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**NURSING STUDENTS' AND CLINICAL INSTRUCTORS' ATTITUDES
TOWARDS OLDER ADULTS**

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Bachelor of Nursing, University of Lethbridge, 2010

A Thesis
Submitted to the School of Graduate Studies
of the University of Lethbridge
in Partial Fulfillment of the
Requirements for the Degree

MASTER OF SCIENCE (NURSING)

Faculty of Health Sciences
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

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Dedication

This thesis is dedicated to my late grandfather Leonard Cave.

You were always so proud of me for being a Registered Nurse.

I can only imagine how proud you would be to know that I have also become a
researcher.

Abstract

The purpose of this study was threefold: (1) to examine nursing student attitudes before and after their first clinical placement with older adults; (2) to determine if there is a relationship between clinical instructors' attitudes and those of nursing students; and, (3) to explore if clinical instructors' attitudes influence student nurses' attitudes towards older adults. This study employed a mixed methods approach. Using Holroyd et al.'s (2009) survey, the attitudes towards older adults of 152 nursing students were measured over two time periods and compared to the attitudes of 13 clinical instructors. Interviews were also conducted with 13 nursing students and 6 clinical instructors.

Findings indicated that nursing students' attitudes became more positive and that there was a significant relationship between students' and instructors' attitudes. A conceptual model was also developed, which revealed that instructors impact students' attitudes through being role models and that students emulate them as a result.

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It is a privilege to acknowledge the people whose contributions allowed this research study to come to fruition.

My sincerest gratitude goes to the nursing instructors and students who so willingly participated in this research; it would not have been possible without you.

To my supervisor Dr. Judith Kulig, I feel honored to have you as a mentor. Thank you for your endless compassion, support and guidance.

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Chapter One: Introduction

Canada's population is aging dramatically and will continue to do so in the coming decades. This demographic shift will ultimately cause increased demands on Canada's health care system due to the more frequent utilization of health care services by older adults. Subsequently, there will also be an increase in the number of Registered Nurses (RNs) that are required to provide care to older adults.

There is time to educate and recruit more RNs to care for older adults before they begin making the greatest demands on Canada's health care system. However, current research suggests that nursing students are reluctant to choose a career in which they provide care to older adults. There are also conflicting findings from research as to whether nursing students possess positive or negative attitudes towards caring for older adults. These attitudes are significant because they impact both career choices and the quality of care that older adults receive. Thus, it is imperative to gain an increased understanding of what attitudes nursing students have towards older adults and what influences their attitudes. The aim of this research study is to contribute to an increase in this understanding.

The purpose of this chapter is to provide an introduction for the research topic, which is clinical instructors' and nursing students' attitudes towards older adults. This chapter will begin with a discussion of background information which may be helpful in understanding the context in which the study is grounded. The statement of the research problem and description of the purpose of the study will follow. Key terms will then be defined and the research questions that will guide the study will be outlined. Also, the personal situatedness of the researcher will be highlighted, followed by a brief description of the overall organization of the research proposal.

Background of the Study

Canada's aging population. In the coming decades, the proportion of older adults in Canada is predicted to accelerate dramatically (Statistics Canada, 2010a; Statistics Canada, 2010b; United Nations Population Fund (UNPF), 2012). Older adults are generally classified as 65 years of age and older (Elliot, Hunt, & Hutchinson, 1996; Health Canada, 2002; Northcott, 2006; Statistics Canada, 2006). They have been identified as the fastest growing population group worldwide with Canada as no exception (Canadian Priorities Agenda, 2008; Health Canada, 2002; Northcott, 2006; Statistics Canada, 2008; UNPF, 2012; World Health Organization, 2011). By the year 2036, the proportion of older adults in Canada is projected to represent 23 to 25% of the total population (Statistics Canada, 2010b). By the year 2061, this figure is projected to rise to 28% (Statistics Canada, 2010b).

Currently amongst the older adult population, the fastest growth is within the 85 years of age and older group (Health Canada, 2002; Statistics Canada, 2006; UNPF, 2012). The number of Canadians aged 85 or more is predicted to increase to 2.5 million, which is 5.8% of the total population (Statistics Canada, 2006).

The dramatic growth of Canada's older adult population has been linked to the aging "baby boomer" population, increased life expectancy rates, and decreased mortality rates. (Elliot et al., 1996; Canadian Priorities Agenda, 2008; Health Canada, 2002; Statistics Canada, 2008, Statistics Canada, 2010b; UNPF, 2012).

Increased demands on Canada's health care system. The aging of Canada's older adult population is predicted to cause escalating demands on Canada's health care system (Health Canada, 2002; Canadian Priorities Agenda, 2008; Statistics Canada, 2010). This increased demand is attributed to the fact that older adults utilize health care

services more frequently than other age groups (Elliot et al., 1996; Health Canada, 2002; Statistics Canada, 2003; Statistics Canada, 2006). Older adults utilize health care services more frequently due to increasing health challenges and their resulting care needs (Elliot et al., 1996; Health Canada, 2002; Statistics Canada, 2003; Statistics Canada, 2006).

Examples of health challenges older adults may encounter are chronic health conditions, restrictions in activities or injuries (Statistics Canada, 2006, Statistics Canada, 2010a).

Care needs may include assistance with activities of daily living, management of chronic health conditions and treatment of injuries (Statistics Canada, 2003, Statistics Canada, 2006).

Increased utilization of health services. As previously noted when individuals age, they are much more likely to develop chronic health conditions and a simultaneous restriction in activities and injuries. This inevitably causes an increase in the utilization of health care services (Health Canada, 2002). Older adults have been identified as having the highest rate of hospitalization within the Canadian population, and the longest length of stay associated with the greatest functional decline (Palmer, 1998). Also, older adults compromise 25% of individuals using emergency services (Alberta Gerontological Nursing Association, 2011).

It is estimated that almost all older adults consult a health care professional on a yearly basis (Health Canada, 2002). According to the 2003 Canadian Community Health Survey, 92% of seniors reported having taken at least one type of medication during the previous month, 14% had been hospitalized and 15% had received home care in the past year. In 2009/2010, it was reported that there were 159,751 Canadians aged 65 years or older that lived in residential care facilities (Statistics Canada, 2010c).

Statement of the Problem

With this increased demand for health care services for older adults in Canada, it is inevitable that the demand for Registered Nurses (RNs) will also increase. Within the Canadian and international context, the number of RNs required to provide care to the older adult population is steadily increasing (Baumbusch, Dahlke, & Phinney, 2012; Goncalves, 2009; Gorelik, Damron-Rodriguez, Funderburk, & Solomon, 2000; Holroyd, Dahlke, Fehr, Jung, & Hunter, 2009; King, Roberts, & Bowers, 2013; Kennedy-Malone et al., 2006; Koh, 2011; Robert & Mosher-Ashley, 2000; Sheffler, 1995, Swanlund & Kujath, 2012).

In Canada, currently 9.7% of RNs work specifically in the areas of geriatrics and long term care (Canadian Institute for Health Information, 2010). It has been estimated that by the year 2020, up to 75% of health care providers' time will involve caring for older adults within varying work areas (Aiken, 1997). Older adults are located in most work areas where RNs are employed, such as homes, hospitals and communities (Koh, 2011). Baumbusch and Andrusyszyn (2002) predict that "in the face of an aging population, it is almost certain that in the future every nurse will spend some portion of his or her career working with older adults" (p. 120). The Canadian Gerontological Nursing Association (CGNA) (2008) also predicts that nursing students will most likely care for older adults at some point in their future nursing careers. As a result, they strongly advocate that the need for well-educated and skilled gerontological nurses has never been greater (CGNA, 2008). The United Nations Population Fund (2012) similarly advocates that "as populations age, it is critical that...the training of health professionals are adjusted to meet the requirements of older people" (p. 30).

The impact of Canada's aging population on the health care system is seen as an important factor that significantly influences nursing education (Baumbusch & Goldenburg, 2000). Holtzen, Knickerbocker, Pascucci, and Tomajan (1993) and Baumbusch and Andrusyszyn (2002) explain that nursing students require gerontological knowledge and experience in order to be able to meet the health care demands of the 21st century. The CGNA (2008) advises that nursing faculty need to prepare students who are knowledgeable in the field of gerontology and have experience caring for older adults. Thus, nursing faculty play a significant role in ensuring that older adults receive high quality care (Koh, 2011; Singleton-Eymard & Hutto-Douglas, 2012).

