field Study	Elderly Residents in Clinical Practicum	Clinical Staff in Clinical Practicum	Clinical Teacher in Clinical Practicum
Responses	**Score**	**PERCENTAGES**				
None	1	18.1	16.4	1.6	18.1	13.1
Slight	2	32.4	27.5	4.9	18.1	15.4
Moderate	3	44.0	33.5	13.2	29.7	30.2
Strong	4	4.4	18.1	44.5	21.4	29.1
Very Strong	5	1.1	4.4	35.7	12.6	12.1
MEAN		2.38	2.66	4.07	2.91	3.11

n = 182

It will be recalled that participants' ratings of general interest in working with elderly people, presented in Table 8.1, showed that the level of interest increased significantly during first year. It thus appears that the involvement with elderly residents had overall a positive influence on general interest.

Other Experiences

In addition to assessing the impact of planned course experiences on general interest in working with the elderly, it was considered important to identify other factors that may have affected students' interest. A single item *Did any other experiences during this year have an impact upon your feelings of interest in working with elderly people?* invited a *Yes* or *No* response and a brief explanatory statement for affirmative responses. Content analysis of these statements took into account individual responses to the two items gauging general interest in working with the elderly. Approximately 40% (72 students) responded affirmatively: 51 of these students identified experiences other than those at the focus of research inquiry while the remaining 21 referred to the extended-care practicum or the well-elderly field study. Although the item concerned other experiences, comments referring to course activities were included in the analysis because of their relevance to this component of the survey. Most prominent among the *other* experiences was weekend employment as a nursing assistant, identified by 22 students. Experiences with elderly family and friends, and clinical practice in acute-care settings were also identified.

Of the 22 participants identifying nursing-assistant work as a factor influencing interest in working with elderly people, 17 worked in extended-care facilities while the remaining five worked in special-accommodation homes where residents require a lesser level of support for their everyday activities. The majority of these participants became *moderately* or *very interested* in working with elderly people by the end of first year, while only one became less interested and four indicated no change. Participants' explanations were in the main positive and gave some insight into the effects of the experience. The following remarks from students with a moderate to high level of interest reflect their increased respect for elderly people, and improved ability to relate to them and understand their needs:

> *Yes. I am currently working in a nursing home on the weekends, which has provided me with much experience on how to relate to elderly people.*

> *Half way through the year I got a nursing assistant's job in a hospital, which often dealt with the elderly. As I went through the year I was better able to meet their needs and individualise care. I was also a lot more able to appreciate them as individuals, and gained more respect for them.*

Another comment highlights the personal satisfaction achieved through involvement in the care of elderly people.

> *I have worked part-time in two nursing homes this year and this experience has made me more aware of the needs of the elderly and the satisfaction that can be felt by helping these people.*

The few students who identified nursing-assistant work as a factor influencing their reduced or consistently low interest in working with elderly people, offered no explanation. However another two students, while not employed as nursing assistants, reported related experiences that clearly had a negative impact upon their interest:

> *Yes, I tried to get work in a local nursing home and was disgusted at the environment the people were forced to live in. It depressed me and made me realise that one small fish can't change a whole ocean.*

> *Talking to a former student who was doing N.A.* (Nursing Assistant) *work in a home. The person was disillusioned and even sadistic in their approach to the work. A very negative experience for me.*

Both comments reflect the adverse effects upon students of the poor quality care and negative attitudes among personnel that, sadly, is still evident in some nursing homes. Negative extra-curricula experiences such as this, although noted by only a small number of students, seem to be very important and will be discussed again in the next chapter.

Experiences with family and friends were identified by 17 participants as having some effect on their level of interest in working with elderly people and, for all but one, the influence was positive. The one explanation of negative impact again highlights the impact of extra-curricula exposure to inadequate care and inappropriate role-models on students' interest in aged-care:

> *My great-aunty who I have always had a great deal of contact with and am close to, suffered a major stroke at the base of her brain, and was hospitalised for many months, receiving what I thought was very inadequate and insensitive care. She is now partially paralysed and in a nursing home which I visit often.*

However, comments from students whose level of interest increased markedly during Year 1 demonstrate that experience with elderly relatives may promote understanding of elderly people and interest in working with them:

> *My grandmother has had to move to an extended care facility. I now know how painful it is to have to let someone else do everything for someone I love so much. I also realise how important every individual patient is.*
>
> *The death of my grandmother made me appreciate the lives of elderly more and understand them more.*

The personal understanding expressed above gives a sense of the developing empathy arising from such experiences.

Caring for elderly people during clinical practice in acute-care hospitals was apparently a salient experience for some students. This practicum involving the care of patients with acute or episodic illness was undertaken in the second semester of first year after the extended-care clinical experience. Of the 10 students who identified acute-care experience as an influencing factor, seven became more interested in working with elderly people while one maintained moderate interest. These students were apparently influenced by their positive experiences with the many elderly people encountered in acute-care settings and two made pertinent comparisons to their extended-care experience pointing to perceived differences in both the elderly patients and the focus of care:

> *The elderly people in acute care were totally different to those in extended care and I could relate to them better.*
>
> *In acute care, looking after elderly people who were getting better made me see that they could be helped, they weren't just in a nursing home to die.*

These remarks again highlight the concerns of some students when involved in the care of the frail aged: The sadness of end-of-life care and the desire to help people towards recovery are issues identified during the field research and discussed further in the next chapter. Meanwhile the two students who changed from *very* to *moderately interested* in working with the elderly indicated that they had become more interested in other areas of nursing practice after their first acute-care experience. Such a shift in professional interest was identified in the investigation of career interest in aged care and is also discussed further in the next chapter.

Rather than identifying experiences other than the specified learning activities, the remaining 21 of the 72 respondents to this item referred to the influence of the well-elderly field study or the extended-care practicum. The majority of these students became *very* or *extremely interested* in working with elderly people after these experiences; their explanations reflect the understanding that developed, for example:

> *Extended care made me see the worst effects of ageing (physically, mentally and psychologically) and that made me become aware of their needs and the possibility that some day I can provide adequate care.*

> *One man in particular, he gave me an account of his past experiences with the nursing staff and his present negative view of his life ahead. My feelings concerning looking after the elderly with care and respect grew stronger.*

Four of the 21 students referring to the influence of the field study or practicum had little interest in working with the elderly by the end of first year, however, it may be pertinent that they were also not interested prior to commencing the nursing course. Nevertheless their comments emphasise the perception that aged care is depressing work and one highlights the negative effect of observing less than adequate care:

> *That basically nurses' attitudes to the elderly people revolted me. I couldn't work in that environment because I would want to change it and I couldn't.*

The influence of poor quality care and negative attitudes is an issue noted earlier in relation to extra-curricula activities and course experiences and is discussed again in the next chapter.

In summary, this component of the survey investigating the impact of first-year experiences upon participants' interest in working with elderly people revealed a positive influence overall, general interest having been shown earlier (Table 8.1) to have increased significantly during first year. Ratings of impact of the three key course experiences (Table 8.7) indicate that students' interest was affected most strongly by their involvement with elderly residents in extended-care settings. Approximately 40% of students described other experiences during first year that affected their level of interest. Extra-curricula influences included nursing-assistant work in aged care and experiences with elderly family and friends, while course experience in acute-care settings as well as aspects of the three specific aged-care activities were also described as affecting interest. While these influences were generally positive, some negative effects were noted and will be discussed in the next chapter. The remaining two components of the survey identify other dimensions of the impact of course experiences.

PERSONAL AIMS DURING EXTENDED-CARE CLINICAL EXPERIENCE

Although the clinical practicum in extended-care settings constituted one of the key learning experiences relating to elderly people, the primary goal of this practicum was to provide students with the opportunity to develop their basic nursing skills to a beginning level of competence. While lectures on aged care and the field study were intended to prepare students for the aged-care context, their progress throughout the

practicum was assessed in terms of basic nursing skills development. The survey was therefore used to compare the importance of various factors motivating students during the practicum.

Participants were asked to rate on a five-point scale ranging from *not important* to *extremely important* the importance of personal aims relating to interest in care of the elderly and achievement of course goals. As shown in Table 8.8, the desire to develop clinical skills is rated most highly while all other course related aims are rated as more important than aims concerning the elderly residents in extended care. Given the primary goal of the clinical practicum, this finding is not altogether surprising. However, it does point to some disparity between practicum goals and context and raise questions about the appropriateness of the use of extended care settings for initial skill development. These issues will be discussed again in the following chapter.

TABLE 8.8

RATINGS OF IMPORTANCE OF PERSONAL AIMS DURING EXTENDED-CARE CLINICAL EXPERIENCE

AIM	MEAN	PERCENTAGE RATINGS OF IMPORTANCE				
		Not Important	Slightly	Moderately	Very	Extremely
Score		1	2	3	4	5
Interest in talking with elderly people	3.53	0.5	9.9	34.6	45.6	9.3
Concern for elderly people	3.80	1.0	1.6	27.5	54.9	14.8
Concern for helpless individuals	3.81	0.5	4.9	27.5	46.7	20.3
Desire to develop professional role	3.80	1.6	7.7	20.3	48.9	21.4
Desire to meet goals set by clinical teacher	3.86	2.2	6.0	21.4	43.4	26.9
Desire to meet clinical requirements of the nursing course	3.94	0.5	7.1	19.2	43.4	29.7
Desire to develop clinical skills	4.14	0.5	2.7	16.5	42.3	37.9

n = 182

RELATING TO ELDERLY PEOPLE DURING COURSE EXPERIENCES

This final aspect of the survey, developed from the field research component of the study, investigated feelings experienced by participants when relating to elderly people. It sought to explore the extent to which all students included in the case study experienced the feelings described by those participants involved in interviews and the observed clinical practicum.

Survey questions were structured so as to contrast the feelings frequently experienced when relating to the well-elderly person in the field study with those experienced when caring for elderly residents in the extended-care setting. For each of these course experiences, participants were asked to indicate which feelings in a list of eighteen items were frequently experienced. Items were scored dichotomously: (1) for an affirmative response, and (0) for no response. Comparison of the two data sets yields some very interesting findings when subjected to various analyses including: percentage responses, McNemar's test of correlated proportions, correlation with the attitude scales measured concurrently, and factor analysis.

Many notable differences are apparent when the percentages of participants frequently experiencing various feelings during the two different learning situations are compared in Table 8.9. The significance of these differences was tested using McNemar's test of correlated proportions, a chi-squared test for paired dichotomous measures (Glass & Hopkins, 1996). As is evident in Table 8.9, the differences are significant for all but three of the eighteen specified feelings.

The positive feelings of *pleasure*, *happiness*, *respect* and *admiration*, while frequently experienced when relating to residents in extended-care settings, are significantly more prominent when students relate to a well-elderly person during their field study. On the other hand, the proportion of participants experiencing frequently the feelings of *depression* and *sadness* is significantly greater in relation to the extended-care residents. This is also the case for the feelings of *fear*, *anxiety*, *uncertainty*, *inadequacy* and *helplessness*. These findings contrast the two learning experiences. While affirming feelings are more frequent when relating to well elderly people, the troubled feelings in relation to extended-care residents perhaps reflect the impact of caring for frail elderly people, the concern for their plight and the challenges faced by participants in beginning to develop their nursing practice.

TABLE 8.9

FEELINGS EXPERIENCED WHEN RELATING TO ELDERLY PEOPLE DURING COURSE EXPERIENCES: PERCENTAGES AND CORRELATED PROPORTIONS

FEELING	PERCENTAGES EXPERIENCING FEELING WHEN RELATING TO:		McNemar's χ^2 Test of Correlated Proportions
	Subject of Well-Elderly Field Study	Elderly Residents in Extended-Care Settings	
Pleasure	79.7	64.3	15.68*
Depression	19.2	63.2	71.11*
Happiness	67.0	50.0	15.75*
Fear	9.3	32.4	31.50*
Competence	34.6	35.7	0.06
Irritation	8.8	35.7	35.84*
Patience	59.9	61.5	0.15
Sadness	37.4	73.6	54.45*
Anxiety	8.8	31.9	35.28*
Uncertainly	25.3	57.1	39.12*
Satisfaction	52.2	58.2	1.92
Inadequacy	12.1	41.2	37.45*
Compression	56.6	65.4	4.41*
Impatience	7.1	24.7	24.38*
Respect	82.4	62.6	24.00*
Indifference	5.5	14.8	9.32*
Admiration	74.2	40.1	56.53*
Helplessness	14.3	54.4	59.88*

n = 182
*** = χ^2 significant, (χ^2 crit [df_1;α=0.05] = 3.84)**

It is of some concern that such negative feelings as *irritation*, *impatience* and *indifference*, while less frequent than most others, are also reported significantly more often in relation to extended-care residents, a finding that may either reflect negative attitudes toward frail elderly people or the difficulties in caring for them. On the other hand *compassion*, a quality universally connected with the role of the professional nurse

and reported frequently in both situations, is significantly more prominent in relation to the frail elderly. It seems therefore that the pattern of emotions experienced by participants when relating to well elderly and frail elderly people presents some important contrasts that may reflect the underlying complexity of attitudes toward the elderly. Indeed these patterns parallel findings from the field research component, a feature to be elaborated in the discussion chapter.

Possible relationships between the feelings experienced when relating to elderly people and attitudes toward the elderly as measured concurrently, were explored through correlation studies. Biserial correlations were used since the two data sets on "feelings experienced" are dichotomous. The biserial correlation estimates the Pearson product-moment coefficient when a continuous variable is correlated with a dichotomous variable that is not a true dichotomy, but rather has an underlying normal distribution (Glass & Hopkins, 1996). The dichotomous data in this case were produced by limiting the measure to one (1) or zero (0) instead of providing a rating scale to produce data that may be treated as interval level. Significant correlations, displayed in Table 8.10, indicate relationships between a number of the feelings experienced and the attitude scale scores at end of Year 1.

Clear patterns of association between attitude scales and positive or negative emotions are evident in Table 8.10; all significant negative correlations occur with negative emotions while all but one of the many positive correlations are with positive emotions. Most of the negative correlations appear with Scale 4 (*Identification*), the scale reflecting the extent to which participants identify with the state of being elderly. *Depression* and *fear* experienced when relating to both well and frail elderly people correlate negatively with Scale 4 as do *sadness* and *inadequacy* in relation only to the frail elderly and *impatience* with well elderly people, suggesting that these emotions arise frequently in participants with negative attitudes toward the elderly on the *Identification* dimension. Meanwhile a significant negative correlation between *impatience* experienced in both learning situations and Scale 2 (*Acceptance*) reflects a consistent relationship between this emotion and an attitude of non-acceptance of elderly people.

Consistent relationships between attitude and emotion are also reflected in the significant positive correlations between various dimensions of attitude toward the elderly and a number of positive emotions as measured in the survey. Not surprisingly, *satisfaction* as experienced when relating to both well and frail elderly people correlates positively with Scale 3 (*Satisfaction*). *Happiness*, *patience*, *respect* and *admiration*

correlate positively with the *Acceptance* and *Satisfaction* scales indicating that such feelings accompany positive attitudes toward the elderly on these dimensions.

TABLE 8.10

FEELINGS EXPERIENCES WHEN RELATING TO ELDERLY PEOPLE DURING COURSE EXPERIENCES: CORRELATIONS WITH ATTITUDE SCALES AT THE END OF YEAR 1

Feeling	CORRELATIONS WITH SCALE #							
	Scale 1 Competent individual		Scale 2 Acceptance		Scale 3 Satisfaction		Scale 4 Identification	
	*WEFS	*EC	WEFS	EC	WEFS	EC	WEFS	EC
Pleasure	0.28				0.52	0.38		
Depression							-0.31	-0.29
Happiness	0.24		0.20	0.29	0.41	0.37		
Fear	-0.29						-0.28	-0.22
Competence								
Irritation								
Patience				0.25	0.21		0.19	0.19
Sadness						0.27		-0.28
Anxiety								
Uncertainty								
Satisfaction	0.18				0.36	0.28	0.21	
Inadequacy								-0.21
Compassion		0.19		0.26		0.21		0.19
Impatience			-0.30	-0.35			-0.30	
Respect				0.28	0.22	0.34		
Indifference					-0.31			
Admiration			0.30	0.32	0.36	0.32		
Helplessness								

 # Significant correlations (r_{bis}) only shown

*** WEFS: Subject of well-elderly field study**
EC: Residents in extended care settings

Compassion is the only emotion which correlates with all four attitude scales, demonstrating positive relationships when experienced in relation to the elderly in extended-care settings. It seems from this finding and the earlier frequencies analysis that compassion is a central emotion in participants' experience of caring for frail elderly people.

While the correlation studies demonstrate some important relationships between attitude scales and *feelings experienced* when relating to elderly people, it was considered important to explore relationships among these feelings. Factor analysis was used to investigate any patterns of emotions in the two learning situations. Although the data are dichotomous the use of factor analysis may be justified, according to Kim and Mueller (1975, p.75), "if the researcher's goal is to search for clustering patterns". They argue that although the underlying correlations of dichotomous data may be weakened, the clustering patterns produced by factor analysis are unchanged. Factors produced by varimax rotation analysis, presented in Table 8.11, show distinct clustering of emotions in each learning experience. Each of the two data sets clusters into six clear factors, there is clear separation of positive and negative emotions, and there is clustering of different types of positive and negative emotion which varies between the two learning situations.

The factor analysis of feelings experienced when relating to well-elderly people during the field study yields three factors consisting of positive emotions and three reflecting negative feelings. The strongly positive emotions of *happiness*, *admiration*, *pleasure*, *respect* and *satisfaction* group together as one factor suggesting association among these feelings. *Patience* and *compassion*, feelings reflecting caring, form a second factor while a third factor consists of *competence* alone. Meanwhile, the negative emotions of *impatience*, *irritation*, *anxiety*, *inadequacy* and *indifference* form one factor suggesting that these emotions, although not prominent as shown in the frequencies analysis (Table 8.9), have some association in the field study context. A second factor of negative emotions consists of *sadness*, *fear* and *depression* while *helplessness* and *uncertainty* comprise the third.

