

1994

## Diploma Nursing Students' Attitudes Toward Poverty

Elizabeth Louise Phillips  
*Grand Valley State University*

Follow this and additional works at: <https://scholarworks.gvsu.edu/theses>



Part of the [Family, Life Course, and Society Commons](#), and the [Nursing Commons](#)

---

### ScholarWorks Citation

Phillips, Elizabeth Louise, "Diploma Nursing Students' Attitudes Toward Poverty" (1994). *Masters Theses*. 230.

<https://scholarworks.gvsu.edu/theses/230>

This Thesis is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Masters Theses by an authorized administrator of ScholarWorks@GVSU. For more information, please contact [scholarworks@gvsu.edu](mailto:scholarworks@gvsu.edu).

DIPLOMA NURSING STUDENTS'  
ATTITUDES TOWARD POVERTY

By

Elizabeth Louise Phillips

A Thesis

Submitted to  
Grand Valley State University  
in partial fulfillment of the requirements for the  
degree of

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1994

Thesis Committee Members:

Patricia Underwood, Ph.D., R.N.  
Sharon Leder, DSN., R.N.  
Rodney Mulder, Ph.D.

## ABSTRACT

### DIPLOMA NURSING STUDENTS' ATTITUDES TOWARD POVERTY

By

ELIZABETH LOUISE PHILLIPS

According to King, stereotyped perceptions may interfere with nurse-client transactions. Therefore, nurses' should possess attitudes which enable them to care for individuals who live in poverty. A descriptive correlational design was used to examine first year and second year diploma nursing students' attitudes toward individuals living in poverty. It was hypothesized that second year diploma nursing students would demonstrate a more positive attitude toward those living in poverty than first year diploma nursing students.

A convenience sample of diploma nursing students (N=102) completed the "Attitudes about Poverty and Poor Peoples" scale utilized to assess students' attitudes (Atherton et al., 1993). The hypothesis was not supported. Implications for nursing education are discussed.

## Dedication

Dedicated to all individuals  
who lack the resources to  
meet their basic needs.

## Acknowledgments

This research would not have been completed without the assistance and encouragement of my committee members. I am grateful to Patricia Underwood, PhD, RN, who served as chairperson, mentor and coach. Her patience and feedback was invaluable. I want to thank Sharon Leder, DSN, RN, and Rodney Mulder, PhD, for their insight and encouragement.

Appreciation is also extended to Cynthia Coviak, MSN, RN, for her assistance with the data analysis process. Her patience and guidance greatly enhanced my understanding of statistics and made data analysis fun.

I am extremely grateful to my parents, Barrie and Beverly Phillips, who provided me the necessary resources, encouragement, and an appreciation of knowledge during my formative years. Their support was essential to the completion of this project.

Finally, I am indebted to Charles Atherton, PhD, CSW, and his colleagues for their generous permission to utilize their research tool.

## Table of Content

List of Tables.....	vii
List of Appendices.....	viii
Chapter	
1	INTRODUCTION.....1
	Purpose.....4
2	LITERATURE AND CONCEPTUAL FRAMEWORK.....5
	Literature Review.....5
	Conceptual Framework.....18
	Definition of Terms.....20
	Research Question.....20
	Hypothesis.....20
3	METHODOLOGY.....21
	Design.....21
	Sample and Setting.....22
	Instrument.....22
	Protection of Human Subjects.....23
	Procedure.....24
4	DATA ANALYSIS.....25
	Characteristics of Subjects.....25
	Responses to Poverty Attitudes
	Questionnaire.....26

	Responses to Poverty Issues	
	Questions.....	29
5	DISCUSSION AND IMPLICATIONS.....	35
	Discussion of Findings.....	35
	Strengths.....	38
	Limitations.....	38
	Application to Education/Practice.....	41
	Recommendations for Future Research.....	41
	Summary.....	42
	LIST OF REFERENCES.....	49

## List of Tables

### Table

1	Description of Subjects.....	26
2	Poverty Attitude Score in First and Second Year Students.....	27
3	Six Lowest Mean Scores to Attitude Questions.....	28
4	Six Highest Mean Scores to Attitude Questions.....	29
5	Exposure to Poverty and Related Issues.....	30
6	Father's Education and Occupation.....	32
7	Mother's Education and Occupation.....	33
8	Poverty Attitude Score Recipient/ Nonrecipient Financial Aid.....	34
9	Poverty Attitude Scores of Differing Student Groups.....	36



## List of Appendices

### Appendix

A	Attitudes about Poverty and Poor People Scale.....	43
B	Demographic and Related Data.....	45
C	Script for Questionnaire Introduction.....	46
D	Cover Sheet for Questionnaire Introduction....	47
E	Permission to Use Attitudes about Poverty and Poor People Scale.....	48

## CHAPTER 1

### INTRODUCTION

Poverty restricts one's access to and control over basic fundamental needs, such as food, clothing and shelter. According to the 1992 census report, 36.9 million people in the United States live below the official government poverty level. This number represents 14.5% of the nation's population and is at the highest level since 1962. Roughly 40% of the nation's poor, 16 years and older, work, with 9.2% working year round in full-time positions. Half of the 36.9 million poor are either children under 18 years of age or elderly, and 34.9% live in families headed by women (U.S. Bureau of the Census, 1993). Of those living below the poverty line, about 42.7% receive cash assistance, through such programs as Aid to Families with Dependent Children, while 26.8% receive no assistance of any type (U.S. Bureau of the Census, 1993).

Poverty has a direct effect on one's general health status. Living in poverty often involves substandard housing, inadequate nutrition, and limited access to health care. About 28.5% of the nation's poor reported they had no medical insurance, with males, ages 18 to 44, the least

likely to be insured (U.S. Bureau of the Census, 1993). Socioeconomic differences in both mortality and morbidity rates have been consistently observed, while the reasons for and the strategies to reduce these inequalities remain unclear (Najman, 1993). Poor people get sick more than nonpoor, experience more complications, take longer to recover and after recovery are less likely to regain the level of functioning they enjoyed prior to their illness (Moccia & Mason, 1986). This adverse effect on health increases nurses' exposure to those who live in poverty. The attitudes about poverty nurses possess may affect their ability to care for this population.

"Attitudes provide a ready means of 'sizing up' or appraising objects and events" (Sanbonmatsu & Fazio, 1990, p. 620). Sanbonmatsu and Fazio (1990) demonstrated that attitudes guide decisions and behaviors by influencing one's assessment of decision alternatives. Historically Americans' attitudes about the poor have been influenced by economic individualism and the Protestant work ethic. Americans believe that hard work will be rewarded and that the poor are responsible for their own fate (Feagin, 1972). The increased media coverage of the plight of the homeless and the recent recession has affected Americans' attitudes toward those living in poverty. An increasing number of Americans view social and economic conditions as the basis for poverty and not the personal characteristics of the poor

themselves (Hendrickson & Axelson, 1985).

Nurses need to be aware of their own attitudes toward individuals and how these attitudes influence how they interact with others. Attitudes influence both decisions and behaviors and impact all aspects of the nursing process. The nursing process involves assessment, diagnosis, planning, implementation and evaluation and is a framework for the practice of professional nursing.