There is a "window of opportunity" to educate more nurses and recruit them to the field of geriatric nursing before the older adult population begins making the greatest demands on Canada's health care system (Canadian Priorities Agenda, 2008). However, it has become evident that nursing faculty encounter an immense challenge in preparing future students to care for older adults. Internationally-based studies have indicated that choosing a career in geriatrics is unpopular among nursing students (Cooper & Coleman, 2001; Damron-Rodriguez, Kramer, & Gallagher-Thompson, 1998; Happell & Brooker, 2001; Henderson, Xio, Siegloff, Kelton, & Paterson, 2008; King et al., 2013; Jansen & Morse, 2004; McKinlay & Cowan, 2003; Ryan & McCauley, 2004; Schigelone, 2003; Swanland & Kujath, 2012, Wray & McCall, 2007). The unpopularity of a career in geriatrics has been linked to nursing students' attitudes towards caring for older adults (Cooper & Coleman, 2001; Happell & Brooker, 2001; McKinlay & Cowan, 2003).

The opportunity to educate and recruit nurses to gerontology will be missed if nursing students continue to exhibit a reluctance to enter the field of geriatric nursing. It is therefore vitally important to gain a better understanding of what influences nursing

students' attitudes towards caring for geriatric clients (Holroyd et al., 2009).

Unfortunately, our understanding of this phenomenon in Canada is severely limited. This is due to the fact that only a few studies of this phenomenon have been conducted within a Canadian context. Internationally-based studies are limited in their ability to be applied to our context, because they are conducted in a different socio-cultural, political and health care setting. There is a great need for further research which investigates student nurses' attitudes towards older adults in Canada.

Significance of the Study

Internationally-based research has suggested that some nursing students possess predominantly negative attitudes towards caring for older adults (Ferrario, Freeman, Nellett, & Scheel, 2008; Happell & Brooker, 2001; Shoemaker, Bowman, & Lester, 1998; Wray & McCall, 2007). Possessing negative attitudes towards older adults has been shown by research to not only influence career choices, but they may also influence the care that nurses provide to the older adult population (Gething McKee, Golf, & Churchwood, 2002). Misconceptions and negative attitudes towards older adults may adversely affect the quality of care provided (Courtney, Tong, & Walsh, 2000; Marshall, 2010; Williams, Anderson, & Day 2007). Furthermore, American research by Levy (1996) indicates that when RNs have negative attitudes towards older adult clients, these clients have poorer memory performance, self-efficacy, and writing performance. These clients have also been shown to have elevated heart rate and blood pressures (Levy, Hausdorff, Hencke, & Wei, 2000) and a significantly decreased will to live (Levy, Ashman & Dror, 1999). Wilhite and Johnson (1976) suggest that if RNs have "decreased stereotypic attitudes towards patients, [it] leads to increased perceptions of patient

behaviour. [This] in turn increases the accuracy of nursing assessments of patient problems and needs” (p. 432).

Before students enter nursing programs they are exposed to societal views of older adults and have personal experiences associated with them. These influence the students’ formation of attitudes towards older adults and ultimately, their behaviour towards them. Due to the effect negative attitudes have on the quality of care provided; “it is important that nursing students learn to approach the care of older adults with a positive attitude” (Williams et al., 2007, p. 115). A small number of international studies have indicated that clinical experiences and positive nursing instructor attitudes may have the ability to positively influence nursing student attitudes towards older adults. Nursing instructors have been identified to be powerful role models for their students (Bidwell & Brasler, 1989; Campbell, Larrivee, Field, Day, & Rutter, 1994; Sheffler, 1998). However, there is very limited research in Canada that explores nursing student attitudes towards older adults and what may influence a positive shift in these attitudes. Therefore, it is of paramount importance to complete further research from a Canadian perspective to help provide a greater understanding of this topic.

Having enough nurses to care for older adults and ensuring that this care is the highest quality possible is important not only to those individuals receiving the care, but also to their family and friends. Aging is an inevitable component of life. Eventually we, and all those close to us, will get older and may require increasingly more assistance. Thus, everyone can relate in some form or another to the importance of ensuring that Canada’s health care system provides care to older adults that is of the highest possible quality. Continued research is the key to ensuring this high quality of care is achieved now and for generations to come.

The significance of this exploratory study is that it provides insight into what factors are seen to influence nursing student attitudes towards older adults in Canada. It also provides a greater understanding of the impact that clinical instructor attitudes and geriatric clinical rotations have on nursing student attitudes towards older adults. Due to the exploratory nature of this study, it also evoked research questions that can be explored in future research. Results of this study also suggested strategies that nursing programs could employ to foster positive attitudes towards older adults among clinical instructors and nursing students.

Purpose of the Study

The purpose of this study was threefold: (1) to examine nursing student attitudes before and after their first clinical placement with older adults; (2) to determine if there is a relationship between clinical instructors' attitudes and those of nursing students; and (3) to explore if clinical instructors' attitudes influence student nurses' attitudes towards older adults.

Research Questions

In this study, the following research questions were pursued:

- 1) In what ways do nursing students' attitudes towards older adults change after their first clinical placement?
- 2) Is there a relationship between clinical instructors' attitudes and nursing students' attitudes towards older adults?
- 3) In what ways do clinical instructors' attitudes influence nursing students' attitudes towards older adults?

Definitions of Terms

The following definitions for key terms were used within this study.

Older adults. Older adults are defined as those aged 65 years of age and older (Elliot et al., 1996; Health Canada, 2002; Northcott, 2006; Statistics Canada, 2006).

Nursing students. Nursing students are classified as students completing their Bachelor of Nursing (BN) Degree within the Nursing Education in Southwestern Alberta (NESA) program that are situated at Lethbridge College. Upon completion of this degree, students will be eligible to write a national nursing exam and apply for registration as an RN.

Clinical instructors. Clinical instructors are instructors that teach the practicum components of the Bachelor of Nursing Degree at Lethbridge College. These components include clinical placements within health care settings where the students have opportunities to apply their theoretical knowledge to the clinical settings through conducting assessments, therapeutic communication and the actual physical care of clients. As outlined by the Nursing Educational Program Approval Board, these clinical instructors must be RNs with a minimal educational requirement of a Bachelors of Nursing Degree.

Attitudes. The definition of attitudes that will be used in this study is an “overall evaluation of an object that is based on cognitive, affective and behavioural information” (Maio & Haddock, 2009, p. 4). Thus, most attitudes can be described as having three parts: cognitive (thoughts and beliefs about the object), emotional (feelings of like or dislike) and behavioural (how we act towards the object) (Wood, Green-Wood, Wood, & Desmarais, 2005). When attitudes are conceptualized as an evaluation they differ in both direction (positive, negative or neutral) and strength (Maio & Haddock, 2009).

Personal Situatedness of the Researcher

Experiences and beliefs. The reflexive researcher acknowledges the integral role that researchers play in collecting, interpreting and analyzing their data (Angen, 2000). Liamputtong (2013) recommends that the “experiences, beliefs, and the personal history of the researcher that might influence their research must be acknowledged” (p. 30). In order to enhance reflexivity within this research study, as the researcher, I will share my own experiences and beliefs that may have an influence on the data collection, analysis or interpretation of the findings.

The personal beliefs that I hold towards older adults were shaped from a young age by the close relationship that I had with my grandparents. As a child, I spent a substantial amount of time with my grandparents who were healthy and active, which allowed me to develop positive attitudes towards the older adult demographic as a whole. These attitudes included viewing older adults as interesting, entertaining, and relaxing to be around.

The positive attitudes that I held towards older adults further developed as I transitioned into adulthood and once I began providing care to older adults within the role of a nursing student and eventually as a RN. My previous experience in the role of a RN was working on a unit where we primarily cared for patients over the age of 65. On an interpersonal level, I have found that interacting with older adults is both enjoyable and rewarding. Often when I am working with older clients, I take a moment to talk with them about their life experiences and perspectives. The stories and wisdom that older clients share are both fascinating and inspiring. I have developed a profound respect towards older adults, and I view them as immensely valuable members of society. I have cared for many clients with diverse health conditions which often required complex nursing

interventions. This has allowed me to discover that caring for older adults is very challenging. My experiences in the role of RN in caring for older adults have also shaped my views of gerontological nursing. I see it as a challenging, complex and rewarding career focus.

