

1999

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**THE EFFECT OF AN INITIAL CLINICAL NURSING EXPERIENCE
IN A NURSING HOME ON ASSOCIATE DEGREE NURSING
STUDENT ATTITUDES TOWARD THE ELDERLY**

By

Rita LaReau

**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

1999

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ABSTRACT

THE EFFECT OF AN INITIAL CLINICAL NURSING EXPERIENCE IN A NURSING HOME ON ASSOCIATE DEGREE NURSING STUDENT ATTITUDES TOWARD THE ELDERLY

By

Rita LaReau

The purpose of this study was to examine the change in associate degree nursing (ADN) students' attitudes toward the elderly following an initial clinical nursing experience in a nursing home. The Neuman Systems Model (Neuman, 1995) was the conceptual focus for the research. A convenience sample of ADN students in a basic nursing care clinical course at a community college was used. The Kogan Attitudes Toward Old People Scale (Kogan, 1961) was utilized to assess student attitudes toward the elderly. A pretest was administered at the beginning of the course prior to the nursing home experience, and a posttest was completed the last week of the clinical experience. Scores from both tests were evaluated using a paired *t* test. The results showed an increase in positive attitudes toward the elderly following an initial clinical experience in a nursing home.

DEDICATION

**This work is dedicated to Allan, Renee, and Justin
for their support and encouragement throughout
the development of this study and to
Gretchen for overseeing its fruition.**

ACKNOWLEDGMENTS

I wish to acknowledge gratitude to the following:

- **The nursing students at Kalamazoo Valley Community College for their participation in this study.**
- **The clinical nursing instructors at Kalamazoo Valley Community College for their support and assistance in distributing the questionnaires.**
- **My thesis chairperson, Phyllis Gendler, Ph.D., R.N., C.S., F.N.P., G.N.P., for her expertise, support and gentle guidance throughout this project.**
- **Donna VanIwaarden, M.P.H., Ph.D., as a member of my thesis committee, for replacing Margaret Proctor, Ph.D., when she needed to take a sabbatical.**
- **Lorraine Rodrigues-Fisher for her support and direction which facilitated the clarification and refinement of this work.**
- **Linda Scott, Ph.D., who led the data analysis procedures, furthered my understanding of statistics, and clarified the meaning of these research data.**
- **Hope Smith for her technical support and patience throughout this project.**

TABLE OF CONTENTS

| | |
|--|-------------|
| List of Tables | viii |
| List of Appendices | ix |
| CHAPTER | |
| 1 INTRODUCTION | 1 |
| Purpose | 4 |
| 2 CONCEPTUAL FRAMEWORK | 6 |
| Literature Review | 10 |
| Summary | 14 |
| Hypothesis/Research Question | 15 |
| Definition of Terms | 15 |
| 3 METHODS | 17 |
| Research Design | 17 |
| Sample and Setting | 17 |
| Instrument | 19 |
| Procedure | 23 |
| Risk and Risk Reduction | 26 |
| 4 DATA ANALYSIS | 27 |
| Data Preparation | 27 |
| Results | 28 |
| 5 DISCUSSION | 32 |
| Hypothesis Testing | 32 |
| Study Findings and Conceptual Framework | 32 |
| Findings in Relation to the Literature | 34 |
| Limitations | 37 |
| Implications | 40 |
| Recommendations | 43 |
| Summary | 44 |

Table of Contents—Continued

| | |
|-------------------------|-----------|
| APPENDICES | 45 |
| REFERENCES | 60 |

LIST OF TABLES

TABLE

| | | |
|---|---|----|
| 1 | Sample Characteristics | 18 |
| 2 | ADN Student Pretest and Posttest Data on Kogan Attitudes Toward Old People Scale | 29 |
| 3 | Clinical Group Scores on Kogan Attitudes Toward Old People Scale | 30 |
| 4 | Previous Experiences With the Elderly | 30 |
| 5 | ADN Student Previous Experiences With the Elderly | 31 |

LIST OF APPENDICES

APPENDIX

| | | |
|----------|---|-----------|
| A | Neuman Systems Model—Approval for Use | 45 |
| B | Relationship Between Theory Concepts and Study Variables | 47 |
| C | Relationship Between Neuman Systems Model and the Present Study | 48 |
| D | The Kogan Attitudes Toward Old People Scale | 49 |
| E | ADN Student Demographic Data Form | 52 |
| F | Kogan Attitudes Toward Old People Scale Approval | 53 |
| G | Human Research Review Committee Approval | 54 |
| H | Dean of Health and Sciences Approval—Kalamazoo Valley Community College | 55 |
| I | Director of Nursing Program Approval—Kalamazoo Valley Community College | 56 |
| J | Basic Nursing Skills Lead Instructor Approval—Kalamazoo Valley Community College | 57 |
| K | Informed Consent Letter | 58 |
| L | Nursing Home Clinical Site Faculty Instructions | 59 |

CHAPTER 1

Introduction

Quality patient care has become a potent issue in the continuing debate regarding good health care. Attitudes of nurses can affect the quality of nursing care given to the elderly (Knowles & Sarver, 1985; Stanley & Burggraf, 1986). Because a large percentage of the total population will be over 65 within the next century, it is the duty of nurses as professionals and society in general to pay attention to this issue (Sheffler, 1995).

Along with this aging population, the need for skilled, knowledgeable, and compassionate nursing care of the elderly will also increase. This need has poignant implications for the development of nursing education curricula that will prepare nurses to meet the health care needs of the elderly. Haight, Christ, and Dias (1994) have reported an overall lack of interest in gerontological nursing in the United States and the United Kingdom.

Nurse educators responsible for the clinical education of nursing students need to provide clinical experiences that are positive, instructive, and important to the formation of competent, skilled nurses. First-time clinical experiences provide the foundation for learning basic nursing skills. They can also contribute toward the formation of positive or negative attitudes regarding patient care in general. Site selection for these experiences should be completed with careful thought and consideration. Currently, many nursing programs provide initial clinical experiences in nursing homes (Hartley, Bentz, & Ellis, 1995).

Nursing homes are frequently utilized as clinical settings for beginning nursing students because their basic skills can be given greater priority than in the hospital where patient conditions are more serious and the pace of performing skills much faster. Nursing students are sometimes overwhelmed by hospital settings with their high patient acuity levels and the presence of advanced and complicated technology (Hartley et al., 1995). In nursing homes, more emphasis is placed on the elderly learning how to maintain function and adapt to their environment (Haight et al., 1994). There, the caring part of nursing can be readily observed, learned, and practiced.

In a qualitative phenomenological study of 37 undergraduate nursing students, Beck (1996) found a greater number of positive consequences than negative consequences following a clinical experience caring for cognitively impaired elderly people. Nursing homes, unfortunately, are frequently understaffed considering all the needs of the residents, the required nursing interventions, and the lengthy time usually required to complete them. Therefore, the potential for negative attitude formation does exist (Hartley et al., 1995).

It is helpful to review attitude models that explain the relationship between attitudes and behavior. Fishbein and Ajzen (1975) feel that attitudes are founded on beliefs about a particular object with a strong connection between attitudes and behavior. They define beliefs as the knowledge a person has about an object or issue. Behaviors are described as any visible actions performed by a subject and include completion of questionnaires and verbal replies. Attitudes can be formed or changed by influencing beliefs a person has about a particular object. If beliefs are associated with favorable qualities of an object or issue, then a person tends to have a positive attitude toward the object. If beliefs are associated with unfavorable qualities toward the object or issue then a person will have negative attitudes toward the object or issue.

Steers (1984) also talks about the importance of new knowledge, decision making, fear arousal and reduction, tension reduction and position discrepancy in determining attitudes. New knowledge helps change beliefs, participation in decision-making creates positive attitudes, and fear arousal and reduction makes a person more receptive to change. When old attitudes are in conflict with new ones, a person has a need to reduce the resulting tension and may therefore be more receptive to attitude change. Position discrepancy occurs when a person's attitudes are different from those of others. In order to decrease the discrepancy, an individual will change or modify attitudes to be more like those of others.

Due to the important relationship between attitudes and behavior, giving quality care to the elderly must be preceded by the formation of some positive attitudes toward them. These attitudes can be developed by providing knowledge about the aging process and positive experiences working with the elderly.

The modern day emphasis on youth, physical fitness, and independence contributes to ageism, that is prejudiced against the elderly. Ageism can serve as a basis for negative attitude formation. Whether ageism is a behavior developed during youth or the result of an ongoing life process is still an unresolved issue. The general population sometimes holds stereotypical attitudes regarding the elderly, and nursing students too can be guilty of these prejudices (Haight et al., 1994).

Research by Gomez, Otto, Blattstein, and Gomez (1985) supported the perspective that increased education in gerontology can be associated with a decrease in stereotypes of the aged. Sheffler (1995), Langeland et al. (1986), and Hartley et al. (1995) support the idea that clinical experiences in nursing homes can be positive ones. Most nursing home clinical experiences have an accompanying theoretical component of gerontological knowledge to provide greater understanding of this clinical specialty. Clinical courses that include experiences with the well elderly (Kayser & Minnigerode,

1975) or the chronically ill may also contribute positive attitudes toward the elderly (Robb, 1979).

The potential for acquiring positive or negative attitudes toward the elderly after working in a nursing home does exist (Chamberland, Rawls, Powell, & Roberts, 1979; Roberts & Powell, 1978). Hartley et al. (1995) found significant improvement in positive attitudes of associate degree students following an initial clinical experience in a nursing home. Haight et al. (1994) found that initially positive attitudes in baccalaureate students toward the elderly had decreased by the end of the third year.

The current study builds on several studies of student nurse attitudes toward the elderly before and after clinical experiences involving care of the elderly (Haight et al., 1994; Langeland et al., 1986; Sheffler, 1995). It is a replication of a study completed by Hartley et al. (1995), which focused on the effect of early nursing home placement on nursing student attitudes toward the elderly.