TABLE 8.11

FEELINGS EXPERIENCED WHEN RELATING TO ELDERLY PEOPLE: FACTOR ANALYSIS LOADINGS (VARIMAX ROTATION)

- **RELATING TO SUBJECT OF WELL ELDERLY FIELD STUDY**

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Happiness	0.75					
Admiration	0.69					
Pleasure	0.67					
Respect	0.65					
Satisfaction	0.56					
Impatience		0.78				
Irritation		0.75				
Anxiety		0.64				
Inadequacy		0.45				
Indifference		0.32				
Sadness			0.75			
Fear			0.71			
Depression			0.70			
Patience				0.81		
Compassion				0.64		
Happiness					0.85	
Uncertainty					0.56	
Competence						0.82

- **RELATING TO RESIDENTS IN EXTENDED-CARE SETTINGS**

Patience	0.72					
Pleasure	0.66					
Satisfaction	0.66					
Compassion	0.56					
Competence	0.51					
Fear		0.73				
Uncertainty		0.70				
Anxiety		0.61				
Irritation			0.74			
Indifference			0.62			
Impatience			0.59			
Depression				0.81		
Sadness				0.74		
Admiration					0.73	
Happiness					0.54	
Respect					0.51	
Helplessness						0.75
Inadequacy						0.70

Factor analysis of the feelings as experienced by students when relating to elderly residents in extended-care settings reveals different associations among emotions. Two factors consist of positive feelings while the negative feelings form four factors. *Patience*, *pleasure* and *satisfaction* combine with *compassion* and *competence*, feelings associated with a nursing role, into a factor reflecting the positive dimensions of caring for the frail elderly. Another factor consisting of *admiration*, *respect* and *happiness* also shows association of positive feelings while negative feelings in the extended-care context are apparent in a factor consisting of *irritation*, *indifference* and *impatience*. The remaining three factors made up of negative emotions reflect dimensions of interactions with elderly residents. *Fear*, *uncertainty* and *anxiet*y associate to form one factor while *helplessness* and *inadequacy* form another; both perhaps reflect the difficulties experienced by students as they relate to frail elderly people in the course of providing direct care. The final factor consisting of *depression* and *sadness* represents the troubled feelings evoked in interactions with elderly residents in the extended-care context.

Thus some important contrasts are revealed in this component of the survey exploring the extent to which participants experience specified emotions when interacting with elderly people during two course experiences; the well-elderly field study and the extended-care clinical practicum. Frequency and correlation studies indicate that most of the positive feelings are more common when relating to well-elderly people while some positive and all of the negative emotions are more prominent when relating to frail elderly residents during the clinical practicum. Factor analysis reveals that although relationships among these emotions vary between the two situations, the factor groups for each seem relevant to the respective learning contexts. The contrasts between the feelings experienced when relating to the well and frail elderly reflect some of the complexities of attitudes toward the elderly to be elaborated in the next chapter.

SUMMARY

The survey of all participants in the case study has added important dimensions to this investigation of nursing students' attitudes toward the elderly. Interest in aged care and preference for working in the field were explored as potential indicators of underlying attitudes, and the impact of various first-year experiences on knowledge of and attitudes toward the elderly were evaluated.

Investigation of participants' interest in working with elderly people yielded some disparate findings. By the end of first year, general interest in working with elderly

people had increased significantly and was stronger than future career interest in aged care. Ratings of career interest measured over the first two years of the pre-registration course declined significantly by the end of Year 2 as did ratings of interest in further course experience in gerontic nursing. However, the decline in interest does not appear to reflect a negative change in attitudes toward the elderly. Rather, participants' responses to open-ended items requesting reasons for their ratings indicate that the decline was primarily due to changes in career interests. The qualitative data yielded by the open questions greatly enriched the findings of this section of the survey, identifying factors influencing students' interest in aged care. As well as evolving career interests, important negative factors include the perception that gerontic nursing requires only limited skill, and the extra-curricula experiences of weekend work as nursing assistants in aged care.

The exploration of the impact of first year experiences through various closed and open-ended items yielded valuable information about the experiences themselves and how they related to participants' understanding of ageing and interests in aged care. The well-elderly field study provided salient experiences for many students, particularly through interviewing elderly people in the community. The clinical practicum in extended-care settings was a significant experience; while most students found it helpful in developing understanding of ageing and the elderly, some were clearly challenged by the nursing care of frail elderly people. Exploration of both students' personal aims during the clinical practicum and various emotions experienced when relating to elderly people during the field study and practicum, revealed issues pertinent to this case study of nursing students' attitudes toward the elderly. These issues and other findings from the survey questionnaire are integrated with findings from other components of the study in the following discussion chapter.

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CHAPTER 9

FINDINGS AND DISCUSSION: AN INTEGRATED VIEW OF NURSING STUDENTS' ATTITUDES TOWARD THE ELDERLY

In this chapter the research findings presented in the last three chapters are further interpreted in an integrated discussion of nursing students' attitudes towards the elderly. The three modes of inquiry used in the case study – attitude measurement, field research and survey questionnaire – each yielded findings reflecting various aspects of attitudes. When these findings are considered in juxtaposition, the complexity of nursing students' attitudes toward the elderly is apparent. Integration of findings highlights themes reflecting various dimensions of students' attitudes toward the elderly at different stages of their nursing course, and elucidates a number of emergent issues representing salient points in students' constructions of attitudes.

Discussion of the integrated findings is organised according to the temporal dimension of the research questions elucidated in Chapter 4; broadly these research questions aimed to investigate:

- The nature of nursing students' attitudes on beginning a pre-registration course and after relevant course experiences.
- Students' understanding of elderly people and the realities of ageing after course experiences.

Since *understanding* is so closely related to *attitudes*, it is not useful to discuss the research questions separately. Indeed, although students' understanding of the elderly and the realities of ageing was not directly measured in the first phase of the study, it is evident as a theme in the research data. Outcomes of the two research questions are therefore combined in the following discussion of attitudes. Themes relating to students' attitudes before and after course experiences are described, emergent issues are briefly discussed in relation to the literature and, finally, nursing students' constructions of attitudes are summarised.

ATTITUDES ON BEGINNING THE COURSE

A complexity of ideas underpinning nursing students' attitudes at the beginning of the course was revealed by investigations using attitude measurement, focus group discussion and participant observation in the classroom during sessions that were relevant to ageing and the elderly. Distinct parallels are evident when findings from the various sets of data are juxtaposed; the four dimensions of the attitude instrument parallel four of the five themes emerging from the field research data. Students' attitudes at the beginning of their nursing studies are now discussed in terms of five interconnected themes apparent in the integrated findings: images of elderly people, understanding elderly people, relating to elderly people, identifying with the state of being elderly, and developing professional nursing attitudes.

IMAGES OF ELDERLY PEOPLE

Images of elderly people were expressed in classroom discussion where students identified features they considered typical of elderly people, and in the focus group discussions held with a number of the students. Images are also reflected in the *Competent Individual* scale of the attitude instrument which consists of items dealing with perceptions of the abilities and individuality of elderly people.

Stereotypic ideas about elderly people were expressed in the classroom discussion where all students were present. In that situation students focused largely on negative features about appearance and ability as well as some negative notions of the way in which elderly people are presumed to interact with others. In the focus group discussion involving 33 of the 206 first-year students, more precise ideas about images emerged. Again some stereotypic ideas were evident, but given the opportunity for open discussion students related their images to their experiences with elderly people. It became very clear that students' images were shaped by their own immediate experience. Those who had not had previous contact with elderly people found it difficult to articulate ideas about elderly people and how they felt about them, or even to contemplate how it might be to relate to them. Without personal contact, these students lacked a frame of reference to shape their ideas and attitudes, an issue to be elaborated later in this chapter. The influence of personal contact was also evident in findings from the first questionnaire; the attitude scale scores of those students who had weekly contact with elderly people were significantly higher on all four scales than those who had less frequent contact.

Grandparents were clearly influential in shaping images of elderly people, providing a frame of reference for many students. A few participants in the focus groups expressed an image of old age as a sad and difficult time after witnessing the deteriorating health and loss of independence of elderly relatives. However, for the majority, experience with grandparents provided positive images of active, independent lives.

Students in the focus groups who had experience with elderly people regarded them as individuals different from one another, whereas those who lacked previous contact tended to view elderly people as much the same as each other and usually with limited abilities. For some students, the association of ageing with sickness or disability was prominent; they suggested that people were only old or elderly if they were sick or dependent, confounding the concepts of sickness and old age and raising an issue of semantics surrounding the words *elderly* and *old*. This issue is elaborated later in this chapter.

While the images expressed in classroom discussion emphasised negative stereotypes, the focus group discussions provided context for some of those views, and suggested that positive and realistic images of elderly people were shared by many students. The attitude measurement findings also reflected positive images. Items in the *Competent Individual* scale refer to aspects of individuality, health, activity and independence, concepts that were evident in the focus group discussions. Attitudes of the entire student cohort measured on this dimension were on average strongly positive.

UNDERSTANDING ELDERLY PEOPLE

Understanding of elderly people emerged as a theme in data from the first focus group discussions. While some students expressed poorly developed ideas about the realities of ageing, ideas that were consistent with the stereotypic images reported in the first theme, others indicated their sensitivity to the individual's experience of growing old. This level of understanding was reflected in statements indicating an appreciation of the lifestyle of elderly people, in particular the need to maintain independence and self-determination. Students' discussion also indicated awareness of the adverse affects of ageing that may occur and how these affect families and the older persons themselves.

The notion of *understanding* of elderly people underpins scale 2 of the attitude measurement instrument, the *Acceptance* scale. As described in Chapter 5, the construct for this scale reflects the extent to which elderly people are regarded with acceptance and tolerance: A person with positive attitudes on this dimension accepts that characteristics

of elderly people may be influenced by the physical and cognitive changes of ageing and regards the elderly with understanding and tolerance. Attitude scores at the beginning of Year 1 indicated that, on average, students involved in the case study held positive attitudes on the *Acceptance* dimension.

RELATING TO ELDERLY PEOPLE

The first focus group discussions revealed that students held varied ideas about interacting with elderly people; some were very positive about interacting with elderly people whilst others expressed the opposite view. However, quite a number expressed the balanced view that people are individuals whether they are elderly or not; that one relates to elderly people just as one would to any other individual; and, that there are always some people who are more difficult to relate to than others. Like images, these ideas were closely related to their own personal experience with elderly people; a frame of reference appears important to developing the ability to relate to people of different age groups.

Attitudes to relating to elderly people were reflected in the attitude measurement findings: Scale 3, the *Satisfaction* scale, reflects the extent to which one is satisfied or otherwise when interacting with elderly people. Again this attitude scale showed a positive result overall for the 206 students who completed the attitude measurement questionnaire.

IDENTIFYING WITH BEING ELDERLY

Identification with the state of being elderly was evident in the focus group discussions. Some students focussed on the perceived negative aspects of ageing expressing fear of growing old themselves and undergoing the changes of ageing. This personal fear of ageing was reflected in the responses to the *Identification* scale (scale 4) in the attitude measurement questionnaire. The mean score on the *Identification* scale was the lowest of the four attitude scale scores and barely in the positive range suggesting that many participants held concerns about their own ageing.

DEVELOPING PROFESSIONAL ATTITUDES

As students contemplated their forthcoming clinical experience with elderly people, they expressed their feelings about this in the focus groups. Some were concerned about preparing to provide physical care, particularly intimate personal care.

The issue of body care, recognised in the nursing literature by Lawler (1991) in particular, emerged in this study in the context of personal dependence and is discussed later in this chapter. Nevertheless the recognition of professional responsibility was evident in the students' discussion of their concerns as they prepared to begin their first clinical experience shortly after the focus groups were held. Professional attitudes become an important issue in the next section of this chapter where attitudes toward the elderly after the course experiences are examined.

Attitudes toward the elderly on beginning the course appear to be positive overall, although some views of elderly people expressed in classroom and focus group discussions reflect the negative stereotypes reported to be widely held in the community. Emerging from the investigation of attitudes at the beginning of the year are two issues: a frame of reference for the development of attitudes, and the semantics of *old* and *elderly*. Before these issues are further discussed, findings from later stages of the study are considered.

ATTITUDES AFTER COURSE EXPERIENCES

Investigation of nursing students' attitudes toward the elderly during and after two years of course experiences produced a complex set of findings. While the attitude measurement and survey questionnaires provided estimates of attitudes, career interest in aged care, and the impact of course experiences, further understanding of attitudes and factors impinging upon them was obtained from the field research. Observation of students involved in direct care of elderly people, the second focus group interviews and the analysis of relevant written materials illuminated findings from the quantitative investigations. As with the first phase of the study, interconnected themes and issues are evident when findings from the various investigations are juxtaposed. Nursing students' attitudes after course experiences are now discussed in terms of the five major themes apparent in the integrated findings: images of elderly people, understanding elderly people, relating to elderly people, feelings and attitudes, and caring for elderly people.

IMAGES OF ELDERLY PEOPLE

Images at the end of first year were more realistic after the course experiences with elderly people. Students more often described the term *elderly* in terms of chronological age rather than the stereotypic images offered earlier. They were more

aware of the competence of elderly people as well as their individuality and no longer saw the elderly as a homogenous group. Indeed the mean attitude score on the *Competent Individual* attitude measurement scale at the end of both first and second year was significantly more favourable than at the start of course indicating positive attitude change on average on these dimensions. Students attributed the changes in their views to their course experiences with both well and dependent elderly people. However, the distinction between wellness and dependence became a clear feature of students' images. This distinction forms a thread through the remaining themes and is further discussed among emergent issues at the end of the chapter.

UNDERSTANDING ELDERLY PEOPLE

This theme is reflected in findings from all components of the research that indicate marked development in students' knowledge of ageing and understanding of elderly people over the first year of the course. Students reported that the well elderly field study assisted them to confront their own stereotypes about ageing and the elderly, and to develop awareness of the prevalence and effects of ageism. It also assisted them to develop understanding of the realities of ageing through meeting with elderly people in the community and exploring their lifestyle and needs; indeed this activity provided some students with their first contact with an elderly person. Understanding of the needs of the frail elderly and health problems that may lead to dependence in old age developed through caring for nursing home residents. Although this experience following the well elderly field study accentuated a distinction between wellness and dependence, it led to an appreciation that the frailty and dependence of elderly residents was due to health problems rather than old age per se.

Other dimensions of students' understanding highlighted in the survey and interview data included awareness of the individuality of elderly people and the varied personal experiences of becoming and being elderly in a community where stereotypes about old people are largely negative. Increased acceptance and tolerance of elderly people evident in students' remarks was consistent with their responses to the attitude measurement questionnaire. The mean score on the *Acceptance* scale (scale 2) indicates positive attitudes on average among students in the case study and a significant increase in favourability after course experiences.

RELATING TO ELDERLY PEOPLE

Changes in patterns of relating to elderly people may be traced through this theme in the study findings before and after course experiences. Scores on the *Satisfaction* dimension (scale 3) of the attitude questionnaire which reflects attitudes toward relating to the elderly, were significantly more positive on average after course experiences. The negative stereotypes about communicating with the elderly expressed in the first focus groups were, after experiences with well and dependent elderly people, replaced by more realistic views. Students in clinical practice were seen to relate warmly to elderly residents and respond appropriately in situations when communication was difficult. They showed awareness of the need for caring communication, expressing concern on occasions when nursing home staff related to residents in a way that reflected lack of respect and poor attitudes. Students also described a range of feelings experienced when relating to elderly people; expressed feelings and attitudes are discussed as the next theme.

FEELINGS AND ATTITUDES

This theme includes feelings and attitudes expressed by students as well as findings from the survey and attitude questionnaires. Students' feelings related not only to elderly people, but also to their own ageing. During interviews after course experiences, some students expressed fear of becoming and being elderly and dependent themselves, a finding consistent with mean scores on the *Identification* dimension (scale 4) which became increasingly negative at each measurement of attitudes. The scores indicate that, on average, students identified more unfavourably with the state of being elderly as the course progressed. Indeed, among the four dimensions of the construct underpinning the attitude instrument, negative attitudes are reflected only on the *Identification* scale.

While students in clinical practice and focus group discussions expressed positive attitudes toward elderly people generally and concerns about the quality of aged care, they also experienced mixed feelings when relating to elderly people, particularly nursing home residents. When reflecting on their clinical practicum in nursing homes, students spoke of the feelings of reward and satisfaction when caring for dependent residents, but they also reported feelings of helplessness and depression. A component of the survey that investigated emotions experienced when relating to elderly people revealed both mixed feelings and significant differences in the pattern of emotions evoked when

relating to well and dependent elderly people. Positive emotions including pleasure, respect and admiration were felt more often when relating to well elderly people, while depression, sadness, helplessness and inadequacy were experienced more often while caring for nursing home residents. Nevertheless the survey also showed that compassion was the most consistent emotion when relating to elderly people during both the field study and clinical experiences. These findings suggest both ambivalence and the construction of different attitudes to well and dependent elderly people, issues which will be discussed further at the end of the chapter. They also connect with the final theme, *Caring for elderly people.*

CARING FOR ELDERLY PEOPLE

This final theme incorporates findings related to students' learning to care for elderly people and interest in future study and professional practice in aged care. Findings from the field research highlighted issues for students as they learned to care for elderly people. Students observed in clinical practice displayed positive attitudes toward elderly residents as they worked with their own learning challenges. The survey later revealed that students rated the desire to develop clinical skills highest on average among personal aims for the practicum, ahead of concerns for elderly or helpless individuals. Despite this apparent dissonance of activity and goals, the field research findings suggest that students were developing professional attitudes in terms of obligation and commitment to quality care. Discussion in focus and clinical groups indicated that the presence of a clinical teacher was an all-important link in this process, modelling quality care, guiding students with their learning and mitigating the effects of any inadequate practices by nursing-home staff that they observed. Negative impressions of care and the dissonance of activity and goals in the students' first clinical experience are among issues to be discussed in the next section.

The findings also indicated that students participating in the field research generally favoured an aged-care setting for their first clinical practicum as it prepared them for caring for elderly people in acute-care settings. Nevertheless, although positive attitudes were evident among field research and attitude measurement findings, survey and focus group findings revealed that interest in further course experience in gerontic nursing or future work in aged care declined as the course progressed. Students' reasons for their low ratings of career interest in aged care included preference for other specialisations in nursing practice and the influence of previous or concurrent extra-

curricular experience in a nursing-assistant role in aged care. Some students also expressed a preference for curative contexts of care as opposed to the end-of-life care inevitably involved in gerontic nursing. The issue of career interest in aged care as an indicator of attitudes toward the elderly is discussed later in the chapter.

While students' attitudes toward elderly people after course experiences appear to be more positive overall than at the beginning of the course, the complexity of these attitudes is obvious and is reflected in the issues emerging from the integrated findings. These issues include the distinction between wellness and dependence, learning to care for elderly people, and career interest in aged care nursing. Issues emerging from the integration of findings both before and after course experiences are now elaborated.