Currently, I am employed as a nursing instructor in the Simulation Health Centre (SHC) at the University of Lethbridge. Within this role, I primarily instruct third- and fourth-year nursing students in the Bachelor of Nursing program as well as first- and second-year students in the Bachelor of Nursing After Degree program. I am also pursuing a Master of Science degree in Nursing at the University of Lethbridge.

My previous experience in the role of educator includes being a first year clinical instructor within the Bachelor of Nursing program at the Lethbridge College site. This clinical rotation was in a nursing home with older adult residents. On orientation day, I had a discussion with the students about what area of nursing they would like to work in once they graduate. The nursing students commented that they would like to work in the areas of maternal/child, pediatric and emergency care. Not one student indicated that they would like to work in geriatric care. The students also commented that they felt anxious and frightened by the prospect of caring for older adults because of their loss of functioning and fragility. They also expressed their concern about being in a nursing home for their clinical rotation because the homes “felt depressing.”

When it came time for me to decide on a research phenomenon for this research, the nursing student attitudes towards older adults that I observed as a clinical instructor came to mind. I pondered whether their attitudes were consistent with other first year nursing student attitudes. This reflection prompted my interest in studying nursing student attitudes towards older adults and what is seen to influence these attitudes.

It is apparent that my own positive attitudes towards older adults have developed as a result of my experiences during childhood, through adulthood and during my previous role as an RN caring for older adults. Also, within the role of nursing educator, I have observed a small number of nursing students possessing slightly negative attitudes towards older adults and a reluctance to work in the field of gerontology. I believe that it is important to be cognizant of and take the opportunity to reflect upon the attitudes towards older adults that I possess as a researcher, as well as the attitudes that I have previously observed as an educator. If these attitudes and observations are not properly recognized and acknowledged they may have the potential to influence the research findings. Thus, it is imperative that a clear process was outlined to share and reflect on my ideas throughout the study, in order to reduce this influence. In Chapter Three, I will describe the reflective process that I utilized in this research study.

Philosophical views. It is vitally important that researchers are clear as to which paradigms guide their inquiry within a research study (Weaver & Olsen, 2006). In order to ensure that the methodological choices of this study are clear, I will describe the philosophical views that I possess as the researcher. This will help illuminate how I am personally connected to the paradigm that provides structure to this study.

Over my life, I have developed a value system that I believe has allowed me to embrace the post-positivist paradigm of research. This paradigm uses “positivism as its starting point but notes that adherence to the strict methodological prescriptions of natural sciences results in ... findings that cannot always capture the complexity and richness of the human experience” (Morris, 2006, p. xvii). I strongly identify with post-positivism because I see human experiences as multifaceted combinations of both empirical and internal experiences.

I believe that within every human experience, there is a component of the experience that can be observed and measured. The empirical components of experiences are valuable because they have the ability to provide structure and clarity to the phenomena of life. This in turn, allows one to predict, explain or describe the phenomena in a concrete manner. I see this value of understanding phenomena in a concrete manner within my professional role as an RN and nursing instructor. It has allowed me to increase my biological nursing knowledge and enhance my kinesthetic nursing skills. This has in turn, enhanced my ability to facilitate nursing students' knowledge and skills acquisition within their education.

Within every human experience, I also believe that there is also a component that cannot be measured. These components are based on human spirituality, energy and emotions. Thus, gaining a greater understanding of the internal components of human experiences, allows one to possess a deeper and more holistic view of those experiences. Understanding phenomena on an internal level in my professional roles and personal life is of immense value to me. It has allowed me to develop an understanding of the preciousness and complexity of human relationships, which has strengthened the personal relationships that I hold.

Format of the Thesis

This thesis will be presented in five chapters. Chapter One includes the background of the study, statement of the problem, purpose of the study, definition of terms, research questions, and the personal situatedness and philosophical views of the researcher.

Chapter Two presents a review of the literature, which includes a description of Canadian and internationally based research on nursing students' attitudes towards older

adult and the impact of clinical experiences and positive role models on facilitating a positive attitude shift of nursing students.

Chapter Three presents a description of the mixed method design that was used in the study. The chapter will also specifically explain the setting, sample size, data collection techniques, data analysis strategies, rigour, and specific ethical considerations of the study.

Chapter Four will present the results obtained in this study.

Chapter Five will discuss the major findings of the study, as well as limitations, conclusions, implications for practice, and recommendations for further research.

Summary

This chapter has highlighted background information of this research study, including the demographic aging of Canada's population, and increased demands on the health care system that will likely result. In order to provide a foundation for this study, the chapter has also described the statement of the problem, purpose of the study, research questions, significance of the study, key terms and personal situatedness and philosophical views of the researcher.

Chapter Two: Literature Review

The purpose of this chapter is to explore literature on the topic of student nurses' attitudes towards caring for older adults. This review will provide a greater understanding of what positively influences students' attitudes. In this chapter, I will begin with seminal research in the area, followed by a description of nurses and nursing students' unique attitudes towards older adults. I will then present a discussion of Canadian and internationally-based research on student nurses' attitudes towards caring for geriatric clients. I will go on to explore research that has highlighted the impact of clinical experiences and positive role models on facilitating a positive attitude shift of nursing students, and will outline gaps in the research knowledge.

Seminal Research

Early attitude research. The study of attitudes has an extensive history which can be traced back to the 1920s (Maio & Haddock, 2009). The two most influential researchers from that time were Thurstone (1928) and Likert (1932) who developed methods of measuring attitudes (the *Equal Appearing Interval* and *Likert Scale*). Their research was exceedingly influential because they were able to demonstrate that attitudes can be quantifiably measured (Maio & Haddock, 2009).

Attitudes are challenging to measure because you cannot objectively observe them. Attitudes are cognitive associations between concepts and thus can only be inferred based on an individual's evaluation of these concepts (Eagly & Chicken, 1992; Maio & Haddock, 2009). As a result, researchers have had to develop a variety of techniques to effectively study attitudes. The majority of measures of attitudes are explicit indicators of the attitude, which are usually in the form of self-report questionnaires (Maio & Haddock, 2009). Thurstone's *Equal Appearing Interval* (1928) involves multiple stages that require

the construction of a series of belief statements. Likert (1932) developed his *Likert Scale* because he believed that Thurstone's technique of measuring attitudes was too time consuming (Maio & Haddock, 2009). Using Likert's (1932) approach, statements are written to include either a positive or negative attitude, and for each statement respondents indicate their level of agreement or disagreement. Likert scales are scored by each response statement (from *strongly disagree* to *strongly agree*) being given a score from 1 to 5. When a positive statement is presented, a low score is taken to indicate a negative attitude, while a high score indicates a positive attitude. Negative statements are reverse scored, in order for high scores to reflect a positive attitude and low scores reflect a negative attitude. Thus, an individual's responses for all statements can then be averaged to form a single attitude score.

Although explicit measures can be seen as an effective method to study attitudes, they have limitations. One limitation is that individuals may be unaware of their underlying attitudes towards an object and as a result, they may have difficulty accurately rating their attitude (Greenwald & Banaji, 1995). Also, small differences in how statements are worded can influence individuals' responses (Schwarz, Strack & Mai, 1991). Another significant limitation of direct measures of attitudes is that individuals may misrepresent their responses in order to be seen in a favourable light (Maio & Haddock, 2009).

Evolution of research on attitudes towards older adults. Research on attitudes over the last several decades has evolved along two different paths: the first one was the study of the structure, function and assessment of attitudes; the other was the study of how attitudes change focusing on situational contexts that can cause these changes (Forgas, Cooper, & Crano, 2010). There has been a growing interest in understanding

ageism and attitudes towards older adults within social science and nursing communities (Cozart, 2008; Gething et al., 2002; Holroyd et al., 2009; Lovell, 2006; Maciomos, Jansson, & Benoit, 2005). A variety of instruments have been used to investigate student's attitudes towards older adults. The instruments most commonly used to investigate attitudes towards older adults are Kogan's *Attitudes Toward Old People* scale and Palmore's *Facts on Aging Quiz*.