No theoretical framework was acknowledged in the Hartley et al. (1995) study. It reported on subject's general employment or volunteer work with the elderly. Numbers of students who lived in rural suburban or urban areas were also indicated.

The current study utilized the framework of the Neuman Systems Model (Neuman, 1995) to guide the research project. Demographic data in this study tabulated the subject's experiences with the elderly as health care worker in a nursing home, assisted living center, hospital, or home health care. It also assessed the subject's previous experience as caregiver for the elderly, and participation in a current ongoing or past relationship with an elder. The subject's location at one of five different clinical nursing home groups was also indicated.

Purpose

The purpose of this study was to determine if there were a change in associate degree nursing students' attitudes toward the elderly following an initial clinical nursing

experience in a nursing home. Data from this study have the potential to be used to evaluate nursing curricula and ultimately improve patient care.

CHAPTER 2

Conceptual Framework

This study was guided by concepts proposed in the Neuman Systems Model (Neuman, 1995), a systems-based conceptual framework. The model, with its focus on the client system in constant interaction with the environment, provides a comprehensive understanding of how the client system adapts to stressors in the environment. Approval for use of the Neuman Systems Model was received from Betty Neuman (Appendix A).

The model, according to Neuman (1995), contains the concepts of *client system*, *basic structure*, *lines of resistance*, *stressor*, *flexible lines of defense*, and *normal lines of defense*. *Basic structure* refers to the basic systems within the body. *Lines of resistance* are components that provide protection against stresses. The study utilized the four other main concepts from this model to guide the research: *client system*, *stressor*, *flexible lines of defense*, and *normal lines of defense* (Appendix B).

In her framework, Neuman (1995) presents the concept of *client* or *client system* that is in interaction with the environment, either adjusting to it or making the environment adapt to the client. The term *client* represents a whole person always interacting with the environment as a dynamic composite of interrelationships among psychological, physiological, sociocultural, developmental, and spiritual variables. The client system is portrayed as always changing in order to maintain stability. This process of interacting and adapting results in varying degrees of balance between the client and the environment. Neuman views the client as being an open system in continual interaction with the environment where environment includes internal and external forces. The client too may influence the environment. This concept of *client*, with focused

attention on the psychological variable in the form of attitudes, was applied to the student nurse for this study.

Neuman (1995) defines *stressor* as “tension producing stimuli with the potential for causing system instability” (p. 22). It is important to note the word *potential*, for this connotes that stressors do not always bear a negative effect. These stressors can be intrapersonal, occurring within the client, such as tense muscles. They may also be interpersonal, occurring between one or more individuals, such as poor communication skills with an elderly client, instructor, or staff. In addition, clients may experience other stressors that are generated outside their being. For the student, these stressors may include a new clinical area such as the nursing home, a multiple client assignment, or a noisy nurses’ station. In this study, *stressor* will be defined as the nursing home clinical experience in its totality, that is, all interactions and experiences with instructors, staff, clients, peers, and self.

The *flexible line of defense* is defined by Neuman (1995) as part of the client system. In this study, it functions as a buffer system for the student’s normal state and prevents stressor invasions of the student system. It is a dynamic state and can be altered in a short period of time during stressful encounters. It represents client adaptors to stress. More than one stressor impacting the system at a time can reduce the effectiveness of the system (Neuman, 1995).

The students’ ability to activate physiological, psychological, sociocultural, developmental, or spiritual elements can strengthen their flexible lines of defense against possible reaction to stressors. In this study, the type of student attitude, a psychological variable, toward the elderly will affect the way in which flexible lines of defense can cause or prevent a negative attitude and promote or inhibit a positive attitude. Positive attitudes may be cultivated by the introduction to gerontological knowledge and cultural assessment, instruction in basic nursing skills in caring for the elderly, positive feedback

from nursing home residents, and positive role modeling by instructors or staff. Negative attitudes may be forged by exposure to negative feelings of staff toward the elderly, negative feedback from nursing home residents who have dementia or multiple needs, negative feelings expressed by peers, or insufficient support by a clinical instructor.

For the purposes of this study, a reduction in the effectiveness of the student, as client system, caused by multiple stressors while working in the nursing home, would result in negative attitudes toward the elderly. Optimal wellness or student system stability would be associated with positive attitudes, while client instability would be associated with negative attitudes.

The *normal line of defense* signifies what the student has become over time, that is, the wellness state. The adaptation of the client system to stressors in the environment represents client stability. This normal line of defense is the standard by which aberrant changes in the wellness state can be determined and includes previous system behavior. Those factors that influence this state include the system variables coping patterns, developmental, spiritual and cultural endowments (Neuman, 1995).

In this study, the normal line of defense represented the ADN student attitudes toward the elderly over the time of the clinical experience. The formation of positive attitudes served to stabilize the normal line of defense.

Forces within the nursing home environment, such as post conferences, careful patient selection, and ongoing student-instructor consultations served to strengthen the flexible lines of defense and contributed to positive student attitudes. Other forces, such as uncooperative or inadequate numbers of staff, staff with negative attitudes toward the elderly, and unexpected changes in patient conditions, might have contributed toward negative attitude formation. As the normal lines of defense stabilized and attitudes toward the elderly became more positive, the student should have felt stronger, more confident, and more capable of providing competent care to the elderly.

Assumptions of the model most applicable to this study are, first, that the student is a whole person, that is, a dynamic composite of interrelationships among physiological, psychological, sociocultural, developmental, and spiritual factors. Second, many known and unknown environmental stressors exist, and any of them have the potential to affect the student system in a positive or negative manner. Third, when both the normal and the flexible line of defense cannot protect the client, the stressor breaks through to the client. Student variables determine reactions to stressors. Fourth, optimal wellness is obtained when the student system reaches stability and adapts to the environment (Neuman, 1995).

The theoretical relationships among these assumptions in relation to student nurse attitudes toward the elderly are as follows: First, student nurses are composed of many elements, such as body systems, attitudes, family membership, age, and spirituality, which for this study, were considered variables. Second, in the clinical setting, these students used their elements to respond to stressors. Their attitudes are among the psychological variables that affected their response to stressors. Those staff members, patients, ADN peers, instructors, or situations which presented themselves within this environment served as stressors to the student as the student system strives to meet the objectives. Third, the nature and strength of nursing students' psychological variables were one of the elements that determined the extent to which the stressors were allowed to penetrate the flexible line of defense. If the stressors in the nursing home, such as caring for residents with dementia or those requiring total care, were too many and too strong, they posed too great a threat to the student. This could have resulted in penetration of the flexible lines of defense, system instability, and accompanying negative attitudes toward nursing home experience and the elderly in general. Fourth, if students had been able to utilize all of their psychological strengths to support and adapt their system to the environment, then stability would have been reached and positive attitudes formed. The

relationship between theory concepts and study variables are depicted in Appendix B. The relationship between the Neuman Systems Model and the study is depicted in Appendix C.

Literature Review

Students in the ADN program being studied sometimes come to their first hospital experience expressing a wide range of feelings regarding their previous clinical experiences, particularly those spent in a nursing home. For some, these past clinical experiences were their first exposure to health care environments as members of the health care team. For others, they were a continuation of a previous or ongoing clinical work experience. Historically, some studies have shown that early clinical experiences in nursing home settings created negative attitudes in nursing students toward the elderly (Chamberland et al., 1979; Roberts & Powell, 1978).

The research conducted by Roberts and Powell (1978) involved a study of 44 freshmen nursing ADN students. It was expected that students would grow in their appreciation of the elderly and therefore seek to work in the nursing home setting. The study involved a 30-hour behavioral interaction between the students and the nursing home residents and a 3-hour classroom lecture with discussions. The Tuckman and Lorge questionnaire (1953) was administered to the students prior to and again after the clinical experience. The results showed an increase in negative attitudes of the students toward the elderly. The weakness in the study involved a lack of reported data analysis. Insufficient theoretical information presented to the students resulted in a diminished educational experience. This deficiency contributed toward negative attitude formation. The researchers concluded that there was not adequate time in an ADN program to effect attitudinal changes toward the elderly unless curriculum changes that could contribute to attitude changes toward the elderly were explored.

The research completed by Chamberland et al. (1979) also studied ADN students practicing their initial clinical experience in a nursing home after being instructed on theories of normal aging. The results of this study also showed an increase in negative attitudes towards the elderly. The addition of a student-created nursing home project did result in an increase of positive attitudes. This report included no data analysis.

More recent studies have shown an increase in positive attitudes toward the elderly following a clinical experience in a nursing home. Langeland et al. (1986) proposed the hypothesis that there would be an increase in positive attitudes of basic Bachelor of Science in Nursing (BSN) students toward the elderly after an initial clinical experience in a nursing home. They studied a convenience sample of 50 BSN nursing students at a midwestern university using a pretest-posttest, quasi-experimental design with a revised form of the Kogan Scale by Shaw and Wright (1967). They also developed a questionnaire to collect data on students regarding demographics, work experiences, attitudes toward nursing homes, and desire to work with the elderly.

This study involved the use of three nursing home sites with four 10-hour week clinical experiences. The scores for the Kogan Attitudes Toward Old People Scale (Kogan, 1961) pre- and postclinical experience were computed using the Sign Test. The findings showed an increase in positive attitudes ($p < .01$) and no significant change in negative attitudes toward the elderly. There was also no significant change in desire to work with elderly patients or students' attitudes toward nursing homes in general. When the three nursing student groups with their different clinical sites and different instructors were compared, there were no significant differences in the variables tested. The Wilcoxon rank sum test was used to analyze data and showed a positive relationship between previous gerontological work experience and desire to continue work with the elderly ($p < .01$) (Langeland et al., 1986).