EMERGENT ISSUES

The issues emerging from the integration of findings from the various research components of this case study represent salient points in nursing students' constructions of attitudes toward the elderly. Each of the following issues is elaborated before constructions of attitudes are summarised.

- A frame of reference for attitudes toward elderly people
- The semantics of *old* and *elderly*: Confounding old age with sickness
- Wellness and dependence
- Learning to care for elderly people
- Career interest in aged care nursing

A FRAME OF REFERENCE FOR ATTITUDES TOWARD ELDERLY PEOPLE

> *I don't really have much contact with elderly people. The only real contact I've had is at school we used to go to the nursing home. But that's about the extent of it.*

Contact with elderly people emerges as an important factor in shaping students' attitudes toward elderly people. Attitude measurement shows that students with frequent contact with elderly people held more positive attitudes overall on entry to the course while field research findings suggest that those without contact had difficulty expressing views about elderly people or resorted to stereotypes. As noted in Chapter 2, beliefs formed through experiences and the processing of information are central to attitude development and change; as received information changes beliefs, then attendant attitudes change. Meaningful learning experiences relevant to a target attitude may thus effect

attitude change (Fishbein & Ajzen, 1975). In the absence of meaningful experiences relating to elderly people, the individual lacks personal reference points for the formation of beliefs and attitudes; the attitude object is then abstract or imagined and attitudes are formed by imitating others or adopting social stereotypes. On the other hand, contact and interaction with elderly people provide a frame of reference based in the reality of that experience.

The relationship between contact with elderly people and attitudes toward them has been examined by other researchers. Kahana et al. (1996) show previous contact to be a predictor of positive attitudes toward well elderly people, while Haight et al. (1994) report more positive attitudes among nursing students who had past or current relationships with older people. Haight et al. (1994, p.389) also note that close relationships were important in shaping positive attitudes and conclude that "grandparents create positive role models for ageing". Contemporary family structure means that some young people have little or no contact with grandparents or other elderly people; however, this is not a new phenomenon. In an historical exploration of attitudes toward the elderly in Australia, Davison (1993, p.4) notes that "early colonial society was a society without grandparents, or very nearly so", a situation arising from immigration patterns. Until the end of the nineteenth century, elderly people comprised a very small proportion of the population; thus younger Australians had few role models to shape their ideas about elderly people and their social responsibilities toward them. According to Davison, Australia identified itself as a young society, a notion subsequently perpetuated in social values and one which may have formed the foundation for ageism in contemporary society.

This present study suggests that role models or reference points are important for nursing students' ongoing development of attitudes toward the elderly. For some students in this case study, course experiences in aged care provided their first meaningful interaction with elderly people; approximately 30% had little or no contact prior to course entry. Findings indicate that the course experience with well elderly people increased students' understanding of ageing and the realities of being elderly, and had a positive impact on their attitudes; it provided students with a frame of reference for development of their understanding and attitudes. Other researchers including Robb (1979), Haight et al. (1994) and Fox and Wold (1996) note that positive experiences with well and active elderly people are needed to promote the development of positive attitudes among nursing students. Findings from this present study suggest that

experiences with well elderly people in the community should be included among the educational strategies in pre-registration nursing courses.

THE SEMANTICS OF *OLD* AND *ELDERLY*

> *I suppose when they talk about elderly they associate it with institutions, geriatric care, meals on wheels and things like that. Whereas I know they use other words to describe the sort of people who are retired and not going to work, the older generation and things like that.*

Different meanings attached to the terms *old* and *elderly* constitute an interesting issue emerging from this study. At the beginning of the case study some participants regarded *old* as being accompanied by sickness or dependence while others asserted that *elderly* people were sick and *old* people were just chronologically old. These different meanings reveal a confounding of the concept of ageing with sickness or dependence, a notion reflecting a common negative stereotype (Radford, 1987). Although this confounding of concepts was no longer evident after students' course experiences with elderly people, the issue of semantics has implications for the first attitude measurement of the study as the word *elderly* was used without definition throughout the questionnaire. A respondent with the semantic belief that *elderly* means sickness or disability would interpret and respond to attitude items according to the image evoked by the term *elderly*. In future research using attitude questionnaires it is recommended that participants be provided with a definition of the term used to denote older people.

WELLNESS AND DEPENDENCE

> *There are two groups of elderly people – those that need care and those that don't.*

The notion of dependence emerges as a salient point in students' constructions of attitudes toward the elderly. The distinction between wellness and dependence was confirmed by clinical experience in nursing homes and thereafter became a clear feature of students' images of elderly people. Findings suggest that dependence both differentiates well from unwell elderly people, and defines the nature of nursing work in long-term aged care settings.

Well elderly and unwell elderly people

> *There is a classification really – you have to say that there are well elderly and there are unwell elderly.*

As noted in the review of the literature presented in Chapter 3, most previous research into nurses' attitudes toward the elderly is based on measurements using established instruments including the Kogan (1961) and Rosencranz and McNevin (1969) scales. These instruments essentially measure attitudes toward elderly people in general and incorporate common stereotypes, however, some researchers have used these instruments to investigate nurses' attitudes toward elderly patients (for example Smith, Jepson & Perloff, 1982; DeWitt & Matre, 1988). In their recent study, Kahana et al. (1996) attempted to differentiate attitudes toward specific groups of elderly people. They used items selected from the Rosencranz and McNevin scale to compare the attitudes of nursing home staff toward well elderly persons, physically ill elderly persons and elderly persons with Alzheimer's disease. Results revealed significant differences in attitudes toward the three target groups; attitudes were most favourable toward the well elderly and least favourable toward persons with Alzheimer's disease; this suggests that the different target groups represent distinct attitude objects.

The nature of nursing work

> *I was shocked at first at their level of dependence, but you get your rewards from doing small things caring for them – like bathing them, getting them to eat. It's good when you see them enjoying an activity.*

Participants in this study clearly identified the personal dependence of elderly people as defining the nature of nursing work in aged care. Earlier studies (Baker, 1978; Fielding, 1986; Pursey & Luker, 1995) show aged-care nursing to be perceived as low status work characterised by the routine physical care of dependent elderly people and little emphasis on individualised care. Pursey and Luker describe nursing work as stressful in terms of not only the physical demands of providing personal care, but also the emotional demands associated with end-of-life care and the care of confused or demented residents with disordered communication and behaviour. Similar perceptions of aged care nursing are evident in this study. While participants enjoyed relating to elderly residents and gained satisfaction from caring for them, some perceived the scope of nursing practice to be limited and the intensity of providing intimate personal care to be burdensome. Because of the focus on personal care, they regarded nursing care as basic and relatively unskilled work not requiring the expertise of registered nurses.

> *It seems a waste of skills for a qualified nurse. This type of nursing should be left for assistants.*

Personal care is fundamental to nursing practice in any setting where individuals are unable to meet their own hygiene or toilet needs on a temporary or long-term basis. Lawler (1991, pp.30-32) argues that body care, "the physical care and comfort of patients", is essential to nursing work. However, because of the necessary association with *dirty* tasks, body care is often considered *basic* in the sense of skills required and is hence accorded low status among nursing tasks and assigned to the least qualified carers. Lawler suggests that "nurses are ambivalent about body care"; it is regarded as essential, but is not accorded the status of other more technical aspects of care. Indeed the apparent ambivalence in attitudes toward the elderly among participants in this study seems to relate directly to the body care work involved in nursing dependent elderly people; many expressed positive attitudes toward elderly persons, but viewed gerontic nursing unfavourably.

> *Gerontological nursing is satisfying from a caring point of view, but I do not find it very challenging with regard to nursing skills and thinking. There seems to be very little variation and it all seems too routine. Maybe nurses should think about improving this area.*

Findings from this study suggest that gerontic nursing is viewed unfavourably, not because of body care work alone, but also because the scope of practice is seen to be limited to the personal care of dependent people. The unvarying nature of the nursing work is seen as not sufficiently challenging in terms of professional skill and unattractive in terms of career choice. However, participants express interest in other career specialisations such as critical care nursing where patients are extremely dependent, but where many interventions require technical skill. It thus appears that dependence is regarded differently when nursing care involves a greater range of technical skill; there is a distinction between patients who are personally dependent and patients who are both personally and technically dependent. The preference for nursing work involving more technical interventions appears to relate to a notion of doing more to assist patients toward recovery, a notion of curative care.

Curative versus end-of-life care

> *I wouldn't like to do my whole training here* (in the nursing home)... *– it's too depressing. It's like working with terminally ill people. I did that on work experience for two weeks and that was enough – it was so depressing – I just needed to get away. I like to have some reward when I'm working – to be able to see people get better and go home. But the people here just don't get better, they get worse. They are here to stay, here to die.*

Related to the issue of nursing work is the preference expressed by some students for *curative* care in comparison to the *end-of-life* care that is needed when nursing dependent elderly people. Curative care was seen to be more rewarding, more satisfying and hence more attractive to beginning students when compared to end-of-life care. Some students suggested that the scope of nursing practice is limited, drawing a parallel between caring for dependent elderly people and cancer nursing involving the care of terminally-ill people.

The issue of dependence is clearly important in nursing students' constructions of attitudes toward the elderly. It was in a context of personal dependence that participants in the case study learned to care for elderly people during their first bedside nursing experience in professional nursing practice.

LEARNING TO CARE FOR ELDERLY PEOPLE

Emerging from the theme *Caring for elderly people* within the integrated research findings are issues relating to the processes of learning to care that are salient to students' professional attitudes toward elderly people in their care. These include apparent dissonance between students' activities and goals, and the process of dealing with negative impressions of care during clinical experience in the nursing home.

Dissonance between activity and goals

> *I think first time out you are more worried about your skills rather than relating to the person – you are more worried about doing things properly or not messing something up. It sounds terrible to say that when you are looking after someone, but I think you are.*

As noted earlier in this chapter, the study findings reveal dissonance between students' goals and actual activities while engaging in care of dependent elderly people. Participants rated the aim of developing clinical skills as more important than concern for elderly people or helpless individuals. However, this apparent dissonance may be understood in the context of the learning objectives of the practicum, the first *hands-on* nursing experience for the students. While the clinical experience in nursing home settings aimed to introduce students to the needs and nursing care of elderly people, it also provided the learning context for developing the professional skills fundamental to the nursing care of individuals who are totally or partially dependent on others for assistance with the essential activities of daily life.

Since the first experiences of providing intimate personal care generate anxiety (Lawler, 1991), it is not altogether surprising that students during their first clinical practicum should focus on the development of clinical skills and rate this as a more important guide for clinical practice than concern for helpless individuals. When learning a psychomotor skill, the learner needs to focus on the skill itself; the simultaneous integration with cognitive elements and other skills (such as interpersonal communication skills) occurs only as the learner progresses toward mastery of the target skill (Reilly & Oermann, 1992). Despite a focus on clinical skills, the field research findings indicate that even while students were primarily concerned with their own skill development, they related to elderly residents in a positive and professional manner and aimed to provide a high standard of care to residents in the nursing home. Findings also suggest that the clinical teacher played a significant role in moderating dissonance by modelling exemplary care, an important strategy in clinical education (Reilly & Oermann, 1992).

> *Without Barbara* (clinical teacher) *we would have been lost. She's taught us so much about how to care. I mean, I always wanted to give good care, but Barbara teaches us how to give it – and she's so caring – things like how to make them comfortable, and how to wash and feed.*

Negative impressions of care

> *Ours* (residents) *didn't even get sat in front of the TV. They were just put in a semi-circle and the nurses' station was in the middle. They weren't even looking out the windows, just looking at each other. I just couldn't believe it. I mean they were given good basic care with feeding and so on. I suppose it's hard for people not to treat them like children but some of the comments that staff would make about them were just as though they were like a piece of meat – just like a body. They were really insensitive to their needs.*
>
> *We couldn't stick to standards of care without the support of our clinical teacher – otherwise you would go along with what you see.*

Many students in the focus groups and in the clinical setting reported that they observed inadequate nursing practices that made them very unhappy about the quality of care provided for elderly people. However, students were somewhat protected from lasting impact of these inadequate practices by the presence of the clinical teacher. The clinical teachers accompanying the students were not part of the nursing home staff, rather, each was employed by the university solely for the education of a small group of students in a clinical setting. The clinical teachers, free of other clinical workload responsibilities, mitigated unfavourable impressions of care by assisting students to process negative experiences and turn them into learning opportunities, and by modelling

professional skills and behaviour. These findings suggest that clinical education for pre-registration students engaging in their first practice in aged care is best provided by an accompanying clinical teacher responsible for their learning, rather than by a clinical preceptor, a member of the nursing home staff concurrently responsible for the direct care of residents.

Ultimately, the learning issues of dissonance between students' goals and activities while caring for elderly people, and negative impressions of care in the nursing home relate to the development of professional attitudes. As noted earlier in this chapter, while the case study findings indicate positive attitudes overall toward elderly people in general, many students in the focus groups expressed mixed feelings about nursing elderly people. Meanwhile the survey revealed a mixture of emotions experienced when relating to elderly people during course experiences, with compassion being the most prominent. Similarly, while some students in the clinical practicum expressed feelings of sadness and pity and others said they found the nursing work too depressing, they nevertheless related positively to the elderly residents and were attentive in providing care.

I feel sorry for them... – the ones that need care – but I can still care for them.

These findings of unfavourable evaluation of nursing elderly people combined with caring professional practice thus reflect a balance between personal attitudes and professional attitudes of obligation and commitment to care.

Personal and professional attitudes

The balance between personal and professional attitudes raises the issue of inconsistencies between attitudes and behaviour which may be understood within the context of attitude theories advanced by Ajzen and Fishbein (1980) and Kelman (1961/1966) and described in Chapter 2.

Ajzen and Fishbein's *Theory of Reasoned Action* explains relationships among attitudes, beliefs, intentions and behaviour, and is based on the assumption that people usually make rational and considered decisions about their behaviour. *Attitudes* in this theory refer to the individual's evaluation of performing a behaviour, rather than the evaluation of a target object. *Behaviour* is determined by *intentions* which in turn are informed by attitudes toward the behaviour and *subjective norms*, perceived social pressures about performing the behaviour. Attitudes toward targets, not central to this

theory, are regarded as variables that may influence attitudinal or normative beliefs. In the context of this case study, students are in the process of developing professional knowledge, skill and attitudes in preparation for professional practice as registered nurses. Behaviour when nursing elderly people is influenced by professional norms and students' expectations of the outcomes of performing the behaviours. Thus the behaviour observed in relation to nursing elderly people is primarily an outcome of attitudes toward professional behaviour rather than attitudes toward elderly people themselves.

Kelman's Processes of Social Influence explain levels of change in an individual's beliefs and attitudes as they are modified by social influences. *Compliance* occurs when an individual changes behaviour in order to elicit favourable responses from another person or group, *identification* occurs as attitudes and behaviour of another person is adopted to re-define a role, and *internalisation* occurs when social influences are integrated into the individual's belief system and changed behaviour is not dependent on the presence of the influences. Kelman's theory is particularly relevant to role development and assists in understanding the balance between personal and professional attitudes evident in this study. As students begin to develop professional attitudes, they comply with expected professional behaviours. They then both identify with and adopt behaviours of the professional nursing role under the influence of various educational experiences and role-models in the clinical setting. Internalisation occurs as beliefs about professional nursing practice and standards of care are incorporated into attitudes and nursing practice becomes consistent with these professional attitudes. In the context of the study, although students may hold personal attitudes toward elderly people themselves or to aged-care nursing, professional attitudes are dominant in directing the practice of caring for dependent elderly residents. Tracing the development of professional attitudes through Kelman's theory also highlights the importance of planning educational experiences that promote positive outcomes in terms of professional role development.

The issues relating to learning to care emerging from this study thus elucidate salient points in nursing students' constructions of attitudes toward elderly people and highlight aspects of planned educational experiences important to promoting the development of professional attitudes. Findings suggest that the clinical-teacher role is clearly an important influence on the development of professional attitudes and behaviours. The learning issues also highlight the coexistence of personal and professional attitudes toward both elderly people themselves and nursing elderly people, a

finding of significance in understanding students' expressions of career interest in aged-care nursing.

CAREER INTEREST IN AGED CARE NURSING

> *Although I enjoy working with the elderly I am more interested in other fields of nursing.*
>
> *Although I like elderly people I did not find working with them enjoyable. If anything it was depressing.*

Career choice is often interpreted as reflecting underlying attitudes. Earlier researchers have suggested that because students are not interested in specialising in aged care in the future then they must hold negative attitudes towards elderly people (for example, Stevens, 1995; Stevens & Crouch, 1998). Indeed this case study has shown that while students may hold positive attitudes, they do not wish to engage in future work in aged care either because of preferences for other areas of nursing practice or because of the nature of the nursing work.

As discussed earlier, nursing dependent elderly people is perceived as both physically and emotionally demanding work (Fielding, 1986; Pursey & Luker, 1995) and in this study was regarded by some participants as too depressing or too routine to continue on a longer term basis. Stevens and Crouch (1998) argue that pre-registration nursing education actually deters students from choosing a career in gerontic nursing. However, for a significant number of students in this case study, such decisions were based not on course experiences, but on their own extra-curricular experiences of working as nursing assistants in aged-care settings in order to provide funding for their nursing studies:

> *Most of us are able to get jobs in nursing homes to finance our education.*
>
> *I've spent this year working at a nursing home on a weekend basis and have no desire to further this work.*

While the nature of the nursing work may diminish career interest, aged care must also compete with other specialisations in a discipline as richly varied as nursing. Many students come to nursing expressing a preference for one specialisation or another. For example, several students in this study indicated that they already planned to pursue a career in midwifery or paediatric nursing; indeed that was the purpose of becoming nurses in the first place. Students also developed interest in other specialisations as they were exposed to other areas of nursing practice during the first two years of the pre-registration course. As noted in Chapter 8, career interest in aged care declined over this

period. Many students also indicated a desire for a broad range of experience as a registered nurse before specialising, some suggesting that they would not necessarily wish to work in aged care immediately after graduating while they themselves were still young, but might come to it later in their careers.

> *It is not that I do not like working with the elderly. I find some elderly people very rewarding. However even before I began nursing I had made my mind up that I wanted to work with children or babies.*
>
> *I don't expect that as a young RN* (Registered Nurse) *I would be interested in aged care as I'm hoping to gain as much experience in all fields as possible – perhaps later on.*

Findings from this case study thus suggest that career interest in aged care is a poor indicator of attitudes toward elderly people in general; while attitudes were found to be generally positive, career interest was low. However, career interest may reflect attitudes toward the nursing work involved in the care of dependent elderly people. Thus the issue of career interest again highlights the salience of wellness and dependence in students' constructions of attitudes toward the elderly.