Kogan's Attitudes Toward Old People. The seminal study by Kogan (1961) continues to "dominate the current research on attitudes and aging" (Holroyd et al., 2009, p. 375). In Kogan's (1961) study, *Attitudes Toward Old People*, he developed a Likert scale to facilitate the study of attitudes towards old people in general. Kogan's scale has been utilized extensively in social science research. The scale assesses individuals' positive and negative attitudes towards older adults with respect to norms and individual differences and investigates stereotypes and misconceptions towards older people (Lee, 2009). It is a self-administered questionnaire with a set of 17 matched positive-negative statements towards older adults.

Furlan, Craven, Ritchie, Coukos, and Felings (2009) used Kogan's scale in their Canadian study to measure registered nurses' attitudes towards older adults. In another Canadian study, Holroyd et al. (2009) adapted Kogan's scale to measure nursing student attitudes towards aging. Internationally-based studies have also utilized Kogan's scale to measure nurses and nursing student attitudes towards older adults (Gallagher, Bennet, & Halford, 2006; Lee, 2009; Mellor, Chew, & Greenwall, 2007; Ryan & McCauley, 2004; Soderhamn, Lindencroma, & Gustavsson, 2001; Walsh, Chen, Hacher, & Broschard, 2008). Internationally-based studies have also used Kogan's scale to evaluate the effect of gerontological curriculum or clinical experiences on student attitudes towards the elderly

(Hartley, Bentz & Ellis, 1995; Moriello, Smey, Pescatello, & Murphy, 2005; Sheffler, 1995; Snyder, 2005).

Nursing research has widely utilized Kogan's scale; this has been attributed to the fact that it has been extensively tested and it is viewed as reliable and valid in its original and adapted formats (Gallagher et al., 2006; Holroyd et al., 2009; Liu, While, Norman, & Yee, 2012; Soderhamn et al., 2001). His scale is seen as valuable by some nursing researchers because it includes an element of caring (Holroyd et al., 2009; Soderhamn et al., 2001). Some of the positive statements measured in Kogan's scale emphasize the caring component of the nurse-client relationship such as spending time talking with the client about their experiences. Caring is seen as a fundamental component of nursing practice and the nurse-client relationship (Arnold & Boggs, 2003; Potter & Perry, 2006).

However, this scale has also been seen as having limitations. It was developed for social science research so its usefulness in nursing research has been debated. McLafferty (2005) views Kogan's scale as too general because it does not focus specifically on nurses' unique attitudes towards older adults. It has also been critiqued as confusing factual statements with attitudinal statements (Palmore, 1977). As Palmore (1977) states, "unfortunately, some negative stereotypes about the aged are generally true and some of the positive statements are false" (p. 315). Thus, the measurement of attitudes may be impeded by students rating a statement based on whether it is true or false, rather than rating it based on whether they agree or disagree with it.

In Holroyd et al.'s (2009) Canadian study, they recognized and addressed these limitations of Kogan's scale by adapting the scale to specifically study nurses' attitudes towards older adults. In front of each of the positive and negative attitudinal statements, they inserted the wording "I feel" (Holroyd et al., 2009). This wording prompted the

students to respond to each of the statements based on how they feel about them rather than whether they viewed them as true or false. This adaptation allowed Holroyd et al. (2009) to decrease the degree of confusion around statements being viewed as factual or attitudinal in nature.

Palmore's Facts on Aging Quiz. Palmore has conducted research on ageism for more than three decades. Palmore first developed a twenty-five item true/false quiz that was called the *Facts on Aging Quiz* (1977). The results from this seminal study “generated considerable interest” in the social science community (Palmore, 2005). Palmore went on to develop the *Facts on Aging Quiz, Part Two* (1981) in order to provide a more “comprehensive coverage of the basic facts on aging” (p. 431). The items in this quiz were designed to cover the basic physical, psychological and social facts on aging (Palmore, 1981). One application of the quiz is that it can be used as an indirect measure of bias towards the aged (Palmore, 1977). If a respondent has errors on some of the items it may indicate a negative bias towards the aged, or errors on other items may indicate a positive bias (Palmore, 1977). Palmore’s *Facts on Aging Quiz* has been utilized in multiple international studies to investigate students’ knowledge of, and biases towards, the elderly population (Ferrario, Freeman, Nellet, & Scheel, 2008; Flood & Clark, 2009; Lee, 2009; Sheffler, 1995; Shoemake, Bowman, & Lester, 1998). The items on this quiz “have been useful for research on the perceptions of the aged in that it measures respondents’ actual level of knowledge regarding the aging process” (Lovell, 2006, p. 23).

Palmore’s quiz in its multiple formats has been seen as valid and reliable by nursing researchers due to it being extensively tested and used in social science and nursing research (Baumbusch et al., 2012; Flood & Clark, 2009; Ferrario et al., 2008;

Williams, Anderson, & Day, 2007). Palmore (2005) stated that “by 1997, there were more than 150 known reports of studies using the quizzes” (p. 88). Palmore’s quiz is seen as valuable by some nursing researchers because of its ability to serve as a means to highlight the link between knowledge and attitudes towards older adults (Lee, 2009; Flood & Clark, 2009; Ryan & McCauley, 2004). Palmore argues that attitudes directly impact an individual’s knowledge level towards older adults (Palmore, 1981). The quiz has also been used frequently to measure change in knowledge. Thus, nursing researchers have indicated that the quiz has uses for evaluating the effectiveness of nursing curriculum and practicum experiences to positively affect nursing student attitudes and increase their knowledge of older adults (Baumbusch et al., 2012; Ferrario et al., 2008; Sheffler, 1995; Shoemake et al, 1998, Williams et al., 2007).

Sheffler (1998) indicates that although Palmore’s *Facts on Aging Quiz* has been “used in a multitude of studies, [it] has been found to have limited reliability” (p. 5). Test-retest reliability of Palmore’s quiz is high, but “item to total reliability is low because items test different aging domains” (Williams et al., 2007, p. 117). Another limitation of Palmore’s quiz is that although it has the ability to indirectly measure bias towards the aged, it cannot directly measure attitudes. When Palmore’s quiz is used as a primary measure of students’ attitudes, its ability to fully measure attitudes is limited. This is because an individual’s bias is just one component of the attitudes that they hold. Bias is an individual’s ability to hold one viewpoint or perspective above another (Wood et al., 2005). “Any measure of attitudes towards older people must be designed to encompass the multiple aspects of those attitudes” (Lee, 2009, p. 124).

The seminal studies by Kogan (1961) and Palmore (1977) set the direction for further research on nursing student attitudes and aging (Holroyd, 2009). However, within

the Canadian context, nursing researchers have been slow to launch their own inquiries into investigating RNs and nursing student attitudes towards older adults.

Nurses Unique Attitudes towards Caring for Older Adults

Nurses hold unique attitudes towards older adults, due to the context in which they meet and provide care to the population (McLafferty, 2005). Their beliefs and attitudes influence how they think, interact and behave towards their older clients (Marshall, 2010). Canadian and internationally-based research has identified that both RNs and nursing students hold positive and negative attitudes towards caring for older people (Downe-Wambolt & Melanson, 1985; Ferrario et al., 2008; Flood & Clark, 2009; Happell & Brooker, 2001; Henderson, Xio, Sieglhoff, Kelton, & Paterson, 2008; McKinlay & Cowan, 2003; McLafferty, 2004; Ryan & McCauley, 2004; Shoemake et al., 1998; Soderhamn et al., 2001; Swanlund & Kujath, 2012; Williams et al., 2007; Wray & McCall, 2007).

Positive attitudes towards caring for older adults have been identified as a respect towards them and a desire to preserve their dignity (Alabaster, 2007). RNs demonstrate respect to older adults by getting to know them on a personal level and viewing a therapeutic relationship with them as having a mutual benefit for both the nurse and client (Alabaster, 2007). Possessing an interest in working with older adults and viewing them as productive and valuable members of society have also been identified as positive attitudes towards older adults (Lovell, 2006).

There are also negative attitudes and beliefs that have been identified, which both nurses and nursing students hold towards caring for older adults (Marshall, 2010). These attitudes include the views that caring for older adults is: unchallenging, unrewarding, depressing, heavy, monotonous, and involving little use of nursing skills (Alabaster,

2007; Happell & Brooker, 2001). RNs that care for older adults may also be stigmatized by other nurses who view them as working below their level of training (Alabaster, 2007).

Canadian Research

Other than the works by Downe-Wambolt and Melanson (1985), Williams et al. (2007), Holroyd et al. (2009) and Baumbusch et al. (2012), no other Canadian studies were found that explored nursing students' attitudes towards caring for older adults.