The researchers concluded that initial student nurse clinical experiences in a nursing home were helpful in learning basic nursing skills and creating positive attitudes toward the elderly. This study also supported the belief that previous work experience with the elderly was related to work in that area. Moreover, the researchers felt that educators should continue to plan and structure these nursing home clinical experiences with an emphasis on Orem's (1980) conceptualization of the elder's self-care abilities (Langeland et al., 1986).

Weaknesses of the study, as cited by the researchers themselves (Langeland et al., 1986), were the limited convenience sample size, lack of instructor variable control, and limited reliability of the Kogan Attitudes Toward Old People Scale (Kogan, 1961). Strengths of the study were its use of the scale to further delineate the scope of this study, variety of statistical analysis in the use of both the Sign Test and the Wilcoxon rank sum test to analyze results, and the use of different nursing home sites to dilute potential stereotypical attitudes toward the elderly by staff, community volunteers, or ancillary personnel.

In Sheffler's (1995) study of nursing student attitudes toward the elderly, the relationships between different clinical sites, gerontological knowledge, and student attitudes toward the elderly were studied. The hypotheses stated that ADN students' pre- and postclinical attitudes toward the elderly would be different following an experience in a hospital, that students would show an increase in negative attitudes toward the elderly following a nursing home experience, and that the ADN student attitudes would be positively related to knowledge regarding the elderly.

The study was conducted at three ADN nursing programs on a convenience sample of 140 nursing students during their first clinical experience of 32 hours in a hospital or nursing home setting. The Kogan Attitudes Toward Old People Scale (Kogan, 1961) was used to measure students' attitudes before and after their clinical

experiences, and Palmore's Facts on Aging Quiz (Palmore, 1977) appraised their gerontological knowledge. A Demographic Data Form was also used to compile information on specific variables. A Clinical Data Form gathered information on the clinical sites. The results showed a difference in attitude toward the elderly following a clinical experience in a hospital setting with $t(85) = -2.40, p < .05$. The study did not support the hypothesis that students would have an increase in negative attitudes toward the elderly following a nursing home experience. Students' positive attitudes actually increased after the clinical experience in a nursing home, $t(53) = -2.52, p < .01$. The scores on Palmore's Facts on Aging Quiz showed a positive relationship between the students attitudes toward the elderly and their gerontological knowledge ($r = .31, p < .05$) (Sheffler, 1995).

Sheffler (1995) concluded that a first clinical experience in a nursing home or a hospital supported positive attitudes toward the elderly and that an increase in knowledge about the elderly contributed toward more positive attitudes toward them. Strengths of the study included the researcher's use of a hospital setting as well as a nursing home to determine the effect of the clinical setting on students' attitudes and the assessment of the effect of knowledge on attitudes. Limitations of the study as cited by Sheffler (1995) included the use of a homogenous group of subjects, convenience sampling, use of a descriptive rather than an experimental design, and a lack of reliability data on Palmore's Facts on Aging Quiz (Palmore, 1977).

Hartley et al. (1995) studied the change in basic ADN students' attitudes toward the elderly following an initial nursing home clinical experience. The research question asked if there were a significant change in attitude toward the elderly at the completion of the first quarter of a nursing program where students completed an initial clinical experience in a long-term care setting.

The study used a pretest-posttest quasi-experimental design with no control and a convenience sample of 136 students from six community colleges in the Seattle area. The Kogan Attitudes Toward Old People Scale (Kogan, 1961) was used (a) to measure the attitudes of the nursing students before they had any course content on gerontology or nursing home clinical experience and after their nursing home clinical experience, and (b) to calculate attitude change. The mean pretest score was 179.83, and the mean posttest score was 184.26 within a possible range of 34 to 238. Results showed a small but significant improvement in attitude ($t = 2.97, p = .004$) toward the elderly with a mean difference of 4.43. The researchers concluded that nursing homes can be successfully used as initial clinical sites for nursing students (Hartley et al., 1995).

Hartley et al. (1995) cited the broad range of students, from six community colleges, as a strength of the study. An acknowledged potential weakness of the study was the Kogan Scale itself due to the fact that its reliability has been questioned (Hicks, Rogers, & Shemmers, 1976; Robb, 1979).

Summary

These studies present a variety of perspectives on the effect of an initial clinical nursing experience on the attitudes of nursing students toward the elderly. Overall, they support the belief that there is an increase in positive attitudes of students toward the elderly when gerontological theory and concurrent preparation in basic skills in caring for the elderly are part of the curriculum.

The current study builds on the body of information gleaned from these studies involving student nurse attitudes before and after a clinical experience involving care of the elderly in a nursing home. More specifically, it is a replication of the study completed by Hartley et al. (1995), which focused on the effect of early nursing home placement on nursing student attitudes toward the elderly.

In addition to contributing important knowledge to the specific ADN program being studied, this research also contributes more data to studies already conducted on attitudes of nursing students toward the elderly in general and the change in nursing student attitudes following an initial clinical experience in a nursing home. It has important implications for the study of nurses' desire for employment in nursing homes. With an increasingly aging population, the data gleaned from this study contribute toward the educational preparation of those who care for the elderly.

Hypothesis/Research Question

The research question for this study may be stated as: What changes are there in the attitudes of ADN students toward the elderly following a clinical experience in a nursing home? The specific hypothesis is: Following a first clinical experience in a nursing home, associate degree nursing students will experience a change in attitudes toward the elderly.

Definition of Terms

The term *associate degree nursing student system* represents a whole person as a dynamic composite of interrelationships among psychological, physiological, sociocultural, developmental, and spiritual variables always interacting with the environment. This concept of *associate degree nursing student*, with attention focused on the psychological variable in the form of attitudes, will be applied to the student nurse for this study.

ADN student *attitudes* are the feelings or emotions (*Webster's Seventh New Collegiate Dictionary*, 1965) of ADN students toward the elderly. Attitudes have been described in most literature as "learned predispositions to respond in a consistently favorable or unfavorable manner with respect to a given object" (Fishbein & Ajzen, 1975, p. 6). In Neuman's (1995) framework, they are present within the psychological variable of the client system. For the purposes of this study, ADN student attitudes will

be classified as being favorable and therefore positive, or unfavorable and therefore negative, toward the elderly. *Preclinical attitudes* represent those feelings or emotions toward the elderly that the student brings to the clinical experience. *Postclinical attitudes* represent those feelings or emotions toward the elderly that exist after the clinical experience.

Neuman (1995) defines *stressor* as “tension producing stimuli with the potential for causing system instability” (p. 22). In this study, the nursing home clinical experience will be defined as the *stressor*. It consists of at least a 53-hour practicum, that is, all interactions and experiences with instructors, staff, clients, peers, and the physical environment.

CHAPTER 3

Methods

Research Design

This quasi-experimental study used a pretest-posttest design with no control and no randomization to measure the attitudes of nursing students toward the elderly before and after a clinical experience in a nursing home. The intervention for this study consisted of lecture, lab practicum, and placement of ADN students in a nursing home for completion of 53 hours of clinical experience in the care of the elderly. The advantage of this type of design was that it enabled the researcher to determine if any change in attitude had occurred over time.

The ADN students completed the 6-week basic nursing theory and lab courses taught concurrently followed by a 2-week basic clinical course. They were asked to complete the Kogan Attitudes Toward Old People Scale (Kogan, 1961; Appendix D) before the theory and lab courses began and again at the completion of the clinical course. Subjects were also asked to complete a demographic data form (Appendix E). Therefore, the data for this study were collected at the beginning of Week 1 and again at the end of Week 8 of the semester.

Sample and Setting

A convenience sample of all ADN students participating in the basic nursing care courses and clinical experience in a nursing home was asked to participate in the study. The convenience sample was 39 students. At this midwestern community college, class size enrollment in these courses is limited to 40 students. Demographic data included age, gender, race, marital status; previous or current work experience with elderly in a

nursing home, hospital, assisted living center, or home health setting; experience caring for an elderly person (over age 65); current or past relationships with elderly; and location of clinical site (Appendix E).

The sample was a fairly homogenous group of subjects (Table 1). Most of the students were white, female, and single. The 38 students who completed the questionnaire ranged in age from 20 to 54 ($X = 27.13$, $SD 7.30$). Of those completing the demographic form, 27 (71%) were in their 20s, 8 (21%) in their 30s, 2 (5%) in their 40s, and 1 indicated an age of 54 (3%). Students were members of one of five different groups for the clinical experience.

Table 1

Sample Characteristics

| ADN Students ($n = 38$) | <i>n</i> | % |
|---------------------------|----------|----|
| Sex | | |
| Male | 8 | 21 |
| Female | 30 | 79 |
| Race | | |
| Asian | 1 | 3 |
| Black | 2 | 5 |
| White | 33 | 87 |
| Other | 2 | 5 |
| Marital Status | | |
| Single | 22 | 58 |
| Married | 12 | 32 |
| Separated | 2 | 5 |
| Divorced | 2 | 5 |

The setting for the study included the classroom and nursing lab where theory information, basic nursing skills, and skin and mentation assessment skills of the elderly were taught. Four nursing home sites were used for the clinical experience. All were skilled, long-term care nursing facilities.

Instrument

Approval for use of the Kogan Attitudes Toward Old People Scale (Kogan, 1961) was received from Nathan Kogan (Appendix F). Using this scale, the ADN nursing student attitudes were measured before and after their clinical experience in the nursing home.

The scale is credited with contributing a useful way to measure attitude changes (Hilt, 1997; Wells, 1980). It has been used in numerous studies involving attitudes toward the elderly (Gomez et al., 1985; Haight et al., 1994; Hartley et al., 1995; Hilt 1997; Oglesby, 1992; Sheffler, 1995, Thorson & Perkins, 1980). It has been used to study the attitudes of physicians (Hellbusch, 1994), medical students (Merrill, Laux, Lorimor, Thornby, & Vallbona, 1993), and mental health professionals (Rose, Coen, & Gatz, 1993) toward the elderly. Concerns have been raised about the scale's seemingly outdated language used in some of the scale statements and the potential for response set bias. However, Hilt (1997) stated that this scale is still considered the best tool available for doing survey research on attitudes toward the elderly.