The theory of goal attainment, developed by Imogene King (1981), describes the nature of the client-nurse interactions that leads to the achievement of goals. A major concept in this theory is interaction. When people interact each individual brings different knowledge, needs, goals, past experiences, and perceptions which can influence the interaction (King, 1981). Based on this conceptual framework, attitudes can be seen to influence the client-nurse interaction.

Traditionally nursing students are females from middle to upper-middle class backgrounds. While nursing programs have recently seen changes in their student population, with more men, women with children, and second career students entering nursing programs, little advancement has been made in drawing socioeconomically disadvantaged students into nursing. One reason for this may be the relationship between poverty and education. Children living below the poverty line are less likely to be enrolled in school or to

have graduated from high school. The majority of poor young adults not enrolled or without a high school diploma are female. "In 1992, 56.1% of poor family householders 25 years old and older were high school graduates, compared with 80.7% of all householders" (U.S. Bureau of the Census, 1993, p. xv). These middle to upper-middle class nursing students may not be aware of or fully appreciate the barriers to health and health care experienced by those living in poverty.

Student nurses should possess attitudes which enable them to care for individuals who live in poverty. They also need to be sensitive to the issues of poverty which impact health and health care. Nurse educators play an important role in fostering positive attitudes toward those who live in poverty and promoting awareness of the special health care needs of this population.

#### Purpose

The purpose of this study is to examine first year and second year diploma nursing students' attitudes toward individuals living in poverty. The results of this study will provide a foundation for the development of an educational program to prepare nurses to care for the special needs of the poor population.

## CHAPTER 2

### LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

#### Introduction

The concept of poverty: its scope, causes, effect upon health, attitudes toward and ways to alleviate; has concerned researchers since the 1800's. Florence Nightingale, an early nursing theorist, identified factors such as poor environmental conditions, poor diet, or lack of spiritual strength as frequent causes of suffering (Chinn & Jacobs, 1987). This literature review will focus on causes of poverty, poverty's effect upon health, the changing face of poverty, and attitudes toward poverty.

#### Poverty

The concept of poverty is not new; it is one of the most familiar and enduring conditions known to mankind. While all cultures experience poverty, the meaning of poverty differs greatly among cultures. In the literature three views of poverty have been identified: cultural, situational or structural, and adaptational (Carney, 1992; Pesznecker, 1984).

The culture of poverty theory was developed by Oscar Lewis in 1959, during his work with poor Mexican and Puerto

Rican families (as cited in Carney, 1992). Lewis identified the culture of poverty as an adaptive process. He maintained that societal alienation of the poor causes them to develop and pass on to their children coping mechanisms so extreme they constitute a culture within a culture (as cited in Carney, 1992). Lewis felt that those who live in poverty have a set of beliefs, values, and lifestyles that are distinct and different than those who do not live in poverty. Lewis maintained that even if poverty could be erased the culture of poverty would be difficult to eliminate. This concept of poverty has been criticized for presenting the poor in an overwhelmingly negative context and for ascribing negative characteristics to the poor (Martin & Henry, 1989; Moccia & Mason, 1986; Presznecker, 1984).

Karl Marx and Max Weber developed the structural or situational view of poverty in the late 1800's (Presznecker, 1984). This theory maintains that social, economic, and political inequalities exist among the classes and that power is unevenly distributed. This represents a reactive rather than an adaptive process. The position of the poor is maintained by those in upper strata and the lifestyles and values of the poor are a response to their economic situation not to a distinct subculture of poverty (Presznecker, 1984). This theory argues that to alleviate poverty, changes must occur in the restrictive social

structure, not in the behaviors of the poor themselves.

The adaptational concept of poverty combines the cultural and situational/structural perspectives. This theory maintains that while the poor share similar values with others in society, their position in society confers many barriers to achieving their goals and aspirations. Thus the attitudes of the poor are viewed as adaptive or survival tactics for living in a disadvantaged social position. The poor revise their middle-class values in order to adapt to the obstacles they encounter when attempting to reach their goals (Carney, 1992).

#### Poverty's Effect On Health

The association of increased morbidity and mortality with poverty is well documented. Historically, class differences in mortality were noted in two Dutch villages in the 18th century. Analysis of the Dutch data revealed that the upper class group had a 10 year advantage in life expectancy and half the rate of early childhood mortality seen in the lower class group (Najman, 1993).

The Black report, done in England in 1980, continued to identify social inequalities of health, for both sexes and most age groups (Townsend, 1991). Even when individual behavioral factors such as smoking, alcohol consumption, and exercise were considered, the risk of death for those on inadequate incomes was found to be considerably higher than those with higher incomes. The decreased health of those



living in poverty appears to be due to low income, bad housing, poor working conditions, and poor environmental facilities and conditions (Morris, 1990; Townsend, 1991).

Mortality inequalities in those who live in poverty have been observed for adults, children and infants. Poverty's effect upon health can still be seen clearly today in the infant mortality rate. In America the infant mortality rate is 10 deaths per 1,000 births and is much higher among American minorities. This rate is equaled in the industrial world only by Italy (Styles, 1990).

Low birth weight infants are also commonly born to those who live in poverty. Infants that weigh less than 1,500 grams are at great risk for death and disability. Between 1980 and 1990 infants weighing less than 1,500 grams increased 18% among black infants and 6% among white infants. In 1990 the percent of infants weighing less than 1,500 grams was three times greater in black children than in white children (U.S. Department of Health and Human Services, 1993).

In a study done by the National Association of Children's Hospitals in 1989, hospitalized Medicaid children had a higher incidence of chronic health conditions and a higher prevalence of conditions associated with environmental and social circumstances such as burns, trauma, mental illness and HIV infection, than those children who were more affluent (as cited in Wessell, 1992).

Increased morbidity in children living in poverty includes obesity, growth lags, failure to thrive, delayed development, high blood lead levels, dental caries, mental retardation, and sudden infant death syndrome (Davidhizar & Frank, 1992; Rothenberg, 1991; Wyson, 1985). Substandard sanitation facilities for those living in poverty may be responsible for the increased incidence of respiratory, gastrointestinal and skin infections experienced by poor children (Rothenberg, 1991).

The mortality rate for adults living in poverty is estimated to be 1½ to 2½ times that experienced by the nonpoor. This increased mortality rate is predominantly due to chronic diseases such as heart disease, stroke, and cancer as well as various types of accidents and self inflicted injuries such as homicide and suicide (Najman, 1993).

Adults living in poverty have a higher incidence of chronic illness including asthma and cancer. In 1989 a study done by the American Cancer Society documented that poor adults with cancer experienced more pain and suffering than other socioeconomic groups. Their initial diagnosis of cancer was usually delayed until the disease was in the advanced stage and treatment options were limited (as cited in Wessell, 1992).

Along with increased mortality/morbidity rate in the poor is the documented low use of health care by the poor.