The integrated findings from the three research components of the case study reveal the complex nature of nursing students' attitudes toward the elderly. The themes evident in the findings relate to various dimensions of students' attitudes before and after course experiences. These interconnected themes include: images of elderly people, understanding elderly people, relating to elderly people, identifying with the state of being elderly, feelings and attitudes, and caring for elderly people. The complexity of attitudes is highlighted by several issues emerging from discussion of themes within the integrated findings. These issues, including career interest in aged care, learning to care for elderly people, wellness and dependence, the semantics of *old* and *elderly*, and a frame of reference for developing attitudes toward elderly people, represent salient points in nursing students' constructions of attitudes toward the elderly. The various constructions evident in the findings from this case study are now summarised.

SUMMARY: CONSTRUCTIONS OF ATTITUDES

It is clear from the discussion of the integrated findings that it is not adequate in a nursing practice context to define the concept of attitudes toward the elderly in terms of a single attitude object. Findings suggest that attitudes toward elderly people in general are constructed differently to attitudes toward other concepts of elderly people relevant to

nursing practice. Five different constructions of attitude or attitude objects are identified in the integrated findings: elderly people in general, dependent elderly people, the self as elderly, nursing work with elderly people, and professional attitudes.

The attitude instrument used in this study was designed to measure attitudes toward the elderly in general and included dimensions of *Competent Individual, Acceptance, Satisfaction* and *Identification*. The first three dimensions parallel three themes emerging from the field research data – images of elderly people, understanding elderly people, and relating to elderly people, respectively – providing both evidence of construct validity of the instrument and consistent dimensions reflecting ***attitudes toward elderly people in general***. However, the notion of wellness seems implicit in this concept of general attitudes. Findings indicate that ***attitudes toward dependent elderly people*** are constructed differently to general attitudes.

The fourth dimension of the attitude instrument, *Identification*, may best be considered in relation to a separate attitude object, ***the self as elderly***, rather than as a dimension of attitudes toward the elderly in general. Indeed, recent work by Gething (1994) has focussed on the development of an instrument to measure attitudes toward being elderly as distinct from attitudes toward other people who are elderly.

Attitudes toward nursing work with elderly people are clearly constructed differently to attitudes toward elderly people as individuals. While the concept of dependence is also relevant here, nursing dependent elderly people appears to be a separate construct to attitudes toward dependent elderly people themselves. ***Professional attitudes*** in the aged-care nursing context form the final construction of attitudes evident in the integrated findings. These attitudes are related to the previous construct and, although reported as a separate construct here, further research may show professional concepts to form dimensions of attitudes toward nursing work with elderly people.

The complexity of nursing students attitudes toward the elderly uncovered in this case study generates a number of conclusions and has implications for nursing practice, education and research. Conclusions are presented and implications are discussed in the next chapter following a brief methodological reflection.

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CHAPTER 10
REFLECTION AND CONCLUSION

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In this concluding chapter, discussion is focussed on the implications of the findings from this case study of nursing students' attitudes toward the elderly. First, a brief critical reflection on the research methodology provides context for conclusions drawn from the study. The implications of this research for nursing practice and education are then discussed and, finally, directions for future research are considered.

METHODOLOGICAL REFLECTION

It is customary in all types of research to offer some reflection on the veracity of the research and its outcomes. In quantitative research this reflection takes the form of concern with reliability and validity (Judd et al., 1991; Polit & Hungler, 1993). In the qualitative tradition, reflection takes the form of concern with the trustworthiness of research data and the extent to which its interpretation reflects reality, and with researcher reflexivity (Kirk & Miller, 1986; Denzin, 1994; Hammersley & Atkinson, 1995). This multiple-method case study incorporating attitude measurement, field research and survey components, also raises the issue of integrating findings from both qualitative and quantitative approaches. Many aspects concerning the integrity of the research procedures and analysis of data are reported in the methodology and findings chapters (Chapters 4-8) and are not reiterated here. This methodological reflection concentrates on a brief critique of the attitude instrument and survey questionnaire, aspects of the field research, and research design issues.

ATTITUDE INSTRUMENT AND SURVEY QUESTIONNAIRE

Findings from the attitude measurement component of the study are based on assumptions of integrity of the attitude instrument. Indeed, attitude measurement scales generally are based on the assumption that item statements actually reflect a dimension of attitude toward a designated attitude object. While the psychometric analysis of the *Attitudes Toward the Elderly Scales* (reported in Chapters 5 and 6) reveals satisfactory instrument reliability and construct validity, and field research data provides further evidence of scale validity, additional issues emerged as attitude measurement findings were integrated with findings from the field research and survey components.
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As noted in Chapter 9, field-research findings revealed different semantic interpretations of the terms *old* and *elderly* and confounding of the concepts of ageing and sickness among beginning nursing students. Although this semantic confusion did not persist during the two years of data collection, it is possible that the first attitude measurement might have been affected by students' interpretation of the term *elderly* used in the attitude items.

The complex nature of nursing students' attitudes toward elderly people, obvious in the previous chapter in discussion of their various constructions of attitude, signals the limitations of using this instrument alone to measure attitudes toward the elderly in nursing practice contexts. Although item development was grounded in qualitative data gathered from nursing students, the instrument was designed to measure attitudes toward elderly people in general. Findings indicate that three of the four instrument scales (*Competent Individual*, *Acceptance* and *Satisfaction*) concern general attitudes. However, the fourth (*Identification*) is best described as reflecting a different construction, namely the self as elderly. The other constructions of attitude apparent in the integrated findings – attitudes toward dependent elderly people, nursing work with elderly people, and professional attitudes concerning care of the elderly – indicate directions for additional instrument development and future research.

While the *Attitudes Toward the Elderly Scales* are useful for measuring attitudes toward elderly people in general and being elderly oneself, there is scope for further improvement of the instrument. In particular, as noted in Chapter 6, psychometric analysis shows the *Competent Individual* scale to be less sensitive and have weaker internal consistency reliability than the other three scales. Two items in the scale displayed weaker and somewhat variable loadings on to factors in varimax rotation factor analysis. On reflection, several items in this scale are expressed in a factual rather than an attitudinal sense, for example: *It is not really possible for people to develop new interests in old age.* The psychometric properties of the scale might be improved by re-wording and further analysis of these items; for example, *I don't think elderly people are capable of developing new interests.*

Just as interpretation of the attitude measurement results is informed by findings from other components of this multiple-method study, interpretation of results from the survey questionnaire is also informed by the field research. While the structure of this questionnaire was generally satisfactory, the ratings for items dealing with general and career interest in working with elderly people were not directly comparable and therefore

limited the interpretation of results. However, the field research findings illuminated dimensions of career interest that may be incorporated into questionnaires in future research concerning career interest in aged care.

FIELD RESEARCH

Field research raises many challenges for researchers in terms of their role in natural settings and maintaining the integrity of the entire study. According to Hammersley and Atkinson (1995), an essential element in field research is researcher reflexivity, that is the capacity of the researcher to perceive and take account of the impact of both their presence and their theoretical perspectives on the research participants, context and interpretation of data.

In this case study particular challenges of the participant-observer role in nursing-home settings highlighted the importance of reflexivity. The researcher as a nurse educator and clinical teacher had knowledge of the education program and the type of clinical practice in which the students were engaged, a situation that had the potential to affect the dynamics of the observation context and bias data collection and interpretation. As noted in earlier chapters, the researcher was not involved in teaching the cohort of participating students. However, as the clinical observation proceeded, the students involved became aware of the researcher's background and periodically sought assistance with their nursing practice. The tensions between participation and observation, and the accuracy of data collection and interpretation was an important consideration in this research and generated frequent field notes. Entries written after assisting students early in the five-week observation period reflect these tensions:

> *Students (one in particular) seem to have registered that my usual role was that of clinical teacher and are quick to use me as a resource. This of course raises the question relating to my researcher role – to what extent was I to be participant and to what extent was I to be observer?*
>
> *This raises questions about the level of my participant observer role. At one moment the role seen to yield most data is the role as full participant (as clinical teacher). Conversely, and I believe more accurately, the observer/occasional participant role is seen as the position which will least interfere with the data.*

A later field note reflects both the settling of these tensions that occurred as the observation period proceeded, and a continuing awareness of their importance:

> *It certainly seemed comfortable crossing the range of possibilities from complete participant to complete observer. The students have seemed very comfortable with my presence – my appearance or continued presence does not seem to interrupt or alter the activities already in progress. The students seem content*

> *with my role as observer (or participant when they require it). Similarly the staff and clinical teacher do not seem at all perturbed by my presence. I am both pleased and surprised at this as I had imagined that my presence may produce some tension. Nevertheless I was very careful to 'melt away' to a distance rather than risk being intrusive. For example when the clinical teacher was demonstrating a clinical skill to students I would remain outside the bed area rather than intrude immediately upon the patient's personal space. In this way I was able to listen to the verbal interaction in these situations.*

Another issue in the participant observation role concerned the importance of gaining entry to the clinical setting and being accepted by staff as indicated in a field note recorded on the first day in one of the nursing homes:

> *I was at this time curtailed in my efforts to observe interactions and make records as the Charge Nurse stopped to talk with me in the corridor outside the resident's room. Even though my concentration upon observation of the students was being interrupted, it was important for me to establish good relations with the staff so as to be able to pursue my role as participant-observer over the next five weeks.*

In one of the nursing homes, reflexivity also required acknowledging negative impressions and resisting their interference with other observations in that setting; a field note written in the second week reflects this:

> *I think it is important to do a little reflecting now as I certainly do not find it so easy to observe here (compared to the other nursing home). I find I have to work quite hard to put aside the negative feelings that I developed last week.*

Maintaining the integrity of the field research component of the study thus required continued attention to issues arising during participant observation as well as during the focus group interviews, as noted in Chapter 7. Data were validated with participants wherever possible, a desirable feature of qualitative inquiry (Patton, 1990). Although conversational notes were checked with participants in the clinical settings, it was not possible to check focus-group data with all members. Interpretation of the field research data involved detailed attention to coding the data and consideration of alternative categories and themes throughout the analysis.

RESEARCH DESIGN

Most design issues were addressed in the methodology chapter and as findings were reported in Chapters 6-8. Nevertheless, key assumptions, strengths and limitations require brief comment before conclusions are drawn and implications discussed. The main assumptions underpinning this study are that observed behaviours reflect attitudes, and that

students' discussion in focus groups as well as their responses to questionnaire items (as noted earlier) indicate actual attitudes. Silverman (1993) points to the difficulties associated with using observational methods to investigate an abstract construct such as attitudes, but notes that it is possible to explore individuals' expressions of attitude. The strength of this case study lies in the multiple-method design that allowed for triangulation of several sources of data and analysis. While the integrity of method was maintained within each design component, the integration of findings from each produced a comprehensive analysis of nursing students' attitudes toward elderly people.

Since this case study was confined to one cohort of nursing students in one university School of Nursing, the applicability of research outcomes to nursing education is limited to similar situations. Application of contextualised findings where the reader recognises similarities and generalises to their own situations is described by Stake (1994) as *naturalistic generalisation.* Although some time has elapsed since data were collected and changes have occurred in nursing practice and education, the educational context described in this study is not unlike that found in current pre-registration nursing courses in Australia. While the application of outcomes relating to educational processes may be limited to similar settings, the findings relating to the constructions of attitudes toward the elderly have wider currency in application to educational developments and further research. The application of case study findings where theoretical concepts are related to other contexts is described by Yin (1994) as *analytic generalisation.*

CONCLUSIONS

Following the discussion of integrated findings in Chapter 9 and the preceding methodological reflection, several conclusions may now be drawn. These conclusions correspond to the research questions (stated in Chapter 4) which aimed to explore the nature of pre-registration nursing students' attitudes before and after relevant course experiences, and the effect of these experiences on their understanding of the realities of ageing. The conclusions are:

- Nursing students' attitudes toward the elderly are constructed in various ways. Attitudes toward elderly people in general differ from attitudes toward dependent elderly people and attitudes relating to the self as elderly.

- Attitudes toward nursing work with elderly people differ from attitudes toward elderly people themselves. In a nursing practice context, these attitudes coexist with professional attitudes toward caring for elderly people.
- Nursing students on average hold consistently favourable attitudes toward elderly people in general on beginning nursing studies and during the first two years of course experiences.
- Students' attitudes toward becoming and being elderly themselves become less favourable after course experiences.
- Beginning students' attitudes toward the elderly are influenced by the extent of their prior contact with elderly people.
- Negative stereotyping of the elderly by some beginning students does not persist after course experiences with elderly people.
- Course experience with well elderly people promotes understanding of the realities of ageing and being elderly, as well as the development of positive attitudes.
- Pre-registration nursing students generally do not intend to practise in aged care following graduation.
- Lack of career interest in aged care does not imply negative attitudes toward elderly people.
- Lack of career interest in aged care relates to the nature of nursing work involved in caring for dependent elderly people.
- Early course experience in aged-care settings prepares students for the nursing care of elderly people in other health-care contexts.

IMPLICATIONS

The findings and conclusions from this case study of nursing students' attitudes toward the elderly have implications for nursing education, practice and research. While the implications interconnect across these professional domains, for convenience they are discussed separately.

NURSING EDUCATION

Findings from this case study have implications for the education of nursing students for care of the elderly. Earlier researchers (as noted in Chapter 1) have argued that nursing students are inadequately prepared for aged care; they are neither exposed to

specialised knowledge about gerontic nursing nor appropriately supported experience. However, the students involved in this case study appeared well prepared for their clinical practicum aged-care settings. Concurrent with their caring for frail elderly people they were researching ageism, stereotypes and meeting with well elderly people in the community.

The research findings indicate that experience with well elderly people in the community is important for promoting understanding of ageing and positive attitudes, and provides a balance to the experience of nursing dependent elderly residents in nursing homes. The aged-care practicum as the first *hands-on* nursing practice experience, did not impact negatively on students' attitudes toward the elderly, a conclusion reached by other researchers (for example, Cook & Pieper, 1985; Stevens, 1995). Indeed, this early experience had generally positive outcomes in terms of equipping students with knowledge, skills and attitudes for their later care of elderly patients in other health-care contexts. However, it did not emphasise the leadership and specialist roles necessary in gerontic nursing practice. The findings suggest that preparation of nurses for care of the elderly is best staged across the pre-registration program. Given that a large proportion of adult patients in acute-care settings is in the older age group, it seems logical to prepare students for the nursing care of elderly people early in their education. Since findings also indicate that the clinical teacher plays a crucial role in promoting the development of positive attitudes and professional nursing approaches, the clinical education support for this early experience is an important consideration. A final-year experience focussed on the complex health and nursing needs of elderly people as well as the specialist practice and leadership roles of the registered nurse would then provide preparation for graduate practice and may indeed have a positive effect on career interest.

While the case study findings provide direction for educational strategies to promote understanding of and positive attitudes toward elderly people, promoting career interest in gerontic nursing is more complex. The lack of career interest in aged care apparent among students in this case study reflects similar findings by other researchers (for example, Stevens, 1995; Happell, 1999), but is not associated with negative attitudes toward elderly people. Nevertheless, the low level of career interest has implications for nursing practice.

NURSING PRACTICE

Analysis of students' attitudes toward the elderly show that attitudes toward nursing elderly people are constructed differently to attitudes toward elderly people themselves. Thus while students generally hold positive attitudes toward elderly people, they do not wish to pursue careers as registered nurses in gerontic nursing. While this lack of career interest is explained in part by other career interests or desire for experience in a broad range of practice areas, the nature of nursing work in aged care is an important factor. Findings indicate that the nursing work is seen as sad and depressing on a long-term basis as well as being physically demanding, an outcome that has significant implications for gerontic nursing practice. This study has shown that promoting positive attitudes toward elderly people in general does not necessarily promote interest in nursing dependent elderly people, nor does it ensure career interest in gerontic nursing.

Recruitment of registered nurses to aged care is a perennial concern (Happell, 1999; Nay & Closs, 1999), but in-depth comment on the current pressing issue of staffing in nursing homes is beyond the scope of this report. However, the findings from this study suggest a need for deeper analysis of the nature of nursing work in aged care in order to develop other strategies for care provision and staff support and retention. Ongoing professional support for staff in nursing homes may assist them to deal with the professional caring challenges as well as the physical and emotional demands of continually caring for extremely dependent individuals. It is important to recall here that for many students in this study, the experience of nursing work with the elderly extended beyond the planned and supported course experience; they worked concurrently as nursing assistants in nursing homes and attributed their lack of career interest to this extra-curricular experience.

NURSING RESEARCH

Implications for nursing research arise from the various constructions of attitudes toward the elderly elucidated by the combination of qualitative and quantitative inquiry used in this case study. Hitherto, research into the attitudes of practising nurses and nursing students has relied primarily on the use of instruments for measuring attitudes toward elderly people in general. However, findings from this research indicate that it is no longer adequate to define a single construction of attitudes toward the elderly as a basis for measuring attitudes in nursing practice contexts. The need for development of attitude measurement instruments appropriate for nursing contexts has been noted by

other writers (for example, Pursey & Luker, 1995; Courtney et al., 2000). The constructions of attitude elucidated in this study provide direction for the development of instruments for measuring attitudes toward dependent elderly people and the nursing care of dependent elderly people. In addition, as noted above, there is clearly a need for further research into the nature of nursing work in aged care as well as strategies for promoting career interest in gerontic nursing practice. The various constructions of attitudes toward the elderly may assist in focussing further inquiry in these areas. The final implication for research relates to the methodology of this study. While the attitude instrument was useful for measuring attitudes of the entire student cohort, the study was greatly enriched by the field research and survey components. Multiple-method designs have much to offer research into attitudes in nursing practice contexts.

In conclusion, this case study has illuminated the complex nature of nursing students' attitudes toward the elderly. That students generally hold positive attitudes toward elderly people themselves is a positive outcome of this study and certainly one consistent with the expectations of the nursing profession. That students lack career interest in gerontic nursing is a continuing concern for the profession at a time of increase in the older population in Australia and an attendant increase in demand for health services and nursing care. This study provides direction for the education of nurses for the care of elderly people, as well as for future research into attitudes toward the elderly in nursing practice contexts and the nature of nursing work in aged care. Deeper understanding of these issues is necessary if the profession is to meet effectively the contemporary and future nursing needs of elderly people.