Kogan (1961) found positive correlations of this attitude scale with the measurements of attitudes toward other groups such as ethnic minorities and the physically and mentally disabled. These positive correlations supported criterion validity of the scale. Reliability has been documented using a Spearman Brown split half reliability, where the positive statements had correlation coefficients ranging from .66 to .77, and the negative statements had correlation coefficients of .73 to .83.

Shaw and Wright (1967) described the original study done by Kogan to evaluate the attitudes of students in introductory psychology courses toward the elderly using the Kogan Attitudes Toward Old People Scale (Kogan, 1961). Their evaluation of the scale noted a response set bias and interscale correlations of .46 to .52 in the 3 samples reported. However, they felt that because the scale matched positive and negative items, compensation for the bias had been made.

Pretest reliability, which showed internal consistency for this study, was documented with a Cronbach alpha of .79 ($n = 34$). The posttest reliability was documented with a Chronbach alpha of .80 ($n = 33$). These reliabililty coefficients indicated that the scale is internally consistent and that all of its statements have an acceptable level of consistency in measurement of attitudes. Polit and Hungler (1995) report that reliability coefficients normally range between 0.0 and +1.00 with higher numbers reflecting a higher degree of internal consistency. Reliability coefficients above .70 are considered acceptable.

In a study of television general managers' and news directors' attitudes toward the elderly, Hilt (1997) used the Kogan Attitudes Toward Old People Scale (Kogan, 1961), a questionnaire regarding views on news coverage, 10 story topics measuring interests of younger and older people, and a demographic survey to compile data. Analysis of the data included Kogan Index scores for the two groups, t tests to evaluate differences between groups on each statement, and an analysis of the statements about broadcasting views and story topics. The responses on the Kogan Attitudes Toward Old People Scale Index were then correlated to the series of statements about broadcasting views and the story topics. Hilt (1997) felt that by correlating the Kogan Attitudes Toward Old People scores with the managers' views of news coverage, it was possible to determine an assessment of attitudes.

Hilt (1997) summed the responses on the Kogan Attitudes Toward Old People Scale (Kogan, 1961), to provide a single index score which yielded levels of internal consistency that were acceptable (Cronbach's alpha = .81). Scores were calculated so that the lower the score, the more positive the attitudes toward the elderly. This study found that TV news directors had raw scores that were lower than the raw scores of TV general managers. However, there was no significant difference in the Kogan score for the news directors and general managers ($t = 1.14$; $p < .26$). Although the overall score for both groups was more positive than other groups who had used this scale, that is undergraduate and graduate students, the difference was not significant.

When correlating the Kogan score with statements about news coverage, Hilt (1997) found two statements had statistical significance in relation to the Kogan Index at the .05 alpha level. The first statement, "Issues about or of concern to older people are hard to explain on TV" ($r = .23$), meant that those who had a positive attitude toward the elderly did not agree with the statement. The second statement, "News stories about the elderly are becoming increasingly important" ($r = -.26$), meant that those who had a positive attitude toward the elderly agreed with the statement. These data supported criterion validity of the Kogan Attitudes Toward Old People Scale (Kogan, 1961).

The Kogan Attitudes Toward Old People Scale (Kogan, 1961) contains 17 positive statements and 17 negative statements that indicate attitudes toward the elderly. These statements correspond to responses on a 6-point Likert type scale with choices ranging from "strongly disagree" to "strongly agree." The choices are scored as 1, 2, 3, 5, 6, or 7. Respondents cannot make any neutral choices, as that option does not exist on the scale. The number 4 is assigned to unanswered statements.

Kogan treated the scores on the positive statements as one score and the scores on the negative statements as another score. A high score on the positive statements indicated propitious attitudes toward the elderly, while a high score on the negative

statements indicated unpropitious attitudes toward the elderly (Hartley et al., 1995; Langeland et al., 1986; Mangren & Peterson, 1982). He then made the scores on the two types of statements equivalent by calculating means and subtracting the positive means from 8.0. This meant that a high score for either group of statements indicated more unfavorable attitudes. The composite score of positive and negative attitudes could range from a low of 34 to a high of 238 (Shaw & Wright, 1967).

Two changes were made in the scale for the purposes of this research project. The first change was that items were not listed as a positive statement followed by its associated negative statement as in the original scale. Instead, the order of listing all positive and negative statements was determined by a random selection process completed by the researcher. The corresponding number of each question was placed in a bowl and the numbers were drawn from the bowl at random. The questions were then listed on the questionnaire in the order in which they were drawn from the bowl. This change in the scale was made so the subject would not recognize that the content of one statement was the reverse of the one preceding it.

The second change made was that the title of the scale, "The Kogan Attitudes Toward Old People Scale" was removed from the top of the scale. This was done to avoid negatively influencing the subjects with such stereotypical language as "old people."

In this study, the choices were scored as 1, 2, 3, 5, 6, or 7, as done by Kogan (1961). A score of 4 was assigned if a subject did not respond to a statement. In order to achieve a single score with a high score indicating favorable attitudes, the negative statements were reverse scored. The potential composite score of positive and negative attitudes ranged from a low of 34 to a high of 238. This differed from the original Kogan method of scoring where a low score indicated favorable attitudes toward the elderly.

Hilt (1997) felt that the scale should be updated by eliminating stereotypical language in regards to the elderly and by shortening its length by one half. Despite concerns about outdated wording and response set bias, it was important to use this scale because this current study was completed in order to add to data already collected in nursing research studies that also used this scale (Gomez et al., 1985; Haight et al., 1994; Hartley et al., 1995; Langeland et al., 1986; Oglesby, 1992; Sheffler, 1995; Thorson & Perkins, 1980). This study did not use the scale to merely assess types of attitudes. It was administered in a pretest-posttest format to achieve a measurement of change in attitudes over time.

Procedure

Following approval from the Human Research Review Committee at Grand Valley State University (Appendix G), this study was conducted in an established educational setting. Because it involved research on the effectiveness of an instructional technique it came under the category of exempted research (*Federal Register*, 1981).

Research approval requests began with seeking permission to conduct the study within the nursing department of the community college. Approval from the Dean of Health Sciences was sought by a letter explaining the research and a request to perform the study (Appendix H). The director of the nursing program (Appendix I), and the lead instructor for the course (Appendix J) were also contacted. The *Introduction to Caring* (Nur 110), *Basic Nursing Skills* (Nur 120), and *Providing Basic Nursing Care* (Nur 125), courses are part of the ADN program located at the community college in a midwestern state (Kalamazoo Valley Community College Nursing Department, 1998).

All student nurses in the basic nursing care theory (Nur 110), skills (Nur 120), and clinical courses (Nur 125) were asked to participate in the study. The theory course took place in a classroom, and the skills course took place in a nursing lab at the community college. The clinical course was completed in a nursing home. The objectives

for this clinical experience included: (a) Implement the nursing process in providing care to clients in an extended care facility by applying skills and knowledge from previous and current courses; (b) Manage care of assigned clients in the extended care facility by applying skills and knowledge from previous and current courses; and (c) Participate as a member within the discipline of nursing in the extended care facility, applying skills and knowledge from previous and current courses. The student must satisfactorily meet these objectives in order to successfully complete the clinical course.

During the first 6 weeks, of the basic theory course, students were taught principles of caring, trends and issues in nursing, and cultural assessment. During this 6-week period they were also taught in the nursing lab, gerontologic skin and mentation assessment skills and basic nursing skills as applied to the elderly. The last 2 weeks were spent giving patient care in a nursing home.

Associate degree students in these basic nursing care courses were asked to complete the Kogan Attitudes Toward Old People Scale (Kogan, 1961) at the beginning of Week 1 and again at the completion of Week 8, which was the end of the clinical experience in the nursing home. The questionnaire measured the ADN students' positive and negative attitudes toward the elderly and took approximately 10 minutes to complete.

The study was conducted within a classroom and at the nursing home. An Informed Consent cover letter (Appendix K) accompanying the pretest and posttest explained the purpose of the study, risks involved, consent to participation, and addressed confidentiality concerns.

The pretest, a self-administered questionnaire, was completed in a classroom at the community college and the posttest was completed in a conference room at the subject's clinical nursing home site. During completion of the pretest in the classroom, the nurse researcher was present for needed clarification. When the questionnaire was

distributed, the nurse researcher directed students to read the cover letter before beginning and instructed them that the information gathered from this research would be useful in planning nursing curriculum. Confidentiality of information was assured in that students completing the questionnaire were instructed to use the last four digits of their social security number as their identification number. Thirty-four students completed the pretest.

There were five clinical groups and four different nursing home sites used. This was a change from the initial plan for four clinical groups due to the large number of students involved in the experience. Three of the clinical rotations were completed on days and two were completed in the evening with a clinical instructor present at all locations and at all times.

Because the last clinical day was the last time that the students were together in their groups, a change was made in the original design in that the clinical instructors, not the researcher, distributed the posttest questionnaire. This was done in a conference room at the clinical site. The day before the posttest, the researcher met with the lead course instructor and all the clinical instructors. Each clinical instructor was given a packet of questionnaires and written instructions (Appendix L) on how to proceed with the questionnaire distribution on the next day. This was done to assure that all groups were given the same instructions.

The instructors were told to disperse the scales to all students present even if the student had not completed the pretest. They were also to read the prepared script, be available for needed clarification of directions, and note total time taken for scale completion. Questions asked by students completing the scale were to be written on the instruction sheet by the clinical instructor and returned with the questionnaires. Questionnaires were to be collected when completed, placed in the sealed envelope provided, and delivered to the researcher's faculty mailbox. Phone numbers of the

researcher were provided in the event that contact with the researcher was necessary.

The clinical instructors followed all instructions.