The 1954 Koos report demonstrated that the poor were less likely than the nonpoor to consult a doctor for common illness symptoms. National statistics in 1970 revealed an increased use of health care services among the poor, but the poor, especially children, continue to receive fewer health services relative to the affluent (Dutton, 1978). This underuse of medical services among the poor continues to concern researchers. One cause is the barriers to health care experienced by those who live in poverty. The barriers identified in the literature include decreasing health insurance, a critical shortage of health care services, a collapsing public health system, and the dehumanizing atmosphere of health care institutions (Dutton, 1978; Malloy, 1992).

#### Feminization Of Poverty

While poverty is not a new concept there has been a change in who is currently living in poverty. One recent change in the face of poverty is the increasing number of women and children living in poverty. This phenomenon is referred to as the "feminization of poverty" (Moccia & Mason, 1986; Pesznecker, 1984). Factors related to the increasing number of poor females include the rising divorce and separation rate, leaving women to provide for their children, and the lower income that women make comparable to men in the same position (Pesznecker, 1984). Current statistics and future projections suggest that

poverty will continue to increase and will include disproportionate numbers of women and minorities (Moccia & Mason, 1986).

#### Attitudes Toward the Poor

Little was found regarding attitudes toward the poor in nursing journals. The majority of the information was gained from review of social work, psychology and sociology journals.

Feagin (1972) conducted a survey of 1,017 adults who represented a cross-section of demographic groups, to investigate American attitudes toward poverty and the poor. Feagin identified three general explanations for poverty. The individualistic explanation placed the responsibility for poverty on the poor themselves. This explanation blamed individual characteristics of the poor, such as laziness, for the cause of poverty. The structural explanation placed the blame on external social and economic forces, such as low wages. The fatalistic explanation identified events beyond the control of individuals, such as illness and bad luck, as the cause of poverty.

In Feagin's study about half the sample identified individualistic factors as very important reasons for poverty. Respondents gave less emphasis, on the average, to structural factors while the importance of fatalistic factors varied greatly. Explanations of poverty varied according to race, religion, age, education and income.

Individualistic explanations were noted more frequently in white Protestants and Catholics, people over 50 years of age, those in the middle income group, and those with middle levels of education. Structural explanations were more common in black Protestants and Catholics, those under 30 years of age, the poor, and the less educated (Feagin, 1972).

Researchers continue to study American adults' attitudes towards poverty. Hendrickson and Axelson (1985) surveyed 202 members of professional organizations (which included 91 social workers, 61 computer scientists, and 50 public defenders) to determine their commitment to the work ethic, knowledge about poor families, and social welfare program choices. The researchers utilized a questionnaire they developed. Data analysis revealed almost 90% of the respondents identified themselves as firm believers in the work ethic. When determinants of personal economic success were analyzed, only 15.9% of the respondents identified characterological explanations as the cause of poverty, while 55.9% believed the economic system to be the cause of poverty.

Smith and Stone (1989) studied the beliefs pertaining to wealth and poverty held by 200 adults living in Texas. Four metatheories of wealth and poverty were examined to measure the degree of support for each metatheory. The four metatheories identified were individualism, culturism,

structuralism/situationalism, and fatalism. Culturalism is identified as a blending of personality traits with social structural and situational considerations, while the other metatheories were explained as previously described by Feagin. Culturalism and individualism both were identified as important causes of wealth, and individualism was the metatheory of choice in identifying the cause of poverty.

A telephone survey of 1,084 Americans (Lee, Lewis, & Jones, 1992) identified structural rather than individualistic factors as the most important cause of poverty. While gender, political orientation and party affiliation significantly influenced beliefs about the cause of poverty, the strongest influence was exposure to the homeless.

Several studies have investigated attitudes toward poverty and wealth among teenagers. In a study at the University of Colorado (Skafte, 1988), 638 American adolescents between 11 and 16 years of age were shown a picture and given a brief description of a stranger in their own age group. The adolescents were then asked to rate the stranger on 20 characterological traits. Strangers who were presented as poor received significantly lower overall ratings than those identified as neutral or wealthy. Unlike previous studies done in adults (Feagin, 1972), poor individuals were not perceived to be lazy or to mishandle money (Skafte, 1988).

In a New Zealand study, 325 teenagers were surveyed and their explanations were grouped into four categories: internal (individualistic), external (societal), familial, and luck (fatalistic). Familial causes were identified as the most important, luck as the least important, and internal and external factors were seen as moderately important in explaining poverty and wealth. Economic consequences of poverty and wealth were emphasized while psychological consequences were not seen as important (Stacey & Singer, 1985).

A survey of New Zealand teenage university students (n=220) again emphasized the importance of family and placed little weight on luck when explaining poverty and wealth. Economic consequences of poverty and wealth were again seen as important while psychological consequences were not valued (Stacey, Singer, & Ritchie, 1989).

Researchers in the area of social work stress the importance in assessing attitudes toward the poor in a profession which has a commitment to the poor and social action to help the poor. In a study of social workers' attitudes toward poverty and social action between the years 1968 to 1984, significant changes in social action attitudes, goals for the profession, and attitudes toward the poor were noted. Twenty-six percent of the social workers surveyed in 1968 chose an individualistic explanation for the cause of poverty as opposed to ten

percent in 1984. Social workers in 1984 were more likely to identify structural explanations as the cause of poverty than those in 1968 (Reeser & Epstein, 1987).

Schwartz and Robinson (1991) investigated 119 undergraduate social work students' attitudes toward poverty. Students' attitudes were measured using the Feagin Poverty Scale. Data analysis identified structural factors as the most important, followed by fatalistic and individualistic explanations of poverty. Results supported that social work students appeared to develop beliefs about poverty that were congruous with the desired professional values.

Rosenthal (1993) investigated graduate social work students' beliefs about poverty and attitudes toward the poor. Three new scales were developed for this study. The first scale looked at beliefs in the Individual Cause of Poverty and was based on the concept that poverty is the result of flawed character on the part of the poor person. The second scale, Antipathy to the Poor, looked at the tendency for the respondent to dislike the poor and avoid contact with poor people. The last scale, Perceptions of the Economic Situation of the Poor, assessed the respondent's knowledge about economic problems of the poor. Data were obtained from 137 graduate social work students. The results of the study showed that the social work students surveyed rejected both a belief in individual cause



of poverty and an attitude of avoiding the poor; but they did not perceive the poor to be severely deprived economically.

Little has been reported in nursing journals about nurses' attitudes toward the poor. Fredericks, Mundy and Lennon (1973) studied 87 nursing students' social background, attitudes, and expressed willingness to work in poverty programs. No example of the type of survey used to assess attitudes toward poverty was given. The majority of students were reported to be empathetic and did not consider race, education and religion as important in judging a patient. In about 30% of students, a patient's command of language was thought to be taken into consideration in judging a patient.

Price, Desmond and Eoff (1989) assessed 192 hospital staff nurses' perceptions regarding the poor and their health care. In this study the majority of nurses believed the poor are caught in a "cycle of poverty" and felt that they could not help being poor. It was noted that some nurses in the sample did demonstrate "victim blaming" attitudes toward the poor. These researchers identified the need for further study on attitudes to assess their effect upon communication between the poor and their nurse.