Study comparing attitudes of students towards the elderly. The purpose of Downe-Wambolt and Melanson's (1985) descriptive study was to identify and compare attitudes of nursing students towards the elderly, with the end goal of determining whether attitudes change as they progress through their education. This quantitative study used a cross-sectional design to compare students in their first and fourth years of nursing education. Data was collected using a 32-item questionnaire called *Opinions about Old People* which was developed by the Ontario Welfare Council, Section on Aging (1974). Factor analysis was used to identify seven attitude dimensions that were relevant for educational purposes in this questionnaire. Data were also collected in the study using a specially designed tool to collect demographic information. The sample consisted of 30 first-year physiotherapy students to act as the control; 101 first-year nursing students and 21 fourth-year nursing students. The majority of subjects were Caucasian females. The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. The findings of this study indicated that the nursing students did not hold negative attitudes towards the elderly. The study also found that the specific baccalaureate nursing program had little effect in changing attitudes towards the elderly. The results of this study must be interpreted cautiously as it was conducted nearly 30 years ago.

One strength of this study is that the authors utilized a questionnaire that was developed within a Canadian context. Because the scale was developed in Canada, it has the ability to identify the unique characteristics of Canadian respondents and is relevant to the Canadian cultural context. The authors of the study also justified the use of the instrument by emphasizing that the questionnaire has been used extensively throughout Canada and the United States to measure attitudes of health professionals towards older adults (Downe-Wambolt & Melanson, 1985). They also report that this instrument is appropriate for use in evaluating educational activities as it identifies the attitudes of the participants within the activity (Downe-Wambolt & Melanson, 1985).

One major limitation seen in this study is that the majority of participants were Caucasian females, which limits its generalizability to the entire population of nursing students that were studied. As a result, I am hesitant to generalize the findings of their study to other nursing student populations. This is due to the diversity in ages, gender and ethnicities of current nursing student populations.

Study investigating knowledge of and attitudes towards older adults. The purpose of Williams et al.'s (2007) study was to investigate nursing students' knowledge of and attitudes towards older adults in the first and fourth year of a baccalaureate program, following the introduction of a context-based learning (CBL) curriculum, and to compare the fourth-year CBL student findings to those of fourth-year students in their final year of the lecture-based (traditional) program. This quantitative study used a longitudinal comparative and cross-sectional design. The sample included 81 students registered in the first year of a CBL nursing program. This group was sampled again in their graduating term; however, only 38 of the original 81 students completed the final questionnaire. For the cross-sectional sample, fourth-year students enrolled in the

traditional lecture program were surveyed in their last term and data were compared with final term CBL students.

Four instruments were used for data collection: *Personal Details Questionnaire* (Gething, 1994), *Facts on Aging Quiz* (Palmore, 1977), *Aging Semantic Differential* (Rosencranz & McNevin, 1969), and *Reaction to Aging Questionnaire* (Gething, 1994). The *Personal Details Questionnaire* (Gething, 1994), reflects demographic data as well as identification of a person older than 65 with whom respondents experience the closest relationship. The *Aging Semantic Differential* (ASD) (Rosencranz & McNevin, 1969) is a scale used to assess attitudes held by individuals towards older adults. The scale consists of 32 pairs of bipolar adjectives describing characteristics of older adults. Each pair of adjectives forms the two poles of the Likert scale. Respondents mark on the scale where they believe the adjective pairs fit the description of an older adult. This instrument is designed to “measure students’ attitudes of aging of others at a societal level” (Williams et al., 2007, p. 119). Williams et al. (2007) contend that the ASD has a high internal consistency. The *Reaction to Aging Questionnaire* (RAQ) (Gething, 1994) is an instrument that measures an individual’s reaction to their own aging. It consists of 27 statements that provide possible expectations of what it might be like to be an older adult; individuals then rate these expectations on a Likert Scale. This instrument “addresses students’ reactions to their own aging at a personal level” (Williams et al., 2007, p. 119). Williams et al. (2007) indicate that the RAQ has a high internal consistency rating. Descriptive statistics were used in this study to report demographic data. For cross-sectional data, an independent group *t* test was used.

The study’s findings suggest that students had slightly positive attitudes towards older adults in the first year of the CBL program. Findings also suggest that “tutorial and

clinical experiences with older adults was insufficient to effect a significant change in attitudes” (Williams et al., 2007, p. 119). There was no improvement in knowledge scores between the CBL students and traditional curriculum students. The study also found a positive change in students’ personal reactions to their own aging from the first to the fourth years of the CBL program.

One of the strengths of this study is that the authors include multiple instruments that measures students’ attitudes and knowledge toward older adults and aging. By utilizing multiple instruments the researchers are better able to provide a more comprehensive description of students’ attitudes and knowledge. Lee (2009) advocates that “multiple measures are more effective than single [measures] because attitude is a complex affair” (p. 124).

One major limitation that the authors identify in their article is their sample size. The possibility of detecting attitude and knowledge change over time is limited, because their paired sample size of 38 was small. This may explain why the results of the study found no statistically significant improvement in student knowledge and attitudes after the CBL program. The authors also identified that “it was not feasible to randomize students to the treatment (CBL) group and control (traditional) groups, it is difficult to determine whether the change in attitude toward personal aging was due to the CBL curriculum or another intervening variable” (Williams et al., 2007, p. 119). As a result, I am cautious to accept the author’s suggestion that CBL learning fosters inner positive attitudes towards aging.

Study of the influence of professional socialization on students’ attitudes. The purpose of Holroyd et al.’s (2009) study was to “determine whether professional socialization to the BSN program positively or negatively influenced students’ attitudes

towards older adults” (p. 376). The study utilized a quantitative, comparative cross-sectional design. There were 246 nursing students in the BSN program, of which 197 students from all four years of the program participated in the study. The researchers adapted Kogan’s *Attitudes Toward Old People* scale (1961), which they named the *Attitudes Toward Elderly* scale. The adapted scale consisted of 17 pairs of positive and negative statements, where subjects could rate their response using a Likert scale. In addition, pertinent demographic information was collected. Data were analyzed using SPSS software; both parametric and nonparametric tests were used.

Findings of the study suggest that there were no significant differences in students’ attitudes across the four years of the program. The researchers also found that as student sample age increased, the more positive their attitudes were towards older adults. A final observation was that the less experience the students had with the elderly, the less likely they were to demonstrate a positive attitude. The authors suggested that in order to improve the educational preparation of future geriatric nurses, “it is necessary to inquire into the theoretical and clinical factors currently influencing nursing student attitudes toward older adults” (Holroyd et al., 2009, p. 379).

One of the strengths of this study is the high response rates of the participants, in this case 80%. Response rates of greater than 75% are generally considered, by social science researchers, to be excellent (Bowling, 2002). Achieving a high response rate helps to eliminate non-response bias (Loiselle & Profetto-McGrath, 2010). Response rates were similar across the four years of the program and different genders, age groups and ethnicities were represented in the sample. A representative sample of population characteristics enables the researchers to make stronger generalizations of their findings

to the target population of nursing students and reduces sampling error (Loiselle & Profetto-McGrath, 2010).

A limitation of the study is the use of cross-sectional design. In this design, many different cohorts' attitudes have been compared; however, it is possible that each cohort may have unique views and attitudes (Holroyd et al., 2009). A longitudinal study design may have provided greater insight into the effect socialization of the curriculum had on nursing student attitudes. This is because a longitudinal design may have provided a greater understanding of how one cohort's attitudes have changed as a result of professional socialization.

Study of students' knowledge and beliefs about older adults. The purpose of Baumbusch et al.'s (2012) study was to investigate nursing students' knowledge and beliefs about the care of older adults following the completion of an introductory nursing course with integrated adult and older adult content. This study used a one group, pre- and post-test design with a small qualitative component. The sample consisted of forty-three students enrolled in their first term of an introductory adult and older adult course. These students participated in the questionnaire during their first and final class.

The *Facts on Aging Quiz* (Palmore, 1980) and the *Perceptions on Caring for Older People Scale* (Burbank, McCool & Burkholder, 2002) were used in the questionnaire. Palmore's (1980) *Facts on Aging Quiz* was used to measure knowledge about older adult care. Burbank's (2002) *Perceptions on Caring for Older People Scale* was used to measure beliefs about older adult care. This instrument consisted of 20 items that expressed positive and negative perceptions towards caring for older adults. Participants' responded to these items on a Likert scale. The authors reported a Cronbach's alpha value of 0.8.