Risk and Risk Reduction

Overall risks to subjects in this kind of study were considered to be minimal. Subjects could have complained of loss of time taken to complete the scale; however, the nurse researcher allowed completion of the scale during regular class time. Subjects could have verbalized concerns about loss of privacy or confidentiality, so assurances of complete confidentiality regarding the identities of those completing the questionnaire were given. No names appeared on the completed scales. A coding system, consisting of the last four digits of each subject's social security number, was used to identify and match pre- and posttest scores. Subjects wrote the same number at the top of the demographic sheet.

Participation was voluntary and did not affect grades. Subjects could have complained of lack of significance or importance of scale completion, so the nurse researcher explained the significance of the study and potential benefit to nursing curricula development. Understanding how nurses can provide better patient care was also cited as a potential benefit.

CHAPTER 4

Data Analysis

Data Preparation

The research question for this study was: What changes are there in the attitudes of ADN students toward the elderly following a clinical experience in a nursing home? The specific hypothesis was: Following a first clinical experience in a nursing home, the associate degree nursing student will experience a change in attitudes toward the elderly. The independent variable was the nursing home experience. The dependent variable was the attitudes of the nursing students. The level of significance for acceptance of the hypothesis was $p < .05$. The data for this study were analyzed using the Statistical Package for the Social Studies (SPSS).

The Kogan Attitudes Toward Old People Scale (Kogan, 1961) is a Likert-type scale that measured the attitudes of the nursing students using an ordinal level of measurement on each item. However, the mean scores were considered interval levels of measurement. The choices on the scale items ranged from “strongly disagree” to “strongly agree” (Appendix D). The choices for each item on the scale were scored from 1 (strongly disagree) to 7 (strongly agree). One study using the scale treated a failure to respond on an item as a neutral response and assigned it a number to allow computation into the total score (Hartley et al., 1995). The same procedure was followed in this study. An item without a response was assigned the number 4 to acknowledge a missing score in the data and to allow computation into the total score.

A high score on the positive items represented more positive attitudes, and a high score on the negative items represented more negative attitudes toward old people. To

achieve a single score for analysis, the negative items were reverse scored and then added to the scores of positive items so that a total low score reflected more negative attitudes and a total high score reflected more positive attitudes. The possible range of scores was 34 to 238 on the Kogan Attitudes Toward Old People Scale (Kogan, 1961). Means were calculated for the pretest and posttest scores of each student. Because the two scores for each student were not independent, the paired *t* test was used to analyze the differences in the scores of the pretest and posttest (Hartley et al., 1995; Polit & Hungler, 1995). Descriptive statistics were calculated for the pretest and posttest.

Thirty-four students completed the pretest and demographic data sheet. Three of these students did not go on to begin the clinical experience course and therefore did not complete the posttest. Five new students who had completed the basic theory and lab courses at another time were added to the clinical experience course. These five students therefore completed the posttest and demographic data form but not the pretest. Consequently, there were 36 students who completed the posttest. Thirty-one students completed both the pretest and posttest.

Results

The raw pretest scores of the nursing students ranged from 132 to 205 ($n = 34$, $M = 169.95$, $SD = 16.78$). The raw posttest scores ranged from 139 to 212 ($n = 36$, $M = 174.89$, $SD = 17.61$). In general, the students' scores were positive ranging from "slightly agree" to "strongly agree." In order to determine if the change in attitude scores was significant, a paired *t* test was computed on scores of those who had completed both the pretest and posttest ($n = 31$). The results of the paired *t* test (Table 2) showed an increase in positive attitudes toward the elderly that was significant. Therefore, the hypothesis—Following a first clinical experience in a nursing home, associate degree nursing students will experience a change in attitudes toward the elderly—was supported.

Table 2

ADN Student Pretest and Posttest Scores on Kogan Attitudes Toward Old People Scale (N = 31)

| Variable | Mean | SD | Difference | t value | df |
|----------|--------|-------|------------|---------|----|
| Pretest | 168.97 | 16.35 | | | |
| | | | 5.42 | 2.47* | 30 |
| Posttest | 174.39 | 18.65 | | | |

* $p = .02$, two-tailed.

Three students completed the pretest and not the posttest. All three students had generally positive scores that were consistent with the rest of the sample. One of these three students did not complete the demographic form.

The scores for the individual clinical groups (Table 3) were also analyzed to see if there were a difference among groups in attitude changes. These included the students who took the posttest and not the pretest. These data are of interest in that four groups showed an increase in favorable responses while one group showed a decrease in favorable responses. An analysis of variance was conducted on the difference in pretest and posttest means for all five groups but it showed no significant differences between groups at the .05 level.

Additional findings included data regarding experiences with the elderly as stated on the demographic sheet. In this study ($n = 39$), 97.4% of the students indicated a previous experience, of some type, with the elderly (Table 4). Most students reported at least one previous experience with the elderly; in fact, an average of two ($M = 2.21$, $SD = 1.32$) types of previous experiences with the elderly was indicated (Table 5).

It is important to note these data as it may be construed that these experiences could affect test scores. In order to determine if having previous experiences with the

Table 3**Clinical Group Scores on Kogan Attitudes Toward Old People Scale**

| Group | N | Pretest Mean | N | Posttest Mean | Difference |
|--------------|----------|---------------------|----------|----------------------|-------------------|
| 1 | 7 | 167.29 | 7 | 181.57 | +14 |
| 2 | 6 | 169.50 | 8 | 174.50 | + 5 |
| 3 | 6 | 173.67 | 7 | 177.00 | + 3 |
| 4 | 7 | 163.14 | 7 | 159.86 | - 4 |
| 5 | 5 | 173.20 | 7 | 181.57 | + 8 |

Table 4**Previous Experiences With the Elderly**

| Type | n | % |
|---|----------|----------|
| Health care worker in a nursing home | 19 | 50 |
| Health care worker in assisted living center | 9 | 24 |
| Home health care worker | 6 | 16 |
| Health care worker in a hospital | 11 | 29 |
| Caregiver for elderly (aged 65 or older) relative | 4 | 11 |
| Current ongoing relationship with elderly (age 65 or older) | 19 | 50 |
| Past relationship with elderly (age 65 or older) relative | 18 | 47 |

elderly influenced attitudes toward the elderly, correlation coefficients were calculated between pretest scores and previous number of experiences, and posttest scores and previous number of experiences with the elderly. These experiences were found to have no significant relationship with either pretest or posttest scores.

Table 5

ADN Student Previous Experiences With the Elderly

| Number of Reported Experiences Per Subject | <i>n</i> | % |
|---|-----------------|-----------|
| <3 Experiences | 26 | 67 |
| ≥3 Experiences | 13 | 33 |

CHAPTER 5

Discussion

Hypothesis Testing

The research question for this study—What changes are there in the attitudes of ADN students toward the elderly following a clinical experience in a nursing home?—has therefore been answered in a positive manner. This first time clinical experience in a nursing home, resulted in ADN students having a significant increase in positive attitudes toward the elderly. The hypothesis—Following a first clinical experience in a nursing home, the associate degree student will experience a change in attitude toward the elderly—has been supported.

Study Findings and Conceptual Framework

In reviewing these findings within the context of the Neuman Systems Model (Neuman, 1995), one can view the ADN as a client system who has successfully prevented stressors within the nursing home environment from penetrating the flexible and normal lines of defense, thus protecting the student client system and basic structure. The flexible lines of defense were strengthened by instruction in basic elder nursing care, cultural assessment skills, and skin and mentation assessment skills of the elderly. In the clinical area, careful patient selection, ongoing student-instructor consultations and post conferences served to further strengthen the flexible lines of defense.

Students may have been exposed to negative feelings of staff or peers. They may also have been subjected to negative feedback from nursing home residents. Based on this study's results, if these events did occur, they do not appear to have created negative attitudes.

Overall, students appeared to have achieved optimal wellness or student system stability over a period of 8 weeks. Their normal lines of defense were stabilized through the formation of positive attitudes.

Assumptions of the model cited as applicable to this study have been shown in that, first, the ADN student was a dynamic composite of interrelationships among physiological, psychological, sociocultural, and developmental factors. Second, many environmental stressors existed and had the potential to affect the student in a positive or negative manner. Third, the flexible and normal lines have protected the student system. Fourth, that optimal wellness of system stability was reached when the system adapted to the environment. Student attitudes became more positive over time within the existing environment.

There were several theoretical relationships among these assumptions of the Neuman Systems Model (Neuman, 1995) in relation to student nurse attitudes toward the elderly. First, student nurses were composed of many elements such as body systems, attitudes, marital status, age, ethnic background and previous life experiences with the elderly, which in this study were considered important variables affecting the student system. Second, students utilized these elements or variables to respond to stressors in the environment. Their positive attitudes were among the psychological variables that affected their response to stressors. Third, the positive attitudes of the students prevented environmental stressors from penetrating the flexible and normal lines of defense. Stressors may have been prevented from being too strong or too frequent because of careful patient selection, instructor-student consultations and clinical group post conferences. Fourth, if students were able to utilize all of their psychological strengths to support their client system, stability could be reached and positive attitudes formed.

Findings in Relation to the Literature

These data added to research on attitudes toward the elderly (Hartley et al., 1995; Langeland et al., 1986; Sheffler, 1995) and further strengthened the belief that clinical experiences in nursing homes can create positive attitudes toward the elderly. In view of the fact that a significant part of the population is aging and will require ongoing nursing care, this is important information.

Results. This study was a replication of the study by Hartley et al. (1995), which investigated the effect of an initial nursing home placement on beginning nursing students' attitudes toward the elderly. In the Hartley et al. (1995) study, the Kogan Attitudes Toward Old People Scale was used to measure student attitudes. The mean pretest score was 179.83 and the mean posttest score was 184.26, which resulted in a mean difference of 4.43. The *t* value was 2.87 and significant ($df = 125, p = .004$). The study indicated a significant increase in positive attitudes of the nursing students toward the elderly.