In 1993 a new tool was developed to measure attitudes toward poverty and the poor population (Atherton et al., 1993). The researchers identified that the tool would be

valuable for social work educators to assess students' attitudes toward the poor population.

#### Summary of Literature Review

The literature documents well the health deficits of those who live in poverty which increase their need for nursing care. The literature clearly identifies the recent significant changes in the attitudes toward those who live in poverty. With the increasing media exposure of those living in poverty, Americans' have shifted from an individualistic explanation to a structural explanation of poverty. It has been questioned that if media coverage of the homeless decreases because of competition with other topics, such as gang violence, abortion, and AIDS, will we see a return to an individualistic attitude toward the poor (Lee, Lewis, Jones, 1992).

The literature review contains little documentation regarding nurses' and nursing students' attitudes toward the poor. The literature review also demonstrates a lack of consistency in the type of tool used to measure attitudes. While all of the studies utilized adequate sample sizes, the type of subjects used frequently limited the ability to generalize the results to the nursing student population. The method of data collection was also limiting. The use of a telephone interviews for data collection eliminated the ability to assess the attitudes toward poverty and poor people held by those who did not have a phone, often the

people living in poverty themselves. The ability to generalize the results obtained with the use of a mailed questionnaire may be limited by the fact that the attitudes of those who chose to respond may not represent the attitudes of those who did not respond.

### Conceptual Framework

The conceptual framework to be used in this study is the Theory of Goal Attainment, which is based on an open systems theory (King, 1981). Utilizing a systems framework, King grouped health concerns relating to nursing into three dynamic interacting systems consisting of: personal systems, interpersonal systems and social systems (Evans, 1991).

A personal system is defined as an individual. Thus, when looking at the nurse-client interaction, the nurse represents one system and the client another. King identified the key concepts in a personal system as perception, self, growth and development, body image, time, and space (King, 1981).

Interpersonal systems are defined as groups of individuals. These systems range from dyads of two interacting individuals to small and large groups. King identified the key concepts in interpersonal systems as interaction, communication, transaction, role, and stress (King, 1981).

King (1981) defined a social system as "an organized

boundary system of social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate practices and rules" (p. 115). She further identified the key concepts of social systems as organization, authority, power, status, and decision making (King, 1981).

King maintained that while personal systems and social systems influence quality of care, the major elements in the theory of goal attainment involve the interpersonal systems. The theory of goal attainment describes the interaction between the nurse and the client, who are usually strangers, as coming together to assist and to be assisted to a state of health (King, 1981).

An important concept for this study is perception. King (1981) defined perception as an individual's representation of reality. Each individual's perceptions are influenced by his/her past experiences, socioeconomic group, biological inheritance, concept of self, and educational background. In the process of interacting, the nurse perceives the client and the situation, makes judgements, and takes actions.

Using King's conceptual framework, attitudes can be seen to influence the nurse-client interaction by altering nursing students' perception of clients i.e., the people living in poverty. If nursing students possess negative attitudes toward those living in poverty, they may be insensitive to the issues of poverty which impact health and

health care. Insensitivity to the special needs of those who live in poverty may impair the ability of nursing students to care for the poor. They may make judgments about the clients that are incorrect. These incorrect judgements may interfere with goal identification and attainment. The "Attitudes about Poverty and Poor People" scale to be utilized in this study addresses many of the key concepts King identifies in personal systems i.e., body image, growth and development, and self.

#### Definition of terms

In this study, the following definitions from the literature review and conceptual framework will be used. Poverty is defined as the lack of resources necessary to meet the basic needs of food, clothing and shelter. Nonpoor is defined as individuals who are not living in poverty. An attitude is defined as a mental view substantiated by cumulative prior experience.

#### Research Question

Do nursing students' attitudes toward poverty and the poor population change with progression through a diploma program?

#### Hypothesis

Second year diploma nursing students will demonstrate a more positive attitude toward those living in poverty than first year diploma nursing students

## Chapter 3

### Methodology

#### Design

This study utilized a descriptive correlational research design to examine the relationship of nursing students' attitudes toward those living in poverty and progression through a two-year diploma nursing program. Nursing students were asked to complete a questionnaire which included the "Attitudes about Poverty and Poor Peoples" scale (Appendix A) developed by Atherton et al. (1993) and demographic and related data questions (Appendix B). The results of the data obtained from this study were compared with the results of data obtained from social work, sociology, and business students reported by Atherton et al. (1993).

The design of this study was utilized to control external variables when possible. Data were collected over a short time span to eliminate the problem of contamination by students discussing the questionnaire prior to participation in the study. Constancy in communication was ensured by utilizing a prewritten script (Appendix C) to introduce the study to students and a cover sheet (Appendix

D) with instructions on how to complete the questionnaire. The major threat to the external validity of this study was the Hawthorne effect. Students might have answered the questionnaire based on what they felt was the correct answer, obscuring their true attitudes. Care was taken to assure students that there were no "right" or "wrong" answers to the questions.

#### Sample and Setting

This study took place at a 2 year diploma nursing program in the midwest. A convenience sample of all students currently enrolled in nursing classes was used in the study. Students who were not currently enrolled in a nursing class or absent on the day of data collection were excluded from the study. Of the students studied 91% were female, 26% were married, 28% had dependents, and 66% were employed. When looking at the sample's past education, 62% entered the program having some previous college credits and 21% were college graduates. These demographic characteristics were studied to examine their potential effect upon attitudes.

#### Instrument

The instrument used in this study was a 37-item Likert-type questionnaire. This questionnaire was developed by Atherton et al. (1993) and used in this study with their permission (Appendix E). The response options are: 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree and 5 =

strongly disagree. The minimum score for the scale is 37 and the maximum score is 185. The higher the score, the more favorable the attitude toward the poor population. Evaluation of the instrument demonstrated internal consistency with a Cronbach's alpha of .93 with social work and sociology students and .89 for business students. A Cronbach's alpha was run on the data to assess reliability of the instrument with this population. An alpha of .92 supported the reliability of the instrument with this population. Construct validity of the instrument was evaluated by comparing two samples believed to differ in attitudes. When attitudes of social work and sociology students were compared to those of business students (Atherton et al, 1993), t-test results reflected significant differences ( $t[209] = 3.600, p < .0005$ ).

#### Protection of Human Subjects

This research project used a questionnaire to assess attitudes toward the poor and some demographic questions to obtain data. Approval to conduct this study was obtained from the Human Subjects Review Committee at Grand Valley State University. The Nursing Research Committee and the Human Subjects Committee of the hospital associated with the diploma program also gave approval for the study. Student participation in this study was voluntary. There were no identified risks involved for the subjects. The decision to participate or not participate did not affect the student's



class grade or standing in the school. Student responses were anonymous and confidential, individuals and the institution were not identified in the results. There were no direct health/educational benefits with participation, though students did receive a small token of appreciation (candy) for their time and attention.