Also included in the questionnaire were questions eliciting demographic information and an open-ended question. This open-ended question invited students to discuss their experiences in relation to older adults. Descriptive statistics and a paired *t*-test were used to analyze the quantitative data. Thematic analysis was used to analyze the qualitative data.

The study's findings suggest that there was an improvement in students' knowledge and beliefs towards caring for older adults after their integrated adult and older adult course. Findings for the qualitative data revealed the impact of students' clinical environment and previous experiences on their perceptions towards older adults.

One of the strengths of this study was that the authors included a qualitative component. Qualitative research has the ability to explore an individual's unique experiences and perceptions. Attitudes are unique to the individual and are a complex phenomenon. Thus, including a qualitative component added further understanding of the students' perceptions towards older adults.

A limitation of the study was the low response rate of 36%. Macnee (2004) explains that "if a study has a low response rate, then the ability to generalize the results of the study to the entire population of interest is limited" (p. 140). A higher response rate may have helped the authors to achieve a more representative sample of their population of interest.

Downe-Wambolt and Melanson (1985), Williams et al. (2007), Holroyd et al. (2009), and Baumbusch et al. (2012) have found in their Canadian studies that nursing students do not have predominantly negative attitudes towards caring for older adults. A common limitation of three of these studies' research designs is that they investigate the phenomena of nursing students' attitudes from a quantitative perspective. Attitudes are a

deeply personal phenomenon based largely on personal experience and perspectives. Thus, investigating them from a purely quantitative perspective may be limiting and may not provide the opportunity to explore human experience and perspectives.

Baumbusch et al. (2012) included a small qualitative component in their investigation of nursing student attitudes towards the care of older adults. Further research that explores student attitudes towards older adults from a qualitative perspective may provide a greater insight and understanding of the complex nature of these attitudes.

International Research

Studies conducted in the United States and Australia have indicated that some nursing students possess predominantly negative attitudes towards older adults (Ferrario et al., 2008; Happell & Brooker, 2001; Shoemaker et al., 1998; Wray & McCall, 2007). The studies by Flood and Clark (2009), McKinlay and Cowan (2003), Henderson et al., (2008), King et al. (2013), Soderhamn et al., (2001), and Swanlund and Kujath (2012), which were conducted in the United States, Sweden and Australia, contradict these findings because they found that nursing students had predominantly positive attitudes towards working with older adults. The results of research conducted outside Canada must be generalized carefully because their relevance to the cultural and social context within Canada is limited. However, the findings of these studies are helpful in determining the attitudes of nursing students within cultural contexts that are somewhat similar to Canada. The findings between these international studies and the Canadian studies described in the previous section contradict each other. This shows a need to complete further research in Canada on nursing student attitudes towards older adults, in order to provide clarity to this phenomenon.

As previously stated, there is a great need to recruit more nurses to the field of geriatrics. International research has indicated that the choice to work in geriatrics is based on nurses' attitudes towards older adults (Cooper & Coleman, 2001; Damron-Rodriguez, Kramer & Gallagher-Thompson, 1998; Happell & Brooker, 2001; Jansen & Morse, 2004; King et al., 2013; McKinlay & Cowan, 2003; Ryan & McCauley, 2004; Schigelone, 2003; Wray & McCall, 2007). This supports the need to complete further Canadian research on the variables that influence nursing student attitudes towards older adults and the strategies involved for fostering positive attitudes.

Strategies for Fostering Positive Attitudes

Many international studies have highlighted "a number of variables that influence nursing student attitudes towards working with elderly people, and it is suspected that no single variable is dominant" (Cozort, 2008, p. 22). Two of these variables identified in studies are learning opportunities consisting of contact with older adults (Damron-Rodriguez et al., 1998; Hartley, Bentz, & Ellis, 1995; Sheffler, 1995) and teacher influence on nursing students' attitudes (Sheffler, 1998; McLafferty & Morrison, 2004).

Clinical experiences. "Learning experiences based upon active participation with older adults have the capacity to influence attitudes" (Cozort, 2008, p. 23). Studies conducted in the United States have found that students with limited experience with older adults were not willing to choose a career in geriatrics and may have negative attitudes towards older adults (Gorelik et al., 2000; Robert & Mosher-Ashley, 2000). However, Fox and Wold (1996) found, in their US study, that geriatric placements may influence nursing students' career intentions. Studies conducted in Canada and the United States have also indicated that geriatric clinical placements may positively affect students' attitudes towards older adults (Baumbusch et al., 2012; Damron-Rodriguez et

al., 1998; Hartley et al., 1995; Sheffler, 1995, Swanlund & Kujath, 2012). In McKinlay and Cowan's (2003) study that was conducted in the United Kingdom, the number of weeks of experience working with older adults was found to have no impact on student attitudes towards them. The results of McKinlay and Cowan's (2003) study conflict with the results of Baumbusch et al.'s (2012), Damron-Rodriguez et al.'s (1998), Hartley et al.'s (1995) and Sheffler's (1995) studies. This inconsistency of results show a need for further research to provide illumination on the issue. The inconsistency also raises the question of what factors within the clinical practice setting influenced student nurses' attitudes towards older adults.

Positive role models. A literature review on the topic of role modeling in nursing education identified that evidence supported the concept that nursing instructors serve as powerful role models for their students, and as role models they teach professional attitudes and behaviours (Bidwell & Brasler, 1989). Nursing students identified that their clinical instructor was the most significant instructor to teach the professional nursing role, and was the instructor whose attitudes and behaviours were viewed as the ideal to emulate (Bidwell & Brasler, 1989). Kelman (1958) defined a process of identification where students can acquire attitudes of another through role modeling. Nursing students emulate the attitudes and behaviours of their instructors; thus, it is imperative that clinical instructors serve as positive role models (Sheffler, 1998). Students are more likely to imitate nursing instructors' actions over what they say (Bidwell & Brasler, 1989). As a result, observed attitudes are more significant to students' learning (Bidwell & Brasler, 1989).

In his Social Learning Theory, Bandura (1977) argues that when individuals are less experienced or lack self-esteem, role modeling is most effective. Beginning nursing

students have been seen to lack self-esteem in their professional abilities. This is due to not having the practical experiences or learning the nursing skills that build this self-esteem (Bidwell & Brasler, 1989). Modeling is an effective strategy to increase another individual's self-esteem (Arnold & Boggs, 2003), supporting Smoyak's (1978) conclusion that beginning nursing students are most influenced by role modeling. This conclusion lends support to the results of Hartley et al.'s (1995) American study that found that after an early nursing home placement, nursing students had significantly more positive attitudes towards older adults.

Campbell, Larrivee, Field, Day, and Ruetter (1994) conducted a study in Canada that examined student socialization into nursing. This study used a qualitative design with semi-structured interviews that asked open-ended questions. It also used open-ended questionnaires that asked the same questions as the interviews. The purpose of the study was to determine how nursing students become socialized into nursing and how their attitudes changed over the course of a four-year nursing program. The sample was 50 students who were interviewed and 81 students who completed the questionnaires. The qualitative data collected were analyzed using a constant comparative analysis. The findings of this study were that "instructors were identified as crucial in shaping student attitudes to nursing" (Campbell et al., 1994, p. 1128). Students identified that nursing instructors were "outstanding" role models (Campbell et al., 1994). The study also found that "a clinical instructor that was knowledgeable, had positive attitudes towards nursing and had good communication skills enhanced student learning" (Campbell et al., 1994, p. 1130). Clinical instructors were also found to have a "stronger influence on shaping student nurses' attitudes towards nursing than classroom teachers" (Campbell et al., 1994, p. 1130).

One of the strengths of this study is that it explored professional socialization and nursing student attitudes from a qualitative perspective. Another strength of this study is that there were a large number of respondents interviewed, which allows for richness in the data collected. However, one of the limitations of the study is that it used questionnaires as a method of data collection. Questionnaires can be seen as a convenient method of data collection, but the responses of the participants may be limited because writing out their responses could be seen as a tiring process. The results of Campbell et al.'s (1994) study raise the question of whether clinical instructor attitudes affect the attitudes of nursing students in relation to caring for older adults.