This study also reported a significant increase in positive attitudes toward the elderly. It reported a mean pretest score of 168.97, a mean posttest score of 174.39. This represented a mean difference of 5.42. The *t* value was 2.47 and significant ($df = 30, p < .05$). Although the overall mean scores in the Hartley et al. (1995) study were higher than those in this study, the overall increase in positive attitudes in these subjects was greater than in the Hartley et al. subjects.

Some studies reported an increase in negative attitudes toward the elderly following an initial clinical nursing experience in a nursing home. In most instances these findings appear related to insufficient presentation of theoretical information and lack of an adequate means to measure attitudes. Roberts and Powell (1978), reported negative student attitudes toward the elderly following an initial clinical experience in a nursing home. In that study, the Tuckman and Lorge questionnaire (1953) was administered

prior to and again after the clinical experience. The researchers indicated that insufficient presentation of theoretical information to students contributed to negative attitude formation. No data analysis was reported. The Tuckman and Lorge (1953) questionnaire has been criticized as an ineffective tool to measure attitudes toward the elderly due to response-bias effects, attitude generalizations, and poor quality of statement content (Wells, 1980).

Chamberland et al. (1979) also reported an increase in negative attitudes of ADN students toward the elderly following a clinical experience in the nursing home. This study also used the Tuckman and Lorge (1953) questionnaire as a clinical experience pretest and posttest. The amount of theoretical information presented to the students prior to the clinical experience was very small. Four hours of classroom theory on aging, were presented prior to the clinical experience. No data analysis was presented.

This current study reported a considerable amount of knowledge presented prior to the clinical experience, regarding principles of caring and gerontological skin and mentation assessment skills. This study also used a reliable tool, the Kogan Attitudes Toward Old People's Scale (Kogan, 1961) to measure preclinical and postclinical attitudes.

Knowledge. Sheffler (1995) felt that those who have more knowledge regarding the elderly also have more positive attitudes toward them. Students in the Hartley et al. study (1995) were given information on aging. Students in this study were taught principles of caring and gerontologic skin and mentation assessment skills. This provision of gerontologic knowledge may explain one of the reasons for the increase in positive attitudes toward the elderly in these studies.

Fagerberg and Ekman (1997) found that students who did not have sufficient information to understand difficult patient conditions experienced more stress. These feelings of inadequacy created more negative attitudes toward the elderly. Students in

this study participated in student-instructor consultations and post conferences regarding patient conditions throughout their clinical experience. These actions may have decreased student stress in the clinical area. The Hartley et al. (1995) study did not report methods used for decreasing stress in the clinical area.

Previous experiences. Nursing literature has shown that experiences with the elderly can affect attitudes and behaviors. Beck (1996) demonstrated the importance of empathy as a type of coping strategy in caring for elders and maintaining positive attitudes toward them. Giving care to elderly patients created realistic experiences through which students could learn the value empathy. Students in this study were taught principles of caring in their theory class and that may have increased understanding of the importance of empathy in patient care. The Hartley et al. study (1995) did not report experiences or information regarding the concept of empathy.

The “previous experience” (Table 4) demographic data listing, in this study, demonstrated that there are many opportunities available to form a relationship or at least have an encounter with an elderly person. It served to identify the number of students who had previous experiences with the elderly. In the Hartley study ($n = 136$), 51% of the subjects reported previous employment or volunteer work with the elderly.

This study differed from the Hartley et al. (1995) study in that it further delineated the types of previous experiences students had with the elderly. It reported that 97.4% ($n = 38$) of the students completing the demographic questionnaire had a previous experience, of some type, with the elderly. Subjects indicated many types of previous experiences with the elderly. The roles as a health care worker in a nursing home and as a relative of an elderly person were the most commonly reported ways of getting to know the elderly (Table 4).

Role modeling. Haight et al. (1994) found that grandparents were positive role models for nursing students and that most students admired their grandparents.

Fifty-eight percent of the students in this study indicated that they either served as a caregiver for an elderly relative or had experienced a past relationship with an elderly relative. These relationships may have contributed positive attitudes toward the elderly. The Hartley et al. study (1995) does not report information regarding experiences with elderly relatives.

In this study, a large percentage of students had previous experiences with the elderly. These experiences may have provided students with more knowledge regarding the elderly prior to entering the nursing home environment. Although there was no significant relationship between pretest scores and previous experiences with the elderly, it is possible that the small sample size may have affected these results. A larger sample size may have provided a different outcome.

Limitations

Validity. Threats to internal validity included the actual clinical sites. Use of four different nursing home sites, two different times of day, that is, daytime and evening, and different clinical instructors, may have affected the nature of experiences and therefore attitudes among the students. However, these different nursing home sites and different clinical and classroom instructors may also have served to present a variety of patient experiences, thereby decreasing stereotypical responses by the students. All students were given the same theoretical and basic skill information and required to meet the same course objectives.

This study assessed preclinical and postclinical attitudes as a group and looked for a change in attitudes through comparisons of mean scores for the group. Hartley et al. (1995) felt that no setting can guarantee a predictable outcome in determining student attitudes.

Testing. Testing effects may have sensitized students toward attitudes regarding the elderly, thus affecting their scores on the posttest. However, a period of 8 weeks elapsed between both tests; therefore, these effects were felt to be limited.

The performance of the student nurses on the pretest or posttest measurements could have been affected by the investigator unconsciously communicating personal expectations. Therefore, directions were limited to directions for coding of the pretest scale for purposes of matching with the posttest scale, and the method used to indicate desired answers. Having the same researcher distribute the questionnaire both times would have contributed to the consistency in explanation of directions. However, since this was not possible, the same script (Appendix L) was used by all clinical instructors to explain directions. The fact that the researcher was not involved in the actual clinical experience prevented communication of personal research expectations.

Three students took the pretest but not the posttest. All three of their scores were indicative of favorable attitudes toward the elderly, ranging from “slightly agree” to “agree.” One of the three students was the only subject who decided not to complete the demographic form. The lack of completion of the posttest was due to either their failure of the theory or lab course or possibly a deliberate decision not to continue in the program at that time.

Students may have answered the questions on the pretest or posttest differently, knowing they were part of a research study; however, a double-blind approach was not feasible in this type of study. The questionnaire directions emphasized that there was no right or wrong answer.

One of the limitations of the Kogan Attitudes Toward Old People Scale (Kogan, 1961) was the juxtaposition of a positive statement and its corresponding negative statement in the list of statements. Therefore, a changes was made in the Kogan Attitudes Toward Old People Scale. Positive statements and associated negative statements were

not listed in paired order as in the original scale. The order of listing the statements on the scale was determined by a random selection process.

A change, that concerned the scale title, was also made in the scale. The title, “The Kogan Attitudes Toward Old People Scale” was removed from the student questionnaire to avoid stereotypical language that might influence the subjects.

Sample. The fact that this was a convenience sample and not randomly selected is noteworthy. One implication of this type of sample is that those who agree to participate in the study may be different than those who do not participate (Polit & Hungler, 1995). One student chose not to complete the demographic data form. All students, in the basic theory and clinical experience courses, chose to participate in the study and completed the scale.

The sample size was small, that is, 34 ADN students at one community college, which limits generalizability of the study to the entire population of ADN students. However, the study does add to the overall body of knowledge, already existing, from other similar studies. Although the sample was small, the results were significant. All students shared the fact that they had met the admission criteria to the nursing program.

Previous experiences with the elderly. The measurements on the posttest may have reflected the impact of the experience in the clinical area on the students. It may also have reflected past experiences or ongoing relationships that students may have had with other elderly persons outside the clinical area. They may have had an elderly relative living in their home or in close proximity. Other experiences may have occurred through employment or volunteer work in a nursing home or hospital. However, the effect on attitudes appears to have been a positive one. The study was controlled for previous experiences by performing a correlation between the number of previous experiences with the elderly and results of the attitude measurements.

Extraneous influences. Research subjects' exposure to media stereotypes of the elderly may also have affected test measurements. In her book, *The Fountain of Age* (1993), Friedan discusses the media's lack of positive images of the elderly. She feels the media is obsessed with and emphasizes the problems associated with aging not its benefits and rewards. However, in the study of broadcast managers' attitudes toward the elderly, Hilt (1997) showed that broadcast managers had positive views toward the elderly and that programs about them and related issues are important and of interest to the public. Atchley (1991) has stated that because of the complexity of television programming there has been very little research regarding television portrayals of the elderly.

Implications

Clinical practice (nursing care). This study has implications for nursing practice and nursing home staff should be made aware of these study findings. Nursing homes can be environments for cultivating positive attitudes toward the elderly. Nursing home staff should welcome and facilitate the clinical experience of nursing students. They must strive to provide a clinical experience that supports students in meeting professional goals and course objectives. Care should be taken to provide positive feedback and role modeling as well as realistic approaches to nursing care.

Nursing administration. Implications, specific to nursing home administrators and directors of nursing, also exist. Administrators and directors of nursing should cultivate relationships with schools of nursing and assist them in providing student nurses with clinical experiences in care of the elderly.

They should also support nursing home staff in their care of the elderly through continuing education in the study of gerontological nursing. Opportunities for staff to attend programs and courses specific to care of the elderly should be provided and attendance encouraged.

Hope (1994) in a study regarding attitudes toward the elderly, compared attitudes of nurses working in acute care medical settings with those of nurses working in acute care of elderly settings. It showed a significant relationship ($p = 0.04$) between postbasic gerontological education and a positive attitude score toward the elderly.

Only 5% of the medical settings group had such education; however, 50% of the patient care staff in the elderly settings had experienced gerontological education. The researcher felt that this study showed that gerontological education should be a part of basic nursing education and a body of knowledge with which all nurses in acute medical settings should be familiar. The study also showed that nurses working in care of the elderly patients had more positive attitudes toward the elderly than those nurses working in a medical ward.