#### Procedure

The questionnaire was introduced and distributed to eligible students in their individual nursing courses. The questionnaire took 15 minutes to complete, and permission was obtained from faculty to arrange class time for administration of the questionnaire. To ensure the consistency in the communication of instructions on the purpose and how to complete the questionnaire, a prewritten script and cover sheet for the questionnaire were utilized. Students completed the questionnaire in class and returned it, without names, in a sealed envelope, to the researcher to ensure anonymity. Data were collected over a 24 hour time frame to minimize contamination as a result of students discussing the questionnaire with other students. The only exception to this was the data collected from the students in their last nursing course (management) since there was no required classroom time scheduled. Data were collected with this group over a two week time frame when they came in for individual conferences with their instructor.

## CHAPTER FOUR

### DATA ANALYSIS

Attitudes can bias the nurse-client interaction. Students come to nursing school with life experiences that may influence their attitudes toward those living in poverty. If nursing students possess negative attitudes toward those who live in poverty they may be insensitive to the special needs of this population and their ability to assist these clients to meet their needs may be impaired. Using King's conceptual framework, attitudes can be seen to influence the nurse-client interaction by altering the nursing students' perception of the client i.e., the person living in poverty. In this study the dependent variable (the poverty attitude score on the questionnaire) was assumed to be at an interval level of measurement.

#### Characteristics of the Subjects

Of the 122 students enrolled in nursing courses when the study was conducted, 102 (84%) participated in the study. The age of the subjects ranged from 18 to 51 years (mean = 26.9, median = 24, Standard Deviation = 7.7). Subjects were primarily single (56%), white (99%) and female (91%).

Table 1

Description of Subjects

Category	n(%)
Program level	
First year	37 (36)
Second year	65 (64)
Sex	
Female	93 (91)
Male	9 (9)
Marital status	
Single	57 (56)
Co-habitate	2 (2)
Married	34 (34)
Separated	1 (1)
Divorced	7 (7)

Responses to Poverty Attitudes Questionnaire

The purpose of this study was to see if there is a difference between first and second year nursing students' attitudes toward poverty and poor people. Nursing students were asked to answer the questions with the following response options: 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, and 5 = strongly disagree. Questions

6, 11, 12, 22, 24, 25, 31, 36 and 37 were reversed during data analysis so that a high mean score will consistently reflect positive attitudes toward the poor. The responses to the questions were then added together to compute a poverty attitude score. The maximum score for the poverty attitude questionnaire is 185, and the minimum score is 37. The higher the score, the more favorable the attitude toward the poor population. Diploma nursing students' poverty attitude scores ranged from a maximum of 167 to a minimum of 74 ( $m = 116.04$ ,  $SD = 17.31$ ). A t-test was performed to compare the scores of first and second year students (see Table 2).

Table 2

Poverty Attitude Score in First and Second Year Students

<u>Group</u>	<u>Mean Rank</u>	<u>t</u>	<u>2-tailed P</u>
First Year	116.44	.17	.86
Second Year	115.81		

The hypothesis that second year diploma students would demonstrate a more positive attitude toward those living in poverty than first year diploma nursing students was rejected.

Response to individual questions revealed a range of mean scores from 1.80 to 4.44. The lower the mean score to

the poverty attitude question, the less favorable the subject's attitude is toward the poor. Seventeen out of the 37 questions had a mean range between 2.5 and 3.5 with the 6 lowest mean scores and the 6 highest mean scores shown in Tables 3 & 4.

Table 3

Six Lowest Mean Scores To Attitude Questions

Attitude Items	% Agreeing*	Mean
People on welfare should work	86	1.80
A lot of fraud among welfare	75	2.06
Shouldn't have nicer car	67	2.17
Any person can get ahead	68	2.28
Spend money as choose**	18	2.35
Use food stamps wisely**	9	2.41

\*agree or strongly agree

\*\*mean scores reflect reverse order

Table 4

Six Highest Mean Scores To Attitude Questions

Attitude Items	% Agreeing*	Mean
Satisfied standard of living	8	3.83
Poor are different	6	3.92
Trust a poor person**	83	3.97
Poor will remain poor	5	3.99
Welfare children never amount	2	4.16
Poor people are dishonest	1	4.44

\*agree or strongly agree

\*\*mean scores reflect reverse order

Responses to Poverty Issues Questions

Information was obtained to ascertain students' prior exposure to poverty and issues regarding those who live in poverty. Fifty-one percent of the subjects identified moderate to frequent clinical exposure to individuals living in poverty. Forty-nine percent of the subjects reported that the issue of poverty was discussed in their nursing courses, while 77% reported having discussed poverty in a non-nursing class. Sixty-three percent of the subjects did not receive financial aid and 72% reported that their family had not received public assistance (see Table 5).

Table 5

Exposure to Poverty and Related Issues

Issue:	n(%)	Mean*
Clinical exposure to poor		
None	7 (7)	109
Little	43 (42)	118
Moderate	36 (35)	117
Frequent	16 (16)	110
Discussed poverty in nursing classes		
Yes	50 (49)	115
No	52 (51)	116
Discussed poverty in non-nursing class		
Yes	79 (77)	114
No	23 (23)	122
Receipt of financial aid		
Yes	37 (37)	121
No	64 (63)	112
Family on public assistance		
Yes	28 (28)	120
No	72 (72)	114

\*mean scores reflects mean poverty attitude score

Data regarding the educational background and occupation of students' parents were also examined to determine the possible impact on students' attitudes toward poverty. Seventy-one percent reported their father had some college or graduated from college, with 20% having advanced college degrees. Fifty-eight percent reported their mother had some college or graduated from college, with 9% having advanced college degrees (see Tables 6 & 7).

Data analysis of the effect of clinical exposure to poor, discussion of poverty in a nursing or non-nursing class, receipt of financial aid, family's receipt of public assistance, father's education/occupation and mother's education/occupation upon nursing students' poverty attitude scores found only the issue of whether the student received financial aid to be significant as shown in Table 8. Students who received financial aid scored significantly higher on the poverty attitude questionnaire.



Table 6

Father's Education and Occupation

Category	n(%)	Mean*
Father's highest level of education		
Less than high school	4 (4)	123
Some high school	2 (2)	111
High school graduate	23 (23)	121
Some college	29 (28)	112
College graduate	23 (23)	113
Advanced college degree	20 (20)	117
Father's Occupation		
Deceased	1 (1)	
Unemployed	1 (1)	
Manual Laborer	20 (20)	117
Skilled Worker	15 (15)	120
Office Worker	7 (7)	116
Management	20 (20)	111
Health Professional	7 (7)	117
Other Professional	22 (22)	114

\*mean scores reflects mean poverty attitude score

Table 7

Mother's Education and Occupation

Category	n(%)	Mean*
Mother's highest level of education		
Less than high school	4 (4)	118
Some high school	2 (2)	135
High school graduate	37 (36)	118
Some college	22 (22)	112
College graduate	28 (27)	114
Advanced college degree	9 (9)	120
Mother's Occupation		
Deceased	2 (2)	96
Disabled	1 (1)	
Unemployed	12 (12)	112
Part-Time Worker	6 (6)	121
Manual Laborer	14 (14)	118
Skilled Worker	5 (5)	124
Office Worker	27 (27)	119
Management	6 (6)	117
Health Professional	10 (10)	103
Other Professional	12 (12)	116

\*mean scores reflects mean poverty attitude score

Table 8

Poverty Attitude Score Recipient/Nonrecipient Financial Aid

---

Do you receive financial aid?