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APPENDIX 1
CURRICULUM ACTIVITY: WELL ELDERLY FIELD STUDY

N0104 PEOPLE, HEALTH AND NURSING (THE WELL ELDERLY)

The "Well Elderly" component of the Life-Span studies consists of:

A. A theoretical component: 2 hour lecture/discussion

B. Self-directed field study.

C. A written report of the field-study which comprises the assessment for this component.

OBJECTIVES

At the conclusion of this Life-span studies component, the student should be able to briefly discuss:

1. The developmental changes of aging.

2. Selected theories of aging.

3. Common assumptions about the aged and aging which are held by individuals of differing chronological age.

4. The implications of "ageism" for planning of appropriate community health and Social Services for aged persons.

5. The relevance of aged person's experiential background to his/her life style and characteristics as an old person.

A. THEORETICAL COMPONENT

Detailed objectives together with a list of references will be issued at the time of the lecture/discussion.

SELF DIRECTED FIELD STUDY

This component will focus upon the well elderly in the community. The field-study requires the student to interview an elderly person on at least two occasions. A sequence of three investigative exercises will guide the field-study.

B1 Selection of the well elderly subject

The elderly person should be aged over 65 years and living at some level of independence in the community, rather than in an institution.

Before interviews with the elderly person commence, the field-study must be briefly explained and written consent obtained. The attached consent form, with all relevant details completed, must be submitted with the field-study report. (Note that two other individuals will be briefly interviewed during the field-study. However written consent is not required from these individuals).

B2 Field-study Exercises

The field-study is comprised of three (3) sequential exercises, each with a different focus.

EXERCISE 1: FOCUS ON AGEISM

The purpose of this exercise is to highlight the concept of "ageism".

Students will be expected to:

- Investigate the common social assumptions or stereotypes relating to elderly people.
- Explore their own beliefs and those of others in the community in respect to the realities of old age.

Directions for students:

1. Define the term "ageism".

2. Scan the reference material related to ageism to:

   (a) Obtain a selection of six (6) assumptions or stereotypes commonly held about elderly people.

   (b) Identify the extent to which these assumptions are held by individuals of different age groups.

3. To explore these assumptions further, interview three individuals from different age groups in order to elicit their beliefs related to the six (6) assumptions that you have selected for this exercise.

   The individuals interviewed should include:

   - Your selected well-elderly subject.
   - A person aged 40-60 years.
   - An adolescent age 15 years or less.

   Determine whether the findings from your interviews are consistent with the literature.

4. Refer to the literature to identify the real changes associated with aging. Determine which of the selected assumptions are misconceptions.

EXERCISE 2: FOCUS ON COMMUNITY SERVICES

The purpose of this exercise is to briefly explore the relevance of ageism to the provision of community and social services for aged persons.

Directions for students:

1. Identify the availability of community health and social services for the aged in your community.
   Information may be obtained from local Councils and Community organizations.

2. Interview your selected elderly person to determine:

   (a) her/his views about existing and anticipated personal needs for health and community support services.

   (b) her/his knowledge of the availability of these services.

3. Briefly comment on how ageism may have affected the provision of community services in your area.

EXERCISE 3: FOCUS ON THE ELDERLY INDIVIDUAL

The purpose of this exercise is to examine a profile of an elderly person as a product of her/his origins and experiential background.

Directions for students:

1. Talk with your selected elderly person for about an hour discussing her/his past, including family-life, work-life and general health.

2. Consider the relevance of the experiences described by the elderly person to her/his existing characteristics, life-style and needs.

C. ASSESSMENT FIELD STUDY REPORT

A written summary of the findings of the three exercises will comprise the assessment for this component of study.

The assignment of approximately 750-1000 words may be presented in either essay or report style. It should include an introduction and conclusion as well as a summary report of each exercise. Detailed material from the field-study exercises may be included as appendices.

All references must be cited correctly in the report and a list of references attached. (See La Trobe University Style Guide for reference citation).

Ensure that the consent form is attached to your assignment.

Due Date: 9th June

SUBMIT: Both Reports/Assignments into your Academic Supervisors Assignment Box.

APPENDIX 2
ETHICS COMMITTEE APPROVAL

La Trobe University
MEMORANDUM

TO Beverley Wood, Nursing

SUBJECT Your proposed research project

DATE 13 December 1988

The Ethics Review Committee approved your proposed research project entitled

Project 59 Attitudes toward the elderly: an exploratory study of nursing students' attitudes

at the last meeting held on 30 November 1988.

The Committee agrees that oral consent is adequate.

The Committee was impressed by the careful consideration you had given to the ethical issues involved with your research project, and appreciates your comprehensive presentation.

Susan Inglis
Secretary
Ethics Review Committee

APPENDIX 3
CONSENT FORM: INTERVIEW

STUDENT OPINION SURVEY
INFORMATION FOR PARTICIPANTS

The research study in which your participation is invited, seeks to explore the nature of opinions about elderly people and their needs. The study will also evaluate selected aspects of the nursing studies subjects relating to elderly people that are included in the first year of the course in which you are enrolled.

The information yielded by the research will assist greatly in the planning of appropriate educational experiences to prepare student nurses in the care of elderly people.

As a participant in this research study, you will be asked to be involved in an interview/discussion with a small group of colleagues and the principal researcher shortly after the beginning of your Diploma in Applied Science, Nursing course and again at the end of the academic year. The total time involved will amount to approximately two hours for interview sessions.

The researcher requests your permission to record the interview sessions on audio-tape in order to facilitate transcription to a written summary. The audio-tape recordings will be destroyed following transcription. The researcher also asks permission to read your assignments concerning elderly people submitted as part of your course requirements.

YOUR PRIVACY WILL BE RESPECTED AND CONFIDENTIALITY ASSURED AT ALL TIMES. YOUR NAME OR ANY IDENTIFYING INFORMATION WILL **NOT** BE USED IN THE RECORDING OF THE RESEARCH.

Your participation in the research will be entirely voluntary and you may discontinue at any time.

Your questions concerning any aspect of the research are welcomed and will be answered.
Any questions concerning the research project entitled
STUDENT OPINIONS: ELDERLY PEOPLE AND THEIR NEEDS
may be directed to **Beverley Wood** (Principal Investigator), care of Department of Nursing, La Trobe University. Telephone 94186800

This project has been reviewed and approved by the Ethics Review Committee of the Lincoln School of Health Sciences, La Trobe University.
Any queries or complaints about your participation in this project may be directed to the Chairperson, Ethics Review Committee, Lincoln School of Health Sciences, La Trobe University, 625 Swanston St, Carlton. 3053 Telephone 93420222

STUDENT OPINION SURVEY
CONSENT FOR PARTICIPATION

I, the participant, have read the preceding information and any questions that I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw without prejudice at any time.

--- ---
Participant's name (Please print) Student I D Number

--- ---
Participant's signature Date

Beverley A. Wood
Investigator's name

--- ---
Investigator's signature Date

APPENDIX 4
CONSENT: PARTICIPANT OBSERVATION

STUDENT OPINION SURVEY
INFORMATION FOR PARTICIPANTS

The research study in which your participation is invited, seeks to explore the nature of opinions about elderly people and their needs. The study will also evaluate selected aspects of the nursing studies subjects relating to elderly people that are included in the first year of the course in which you are enrolled.

The information yielded by the research will assist greatly in the planning of appropriate educational experiences to prepare student nurses in the care of elderly people.

As a participant in this research study, your clinical learning experiences during the ten days of extended-care placement will be the subject of observation by the principal researcher. The experiences to be observed and recorded will include clinical conference and some informal discussions.

The researcher requests your permission to record the clinical conferences and selected discussion sessions on audio-tape in order to facilitate transcription to a written summary. The audio-tape recordings will be destroyed following transcription. The researcher also asks permission to read your assignments concerning elderly people submitted as part of your course requirements.

YOUR PRIVACY WILL BE RESPECTED AND CONFIDENTIALITY ASSURED AT ALL TIMES. YOUR NAME OR ANY IDENTIFYING INFORMATION WILL **NOT** BE USED IN THE RECORDING OF THE RESEARCH.

Your participation in the research will be entirely voluntary and you may discontinue at any time.

Your questions concerning any aspect of the research are welcomed and will be answered.
Any questions concerning the research project entitled
STUDENT OPINIONS: ELDERLY PEOPLE AND THEIR NEEDS
may be directed to **Beverley Wood** (Principal Investigator), care of Department of Nursing, La Trobe University. Telephone 94186800

This project has been reviewed and approved by the Ethics Review Committee of the Lincoln School of Health Sciences, La Trobe University.
Any queries or complaints about your participation in this project may be directed to the Chairperson, Ethics Review Committee, Lincoln School of Health Sciences, La Trobe University, 625 Swanston St, Carlton. 3053 Telephone 93420222

STUDENT OPINION SURVEY
CONSENT FOR PARTICIPATION

I, the participant, have read the preceding information and any questions that I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw without prejudice at any time.

--- ---
Participant's name (Please print) Student I D Number

--- ---
Participant's signature Date

Beverley A. Wood
Investigator's name

--- ---
Investigator's signature Date

APPENDIX 5
FIRST QUESTIONNAIRE

STUDENT OPINION SURVEY 1

The purpose of this survey is to find out your opinion about a number of statements related to elderly people and their needs.

You will be asked to respond to a similar set of statements again later in the year.

A number of students will also be invited to participate in a small group discussion concerning elderly people and their needs.

Your responses to the survey will remain ABSOLUTELY CONFIDENTIAL.
You do not have to write your name. However, you are requested to provide your student identification number so that your first and second questionnaires may be related.

PLEASE WRITE YOUR STUDENT I.D. NUMBER:

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING THE NUMBER BESIDE YOUR PREFERRED RESPONSE:

1. Your age is:
   1. 17 - 20
   2. 21 - 25
   3. 26 - 30
   4. 31 - 35
   5. 36 - 40
   6. over 40

2. Your gender is:
   1. Female
   2. Male

3. How often do you have social/family contact with elderly people?
   1. Daily
   2. Weekly
   3. Monthly
   4. Hardly ever

PLEASE GIVE YOUR ANSWERS TO THE FOLLOWING STATEMENTS:

Some points to assist you:

1. Give your answers to the statements as quickly as you can.

   There are no "right" or "wrong" answers. This is not a test or exam; what is wanted is your opinion. Please do not write what you think you ought to believe, or what other people want you to believe. PLEASE TRY TO INDICATE WHAT YOU THINK.

2. Give your answers by circling the appropriate symbol beside each statement: Draw a circle around....

   SA if you STRONGLY AGREE with the statement.

   A if you AGREE with the statement.

   D if you DISAGREE with the statement.

   SD if you STRONGLY DISAGREE with the statement.

   N if you cannot decide whether you agree or disagree with the statement.

PRACTICE STATEMENT:

I find elderly people easy to get on with.	SA	A	D	SD	N

Suppose that you agree with the statement, you then circle the letter A.

3. If you change your mind about an answer, just cross it out and circle another one.

PLEASE GO ON TO THE NEXT PAGE

PLEASE GIVE AN ANSWER TO EVERY STATEMENT

1	I find that elderly people are all alike.	SA	A	D	SD	N
2	I feel irritated when an elderly person continually talks to me about the past.	SA	A	D	SD	N
3	I value the opinions of elderly people because they have had a lot of life experience.	SA	A	D	SD	N
4	When I see elderly people I worry that I will be old and frail one day.	SA	A	D	SD	N
5	I think that the needs of elderly people are all much the same.	SA	A	D	SD	N
6	I think elderly people are generally sick.	SA	A	D	SD	N
7	I find it tiresome when an elderly person constantly complains of aches and pains.	SA	A	D	SD	N
8	The frailty of elderly people depresses me.	SA	A	D	SD	N
9	I think the elderly years are non-productive.	SA	A	D	SD	N
10	I feel annoyed when elderly people continually talk to me about themselves.	SA	A	D	SD	N

PLEASE GO ON TO THE NEXT PAGE

11	I find that elderly people are understanding and kind.	SA	A	D	SD	N
12	I fear that I could end life being miserable like some elderly people that I have seen.	SA	A	D	SD	N
13	It is important that resources are provided to help frail elderly people continue living in their own homes.	SA	A	D	SD	N
14	It is exasperating when elderly people are slow to move.	SA	A	D	SD	N
15	Elderly people appreciate what I do for them.	SA	A	D	SD	N
16	I feel saddened that life has to end with such frailty.	SA	A	D	SD	N
17	I enjoy the stories of past events that elderly people tell.	SA	A	D	SD	N
18	I find it frustrating when elderly people remember what happened 40 years ago but forget what happened yesterday.	SA	A	D	SD	N
19	I appreciate the wisdom of elderly people.	SA	A	D	SD	N
20	I feel uncomfortable with the idea of helping elderly people to meet their physical needs.	SA	A	D	SD	N

PLEASE GO ON TO THE NEXT PAGE

21	I feel appreciated when I am with elderly people.	SA	A	D	SD	N
22	Elderly people should be encouraged to leave their homes and live in old-age homes or retirement villages.	SA	A	D	SD	N
23	It would give me a real sense of worth to help elderly people with some of their physical needs.	SA	A	D	SD	N
24	When I think of elderly people I think of death.	SA	A	D	SD	N
25	I find it easy to strike up a conversation with an elderly person.	SA	A	D	SD	N
26	I feel impatient when an elderly person takes a long time to tell me something.	SA	A	D	SD	N
27	I think that elderly people have a lot of valuable knowledge to share.	SA	A	D	SD	N
28	I don't like to think of myself with grey hair and wrinkly skin.	SA	A	D	SD	N
29	Elderly people are not physically able to continue paid employment.	SA	A	D	SD	N
30	When elderly people become very frail it is better to do everything for them.	SA	A	D	SD	N

PLEASE GO ON TO THE LAST PAGE

31	It is not really possible for people to develop new interests in old age.	SA	A	D	SD	N
32	Elderly people should be involved in making decisions that affect them.	SA	A	D	SD	N
33	Seeing elderly people makes me afraid that I will finish up being a burden to others when I'm old.	SA	A	D	SD	N
34	It is a waste of time trying to involve elderly people in activities requiring co-ordinated movements.	SA	A	D	SD	N
35	I get exasperated when elderly people just don't hear what I have to say.	SA	A	D	SD	N
36	I find that elderly people are interested in what I am doing.	SA	A	D	SD	N
37	Because of their own past experience elderly people can help me with my problems.	SA	A	D	SD	N
38	Elderly people become a burden when they can no longer meet their own physical needs.	SA	A	D	SD	N
39	Elderly people should have the opportunity to participate in a wide range of activities related to their interests.	SA	A	D	SD	N

THANK YOU FOR HELPING WITH THIS SURVEY

APPENDIX 6.1
INTERVIEW GUIDE: FIRST FOCUS GROUPS

The focus group interviews at the beginning of Year 1 were developed around key questions designed to initiate discussion among participants. The order of questions and the way in which their intent was expressed varied according to the flow of discussion, and subsequent clarifying questions were shaped by participants' responses.

Interview Guide: First Focus Groups

Thank you for participating in this discussion group. The aim of the discussion is to share ideas about elderly people and their needs.

- How would you define 'elderly'?
- What individuals or groups do you regard as elderly?
- What do you think of when you think of elderly people?
- What do you see as particular needs of elderly people?
- What do you find enjoyable about being with elderly people?
- Tell me what you find not so enjoyable about being with elderly people?
- You are soon to meet elderly people and be involved in caring for them as part of this nursing course.

  Please tell me how you feel about this.

APPENDIX 6.2
INTERVIEW GUIDE: SECOND FOCUS GROUPS

The second focus group discussions at the end of Year 1 were initiated by revisiting questions from the first interviews. Other questions were designed to explore the impact of course experiences and changes in students' views of elderly people. As in the first interviews, the order of questions and the way in which their intent was expressed varied according to the flow of discussion, and subsequent clarifying questions were shaped by participants' responses.

Interview Guide: Second Focus Groups

Earlier this year we had a small group discussion where we shared ideas about elderly people and their needs.

We are meeting again to discuss your views about elderly people now that you have completed almost one year of your nursing course and have had a variety of experiences with elderly people.

- How would you now define 'elderly'?
- How would you now describe your understanding of the needs of the elderly?
- Have your feelings about elderly people changed over the course of this year?

  In what way have they changed?
- Please tell me about any experiences this year that have had particular impact upon your feelings about elderly people?

  Explore:

  Well elderly field study.

  Classroom lectures.

  Extended-care clinical – residents, clinical staff, clinical teacher.

  Other experiences.
- When you were in clinical practice in extended-care, how did you feel about providing physical care for the elderly residents?
- Did you care for younger dependent adults in extended-care?

  Please describe how you felt about caring for these residents.
- You interviewed a well elderly person for your field study earlier in the year.

  Please tell me about your impressions of this person.

  How did your feelings towards him or her compare with your feelings for the elderly residents in extended care?
- Please tell me how you feel about your own ageing.

- Would you like to work in aged care after you graduate?

  Explore response.

- Would you like to have more experience in aged care during the remainder of this course?

  Explore response.

- Finally, we have talked a lot about changes in your ideas about elderly people over the course of this year.

  What influenced your feelings and attitudes toward elderly people before you started this nursing course?

APPENDIX 7
SECOND QUESTIONNAIRE

STUDENT OPINION SURVEY 2

The purpose of this survey is to find out nursing students' opinions about some statements related to elderly people and some selected aspects of the first year course. The information from the survey will assist in the planning of appropriate learning experiences for students.

This questionnaire is the second stage of the survey. Most first-year students completed a questionnaire at the beginning of 1989. If you did not complete a questionnaire earlier this year, PLEASE DO complete this questionnaire. The information that you provide will still be of great value.

The questionnaire consists of two parts:

In **PART 1** you are asked to respond to a number of statements relating to elderly people and their needs.

In **PART 2** you are asked a number of questions about those aspects of the first year course that relate to aging and the elderly.

Your responses to the survey will remain ABSOLUTELY CONFIDENTIAL. You do not have to write your name, but you are asked to provide your student identification number so that your responses may be related to the earlier questionnaire.

PLEASE WRITE YOUR STUDENT I.D. NUMBER:

There are no right or wrong answers to the statements or questions. What is wanted is your opinion - not what you think you ought to believe or what other people want you to believe. PLEASE TRY TO INDICATE WHAT YOU THINK.

PART 1.

Attitude questionnaire as appears in Appendix 5:

Instructions followed by 39 statements.

PART 2.

PLEASE ANSWER THE QUESTIONS ON THE FOLLOWING PAGES BY:
INDICATING YOUR PREFERRED RESPONSE [√]
OR WRITING A BRIEF STATEMENT WHERE REQUESTED.