Research on Influence of Nursing Instructor Attitudes

A literature review conducted on developing positive attitudes towards working with older people found that education and, more specifically, nursing instructors play a key role in influencing attitudes towards older people (Wade, 1999). "The way in which nursing students perceive older people will be influenced by the extent to which staff involved in teaching have an interest in older people or have specialist gerontological education" (Wade, 1999, p. 334).

There were three studies found from an international perspective that further explored this concept of the influence of instructor attitudes on nursing students' attitudes towards older adults (Wilhite & Johnson, 1976; Sheffler, 1998; & McLafferty, 2005). No studies were found that explored this phenomenon in Canada.

Study of changes in students' attitudes. The purpose of Wilhite and Johnson's (1976) American study was to determine if changes in nursing student attitudes towards the aged were related to instructor attitudes towards older adults. The sample consisted of 80 nursing students enrolled in a particular nursing course and ten members of the nursing

school's faculty. This study utilized a quantitative pre-test and post-test research design. Students were pre- and post-tested using the *Attitude toward Old People Questionnaire* (AOP) (1953). The same questionnaire was used to test faculty attitudes. Data analysis included descriptive statistics and inferential statistical techniques. Results of this study indicated that the amount of change in nursing students' attitudes was related to faculty attitudes towards older adults (Wilhite & Johnson, 1976). The authors concluded that the overall attitudes of nursing instructors may have helped to improve the attitudes of nursing students.

One of the strengths of this study was that the authors clearly outlined their research problem and hypothesis. This clarity allows the reader to better understand what was done in the study and what was learned (Loiselle & Profetto-Mcgrath, 2010). One of the limitations of this study is that it was conducted over 37 years ago; thus, the results must be interpreted carefully.

Study of correlates affecting students' attitudes. The purpose of Sheffler's (1998) American study was to examine nursing student attitudes before and after a clinical experience in a nursing home and to determine if there was a relationship between nursing student and faculty attitudes towards the elderly. This study used a quantitative pre-test and post-test design. All students enrolled in a particular nursing course were enrolled in the study. Forty-two nursing students completed the pre-test; thirty-five nursing students and three clinical instructors completed the post-test. Kogan's (1961) *Attitudes Toward Old People* was used to measure student attitudes and Palmore's (1977) *Facts on Aging Quiz* measured knowledge about the elderly. The results of this study indicate an improvement in student attitudes toward older adults after their clinical experience in a nursing home (Sheffler, 1998). Also, faculty members with higher attitude

scores (that is more positive attitudes) towards the elderly were found to have students with higher scores (Sheffler, 1998). The author concluded that nursing students may emulate the attitudes held by their clinical instructor (Sheffler, 1998).

One of the strengths of this study is the high response rate (83%) of nursing students who completed the post-test. As stated in a previous section, a high response rate helps to decrease non-response bias. One of the limitations of this study is the small sample size of clinical faculty ($N = 3$). Having a small sample size limits the researcher's ability to generalize their results to their target population. Thus, the results of the study must be carefully considered.

Comparison study of instructors' and students' attitudes. The purpose of McLafferty's (2005) study, conducted in the United Kingdom, was to compare the attitudes of student nurses with those of nurse teachers towards working with hospitalized older patients. The sample was 59 nursing instructors, 82 nursing students who had completed their first term of theory, and 80 nursing students who had completed a theory and clinical placement. A 20-item questionnaire was developed, piloted and refined before it was used. Statistical data analysis included ANOVA and post hoc comparison. The results of the study indicate that there were a number of significant differences between nursing instructor and nursing student attitudes towards caring for older adults (McLafferty, 2005). It also indicated that student nurses viewed aging as synonymous with decline (McLafferty, 2005). The author poignantly states: "Student nurses are bringing into nursing practice myths and stereotypes, therefore it must be the work of the teacher to dispel those myths and stereotypes" (p. 8).

One of the strengths of this study is that the researcher developed the questionnaire from a previous qualitative study that explored nurses' attitudes towards

older adults who were hospitalized (McLafferty & Morrison, 2005). From the eight focus group interviews, 80 items were extrapolated and the questionnaire was piloted twice to refine it. Piloting a questionnaire ensures that the questions are in a format that is clear to the respondents and it is useful in generating the desired information (Loiselle & Profetto-McGrath, 2010). One of the identified limitations of the study is that it was carried out in one geographic area and in one specific school of nursing. Therefore, the findings' usefulness with other populations needs to be generalized cautiously.

A limitation of all three international studies is that they utilize a quantitative research design. As discussed earlier, using a qualitative research design may provide a more comprehensive understanding of the phenomena of nursing students' attitudes. Qualitative research would also have the ability to explore both the students' and instructors' perceptions and understandings of attitude change.

The results of Wilhite and Johnson's (1976) and Sheffler's (1998) studies indicate that clinical experiences and positive attitudes of clinical instructors may positively affect student attitudes towards caring for older adults. McLafferty (2005) indicates that it is the nursing instructor's role to help to dispel negative attitudes of nursing students towards older adults. These studies from an international context raise the question: Would similar results be found if the study was conducted in Canada?

Summary

As described in this chapter, there is very limited research in Canada that explores nursing student attitudes towards older adults. The few studies that are available have found that nursing students do not possess negative attitudes towards working with older adults. However, the majority of these studies measured nursing student attitudes from a purely quantitative perspective. Only one Canadian study was found that included a small

qualitative component to investigating nursing student attitudes. Further research exploring nursing student attitudes from a qualitative perspective may provide a greater understanding of the complexity of these attitudes.

Internationally-based research has shown inconsistent results as to whether nursing students possess positive or negative attitudes towards caring for older adults. The results of internationally-based research also conflict with the results of research conducted in Canada. This highlights the need to conduct further research to provide clarity and increased understanding of nursing student attitudes towards older adults. Research conducted in the United States and Australia has also indicated that choosing a career in geriatrics is based on attitudes towards older adults. There is a great need to recruit more nurses to the care of older adults, which indicates the importance of conducting more research on attitudes towards older adults.

Positive instructor attitudes towards older adults have been shown to positively influence nursing students' attitudes in internationally-based research. Nursing instructors have also been identified as powerful role models for their students. A small number of international studies have explored the influence of nursing instructor attitudes on nursing student attitudes towards older adults from a quantitative perspective. There was no research found that explored both nursing student and clinical instructor attitudes in Canada. In addition, there was no research found that was conducted in Canada or internationally that explored this phenomenon from a qualitative perspective. This research study aimed to fill this gap in understanding of nursing student attitudes and clinical instructor attitudes from a mixed methods perspective. Chapter Three will go on to explain the research design and methodology that builds the framework for this study.

Chapter Three: Research Design and Methodology

The purpose of this chapter is to describe the mixed methods research design that was used for this research study. I will begin with a presentation of the assumptions and theoretical framework of the study. A description of the chosen research design will then be presented, and an explanation of the rationale for choosing the specific design will follow. I will also specifically outline the research setting, sample size, data collection techniques, ethical considerations, data management, data analysis, rigour and reflexivity.

Assumptions

General assumptions. General research assumptions have been described as: “postulates, premises and propositions that are accepted as operational for purposes of the research” (Lunenburg & Irby, 2008, p. 135). Assumptions encompass the nature, analysis and interpretation of the data collected in research and they serve to guide the researcher’s inquiry (Lunenburg & Irby, 2008; Calabrese, 2006).

This study included the following general assumptions: (a) the selected nursing students and clinical instructors responded to the survey and interviews honestly and indicated their perceptions towards caring for older adults; (b) the selected participants understood the vocabulary used when describing caring for older adults, (c) the data collected measured nursing student and clinical instructor attitudes towards older adults, and (d) the interpretation of the data accurately reflected the perceptions of the participants.

Philosophical assumptions. Philosophical assumptions “shape the processes of research and the conduct of inquiry” (Crewsell & Clark, 2011, p. 38). A term commonly used to describe these assumptions is paradigms (Lincoln & Guba, 2000). The paradigm that guided this research study was post-positivism. As described in Chapter One, a post-

positivist views phenomena from both external and internal dimensions. The external dimension is the manner in which phenomena can be objectively observed and measured. The internal dimension is the manner in which phenomena can be explored on a deeper, more holistic level.