---



---

<u>Group</u>	<u>Mean Rank</u>	<u>t</u>	<u>2-tailed P</u>
Yes	121.67	-2.64	.010
No	112.43		

---

## CHAPTER FIVE

### Discussion and Implications

#### Discussion of Findings

It was anticipated that this study would show a relationship between progression through a diploma nursing program and an increasingly favorable attitude toward those who live in poverty. The philosophy of the diploma nursing program utilized in this study was based on caring. Individuals were identified in the philosophy as holistic beings, possessing dignity, self-worth, freedom of choice, responsibility and potential for growth. While there was no formal didactic content regarding poverty in the diploma nursing program studied, it was hypothesized that the philosophy of the school, clinical exposure to the poor and post-clinical conference discussions regarding client needs/care would impact students attitudes. The finding of this study did not support the hypothesis that second year diploma nursing students would demonstrate a more positive attitude toward those living in poverty than first year diploma nursing students. The t-test results revealed no significant statistical difference between the two groups ( $t = .17$ ,  $p = .86$ ). When looking at other variables for their

potential influence on attitudes toward poverty, only the variable of receiving financial aid made a significant difference ( $t = 2.64$ ,  $p = .01$ ). Students who received financial assistance demonstrated a more positive attitude toward those living in poverty than students who did not receive financial aid.

Little is documented in the literature about nurses' and/or nursing students' attitudes toward poverty and poor people. It was interesting to compare the results of the Atherton et al. (1993) study with social work/sociology students and business students with the results of this study as shown in Table 9.

Table 9

Poverty Attitude Scores of Differing Student Groups

---

<u>Group</u>	<u>Mean Rank</u>	<u>Standard Deviation</u>
Social work/Sociology	119.65	21.97
Business	110.43	14.69
Nursing	116.04	17.30

---

Nursing students' poverty attitude scores represent a more favorable attitude than business students and a less favorable attitude than social work/sociology students, although statistical comparison would need to be made to determine if these differences are significant. These results may be related to the differences in curricula or

the differences in students that apply to the various programs. It is reasonable to expect nursing students to possess a more positive attitude toward those living in poverty than business students whose curricula do not address the issue of poverty.

The "Attitudes about Poverty and Poor People" is a new scale to measure attitudes toward poverty. There is no identified score that is considered representative of a positive or negative attitude. The maximum score is 185 and the minimum score is 37. The higher the score, the more favorable the attitude toward the poor population. Items on the questionnaire are written to reflect both positive and negative attitudes toward poor people. Nine of the 37 questions are reverse scored during data analysis. It is interesting to look at the questions with the six highest mean scores, which convey more positive attitudes toward the poor, and the six lowest mean scores, which convey more negative attitudes toward the poor. In this study, questions which addressed the beliefs about individual characteristics of the poor; such as honesty, ability to trust and potential to succeed, had primarily higher mean scores reflecting a more positive attitude toward the poor. Questions which addressed policies regarding how the poor should behave or be treated; such as how they should spend their money, type of car they should drive and if they should work, had primarily lower mean scores reflecting a

more negative attitude toward the poor.

King's theory of goal attainment identifies perception as an important concept in nurse-client interaction. A significant aspect in perception is that of stereotyping. King maintained that if one has a stereotyped image of an individual, that this image may affect behavior toward that individual. If nurses possess negative stereotyped images of people who live in poverty as being dishonest, dirty, of lower intelligence and with little potential to succeed, their ability to care for this population will be impaired. Such stereotyped images will influence how the nurse will behave toward the client living in poverty and how that client will respond to the nurse thereby interfering with goal identification and attainment. Results of this study demonstrated that students rejected many of the negative stereotyped images of the poor.

#### Strengths

The "Attitudes about Poverty and Poor People" scale utilized in this study appears to be an acceptable instrument to measure attitudes toward poverty. The Cronbach's alpha results of .92 supports the reliability of the instrument with this population. Results of this study were helpful in confirming the validity of this new scale.

#### Limitations

Sample. While 84% of the students enrolled in nursing courses participated in the study, the sample size was not

vast (n = 102). Participation in the study was voluntary and those students who chose not to participate in the study may have held different attitudes than those who participated. In this study 36% of the students were first year students and 64% were second year students. A larger sample size and more equal groups would improve the ability to detect differences between the groups if they exist.

The sample in this study was representative of one institution. Results may reflect the philosophy and curriculum of the diploma program in which the students were enrolled. Therefore, the sample can not be construed to be representative of nursing students as a whole.

Methodology. This study employed a descriptive correlational design using a questionnaire to obtain data regarding students' attitudes toward poverty and poor people. A limitation of studies investigating attitudes is that subjects may answer questions with what they feel represents the correct "answer" rather than what represents their attitudes. An interview format may have allowed the researcher to obtain more qualitative data. This type of data may have enabled the researcher to gain greater insight into the meaning of the neutral response.

The purpose of this study was to examine first and second year diploma nursing students' attitudes toward individuals living in poverty. It was hypothesized to demonstrate a relationship between progression through a



diploma nursing program and an increasingly favorable attitude toward those who live in poverty. In this study all nursing students were asked to complete the questionnaire and results were analyzed based on the student's year in the program. While this approach does allow one to look for a difference between the two groups, it does not clearly identify whether the difference is due to progression through the program or differences in students themselves.

Instrument. The "Attitudes about Poverty and Poor People" scale utilized in this study was easy to use and found to be a reliable tool with this population. One limitation with this tool is the response options to the questions: 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree, and 5 = strongly disagree. The response option of neutral is vague. It is unclear whether neutral means I have no opinion, I don't know the answer, or I both agree and disagree with the statement. Another limitation with this tool is the limited ability to make inferences based on the poverty attitude score. Little guidance was given by those who developed the tool in regards to what the poverty attitude score meant other than that the higher the score the more favorable the attitude toward those living in poverty. There was no score identified that represented either a positive or negative attitude.

### Application to Education/Practice

Nurses assist clients to meet their health care needs. If nurses possess negative attitudes toward those who live in poverty, they may be insensitive to the needs of this population. This study supports the reliability of the "Attitudes about Poverty and Poor People" scale. This tool may be useful in the classroom setting as a prompt for discussion regarding attitudes toward poverty and the special needs of those who live in poverty. The tool could be used to identify specific areas where students possess negative attitudes toward those who live in poverty. The use of this tool in the classroom to identify students' attitudes followed by classroom discussion may help students identify how their attitudes may impact the nurse-client interaction. This tool may also be helpful in evaluating nursing curriculum/course content regarding poverty issues and the impact nurse educators are having fostering positive attitudes toward those who live in poverty. Staff nurse education/development could utilize this tool to identify experienced nurses' attitudes toward those who live in poverty and to evaluate what impact those attitudes may have on patient care.