How helpful were each of the following learning experiences in assisting you to develop some understanding of the nature of aging and elderly people ?

1. Classroom lecture: The elderly years of the life-span.

Not helpful	Slighty helpful	Moderately helpful	Very helpful	Extremely helpful
[ ]	[ ]	[ ]	[ ]	[ ]

2. Extended-care clinical experience.

Not helpful	Slighty helpful	Moderately helpful	Very helpful	Extremely helpful
[ ]	[ ]	[ ]	[ ]	[ ]

3. The well elderly field study.

Not helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful
[ ]	[ ]	[ ]	[ ]	[ ]

3A. **What aspect of the well-elderly field study did you find most helpful in developing your understanding of the nature of aging and elderly people ?**

PLEASE WRITE A BRIEF STATEMENT.

PLEASE GO ON TO THE NEXT PAGE

4. **How would you rate your current feelings of interest in working with elderly people ?**

Not Interested	Slightly Interested	Moderately Interested	Very Interested	Extremely Interested
[ ]	[ ]	[ ]	[ ]	[ ]

5. **How would you have rated your feelings of interest in working with elderly people at the beginning of this year before commencing your nursing studies ?**

Not Interested	Slightly Interested	Moderately Interested	Very Interested	Extremely Interested
[ ]	[ ]	[ ]	[ ]	[ ]

How much impact did each of the following experiences have upon your feelings about working with elderly people ?

6. Classroom lecture on normal aging.

No Impact	Slight Impact	Moderate Impact	Strong Impact	Very Strong Impact
[ ]	[ ]	[ ]	[ ]	[ ]

7. The well elderly field study.

No Impact	Slight Impact	Moderate Impact	Strong Impact	Very Strong Impact
[ ]	[ ]	[ ]	[ ]	[ ]

8. Aged residents in extended-care clinical experience.

No Impact	Slight Impact	Moderate Impact	Strong Impact	Very Strong Impact
[ ]	[ ]	[ ]	[ ]	[ ]

9. Staff in extended-care clinical experience.

No Impact	Slight Impact	Moderate Impact	Strong Impact	Very Strong Impact
[ ]	[ ]	[ ]	[ ]	[ ]

10. Clinical teacher in extended-care clinical experience.

No Impact	Slight Impact	Moderate Impact	Strong Impact	Very Strong Impact
[ ]	[ ]	[ ]	[ ]	[ ]

PLEASE GO ON TO THE NEXT PAGE

11. **Did any other experiences during this year have an impact upon your feelings of interest in working with elderly people?**

YES [ ] NO [ ]

11A. **If YES, please briefly explain:**

12. **Would you like to study and have further clinical experience in gerontological nursing later in your basic nursing course ?**

Definitely Yes	Possibly Yes	Probably Not	Definitely Not	Not Sure
[ ]	[ ]	[ ]	[ ]	[ ]

12A. **Please briefly explain your answer.**

13. **Would you like to work in the aged-care field after you qualify as a registered nurse ?**

Definitely Yes	Possibly Yes	Probably Not	Definitely Not	Not Sure
[ ]	[ ]	[ ]	[ ]	[ ]

13A. **Please briefly explain your answer.**

PLEASE GO ON TO THE NEXT PAGE

Which of the following feelings did you <u>frequently</u> experience when relating to the elderly person who was the subject of your <u>well elderly field study</u> ?

PLEASE INDICATE THE WORDS THAT BEST DESCRIBE YOUR FEELINGS: [√]

YOU MAY TICK AS MANY WORDS AS YOU WISH.

14. Pleasure	[ ]	23. Uncertainty	[ ]
15. Depression	[ ]	24. Satisfaction	[ ]
16. Happiness	[ ]	25. Inadequacy	[ ]
17. Fear	[ ]	26. Compassion	[ ]
18. Competence	[ ]	27. Impatience	[ ]
19. Irritation	[ ]	28. Respect	[ ]
20. Patience	[ ]	29. Indifference	[ ]
21. Sadness	[ ]	30. Admiration	[ ]
22. Anxiety	[ ]	31. Helplessness	[ ]

Which of the following feelings did you <u>frequently</u> experience when providing care to <u>elderly residents in the extended-care setting</u> ?

PLEASE INDICATE THE WORDS THAT BEST DESCRIBE YOUR FEELINGS: [√]

YOU MAY TICK AS MANY WORDS AS YOU WISH.

32. Pleasure	[ ]	41. Uncertainty	[ ]
33. Depression	[ ]	42. Satisfaction	[ ]
34. Happiness	[ ]	43. Inadequacy	[ ]
35. Fear	[ ]	44. Compassion	[ ]
36. Competence	[ ]	45. Impatience	[ ]
37. Irritation	[ ]	46. Respect	[ ]
38. Patience	[ ]	47. Indifference	[ ]
39. Sadness	[ ]	48. Admiration	[ ]
40. Anxiety	[ ]	49. Helplessness	[ ]

PLEASE GO ON TO THE LAST PAGE

How important were each of the following personal aims in guiding your activities during extended-care clinical experience?

50. Desire to develop your professional role.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

51. Interest in talking with elderly people.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

52. Desire to develop clinical skills.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

53. Concern for elderly people.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

54. Desire to meet goals set by clinical teacher.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

55. Concern for helpless individuals.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

56. Desire to meet clinical requirements of the nursing course.

Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
[ ]	[ ]	[ ]	[ ]	[ ]

THANK YOU FOR HELPING WITH THIS SURVEY

APPENDIX 8
THIRD QUESTIONNAIRE

STUDENT OPINION SURVEY 3

The purpose of this survey is to find out nursing students' opinions about some statements related to elderly people. The information from the survey will assist in the planning of appropriate learning experiences for students.

This questionnaire is the final stage of the survey. Most second-year students completed questionnaires last year. If you did not complete earlier questionnaires, PLEASE DO complete this questionnaire. The information that you provide will still be of great value.

The questionnaire consists of two parts:

In **PART 1** you are asked to respond to a number of statements relating to elderly people and their needs.

In **PART 2** you are asked two questions relating to nursing education and practice in aged-care.

Your responses to the survey will remain ABSOLUTELY CONFIDENTIAL and will be used for statistical purposes only. In order to relate your responses to earlier questionnaires, you are asked to provide some identification.

PLEASE WRITE YOUR STUDENT I.D. NUMBER:
AND/OR YOUR NAME:

There are no right or wrong answers to the statements or questions. What is wanted is your opinion - not what you think you ought to believe or what other people want you to believe. PLEASE TRY TO INDICATE WHAT YOU THINK.

PART 1.

Attitude questionnaire as appears in Appendix 5:

Instructions followed by 39 statements.

PART 2.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY:
INDICATING YOUR PREFERRED RESPONSE [√]
AND WRITING A BRIEF STATEMENT WHERE REQUESTED.

1. **Would you like to study and have further clinical experience in gerontological nursing later in your basic nursing course ?**

Definitely Yes	Possibly Yes	Probably Not	Definitely Not	Not Sure
[ ]	[ ]	[ ]	[ ]	[ ]

1A. **Please briefly explain your answer.**

2. **Would you like to work in the aged-care field after you qualify as a registered nurse ?**

Definitely Yes	Possibly Yes	Probably Not	Definitely Not	Not Sure
[ ]	[ ]	[ ]	[ ]	[ ]

2A. **Please briefly explain your answer.**

THANK YOU FOR HELPING WITH THIS SURVEY.

APPENDIX 9
INSTRUMENT DEVELOPMENT:
SENTENCE COMPLETION EXERCISE

Extracted from Wood, 1994, pp. 50-51.

Prior to any lectures concerning the elderly, two groups of first-year nursing students (similar to the subjects of the actual research study) were asked to respond to five incomplete statements as follows:

- I define elderly as .....
- When I think of elderly people I think of .....
- Elderly people need .....
- I enjoy being with elderly people because .....
- I don't enjoy being with elderly people because .....

APPENDIX 10.1
PILOT STUDY INSTRUMENT: ATTITUDE CONSTRUCTS

Scale 1: Communication (10 items).
This construct reflects the extent to which communication with elderly people is found to be a positive experience. The negative pole of the continuum reflects the view that communication with elderly people is difficult and unsatisfying whilst the positive pole reflects the view that the communication experience is enjoyable.

Scale 2: Physical Capacities (9 items).
This construct reflects the extent to which the physical capacities of elderly people are viewed positively. At the negative pole of the attitude continuum elderly people are viewed as having poor health and their deteriorating physical capacities are considered troublesome, whilst at the positive pole such changes are viewed as acceptable life processes.

Scale 3: Mental/Personality Characteristics (8 items).
This construct reflects the extent to which the mental capacities and personality characteristics of elderly people are viewed positively. At the negative pole of the attitude continuum elderly people are viewed as having reduced mental capacities and unpleasant personality characteristics, while at the positive pole personality characteristics are seen as positive and any extremes viewed with acceptance.

Scale 4: Identification (8 items).
This construct reflects the extent to which an individual identifies personally with elderly people. At the negative pole of the attitude continuum, contact with elderly people evokes fear and discomfort at one's own ageing whilst the opposite pole reflects a positive view of personal ageing.

Scale 5: Individuality/Independence (10 items).
This construct reflects the extent to which elderly people are valued as individuals with needs and rights to maintain independence. The negative pole of the attitude continuum represents the view that elderly people are dependent and all alike so "group" treatment may be imposed, whilst at the positive pole elderly people are viewed as individuals with needs and rights to maintain independence.

(Extracted from Wood, 1994, pp.51-55).

APPENDIX 10.2
PILOT STUDY INSTRUMENT:
PILOT QUESTIONNAIRE

STUDENT OPINION SURVEY

1. The purpose of this survey is to find out your opinion about a number of statments related to elderly people and their needs.

   You should give answers to these statements as quickly as you can.

   There are no "right" or "wrong" answers. This is not a test or exam; what is wanted is your opinion. Please do not write what you ought to believe, or what other people want you to believe. Try to indicate what you think. Your answers will not be shown to anyone else.

   You don't have to write your name.

2. Your answers to the statements should be given by circling the appropriate symbol beside the statement.

   Draw a circle around:

   SA if you STRONGLY AGREE with the statement

   A if you AGREE with the statement

   D if you DISAGREE with the statement

   SD if you STRONGLY DISAGREE with the statement

   N if you cannot decide whether you agree or disagree with the statement

PRACTICE STATEMENT

Q. I find elderly people easy to get on with. SA A D SD N

Suppose that you agree with the statement, you then circle the letter A.

3. If you change your mind about an answer, just cross it out and circle another one. Please give an answer to every statement.

1.	I feel irritated when an elderly person continually talks to me about the past.	SA	A	D	SD	N
2.	I think elderly people are generally sick.	SA	A	D	SD	N
3.	I find that elderly people are at ease with themselves.	SA	A	D	SD	N
4.	Seeing elderly people reminds me that it is up to me to look after my own health.	SA	A	D	SD	N
5.	Providing adult education courses like the University of the Third Age for elderly people is a waste of scarce community resources.	SA	A	D	SD	N
6.	I value the opinions of elderly people because they have had a lot of life experience.	SA	A	D	SD	N
7.	I find it tiresome when an elderly person constantly complains of aches and pains.	SA	A	D	SD	N
8.	I find that elderly people are understanding and kind.	SA	A	D	SD	N
9.	When I see elderly people I worry that I will be old and frail one day.	SA	A	D	SD	N
10.	I find that elderly people are all alike.	SA	A	D	SD	N
11.	I feel annoyed when elderly people continually talk to me about themselves.	SA	A	D	SD	N
12.	The frailty of elderly people depresses me.	SA	A	D	SD	N
13.	Elderly people appreciate what I do for them.	SA	A	D	SD	N
14.	I fear that I could end life being miserable like some elderly people I have seen.	SA	A	D	SD	N
15.	I think that the needs of elderly people are all much the same.	SA	A	D	SD	N
16.	I feel awkward when talking to elderly people.	SA	A	D	SD	N
17.	It is exasperating when elderly people are slow to move.	SA	A	D	SD	N
18.	I see the elderly years as a time when I will enjoy quieter interests.	SA	A	D	SD	N

PLEASE GO ON TO THE NEXT PAGE

19.	I think the elderly years are non-productive.	SA	A	D	SD	N
20.	I appreciate the wisdom of elderly people.	SA	A	D	SD	N
21.	It would give me a real sense of worth to help elderly people with some of their physical needs.	SA	A	D	SD	N
22.	I find it frustrating when elderly people remember what happened 40 years ago but forget what happened yesterday.	SA	A	D	SD	N
23.	I feel saddened that life has to end with such frailty.	SA	A	D	SD	N
24.	It is important that resources are provided to help frail elderly people continue living in their own homes.	SA	A	D	SD	N
25.	I enjoy the stories of past events that elderly people tell.	SA	A	D	SD	N
26.	I feel uncomfortable with the idea of helping elderly people to meet their physical needs.	SA	A	D	SD	N
27.	I think that elderly people have a lot of valuable knowledge to share.	SA	A	D	SD	N
28.	When I think of elderly people I think of death.	SA	A	D	SD	N
29.	Elderly people should be encouraged to leave their homes and live in old-age homes or retirement villages.	SA	A	D	SD	N
30.	I feel impatient when an elderly person takes a long time to tell me something.	SA	A	D	SD	N
31.	Elderly people become a burden when they can no longer meet their own physical needs.	SA	A	D	SD	N
32.	I don't like to think of myself with grey hair and wrinkly skin.	SA	A	D	SD	N
33.	When elderly people become very frail it is better to do everything for them.	SA	A	D	SD	N
34.	I find it easy to strike up a conversation with an elderly person.	SA	A	D	SD	N
35.	Elderly people are not physically able to continue paid employment.	SA	A	D	SD	N

PLEASE GO ON TO THE NEXT PAGE

36.	I feel appreciated when I am with elderly people.	SA	A	D	SD	N
37.	Seeing elderly people makes me afraid that I will finish up being a burden to others when I'm old.	SA	A	D	SD	N
38.	It is not really possible for people to develop new interests in old age.	SA	A	D	SD	N
39.	I get exasperated when elderly people just don't hear what I have to say.	SA	A	D	SD	N
40.	It is a waste of time trying to involve elderly people in activities requiring co-ordinated movements.	SA	A	D	SD	N
41.	I find that elderly people are interested in what I am doing.	SA	A	D	SD	N
42.	Elderly people should have the opportunity to participate in a wide range of activities related to their interests.	SA	A	D	SD	N
43.	Because of their own past experience elderly people can help me with my problems.	SA	A	D	SD	N
44.	Elderly people should be involved in making decisions that affect them.	SA	A	D	SD	N
45.	I find that elderly people are easily irritated.	SA	A	D	SD	N

THANK YOU FOR HELPING WITH THIS SURVEY

APPENDIX 11
PROVISIONAL INSTRUMENT: CONSTRUCTS AND SCALES

Scales reproduced from Wood, 1994, pp. 77-80.

Items are numbered according to their positions on the pilot instrument.

Item numbers for the research instrument appear in squared parentheses.

Scale 1: Competent Individual Scale.

This construct reflects the extent to which elderly people are perceived as competent individuals. A person at the positive end of the attitude continuum perceives elderly people as individuals with their own interests and needs who are capable of competence in their daily affairs, whilst the person at the negative end of the continuum regards elderly people as all alike with similar needs and lacking competence. A person at the negative pole consequently views the imposition of "group treatment" upon the elderly as appropriate.

The Competent Individual Scale consists of 13 items as follows:

10[1] I find that elderly people are all alike.

15[5] I think that the needs of elderly people are all much the same.

19[9] I think the elderly years are non-productive.

24[13] It is important that resources are provided to help frail elderly people continue living in their own homes.

25[17] I enjoy the stories of past events that elderly people tell.

31[38] Elderly people become a burden when they can no longer meet their own physical needs.

34[25] I find it easy to strike up a conversation with an elderly person.

35[29] Elderly people are not physically able to continue paid employment.

38[31] It is not really possible for people to develop new interests in old age.

40[34] It is a waste of time trying to involve elderly people in activities requiring co-ordinated movements.

41[36] I find that elderly people are interested in what I am doing.

42[39] Elderly people should have the opportunity to participate in a wide range of activities related to their interests.

44[32] Elderly people should be involved in making decisions that affect them.

Scale 2. Acceptance Scale.

This construct reflects the extent to which elderly people are regarded with acceptance and tolerance. The person at the positive end of the attitude continuum accepts that the characteristics of elderly people may be influenced by physical and cognitive changes of ageing and regards the elderly with understanding and tolerance. Conversely, the person at the negative end of the continuum is irritated by characteristics perceived to be associated with elderly people and regards the elderly with intolerance.

The Acceptance Scale consists of nine items as follows:

1[2] I feel irritated when an elderly person continually talks to me about the past.

2[6] I think that elderly people are generally sick.

11[10] I feel annoyed when elderly people continually talk to me about themselves.

17[14] It is exasperating when elderly people are slow to move.

22[18] I find it frustrating when elderly people remember what happened 40 years ago, but forget what happened yesterday.

29[22] Elderly people should be encouraged to leave their homes and live in old-age homes or retirement villages.

30[26] I feel impatient when an elderly person takes a long time to tell me something.

33[30] When elderly people become very frail it is better to do everything for them.

39[35] I get exasperated when elderly people just don't hear what I have to say.

Scale 3. Satisfaction Scale.

This construct reflects the extent to which the experience of relating to elderly people is perceived as satisfying. The person at the positive end of the attitude continuum considers relating to or helping elderly people to be a satisfying, whilst the person at the negative pole considers relating to and helping elderly people to be a negative experience.

The Satisfaction Scale consists of nine items:

6[3] I value the opinions of elderly people because they have had a lot of life experience.

7[7] I find it tiresome when an elderly person constantly complains of aches and pains.

8[11] I find that elderly people are understanding and kind.

13[15] Elderly people appreciate what I do for them.

20[19] I appreciate the wisdom of elderly people.

21[23] It would give me a real sense of worth to help elderly people with some of their physical needs.

27[27] I think that elderly people have a lot of valuable knowledge to share.

36[21] I feel appreciated when I am with elderly people.

43[37] Because of their own past experience elderly people can help me with my problems.

Scale 4. Identification Scale

This construct reflects the level of personal identification with the state of being elderly. The person at the positive end of the attitude continuum reflects a positive and accepting view of personal ageing, whilst the person at the negative pole experiences fear and discomfort in relation to one's own ageing.

The Identification Scale consists of eight items:

9[4] When I see elderly people I worry that I will be old and frail one day.

12[8] The frailty of elderly people depresses me.