Nursing education. Sheffler (1995) has stated that many associate degree nursing students go on to work in nursing homes and acute care facilities where the majority of clients are elderly. Therefore, it is important that their basic nursing education prepare them for those roles. Basic gerontological knowledge and academic and clinical environments where positive attitudes toward the elderly are cultivated and nurtured should be provided.

The importance of using a conceptual framework to guide incorporation of gerontological knowledge into curriculum has also been emphasized (Hope, 1994). The Neuman Systems Model (Neuman, 1995) provides such a framework in that it allows one to view the student as a client system who is capable of forming positive attitudes toward the elderly through education, clinical experience, and positive role modeling by instructors. It presents a very comprehensive approach to preparing the student system to be effective and productive. In this framework, the elderly can be viewed as individuals or as part of an organization, be it community, residential, or acute care facility.

The model's inclusion of a spiritual variable also serves as a foundation in teaching concepts of hope and death and dying issues, all of which are significant concerns of the elderly. Most importantly, it is a wellness model, so that changes occurring in the elderly may be viewed as part of a normal process.

Educators can also support formation of positive attitudes toward the elderly by placing students in other eldercare settings. Olson and Logan (1986) reported positive results from pairing nursing students with well elderly clients living in semi-independent to independent settings. The client needed to be able to communicate effectively, be well-oriented, ambulatory, and without acute illness. Students performed vital signs, a health history, a limited assessment of the face, skin, musculoskeletal system, heart lungs and abdomen. They also practiced communication skills and planned a teaching project involving skin care, exercise or nutrition. At the completion of the experience, the researchers found that 90% of the elderly felt comfortable with the experience and saw the nurse as being focused more on health promotion than illness. More than 90% of students found some value in their assignments. Seventy-one percent of the students found the communication skills assignment valuable. Students found the teaching project the most rewarding. Although this was not a formal research study, students did show an increase in positive attitudes toward the elderly. It therefore should be reviewed as another way to increase positive attitudes toward the elderly.

Chamberland et al. (1978) acknowledged the time limitations within an associate degree nursing program but felt that curriculum developers might review the possibility of including clinical experiences in screening clinics in addition to long-term care facilities. Topics regarding principles of behavior modification, remotivation group therapy, sensory stimulation, and reality orientation should also be covered. Although time limitations are an ever present concern of nursing faculty, these concerns should not prevent nursing educators from evaluating their curricula.

Nurse educators should continue to promote knowledge and understanding of the elderly by providing students with sufficient theoretical knowledge in gerontology. Taft (1986) suggests that students be educated in normal growth and development throughout the lifespan, normal age-related physiologic changes, elderly illness patterns, and functional assessment and intervention promoting adaptation. According to Tollett and Thornby (1982), course content should include information on the elder's ability to adapt to change, interest in activities, and financial status. An emphasis on the positive contributions that elders make to society should be projected.

The nurse educator is also an important role model for the student. Taft (1986) also emphasizes the importance of student's having a role model who is knowledgeable in gerontological issues and who projects positive attitudes regarding the elderly. The role model should be able to present the elder's strengths and problems.

Recommendations

Recommendations for future research include replication of this study utilizing a larger sample, possibly one that includes more than one community college. The addition of a control group of nonnursing students in a nonnursing community college course, using the Kogan Attitudes Toward Old People Scale (Kogan, 1961), would also further strengthen a larger study.

A study to revise the Kogan Attitude Toward Old People Scale (1961) could also be completed. The tool could be modified to eliminate stereotypical language and revise the order of listing the positive and negative statements.

Neuman (1995) has stated that the variable of spirituality present within the client system may impact the permeability of the flexible and normal lines of defense and thus the basic structure. Because this variable is of great importance to the elderly (Berggren-Thomas & Griggs, 1995; Leetun, 1996; Young, 1993), future studies may explore the presence of this variable within the student client system and the impact of it on attitudes

toward the elderly. Although this may have been a variable that affected student attitudes, it was not included in the data collection.

Research has shown that attitudes influence behavior (Fishbein & Ajzen, 1975) and that the variables of new knowledge, fear, and tension reduction can determine attitudes (Steers, 1984). Therefore, clinical instructors need to view a nursing student's initial clinical experience with the elderly as a critical one in which attitudes are influenced and behaviors practiced. Further research may explore evidence of these factors in the clinical setting.

Summary

This study has shown that nursing homes can be used as initial clinical sites for basic nursing students. It further strengthens the belief that positive attitudes toward the elderly can be cultivated in the nursing home environment. As members of a dynamic and caring profession, nurse educators bear a considerable responsibility in facilitating the formation of positive attitudes toward the elderly. Experiences with well and sick elders can provide new knowledge and insights. Even the fragile elderly can teach us the importance of empathy and humor and that caring for them can be an enriching experience (Beck, 1996).

According to Freidan (1993), we all need to help change the perception of age and combat stereotypes of ageing. Elders should be held up as valued members of society who possess much wisdom, historical knowledge and the keys to cultural traditions. Ultimately, students may be persuaded to seek as their goal in life, not the ever elusive fountain of youth, but rather, the "fountain of age" (p. 27).

APPENDICES

APPENDIX A

Newman Systems Model—Approval for Use

Rita LaReau
2325 Crosswind Dr.
Kalamazoo, MI
49008

Dear Dr. Neuman,

I am a graduate student in nursing at Grand Valley State University in Allendale, MI and am currently working on my master's thesis. The title of it is: The Effect of an Initial Clinical Nursing Experience in a Nursing Home on Associate Degree Nursing Student Attitudes Toward the Elderly. My hypothesis for the study is: Following a first clinical experience in a nursing home, associate degree nursing students will experience a change in attitudes toward the elderly.

I will be using your conceptual framework to guide my research and would appreciate any information or advice you might like to share. I will be focusing on the student nurse as the client system in constant interaction with the environment and how that client system adapts to stressors in the environment. The stressors will relate to the nursing home clinical experience in its totality with all interactions and experiences with instructors, staff, clients, peers, and self. The flexible line of defense will be strengthened by the student's ability to activate physiological, sociocultural, developmental, or spiritual elements to protect the client system. The normal line of defense will signify what the student has become over time i.e., the associate degree nurse student attitudes toward the elderly over the time of the clinical experience.

I have already collected my pretest data and will be gathering my posttest data in October. As a clinical nursing instructor in an ADN program I am eager to see the results of this study and the implications it may have for our curriculum. This study will add to data already collected on this topic.

Thank you for providing such a comprehensive conceptual framework to further the development and study of nursing. I appreciate it's depth and the breadth of its scope. The inclusion of a spiritual variable also provides a very important dimension to patient care.

Sincerely,

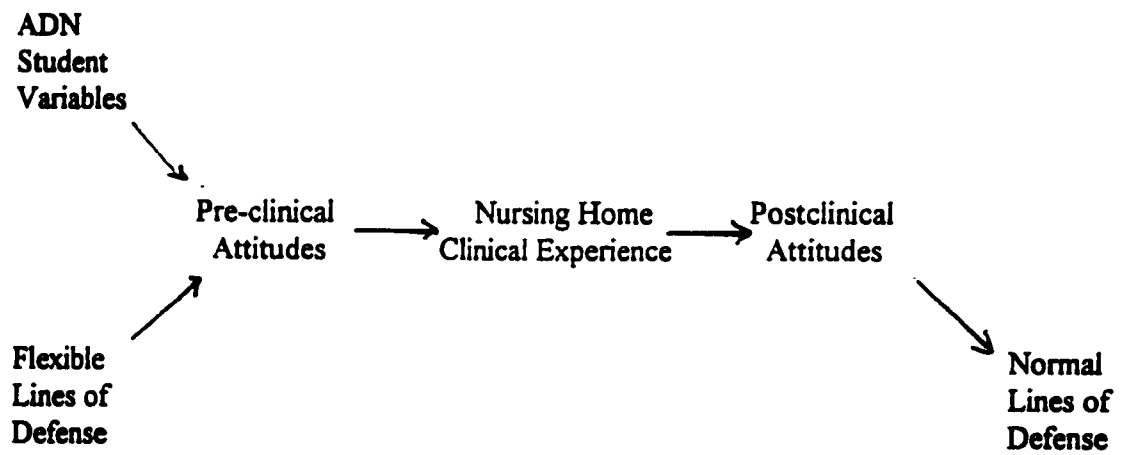
[REDACTED]
Rita LaReau

*Permission to use the
Necuman Model is granted.
Best wishes!*

[REDACTED] 2/24/99

APPENDIX C

Relationship Between Neuman Systems Model and the Present Study



APPENDIX D

The Kogan Attitudes Toward Old People Scale

Date _____ ID# _____ (last four digits of Social Security Number)

ATTITUDE SCALE

The following pages list a number of statements expressing opinions for your consideration. After each statement the following responses are provided:

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please select the box that best indicates your response to each statement.

Do not skip any items. Make selections carefully, but do not take too long to choose the best response. Don't be concerned whether your answer is "right" or "wrong." An honest response is the correct response.

THIS INVENTORY IS BEING USED FOR RESEARCH PURPOSES ONLY AND IS COMPLETELY ANONYMOUS.