### Recommendations for Future Research

Replication of this study with larger sample sizes and additional institutions would be helpful in generalizing results to other nursing students. To fully study the

impact of nursing education on students' attitudes toward poverty and poor people, it would be helpful to study subjects prior to starting nursing courses and again prior to graduation. This would help evaluate curriculum content related to poverty and health issues of those living in poverty. Future research regarding experienced nurses' attitudes toward poverty and poor people would be helpful in staff development and evaluation of patient care.

#### Summary

The number of people living in poverty continues to increase while current government programs which assist the poor are being cut. Poverty has been documented to have an adverse effect on health. This adverse effect increases the health care needs of this population and nurses' exposure to those who live in poverty. King theory of goal attainment identifies the important concept of perception and how negative stereotyped images may interfere with goal identification and attainment. Nurses need to be accepting and understanding of the reality of those living in poverty if they are to make a difference in their health. Nurses need to be aware of their attitudes and how these attitudes may influence the nurse-client relationship. Nurse educators need to be aware of their own attitudes and how these attitudes may influence their role with nursing students in fostering positive attitudes toward those who live in poverty.

## APPENDICES

## Appendix A

When answering the following questions...

If you strongly agree, please circle SA.  
 If you agree, please circle A.  
 If you are neutral on the item, please circle N.  
 If you disagree, please circle D.  
 If you strongly disagree, please circle SD.

- |     |  |    |   |   |   |    |
|-----|--|----|---|---|---|----|
| 1.  | A person receiving welfare should not have a nicer car than I do.      | SA | A | N | D | SD |
| 2.  | Poor people will remain poor regardless of what's done for them.       | SA | A | N | D | SD |
| 3.  | Welfare makes people lazy.   | SA | A | N | D | SD |
| 4.  | Any person can get ahead in this country.                              | SA | A | N | D | SD |
| 5.  | Poor people are satisfied receiving welfare.                           | SA | A | N | D | SD |
| 6.  | Welfare recipients should be able to spend their money as they choose. | SA | A | N | D | SD |
| 7.  | An able-bodied person using food stamps is ripping off the system.     | SA | A | N | D | SD |
| 8.  | Poor people are dishonest.   | SA | A | N | D | SD |
| 9.  | If poor people worked harder, they could escape poverty.               | SA | A | N | D | SD |
| 10. | Most poor people are members of minorities.                            | SA | A | N | D | SD |
| 11. | People are poor due to circumstances beyond their control.             | SA | A | N | D | SD |
| 12. | Society has the responsibility to help poor people.                    | SA | A | N | D | SD |
| 13. | People on welfare should be made to work for their benefits.           | SA | A | N | D | SD |
| 14. | Unemployed poor people could find jobs if they tried harder.           | SA | A | N | D | SD |
| 15. | Poor people are different from the rest of society.                    | SA | A | N | D | SD |
| 16. | Being poor is a choice.  | SA | A | N | D | SD |
| 17. | Most poor people are satisfied with their standard of living.          | SA | A | N | D | SD |
| 18. | Poor people think they deserve to be supported.                        | SA | A | N | D | SD |

19.	Welfare mothers have babies to get more money.	SA	A	N	D	SD
20.	Children raised on welfare will never amount to anything.	SA	A	N	D	SD
21.	Poor people act differently.	SA	A	N	D	SD
22.	Poor people are discriminated against.	SA	A	N	D	SD
23.	Most poor people are dirty.	SA	A	N	D	SD
24.	People who are poor should not be blamed for their misfortune.	SA	A	N	D	SD
25.	If I were poor, I would accept welfare benefits.	SA	A	N	D	SD
26.	Out-of-work people ought to have to take the first job that is offered.	SA	A	N	D	SD
27.	The government spends too much money on poverty programs.	SA	A	N	D	SD
28.	Some "poor" people live better than I do, considering all their benefits.	SA	A	N	D	SD
29.	There is a lot of fraud among welfare recipients.	SA	A	N	D	SD
30.	Benefits for poor people consume a major part of the federal budget.	SA	A	N	D	SD
31.	Poor people use food stamps wisely.	SA	A	N	D	SD
32.	Poor people generally have lower intelligence than nonpoor people.	SA	A	N	D	SD
33.	Poor people should be more closely supervised.	SA	A	N	D	SD
34.	I believe poor people have a different set of values than do other people.	SA	A	N	D	SD
35.	I believe poor people create their own difficulties.	SA	A	N	D	SD
36.	I believe I could trust a poor person in my employ.	SA	A	N	D	SD
37.	I would support a program that resulted in higher taxes to support social programs for poor people.	SA	A	N	D	SD

## Appendix B

## Demographic Information

38. Your age your last birthday: \_\_\_\_\_
39. Are you: 1. \_\_\_\_\_ Male 2. \_\_\_\_\_ Female
40. Are you: 1. \_\_\_\_\_ Single 2. \_\_\_\_\_ Co-habiting 3. \_\_\_\_\_  
Married  
4. \_\_\_\_\_ Separated 5. \_\_\_\_\_ Divorced 6. \_\_\_\_\_ Widowed
41. Your racial/ethnic group:  
1. \_\_\_\_\_ Hispanic  
2. \_\_\_\_\_ Asian  
3. \_\_\_\_\_ African-American  
4. \_\_\_\_\_ American Indian or Alaskan native  
5. \_\_\_\_\_ White
42. Do you receive financial aid? 1. \_\_\_\_\_ No 2. \_\_\_\_\_ Yes
43. Your father's highest level of education completed is:  
1. \_\_\_\_\_ Less than high school  
2. \_\_\_\_\_ Some high school  
3. \_\_\_\_\_ High-school graduate  
4. \_\_\_\_\_ Some college  
5. \_\_\_\_\_ College graduate  
6. \_\_\_\_\_ Advanced college degree (Masters, PhD, MD, ect...)
44. Your father's occupation is (please be specific):  
\_\_\_\_\_
45. Your mother's highest level of education completed is:  
1. \_\_\_\_\_ Less than high school  
2. \_\_\_\_\_ Some high school  
3. \_\_\_\_\_ Graduated high school  
4. \_\_\_\_\_ Some college  
5. \_\_\_\_\_ College graduate  
6. \_\_\_\_\_ Advanced college degree (Masters, PhD, MD)
46. Your mother's occupation is (please be specific):  
\_\_\_\_\_
47. Have you or your family ever received public assistance (such as food stamps, welfare, unemployment)  
1. \_\_\_\_\_ Yes 2. \_\_\_\_\_ No
48. What year student are you currently: 1. \_\_\_\_\_ 1st 2. \_\_\_\_\_ 2nd
49. Have you discussed poverty in your nursing classes?  
1. \_\_\_\_\_ Yes 2. \_\_\_\_\_ No
50. Have you discussed poverty in a non-nursing class?  
1. \_\_\_\_\_ Yes 2. \_\_\_\_\_ No
51. Have you completed N232, Essentials of Pediatric Nursing?  
1. \_\_\_\_\_ Yes 2. \_\_\_\_\_ No

## Appendix C

### Script for Questionnaire Introduction

Hello, my name is Elizabeth Phillips. I am a faculty member at the School of Nursing, and teach Pediatrics. Today I am distributing a questionnaire I would like you to complete. There are no "right" or "wrong" answers to the questions. The questionnaire should take about fifteen minutes to complete and your instructor has arranged time for you to complete the questionnaire in class. I would like to thank you for time and participation.