14[12] I fear that I could end life being miserable like some elderly people that I have seen.

23[16] I feel saddened that life has to end with such frailty.

26[20] I feel uncomfortable with the idea of helping elderly people to meet their physical needs.

28[24] When I think of elderly people I think of death.

32[28] I don't like to think of myself with grey hair and wrinkly skin.

37[33] Seeing elderly people makes me afraid that I will finish up being a burden to others when I'm old.

APPENDIX 12.1
PROVISIONAL INSTRUMENT: PILOT STUDY ANALYSIS
ITEM SCORE FREQUENCIES ANALYSIS

* ITEM	SCALE	+/-	PERCENTAGE SCORING 1	2	3	4	5	MEAN	S.D.
Item response:		+	*SD*	*D*	*N*	*A*	*SA*		
		-	*SA*	*A*	*N*	*D*	*SD*		
1	1	-	0.0	10.7	1.2	40.5	47.6	4.25	0.93
2	2	-	0.0	6.0	1.2	46.4	46.4	4.33	0.78
6	6	+	3.6	6.0	3.6	50.0	36.9	4.11	0.98
7	2	-	4.8	31.0	7.1	39.3	17.9	3.35	1.23
8	3	+	1.2	13.1	22.6	54.8	8.3	3.56	0.87
9	4	-	20.2	39.3	2.4	23.8	14.3	2.73	1.40
10	5	-	0.0	6.0	1.2	41.7	51.2	4.38	0.79
11	1	-	0.0	8.3	4.8	56.0	31.0	4.10	0.83
12	2	-	8.3	50.0	4.8	28.6	8.3	2.79	1.19
13	3	+	1.2	6.0	8.3	59.5	25.0	4.01	0.83
14	4	-	15.5	38.1	7.1	25.0	14.3	2.85	1.35
15	5	-	1.2	14.3	2.4	44.0	38.1	4.04	1.05
17	2	-	3.6	21.4	4.8	45.2	25.0	3.67	1.18
19	5	-	0.0	6.0	2.4	33.3	58.3	4.44	0.81
20	1	+	0.0	8.3	1.2	58.3	32.1	4.14	0.81
21	2	+	2.4	7.1	4.8	64.3	21.4	3.95	0.88
22	3	-	0.0	26.2	7.1	45.2	21.4	3.62	1.01
23	4	-	28.6	47.6	3.6	16.7	3.6	2.19	1.14
24	5	+	0.0	1.2	1.2	34.5	63.1	4.60	0.58
25	1	+	2.4	4.8	1.2	48.8	42.9	4.25	0.89
26	2	-	4.8	9.5	3.6	40.5	41.7	4.05	1.13
27	3	+	0.0	1.2	2.4	52.4	44.0	4.39	0.60
28	4	-	1.2	16.7	4.8	51.2	26.2	3.85	1.04
29	5	-	0.0	2.4	0.0	29.8	67.9	4.63	0.62
30	1	-	3.6	23.8	3.6	51.2	17.9	3.56	1.14
31	2	-	1.2	27.4	8.3	47.6	15.5	3.49	1.09
32	4	-	27.4	47.6	7.1	15.5	2.4	2.18	1.07
33	5	-	0.0	0.0	0.0	54.8	45.2	4.45	0.50
34	1	+	2.4	4.8	6.0	56.0	31.0	4.08	0.88
35	2	-	0.0	7.1	7.1	54.8	31.0	4.10	0.82
36	3	+	2.4	7.1	14.3	58.3	17.9	3.82	0.89
37	4	-	21.4	39.3	8.3	23.8	7.1	2.56	1.26
38	5	-	0.0	1.2	1.2	25.0	72.6	4.69	0.56
39	1	-	6.0	27.4	14.3	45.2	7.1	3.20	1.11
40	2	-	0.0	0.0	2.4	42.9	54.8	4.50	0.63
41	3	+	2.4	4.8	9.5	61.9	21.4	3.95	0.85
42	5	+	2.4	0.0	0.0	38.1	59.5	4.52	0.74
43	1	+	2.4	10.7	13.1	58.3	15.5	3.74	0.93
44	5	+	0.0	2.4	2.4	20.2	75.0	4.68	0.64

n = 84.

*** Items numbered as for pilot instrument.**
Extracted from Wood, 1994, p.59. (Excludes pilot items not retained in provisional instrument).

APPENDIX 12.2
PROVISIONAL INSTRUMENT: PILOT STUDY ANALYSIS

SCALES FREQUENCIES AND RELIABILITY STATISTICS

SCALE:	1	2	3	4
NUMBER OF ITEMS:	13	9	9	8
MEAN SCALE SCORE:	55.72	35.81	35.07	23.18
STANDARD DEVIATION:	6.22	5.10	5.04	6.22
SCORE RANGE:				
ACTUAL (AR):	36	22	28	30
POTENTIAL (PR):	52	36	36	32
PERCENTAGE OF PR:	69%	61%	78%	94%
CRONBACH ALPHA COEFFICIENT:	0.84	0.78	0.80	0.80

n = 84.

INTER-SCALE CORRELATIONS

SCALE	2	3	4
1	0.46	0.46	0.28
2		0.55	0.37
3			0.27

Extracted from Wood, 1994, p.83. (Note: `True limits' not used in score range calculations.)

APPENDIX 12.3
PROVISIONAL INSTRUMENT: PILOT STUDY ANALYSIS
ITEM/REST-OF-SCALE CORRELATIONS

SCALE	* ITEM	+/-	1	2	3	4
1	10	-	0.58	0.42	0.23	0.20
Competent	15	-	0.42	0.23	0.40	0.26
Individual	19	-	0.52	0.43	0.37	0.46
	24	+	0.65	0.22	0.22	0.09
	25	+	0.63	0.45	0.36	0.17
	31	-	0.45	0.39	0.41	0.23
	34	+	0.49	0.18	0.34	0.05
	35	-	0.39	0.17	0.19	-0.04
	38	-	0.61	0.25	0.17	0.27
	40	-	0.58	0.35	0.19	0.19
	41	+	0.51	0.28	0.43	0.18
	42	+	0.34	0.06	0.25	0.06
	44	+	0.51	0.14	0.30	0.03
2	1	-	0.51	0.50	0.42	0.22
Acceptance	2	-	0.18	0.23	0.20	0.17
	11	-	0.32	0.64	0.45	0.19
	17	-	0.19	0.53	0.46	0.32
	22	-	0.30	0.59	0.30	0.28
	29	-	0.17	0.27	0.20	0.08
	30	-	0.35	0.64	0.47	0.34
	33	-	0.27	0.32	0.13	0.17
	39	-	0.25	0.48	0.27	0.19
3	6	+	0.32	0.25	0.43	0.27
Satis-	7	-	0.26	0.47	0.48	0.23
faction	8	+	0.35	0.32	0.43	0.18
	13	+	0.20	0.33	0.43	0.14
	20	+	0.40	0.36	0.66	0.17
	21	+	0.32	0.42	0.62	0.26
	27	+	0.40	0.41	0.55	0.06
	36	+	0.16	0.28	0.44	0.03
	43	+	0.24	0.28	0.50	0.12
4	9	-	0.25	0.19	0.11	0.68
Identifi-	12	-	0.24	0.38	0.33	0.43
cation	14	-	0.28	0.27	0.25	0.63
	23	-	0.04	0.20	0.17	0.55
	26	-	0.26	0.11	0.13	0.29
	28	-	0.05	0.36	0.12	0.44
	32	-	0.12	0.12	0.15	0.31
	37	-	0.18	0.32	0.16	0.74

Highest correlation value for each item underlined.

*** Items numbered as for pilot instrument**

Reproduced from Wood, 1994, p.85.

APPENDIX 12.4
PROVISIONAL INSTRUMENT: PILOT STUDY ANALYSIS
PRINCIPAL COMPONENTS FACTOR ANALYSIS

*	FACTORS				
ITEM	**1**	**2**	**3**	**4**	**Communality**
1	0.64				0.47
2					0.19
6	0.46				0.27
7	0.51		-0.33		0.40
8	0.48				0.34
9	0.37	0.51	0.42		0.63
10	0.55		0.31	-0.39	0.56
11	0.57		-0.34		0.53
12	0.46	0.41			0.39
13	0.38		-0.35		0.27
14	0.45	0.49		0.31	0.62
15	0.37		0.51	-0.34	0.52
17	0.51	0.34	-0.34		0.51
19	0.65				0.48
20	0.60		-0.33		0.53
21	0.58		-0.37		0.55
22	0.52		-0.40		0.47
23		0.63			0.51
24	0.51	-0.41	0.42		0.61
25	0.65	-0.35			0.56
26	0.30			0.33	0.28
27	0.54				0.46
28		0.58			0.43
29				-0.32	0.18
30	0.65				0.53
31	0.55				0.32
32				0.38	0.25
33	0.34			-0.31	0.23
34	0.47	-0.42			0.44
35	0.33	-0.38			0.32
36	0.34		-0.47		0.38
37	0.41	0.67			0.72
38	0.53		0.48		0.55
39	0.43			-0.36	0.39
40	0.53		0.35		0.47
41	0.55				0.41
42	0.32	-0.32		0.31	0.33
43	0.44	-0.43		0.30	0.49
44	0.43	-0.44			0.46
Eigen value	8.65	3.44	2.88	2.06	17.03
Percent variance:	22.2	8.8	7.4	5.3	43.7

*** Items numbered as for pilot instrument.**

Reproduced from Wood, 1994, p.86.

APPENDIX 12.5
PROVISIONAL INSTRUMENT: PILOT STUDY ANALYSIS
VARIMAX ROTATED FACTOR ANALYSIS

			FACTORS			
SCALE	***ITEM**	**+/-**	**1**	**2**	**3**	**4**
1	10	-	0.50			0.55
Competent	15	-	0.44			0.45
Individual	19	-	0.43		0.42	
	24	+	0.77			
	25	+	0.63	0.30		
	31	-	0.37	0.32		
	34	+	0.59	0.30		
	35	-	0.45			
	38	-	0.69			
	40	-	0.64			
	41	+	0.47	0.42		
	42	+	0.41			
	44	+	0.66			
2	1	-	0.32	0.36		0.49
Acceptance	2	-				0.42
	11	-		0.46		0.57
	17	-		0.44		0.50
	22	-				0.64
	29	-				0.40
	30	-		0.45		0.52
	33	-				0.42
	39	-				0.57
3	6	+		0.38		
Satis-	7	-		0.50		0.35
faction	8	+		0.53		
	13	+		0.46		
	20	+		0.66		
	21	+		0.70		
	27	+		0.57		
	36	+		0.61		
	43	+		0.69		
4	9	-			0.77	
Identifi-	12	-			0.47	0.38
cation	14	-			0.76	
	23	-			0.68	
	26	-			0.41	
	28	-			0.53	0.34
	32	-			0.40	
	37	-			0.83	

Highest factor loading for each item underlined.

*** Items numbered as for pilot instrument.**

Reproduced from Wood, 1994, p.87.

APPENDIX 13.1
PROVISIONAL INSTRUMENT: PRE-RESEARCH ANALYSIS

SCALES FREQUENCIES AND RELIABILITY STATISTICS

SCALE:	1	2	3	4
NUMBER OF ITEMS:	13	9	9	8
MEAN SCALE SCORE:	55.24	35.29	34.79	25.73
STANDARD DEVIATION:	4.59	4.31	4.15	5.75
SCORE RANGE:				
ACTUAL (AR):	27	25	25	27
POTENTIAL (PR):	53	37	37	33
PERCENTAGE OF PR:	51%	68%	68%	82%
CRONBACH ALPHA COEFFICIENT:	0.67	0.66	0.74	0.77

n = 206.

INTER-SCALE CORRELATIONS

SCALE	2	3	4
1	0.58	0.52	0.24
2		0.57	0.35
3			0.34

Note: `True limits' used in score range calculations.

APPENDIX 13.2
PROVISIONAL INSTRUMENT: PRE RESEARCH ANALYSIS
ITEM/REST-OF-SCALE CORRELATIONS

SCALE	ITEM	+/-	1	2	3	4
1	1	-	0.35	0.29	0.19	0.04
Competent	5	-	0.15	0.28	0.10	0.13
Individual	9	-	0.34	0.22	0.25	0.24
	13	+	0.34	0.25	0.32	0.07
	17	+	0.33	0.46	0.38	0.22
	25	+	0.21	0.27	0.28	0.16
	29	-	0.26	0.18	0.15	0.13
	31	-	0.38	0.15	0.12	0.02
	32	+	0.32	0.11	0.16	0.02
	34	-	0.39	0.27	0.21	0.01
	36	+	0.21	0.24	0.37	0.14
	38	-	0.28	0.38	0.26	0.18
	39	+	0.42	0.33	0.32	-0.04
2	2	-	0.11	0.29	0.20	0.20
Acceptance	6	-	0.37	0.24	0.27	0.17
	10	-	0.41	0.56	0.45	0.22
	14	-	0.42	0.43	0.38	0.16
	18	-	0.23	0.41	0.22	0.25
	22	-	0.25	0.08	0.21	0.07
	26	-	0.30	0.50	0.41	0.30
	30	-	0.30	0.13	0.14	0.05
	35	-	0.35	0.40	0.35	0.18
3	3	+	0.29	0.30	0.45	0.21
Satis-	7	-	0.19	0.42	0.32	0.17
faction	11	+	0.32	0.32	0.42	0.17
	15	+	0.24	0.29	0.41	0.08
	19	+	0.39	0.32	0.47	0.19
	21	+	0.27	0.25	0.39	0.11
	23	+	0.36	0.37	0.44	0.34
	27	+	0.44	0.41	0.45	0.28
	37	+	0.29	0.26	0.50	0.25
4	4	-	0.17	0.23	0.23	0.59
Identifi-	8	-	0.22	0.29	0.20	0.49
cation	12	-	0.14	0.30	0.20	0.46
	16	-	0.04	0.09	0.03	0.47
	20	-	0.24	0.23	0.36	0.20
	24	-	0.17	0.25	0.26	0.48
	28	-	0.15	0.23	0.26	0.52
	33	-	0.08	0.10	0.15	0.53

Highest correlation value for each item underlined.

APPENDIX 13.3
PROVISIONAL INSTRUMENT: PRE-RESEARCH ANALYSIS
PRINCIPAL COMPONENTS FACTOR ANALYSIS

	FACTORS				
ITEM	1	2	3	4	Communality
1	0.32			-0.34	0.35
2	0.32			-0.35	0.32
3	0.48				0.23
4	0.40	0.54			0.53
5			0.40	-0.47	0.44
6	0.38		0.40		0.32
7	0.42				0.23
8	0.40	0.47			0.42
9	0.39				0.22
10	0.61			-0.37	0.53
11	0.48				0.29
12	0.37	0.50			0.40
13	0.38				0.27
14	0.53				0.35
15	0.41		-0.45		0.44
16		0.56	0.30		0.47
17	0.55				0.35
18	0.42			-0.46	0.43
19	0.53				0.32
20	0.42				0.32
21	0.42				0.35
22					0.20
23	0.57				0.42
24	0.42	0.42			0.40
25	0.36				0.22
26	0.57			-0.38	0.50
27	0.61				0.39
28	0.41	0.47			0.43
29			0.50		0.33
30			0.36		0.24
31		-0.35	0.47		0.41
32		-0.36			0.31
33		0.58			0.50
34	0.34	-0.39			0.35
35	0.49			-0.31	0.36
36	0.41		-0.45		0.42
37	0.49				0.31
38	0.41				0.17
39	0.41	-0.46			0.40
Eigen value	6.74	2.93	2.33	1.93	13.93
Percent variance:	17.3	7.5	6.0	4.9	35.7

APPENDIX 13.4
PROVISIONAL INSTRUMENT: PRE-RESEARCH ANALYSIS

VARIMAX ROTATED FACTOR ANALYSIS

			FACTORS			
SCALE	**ITEM**	**+/-**	**1**	**2**	**3**	**4**
1	1	-		0.40		0.42
Competent	5	-	-0.35	0.45		0.32
Individual	9	-				0.37
	13	+	0.36			0.37
	17	+	0.39	0.42		
	25	+	0.46			
	29	-				0.54
	31	-				0.64
	32	+				0.50
	34	-				0.56
	36	+	0.62			
	38	-				
	39	+				0.47
2	2	-		0.52		
Acceptance	6	-				0.51
	10	-		0.67		
	14	-		0.48		
	18	-		0.64		
	22	-				0.37
	26	-		0.66		
	30	-				0.49
	35	-		0.55		
3	3	+				
Satis-	7	-		0.44		
faction	11	+	0.47			
	15	+	0.62			
	19	+	0.41			0.31
	21	+	0.55			
	23	+	0.58			
	27	+	0.41			0.35
	37	+	0.47			
4	4	-			0.71	
Identifi-	8	-			0.61	
cation	12	-			0.56	
	16	-			0.68	
	20	-	0.53			
	24	-			0.60	
	28	-			0.59	
	33	-			0.70	

Highest factor loading for each item underlined.