- | | Strongly
Disagree | Disagree | Slightly
Disagree | Slightly
Agree | Agree | Strongly
Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Most old people make one feel ill at ease. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. People grow wiser with the coming of old age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Most old people are irritable, grouchy, and unpleasant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There is something different about most old people: it's hard to figure out what makes them tick. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reprinted with permission from Kogan, N. (1961). Attitudes toward old people: The development of a scale and an examination of correlates. *Journal of Abnormal Social Psychology*, 62, 44-54.

| | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Most old people are constantly complaining about the behavior of the younger generation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. It would probably be better if most old people lived in residential units that also housed younger people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Most old people are very relaxing to be with. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Most old people make excessive demands for love and reassurance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. It is evident that most old people are very different from one another. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. When you think about it, old people have the same faults as anybody else. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. One of the most interesting qualities of old people is their accounts of their past experiences. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Most old people respect others' privacy and give advice only when asked. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Most old people need no more love and reassurance than anyone else. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Old people have too little power in business and politics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If old people expect to be liked, their first step is to try to get rid of their irritating faults. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Most old people seem to be quite clean and neat in their personal appearance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Most old people would prefer to quit work as soon as pensions or their children can support them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Most old people should be more concerned with their personal appearance; they're too untidy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Most old people bore others by their insistence on talking about the "good old days." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. Most old people get set in their ways and are unable to change. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. One seldom hears old people complaining about the behavior of the younger generation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Most old people tend to let their homes become shabby and unattractive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Most old people are really no different from anybody else: they're as easy to understand as younger people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Most old people spend too much time prying into the affairs of others and in giving unsought advice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Most old people are capable of new adjustments when the situation demands it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Most old people are cheerful, agreeable, and good humored. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Old people have too much power in business and politics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. There are a few exceptions, but in general most old people are pretty much alike. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. It would probably be better if most old people lived in residential units with people their own age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Most old people can generally be counted on to maintain a clean, attractive home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. It is foolish to claim that wisdom comes with old age. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX E

ADN Student Demographic Data Form

Directions: Please complete the following form. Your identification number (ID#) is the last four digits of your Social Security number. Check one item in questions II, IV, and VI. Questions III and V may have more than one answer. All information will be kept confidential and will be used for research purposes.

Date: _____ ID# _____

I. How old are you? _____ (in years)

II. What is your gender?

1. ___ Female
2. ___ Male

III. What is your race? (You may choose more than one.)

- | | |
|--|---|
| 1. ___ Asian | 5. ___ Native Hawaiian or other Pacific Islander |
| 2. ___ Black | 6. ___ White |
| 3. ___ Hispanic or Latino | 7. ___ Other (please specify) |
| 4. ___ Native American Indian, Alaska Native | |

IV. What is your marital status?

- | | |
|----------------|-------------------------------------|
| 1. ___ Single | 4. ___ Separated |
| 2. ___ Married | 5. ___ Divorced |
| 3. ___ Widowed | 6. ___ Other (please specify) _____ |

V. What is your previous experience with the elderly?

1. ___ Health care worker in a nursing home
2. ___ Health care worker in an assisted living center
3. ___ Home health care worker
4. ___ Health care worker in a hospital
5. ___ Caregiver for elderly (age 65 or older) relative
6. ___ Current ongoing relationship with elderly (age 65 or older) relative
7. ___ Past relationship with elderly (age 65 or older) relative

VI. Check the clinical site in which you completed your clinical experience.

1. ___ Friendship Village
2. ___ Heartland Health Care Center
3. ___ The Laurels of Galesburg _____ Days _____ Evenings
4. ___ Tendercare of Portage

APPENDIX F

Kogan Attitudes Toward Old People Scale Approval

Graduate Faculty



Graduate Faculty of Political and Social Science Department

65 Fifth Avenue New York NY 10003 212.229.5727

February 17, 1999

Ms. Rita LaReau
2325 Crosswind Dr
Kalamazoo, MI 49008

Dear Ms. LaReau

In response to your recent request, I hereby grant you permission to use my OP Scale in proposed research project. My supply of copies of the Scale is exhausted, but please note has been reproduced in the following volume: Shaw, M., & Wright, J. (1967) Scales for the Measurement of Attitudes, McGraw-Hill, pp. 468-471.

If you are interested in more current reliability and validity information concerning the OP Scale, would recommend the following source: Mangen, D.J., & Peterson, W.A. (Eds.) (1982) Research Instruments in Social Gerontology, Vol. 1. Clinical and Social Psychology. University of Minnesota Press, pp. 549-556.

You have my best wishes for the success of your project. I should be please to learn about the outcomes of your research.

Sincerely,


NATHAN KOGAN
Professor

NK:sn

APPENDIX G

Human Research Review Committee Approval



GRAND VALLEY
STATE UNIVERSITY

1 CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

May 6, 1999

Rita LaReau
2325 Crosswind Dr.
Kalamazoo, MI 49008

Dear Rita:

Your proposed project entitled *The Effect of an Initial Clinical Nursing Experience in a Nursing Home on Associate Degree Nursing Student Attitudes Toward the Elderly* has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A solid black rectangular box used to redact the signature of Paul Huizenga.

Paul Huizenga, Chair
Human Research Review Committee

APPENDIX H

Dean of Health and Sciences Approval
Kalamazoo Valley Community College



KALAMAZOO VALLEY COMMUNITY COLLEGE

A COMMITMENT TO EXCELLENCE


June 3, 1999

Rita LaReau
2325 Crosswind Drive
Kalamazoo, MI 49008

Ms. LaReau:

As per your request I would like to formally endorse your master's thesis research study entitled, "The Effect of an Initial Clinical Nursing Experience in a Nursing Home on Associate Degree Nursing Student Attitudes Toward the Elderly." I will forward the information to our new Director of Nursing, Mr. Dennis Bertch. Please work closely with him to work out the details. I am looking forward to seeing the results of this interesting question.

Respectfully,


James Wm Taylor
Dean, Health and Sciences
(616) 372-5208
E-Mail: JwTaylor@kvcc.edu


TEXAS TOWNSHIP CAMPUS

6767 WEST O AVENUE, P.O. BOX 4070, KALAMAZOO, MICHIGAN 49003-4070 • 616-372-5000 • FAX 616-372-5555

APPENDIX I

Director of Nursing Program Approval
Kalamazoo Valley Community College



To: Rita LaReau 
From: Carol Roe
Date: 4/28/99
Subject: Research
CC: J.W. Taylor, J. Snow

I reviewed the materials you submitted for your study and I am in full support of your plans. It will be interesting to see if two weeks of clinical really change attitude. It would be interesting to repeat the tool at the end of the program with that group of students since they return to extended care in Client Care Management. You will need permission from Dean Taylor to initiate your plans as you stated in your letter. Best wishes.

TEXAS TOWNSHIP CAMPUS

6767 WEST O AVENUE, P.O. BOX 4070, KALAMAZOO, MICHIGAN 49003-4070 • 616-372-5000 • FAX 616-372-5555

APPENDIX J

Basic Nursing Skills Lead Instructor Approval Kalamazoo Valley Community College



20 May 1999

Ms. Rita LaReau
2325 Crosswind Dr.
Kalamazoo, MI. 49008

Dear Ms. LaReau,

I have read your study and am thrilled to support it. As you know, our director, Carol Roe, and our Dean, Mr. Jim Taylor, have also supported your study. Here is some information which you might find helpful in preparing for the study:

| <u>Course</u> | <u>Dates</u> | <u>Times</u> | <u>Rm. #</u> |
|--------------------|--|--|--------------|
| Nur. 110 (Theory). | Tues & Thurs. Aug. 24-Sept. 30 | 11:30-2:30 | 2120 |
| Nur. 120 (Lab) | M-T-W-Th. x 6 wks Aug. 23-Sept. 30 2 sections: | 8:00 am-11:00 OR 2:45 pm-5:45 pm | 4120 |
| Nur. 125 (Clinic) | M-T-W-Th. x 2 wks Oct. 4-Oct. 14 4-5 Groups of 6-8 | 6:30 a.m.-2 pm OR 2 p.m.-9:30 pm | TBA |

We will have approximately 35 students. I will provide you with a complete class list the first week of classes. Let me know how I may assist and call me anytime (372-5512). I look forward to working with you and to the results of your study.

Sincerely,

Jean A Snow, R.N., B.S.N., M.A.
Lead Instructor

APPENDIX K

Informed Consent Letter

You are being asked to participate in a research study conducted by Rita M. LaReau, a graduate nursing student at Grand Valley State University. The purpose of this study is to examine the attitudes of associate degree nursing students toward the elderly. To participate in this study, you will be asked to complete a 34-item scale regarding attitudes toward the elderly. There are no expected risks or discomforts as a result of taking part in this study. Your participation is completely voluntary. Participation in the study may be withdrawn at any time without it affecting you as a student.

Confidentiality will be maintained by the use of code numbers on each scale. The completed scales will be tabulated by the nurse researcher. Your return of the completed scale will constitute informed consent. Once the data have been tabulated, all tools used for recording will be destroyed. The data provided by this research study will contribute toward the evaluation of nursing education curricula regarding care of the elderly. Your cooperation and participation in this study will be appreciated and valued. If you have any questions regarding this study, you may contact the nurse researcher at 616-382-3573. Questions regarding your rights as a subject may be submitted to Professor Paul Huizenga, Chair, Human Research Review Committee at Grand Valley State University, 616-895-2472.

APPENDIX L

Nursing Home Clinical Site Faculty Instructions

Nursing Home Clinical Site Faculty:

Please read the following instructions to the nursing students on October 14, 1999:

This is the second part of the research study being conducted by Rita LaReau, Kalamazoo Valley College clinical nursing instructor. You are being asked to read the informed consent letter and complete the attached questionnaire. Please be sure to place the last four digits of your social security number at the top of the first and last pages as your identification number. You are being asked to complete this questionnaire even if you did not do so the first time on August 24, 1999. Remember that there is no “right” or “wrong” answer. Your chosen response is the correct response.

Please also complete the following:

- 1. Note time when students start completing questionnaire and when all are finished.**

Start _____ Finish _____

- 2. Write down any questions students have asked in space provided below.**
- 3. Place this form and all questionnaires in envelope provided and seal it.**
- 4. Place envelope in my faculty mailbox at KVCC.**
- 5. If needed, these are phone numbers where I can be reached on October 14th:
Daytime: Lakeview Hospital: 616-657-1520
Evening: Home: 616-382-3573**

Thank you,

Rita LaReau

Student Questions:

LIST OF REFERENCES

LIST OF REFERENCES

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