## Appendix D

### Cover Sheet for Questionnaire Introduction

#### A NURSING RESEARCH STUDY

DEAR RESEARCH PARTICIPANT,

If you are currently enrolled in nursing classes at the School of Nursing I invite you to participate in a research study. This study focuses on questions about poverty. Your involvement will consist of completing a questionnaire. There are no "right" or "wrong" answers to the questions. The questionnaire should take about fifteen minutes to complete and your instructor has arranged time for you to complete the questionnaire in class.

Participation in the study is voluntary and will not affect your class grade or standing in the School of Nursing. There are no anticipated risks. Your name will not be included on the questionnaire. All answers will be anonymous and summarized with those of other participants. Through the use of nursing research, nurse educators are better able to meet the educational needs of students and to improve patient care. Information gained from this study will be shared with other nurses and nurse educators to improve nursing education. If you have questions, please call Elizabeth Phillips (341-8919).

If you agree to participate:

1. Complete the questionnaire
2. Return the questionnaire, in the envelop provided, to your instructor
3. Retain this letter for your own information

If you do not wish to participate:

1. Return the blank questionnaire, in the envelop provided, to your instructor

Thank you for your help!

Sincerely,

Elizabeth Phillips, RN, BSN

## Appendix E

To Whom It May Concern:

I give Elizabeth Phillips, a Master's Student at Grand Valley State University, written permission to use the Attitudes about Poverty and Poor People scale and to include a copy of the scale in the appendix of her thesis.

Name



Date

3 March 1994

## LIST OF REFERENCES

## List of References

- Atherton, C. R., Gemmel, R. J., Hagenstand, S., Jensen, L. A., O'Hara, D. F., & Rehner, T. A. (1993). Measuring attitudes toward poverty: A new scale. Social Work Research & Abstracts, 29(4), 28-30.
- Carney, P. (1992). The concept of poverty. Public Health Nursing, 9(2), 74-80.
- Chinn, P. L., & Jacobs, M. K. (1987). Theory and nursing a systematic approach (2nd ed.). St Louis: C.V. Mosby.
- Davidhizar, R., & Frank, B. (1992). Understanding the physical and psychosocial stressors of the child who is homeless. Pediatric Nursing, 18, 559-562.
- Evans, C. L. S. (1991). Imogene King a conceptual framework for nursing. Newbury Park, London: Sage Publications.
- Dutton, D. B. (1978). Explaining the low use of health services by the poor: Cost, attitudes, or delivery systems? American Sociological Review, 43, 348-368.
- Feagin, J. R. (1972). Poverty: We still believe that God helps those who help themselves. Psychology Today, 6(6), 101-110, 129.
- Fredericks, M. A., Mundy, P., & Lennon, J. J. (1973). The nursing student: Social background, attitudes, and expressed willingness to work in poverty programs. The Journal of Nursing Education, 12(3), 29-36.
- Hendrickson, R. M., & Axelson, L. J. (1985). Notes on policy and practice middle-class attitudes toward the poor: Are they changing? Social Service Review 295-304.
- King, I. M. (1981). A theory for nursing systems, concepts, process. Albany, NY: Delmar Publishing.
- Lee, B. A., Lewis, D. W., & Jones, S. H. (1992). Are the homeless to blame? A test of two theories. The Sociological Quarterly, 33, 535-552.

- Malloy, C. (1992). Children and poverty: America's future at risk. Pediatric Nursing, 18, 553-557.
- Martin, M. E., & Henry, M. (1989). Cultural relativity and poverty. Public Health Nursing, 6(1), 28-34.
- Moccia, P., & Mason, D. J. (1986). Poverty trends: Implications for nursing. Nursing Outlook, 34(1), 20-24.
- Morris, M. (1990). Poverty: A challenge for nursing in the 1990's. British Journal of Nursing, 1, 342-346.
- Najman, J. M. (1993). Health and poverty: Past, present and prospects for the future. Social Science & Medicine, 36, 157-166.
- Pesznecker, B. L. (1984). The poor: A population at risk. Public Health Nursing, 1, 237-249.
- Price, J. H., Desmond, S. M., & Eoff, T. A. (1989). Nurses' perceptions regarding health care and the poor. Psychological Reports, 65, 1043-1052.
- Reeser, L. C., & Epstein, I. (1987). Social workers' attitudes toward poverty and social action: 1968-1984. Social Service Review, 61, 610-622.
- Rosenthal, B. S. (1993). Graduate social work students' beliefs about poverty and attitudes toward the poor. Journal of Teaching in Social Work, 7(1), 107-121.
- Rothenberg, R. (1991). The health of young children in American cities. Issues in Comprehensive Pediatric Nursing, 14, 103-110.
- Sanbonmatsu, D. M., & Fazio, R. H. (1990). The role of attitudes in memory-based decision making. Journal of Personality and Social Psychology, 59, 614-622.
- Schwartz, S., & Robinson, M. M. (1991). Attitudes toward poverty during undergraduate education. Journal of Social Work Education, 27, 290-296.
- Skafta, D. (1988). The effect of perceived wealth and poverty on adolescents' character judgements. The Journal of Social Psychology, 129(1), 93-99.
- Smith, K. B., & Stone, L. H. (1989). Rags, riches, and bootstraps: Beliefs about the causes of wealth and poverty. The Sociological Quarterly, 30(1), 93-107.

- Stacey, B. G., & Singer, M. S. (1985). The perception of poverty and wealth among teenagers. Journal of Adolescence, 8, 231-241.
- Stacey, B. G., Singer, M. S., Ritchie, G. (1989). The perception of poverty and wealth among teenage university students. Adolescence, 24(93), 193-207.
- Styles, M. M. (1990). Challenges for nursing in this new decade. American Journal of Maternal Child Nursing, 15, 347-352.
- Townsend, P. (1991). Deprivation and ill health. Nursing: The Journal of Clinical Practice, Education and Management, 4(43), 11-15.
- U. S. Bureau of the Census. (1993). Current population reports, poverty in the United States: 1992 (Series No. P60-185). Washington, DC: U. S. Government Printing Office.
- U. S. Department of Health and Human Services. (1993). Health, United States, 1992 and healthy people 2000 review (DHHS Publication No. PHS 93-1232). Washington, DC: U. S. Government Printing Office.
- Wessell, M. L. (1992). An ethical issue for a profession for all seasons. Nursing Forum, 27(3), 29-33.
- Wysong, P. (1985). Poverty is more than being poor. RNAD News, 41(6), 7-10.