APPENDIX 14.1
RESEARCH INSTRUMENT: SECOND PSYCHOMETRIC ANALYSIS
ITEM SCORE FREQUENCIES ANALYSIS

Item response:	+	*SD*	*D*	*N*	*A*	*SA*
	-	*SA*	*A*	*N*	*D*	*SD*

			PERCENTAGE SCORING						
ITEM	**SCALE**	**+/-**	**1**	**2**	**3**	**4**	**5**	**MEAN**	**S.D.**
1	1	-	0.0	3.3	0.5	33.0	63.2	4.56	0.68
2	2	-	0.0	4.4	2.7	53.3	39.6	4.28	0.72
3	3	+	1.1	2.2	10.4	67.6	18.7	4.00	0.69
4	4	-	14.8	40.7	7.7	30.8	6.0	2.73	1.22
5	1	-	0.0	8.8	2.2	46.7	42.3	4.23	0.87
6	1	-	0.0	3.8	3.3	46.2	46.7	4.36	0.73
7	2	-	0.0	22.5	8.8	57.1	11.5	3.58	0.97
8	4	-	8.2	45.1	7.7	34.1	4.9	2.82	1.14
9	1	-	0.0	4.9	2.7	44.5	47.8	4.35	0.76
10	2	-	0.0	6.0	4.4	68.7	20.9	4.04	0.70
11	3	+	1.1	8.2	26.9	57.7	6.0	3.59	0.77
12	4	-	11.0	37.4	13.2	26.4	12.1	2.91	1.25
13	1	+	1.1	1.1	1.6	30.2	65.9	4.59	0.69
14	2	-	0.0	12.6	8.2	60.4	18.7	3.85	0.87
15	3	+	1.1	1.6	13.2	61.5	22.5	4.03	0.72
16	4	-	15.9	50.5	9.3	20.9	3.3	2.45	1.09
17	3	+	0.0	1.1	6.0	68.1	24.7	4.17	0.57
18	2	-	1.1	24.2	7.1	48.9	18.7	3.60	1.08
19	3	+	0.0	0.0	14.3	67.0	18.7	4.04	0.57
21	3	+	0.5	4.9	14.8	64.8	14.8	3.89	0.73
22	1	-	0.5	1.1	7.7	25.3	65.4	4.54	0.73
23	3	+	0.5	4.9	13.7	59.3	21.4	3.96	0.78
24	4	-	0.5	11.5	9.3	49.5	29.1	3.95	0.95
25	3	+	2.2	7.7	8.8	58.2	23.1	3.92	0.91
26	2	-	0.0	15.9	9.9	62.1	12.1	3.70	0.88
27	3	+	0.0	1.1	4.9	64.3	29.7	4.23	0.58
28	4	-	25.3	41.8	13.2	17.0	2.7	2.30	1.11
29	1	-	0.5	6.6	9.9	48.4	34.6	4.10	0.87
30	1	-	0.0	1.1	0.5	46.2	52.2	4.50	0.57
31	1	-	0.0	1.1	3.3	23.1	72.5	4.67	0.60
32	1	+	0.5	1.1	0.5	22.0	75.8	4.71	0.57
33	4	-	14.3	37.4	11.0	34.1	3.3	2.75	1.17
34	1	-	0.0	0.0	0.5	40.1	59.3	4.59	0.51
35	2	-	1.1	28.0	15.9	48.4	6.6	3.31	0.99
36	3	+	1.6	4.9	12.1	68.1	13.2	3.86	0.76
37	3	+	0.5	9.3	29.3	56.6	3.8	3.59	0.74
38	2	-	0.0	19.8	15.9	48.4	15.9	3.60	0.98
39	1	+	0.5	0.0	0.0	29.1	70.3	4.69	0.53

n = 182.
Note: Item 20 deleted from analysis.

APPENDIX 14.2
RESEARCH INSTRUMENT: SECOND PSYCHOMETRIC ANALYSIS
SCALES FREQUENCIES AND RELIABILITIES ANALYSIS

SCALE	**1**	**2**	**3**	**4**
NUMBER OF ITEMS:	12	8	11	7
MEAN SCALE SCORE:	53.87	29.97	43.23	19.91
STANDARD DEVIATION:	3.86	4.36	4.63	5.40
SCORE RANGE:				
ACTUAL (AR):	26	23	27	26
POTENTIAL (PR):	49	33	45	29
PERCENTAGE OF PR:	53%	70%	60%	90%
CRONBACH ALPHA COEFFICIENT:	0.68	0.75	0.81	0.81

n = 182.

INTER-SCALE CORRELATIONS

SCALE	**2**	**3**	**4**
1	0.24	0.27	0.27
2		0.26	0.39
3			0.03

APPENDIX 14.3
RESEARCH INSTRUMENT: SECOND PSYCHOMETRIC ANALYSIS
ITEM/REST-OF-SCALE CORRELATIONS

SCALE	ITEM	+/-	SCALE 1	2	3	4
1 Competent Individual	1	-	0.34	0.15	0.08	0.16
	5	-	0.26	0.14	0.03	0.29
	6	-	0.32	0.24	0.08	0.29
	9	-	0.36	0.15	0.18	0.22
	13	+	0.10	0.01	0.09	-0.13
	22	-	0.33	0.06	0.07	0.01
	29	-	0.33	0.06	0.06	0.17
	30	-	0.50	0.21	0.15	0.14
	31	-	0.45	0.17	0.20	0.05
	32	+	0.28	0.003	0.18	0.06
	34	-	0.37	0.12	0.27	0.08
	39	+	0.26	0.03	0.23	0.13
2 Acceptance	2	-	0.10	0.35	0.22	0.09
	7	-	0.08	0.43	0.16	0.25
	10	-	0.26	0.46	0.26	0.24
	14	-	0.13	0.49	0.17	0.17
	18	-	0.08	0.42	0.06	0.22
	26	-	0.10	0.62	0.19	0.32
	35	-	0.09	0.42	0.13	0.26
	38	-	0.33	0.40	0.15	0.30
3 Satis-faction	3	+	0.02	0.14	0.36	-0.06
	11	+	0.23	0.14	0.53	0.01
	15	+	0.19	0.15	0.51	-0.10
	17	+	0.07	0.30	0.44	0.05
	19	+	0.17	0.09	0.61	0.02
	21	+	0.14	0.20	0.56	-0.02
	23	+	0.20	0.24	0.47	0.05
	25	+	0.15	0.10	0.30	0.08
	27	+	0.26	0.13	0.54	0.001
	36	+	0.13	0.17	0.49	0.08
	37	+	0.16	0.07	0.46	0.09
4 Identifi-cation	4	-	0.10	0.21	-0.01	0.62
	8	-	0.27	0.38	-0.02	0.52
	12	-	0.16	0.34	0.06	0.56
	16	-	0.20	0.11	-0.06	0.48
	24	-	0.31	0.26	0.26	0.40
	28	-	0.12	0.29	0.03	0.51
	33	-	0.18	0.26	-0.08	0.69

Highest correlation value for each item underlined.

APPENDIX 14.4
RESEARCH INSTRUMENT: SECOND PSYCHOMETRIC ANALYSIS
PRINCIPAL COMPONENTS FACTOR ANALYSIS

	FACTORS				
ITEM	**1**	**2**	**3**	**4**	**Communality**
1					0.20
2	0.38				0.29
3		-0.36			0.30
4	0.35	0.54		0.38	0.56
5	0.30				0.19
6	0.39				0.24
7	0.41		-0.39		0.37
8	0.43	0.53			0.47
9	0.39				0.25
10	0.52				0.39
11	0.44	-0.43			0.39
12	0.43	0.47			0.46
13					0.13
14	0.41			0.37	0.41
15	0.38	-0.51			0.43
16		0.49		-0.34	0.48
17	0.44	-0.31	-0.32		0.39
18	0.33			0.40	0.39
19	0.44	-0.52		-0.38	0.61
21	0.44	-0.45			0.41
22			0.43		0.31
23	0.47	-0.33			0.33
24	0.54				0.39
25	0.32				0.18
26	0.51		-0.42		0.53
27	0.46	-0.47			0.50
28	0.37	0.44			0.38
29			0.45		0.28
30	0.41		0.43	0.32	0.46
31	0.39		0.41	0.31	0.43
32			0.47		0.29
33	0.37	0.61		-0.30	0.61
34	0.37		0.40		0.34
35	0.40		-0.32		0.32
36	0.45	-0.34			0.37
37	0.40	-0.35		-0.40	0.45
38	0.49				0.36
39	0.30		0.33		0.22
Eigenvalue	*5.74*	*3.90*	*2.45*	*1.99*	*14.08*
Percent variance:	**15.10**	**10.30**	**6.50**	**5.20**	**37.10**

Item 20 deleted from analysis
Factor loadings 0.30 or greater shown.

APPENDIX 14.5
RESEARCH INSTRUMENT: SECOND PSYCHOMETRIC ANALYSIS
VARIMAX ROTATED FACTOR ANALYSIS

			FACTORS			
SCALE	**ITEM**	**+/-**	**1**	**2**	**3**	**4**
1	1	-				0.40
Competent	5	-		-0.31		
Individual	6	-				0.33
	9	-				0.39
	13	+				
	22	-				0.55
	29	-				0.47
	30	-				0.65
	31	-				0.62
	32	+				0.51
	34	-				0.53
	39	+				0.39
2	2	-			0.50	
Acceptance	7	-			0.55	
	10	-			0.56	
	14	-			0.63	
	18	-			0.61	
	26	-			0.67	
	35	-			0.52	
	38	-			0.47	0.31
3	3	+	0.53			
Satis-	11	+	0.59			
faction	15	+	0.54			
	17	+	0.54		0.31	
	19	+	0.78			
	21	+	0.58			
	23	+	0.48			
	25	+	0.34			
	27	+	0.69			
	36	+	0.59			
	37	+	0.64			
4	4	-		0.74		
Identifi-	8	-		0.58	0.30	
cation	12	-		0.63		
	16	-		0.66		
	24	-		0.50		
	28	-		0.59		
	33	-		0.76		

Highest factor loading for each item underlined.
Factor loadings of 0.30 or greater shown.

APPENDIX 15.1
RESEARCH INSTRUMENT: THIRD PSYCHOMETRIC ANALYSIS
ITEM SCORE FREQUENCIES ANALYSIS

Item response: + *SD* *D* *N* *A* *SA*
- *SA* *A* *N* *D* *SD*

			PERCENTAGE SCORING						
ITEM	**SCALE**	**+/-**	**1**	**2**	**3**	**4**	**5**	**MEAN**	**S.D.**
1	1	-	0.0	0.8	0.8	34.7	63.6	4.61	0.55
2	2	-	0.0	5.0	2.5	61.2	31.4	4.19	0.71
3	3	+	0.0	4.1	5.0	70.2	20.7	4.07	0.65
4	4	-	16.5	38.8	7.4	28.1	9.1	2.74	1.28
5	1	-	0.0	6.6	0.0	47.9	45.5	4.32	0.79
6	1	-	0.0	6.6	1.7	44.6	47.1	4.32	0.81
7	2	-	0.0	29.8	5.8	53.7	10.7	3.46	1.03
8	4	-	9.1	45.5	7.4	33.1	5.0	2.79	1.15
9	1	-	0.0	1.7	3.3	53.7	41.3	4.35	0.63
10	2	-	0.8	10.7	4.1	67.8	16.5	3.88	0.84
11	3	+	1.7	9.1	19.0	42.8	7.4	3.65	0.81
12	4	-	9.1	39.7	4.1	39.7	7.4	2.97	1.21
13	1	+	0.0	2.5	0.8	31.4	65.3	4.60	0.64
14	2	-	0.0	21.5	4.1	62.0	12.4	3.65	0.96
15	3	+	0.0	4.1	9.1	67.3	19.0	4.02	0.67
16	4	-	16.5	53.7	3.3	24.0	2.5	2.42	1.10
17	3	+	0.0	2.5	5.0	73.6	19.0	4.09	0.58
18	2	-	3.3	33.1	8.3	40.5	14.9	3.31	1.18
19	3	+	0.0	4.1	6.6	71.9	17.4	4.03	0.64
21	3	+	0.0	8.3	14.0	64.5	13.2	3.83	0.76
22	1	-	0.8	1.7	1.7	31.4	64.5	4.57	0.69
23	3	+	0.8	9.1	7.4	64.5	18.2	3.90	0.83
24	4	-	0.8	6.6	8.3	53.7	30.6	4.07	0.85
25	3	+	1.7	5.0	3.3	65.3	24.8	4.07	0.79
26	2	-	0.8	20.7	3.3	64.5	10.7	3.64	0.96
27	3	+	1.7	0.8	1.7	67.8	28.1	4.20	0.67
28	4	-	24.8	43.0	7.4	20.7	4.1	2.36	1.18
29	1	-	0.0	6.6	7.4	62.0	24.0	4.03	0.76
30	1	-	0.8	0.0	0.0	32.2	66.9	4.65	0.58
31	1	-	0.0	0.0	0.0	28.1	71.9	4.72	0.45
32	1	+	0.8	0.0	0.0	21.5	77.7	4.75	0.54
33	4	-	14.0	49.6	9.1	24.8	2.5	2.52	1.09
34	1	-	0.0	0.0	0.0	43.8	56.2	4.56	0.50
35	2	-	3.3	29.8	9.1	48.8	9.1	3.31	1.09
36	3	+	0.8	5.8	6.6	75.2	11.6	3.91	0.70
37	3	+	0.8	16.5	17.4	54.5	10.7	3.58	0.92
38	2	-	0.0	18.2	13.2	55.4	13.2	3.64	0.93
39	1	+	0.0	0.0	0.0	27.3	72.7	4.73	0.45

n = 121.
Note: Item 20 deleted from analysis.

APPENDIX 15.2
RESEARCH INSTRUMENT: THIRD PSYCHOMETRIC ANALYSIS
SCALES FREQUENCIES AND RELIABILITIES ANALYSIS

SCALE	**1**	**2**	**3**	**4**
NUMBER OF ITEMS:	12	8	11	7
MEAN SCALE SCORE:	54.21	29.07	43.34	19.88
STANDARD DEVIATION:	4.00	4.98	4.56	5.44
SCORE RANGE:				
ACTUAL (AR):	18	24	23	27
POTENTIAL (PR):	49	33	45	29
PERCENTAGE OF PR:	37%	73%	51%	93%
CRONBACH ALPHA COEFFICIENT:	0.77	0.80	0.79	0.81

n = 121.

INTER-SCALE CORRELATIONS

SCALE	**2**	**3**	**4**
1	0.24	0.25	0.09
2		0.34	0.41
3			0.18

APPENDIX 15.3
RESEARCH INSTRUMENT: THIRD PSYCHOMETRIC ANALYSIS
ITEM/REST-OF-SCALE CORRELATIONS

SCALE	ITEM	+/-	SCALE 1	2	3	4
1	1	-	0.38	0.19	0.02	0.08
Competent	5	-	0.33	0.23	-0.001	-0.05
Individual	6	-	0.33	0.29	0.19	0.23
	9	-	0.43	0.26	0.28	0.18
	13	+	0.21	-0.07	0.28	-0.07
	22	-	0.38	0.05	-0.04	-0.06
	29	-	0.47	0.15	0.21	0.05
	30	-	0.53	0.10	0.01	0.13
	31	-	0.63	0.06	0.16	0.05
	32	+	0.50	0.01	0.17	-0.03
	34	-	0.50	0.14	0.18	0.08
	39	+	0.44	-0.02	0.22	-0.02
2	2	-	0.23	0.42	0.18	0.07
Acceptance	7	-	0.09	0.49	0.18	0.31
	10	-	0.20	0.42	0.27	0.20
	14	-	0.19	0.61	0.28	0.30
	18	-	0.12	0.54	0.19	0.26
	26	-	0.15	0.65	0.28	0.32
	35	-	0.09	0.52	0.16	0.35
	38	-	0.20	0.40	0.22	0.23
3	3	+	0.19	0.24	0.43	0.06
Satis-	11	+	-0.05	0.15	0.50	0.05
faction	15	+	0.06	0.08	0.41	0.05
	17	+	0.28	0.29	0.33	0.13
	19	+	0.23	0.24	0.51	0.02
	21	+	0.25	0.17	0.58	0.16
	23	+	0.23	0.30	0.41	0.06
	25	+	0.14	0.17	0.35	0.13
	27	+	0.22	0.16	0.46	-0.01
	36	+	0.05	0.12	0.39	0.24
	37	+	0.06	0.21	0.49	0.21
4	4	-	0.06	0.33	0.17	0.70
Identifi-	8	-	0.02	0.31	0.13	0.54
cation	12	-	0.06	0.31	0.12	0.50
	16	-	-0.01	0.17	0.01	0.57
	24	-	0.22	0.39	0.27	0.39
	28	-	0.06	0.24	0.11	0.56
	33	-	0.07	0.24	0.10	0.60

Highest correlation value for each item underlined.

APPENDIX 15.4
RESEARCH INSTRUMENT: THIRD PSYCHOMETRIC ANALYSIS
PRINCIPAL COMPONENTS FACTOR ANALYSIS

	FACTORS				
ITEM	**1**	**2**	**3**	**4**	**Communality**
1				0.39	0.31
2	0.42			-0.41	0.35
3	0.42				0.30
4	0.48	-0.49		0.42	0.66
5			0.32	-0.34	0.36
6	0.45				0.23
7	0.46	-0.35		-0.35	0.47
8	0.41	-0.47			0.47
9	0.49				0.32
10	0.48				0.31
11			-0.63		0.49
12	0.40	-0.39			0.39
13		0.40			0.28
14	0.58			-0.34	0.49
15			-0.52		0.38
16		-0.47		0.41	0.51
17	0.46				0.26
18	0.48			-0.35	0.42
19	0.45		-0.37		0.42
21	0.49		-0.51		0.56
22		0.42	0.36		0.33
23	0.45		-0.35		0.35
24	0.54				0.34
25	0.35				0.19
26	0.60			-0.36	0.54
27	0.37		-0.35		0.33
28	0.37	-0.41		0.39	0.47
29	0.39	0.38			0.34
30	0.31	0.37	0.49		0.51
31	0.38	0.56	0.36		0.64
32		0.55			0.46
33	0.39	-0.41		0.38	0.53
34	0.38	-0.40			0.39
35	0.47	-0.35		-0.30	0.45
36	0.35		-0.34	0.33	0.35
37	0.43		-0.42	0.31	0.38
38	0.46				0.25
39		0.57			0.47
Eigenvalue	*6.28*	*3.77*	*2.97*	*2.28*	*15.30*
Percent variance:	**16.50**	**9.90**	**7.80**	**6.00**	**40.20**

Item 20 deleted from analysis
Factor loadings 0.30 or greater shown.

APPENDIX 15.5
RESEARCH INSTRUMENT: THIRD PSYCHOMETRIC ANALYSIS
VARIMAX ROTATED FACTOR ANALYSIS

			FACTORS			
SCALE	**ITEM**	**+/-**	**1**	**2**	**3**	**4**
1	1	-	0.32	0.43		
Competent	5	-	0.38	0.40		
Individual	6	-				
	9	-		0.45		
	13	+			0.41	
	22	-		0.56		
	29	-		0.55		
	30	-		0.69		
	31	-		0.79		
	32	+		0.65		
	34	-		0.61		
	39	+		0.62		
2	2	-	0.55			
Acceptance	7	-	0.64			
	10	-	0.50			
	14	-	0.67			
	18	-	0.63			
	26	-	0.70			
	35	-	0.62			
	38	-	0.44			
3	3	+			0.45	
Satis-	11	+			0.66	
faction	15	+			0.61	
	17	+	0.36			
	19	+			0.56	
	21	+			0.73	
	23	+			0.52	
	25	+			0.38	
	27	+			0.54	
	36	+			0.51	
	37	+			0.58	
4	4	-				0.80
Identifi-	8	-				0.65
cation	12	-				0.59
	16	-				0.71
	24	-				0.42
	28	-				0.69
	33	-				0.72

Highest factor loading for each item underlined.
Factor loadings of 0.30 or greater shown.

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