In post-positivism, it is imperative that the findings of a research study be based on as many sources of data as possible (Guba, 1990). This concept is further explained by Guba (1990): “If objectivity can never be entirely obtained, relying on many different sources makes it less likely that distorted interpretations will be made” (p. 21). Thus, post-positivism is imbalanced if phenomena are studied from either a quantitative or qualitative approach. This imbalance may be addressed by including both quantitative and qualitative research methods (Guba, 1990). The external dimension of post-positivism guided the quantitative measurement of attitudes in the study by the use of self-report questionnaires. This allowed me to explore the first two research questions by measuring a change in attitudes and a relationship between clinical instructors’ and nursing students’ attitudes.

The exploration of the third research question through qualitative interviews with nursing students and clinical instructors was guided by the internal dimension of post-positivism. This allowed me to explore the affective component of nursing student and clinical instructor attitudes. It also provided insight and understanding of the complex nature of nursing student attitudes and what influences them.

Theoretical Framework

Influences on attitudes. Registered Nurses’ (RNs) attitudes towards older adults are exceedingly personal and complex. They can be influenced by the RN’s upbringing, hopes for the future, and views towards their own aging (Alabaster, 2007; Lovell, 2006;

Marshall, 2010). Marshall (2010) explains that because RNs are a part of the general population it is inevitable that they are “influenced by societies’ attitudes towards older people and the process of aging” (p. 96). Internationally-based research has also emphasized the important influence that society has on RNs attitudes towards older adults (Haight, Christ, & Dias, 1994; Happell & Brooker, 2001, McKinlay & Cowan, 2003).

Societal views.

Stereotypes, prejudices and discrimination. Stereotypes are “widely shared beliefs about the characteristic traits, attitudes, and behaviours of members of various social groups; these include the assumption that they are all alike” (Wood et al., 2005, p. 492). A stereotype can also be defined as an “exaggerated description applied to every person in some category” (Macionis, Jansson, & Benoit, 2005). Stereotypes serve a purpose for both individuals and groups because they are aids to explanation and are shared beliefs (McGarty, Yzerbyt, & Spears, 2002). Emotions play a pivotal role in the value that individuals place on negative stereotypes (Arnold & Boggs, 2003). Stereotypes that are emotionally charged are called prejudices (Arnold & Boggs, 2003). “Highly emotionally charged stereotypes are less amenable to change (Arnold & Boggs, 2003, p. 156). Extreme prejudices can result in discrimination (Arnold & Boggs, 2003). “Discrimination is used to describe actions in which a person is denied a legitimate opportunity offered to others because of prejudice” (Arnold & Boggs, 2003, p. 156).

Older adults in western society are often characterized by younger members of society using negative stereotypes (Pinquart, 2002). “Negative age stereotypes characterize the elderly as incompetent, fragile, senile, inarticulate, depressed, lonely and neglected” (Pinquart, 2002, p. 318). Other stereotypes associated with the older adult are

“helplessness, dependency, illness, feebleness, passivity, and irritability” (Robinson & Cubit, 2005, p. 42). The media have been known to depict the elderly as useless, weak, frail and unattractive (Pinquart, 2002). Possessing negative attitudes towards older adults can eventually lead to ageism (Cozort, 2008).

Ageism. Ageism is prejudice and discrimination that results from negative attitudes and stereotypes towards older adults (Gething et al., 2002; Macionis et al., 2005). It is persistently reflected in the views of western society that older adults are an economic burden, unproductive, dependent, depressing, and cognitively impaired (Cozort, 2008; Gething et al., 2002; Jansen & Morse, 2004; Lovell, 2006, Special Senate Committee on Aging, 2009). Ageism is prevalent in western societies and most people are unaware of their ageist views towards older adults (Lee, 2009; Palmore, 2005). “The nursing profession is not immune to ageism” (Cozort, 2008, p. 22). This is due to RNs being a part of society where ageism is prevalent (Cozort, 2008).

Professional socialization. Nursing students undergo professional socialization in their education as they evolve from student to practicing nurse. Professional socialization has been defined by Goldenburg and Iwasiw (1993) as “the process by which individuals’ acquire the values, attitudes, morals, knowledge, and skills espoused by the group” (p. 15). It seen as a multifaceted, interactive process whereby nursing students learn the skills, knowledge and behaviour of the nursing profession (Goldenburg & Iwasiw, 1993). During professional socialization, nursing students also begin to internalize and solidify the values, beliefs and attitudes that are characteristic of the profession (Goldenburg & Iwasiw, 1993). Nursing student attitudes are thus, greatly influenced by this process of professional socialization (Goldenburg & Iwasiw, 1993).

There is a transition occurring where society in general plays less of a role in the formation of nursing student attitudes; instead socialization within their educational program plays a more prominent role (Goldenburg & Iwasiw, 1993). Within a nursing student's educational program, nursing instructors have been identified as playing the most critical role in the process of professional socialization (Ruetter, Field, Campbell, & Day, 1997). Due to their prominent role in professional socialization; nursing instructors have been identified as possessing the ability to influence a positive attitude change in nursing students (Campbell et al., 1994).

Attitude change.

Kelman's Theory of Attitude Change. Changes in attitudes can be produced by social influences (Kelman, 1958; Forgas et al., 2010). In *Kelman's Theory of Attitude Change* (1958), identification is noted as causing attitude change. Identification occurs "when an individual accepts influence because he wants to establish or maintain a satisfying self-defining relationship to another person or group" (Kelman, 1958, p. 53). This theory proposes that attitude change is greatly influenced by observation of others. A role model is someone who demonstrates a desired attitude or behaviour (Bee, Boyd, & Johnson, 2006; Wood & Wood, 2005). Kramer (1968) indicates that through a process of identification, a student observes and eventually acquires the attitudes of a role model. Thus, the role model has an ability to positively affect student attitudes through this process of identification (Kramer, 1968). Attitudes are therefore inherent in the formation and guidance of behaviours.

Bandura's Social Learning Theory. As stated earlier, attitudes are inherent in the formation and guidance of behaviours. Attitudes have a behavioural component, which is how we are inclined to act towards the object (Petty, Wegener, & Fabrigar, 1997; Wood

et al., 2005). In Bandura's *Social Learning Theory* (1977), individuals learn from models which, in turn, influence attitudes and behaviour. Bandura's theory emphasizes that individual's thoughts, attitudes and behaviours are greatly influenced by observation. Through a self-regulatory process individuals can choose, organize and change their thoughts and attitudes (Bandura, 1977). Bandura's theory focuses on reciprocal interactions between an individual's thoughts, behaviours and their social environment. An individual's environment affects the way they think or feel and the person's resulting behaviour (Bandura, 1977). The individuals' thoughts and behaviours also influence the social environment (Bandura, 1977). It is hypothesized that these reciprocal interactions are what ultimately cause attitude and behavioral change (Bandura, 1977).

Strategies for fostering positive attitudes. Learning opportunities consisting of contact with older adults such as clinical experiences (Damron-Rodriguez et al., 1998; Hartley et al., 1995; Sheffler, 1995) and positive nursing instructor influence (Sheffler, 1998; McLafferty, 2005; Wilhite & Johnson, 1976) have been both identified as strategies that have the ability to facilitate a positive change in nursing student attitudes towards older adults.

Clinical experiences. Implementing learning experiences through which nursing students are actively participating with older adults have been identified as having the ability to influence nursing student attitudes (Cozart, 2008). Specific geriatric clinical placements may positively affect students' attitudes towards older adults (Baumbusch et al., 2012; Damron-Rodriguez et al., 1998; Hartley et al., 1995; Sheffler, 1995).

Positive role models. The concept of role modeling was greatly influenced by Bandura's *Social Learning Theory* (1977). According to Bandura (1977), individuals learn attitudes by observing others. Thus, nursing students learn professional attitudes by

observing the role models around them. Nursing instructors have been identified as powerful role models for their students. As role models, they teach professional attitudes and behaviours (Bidwell & Brasler, 1989). It is imperative that clinical instructors serve as positive role models for nursing students, as students have been shown to emulate the attitudes and behaviours of their instructors (Sheffler, 1998). In their Canadian study, Campbell et al. (1994) found that nursing instructors are “crucial in shaping student attitudes to nursing” (p. 1128). Students also identified their nursing instructors as “outstanding” role models (Campbell et al., 1994). The results of Campbell et al.’s (1994) study raise the question of whether clinical instructor attitudes affect the attitudes of nursing students in relation to caring for older adults.

Framework of concepts. These aforementioned concepts were linked together to inform the conceptual framework that guided this study, which can be seen in Appendix A. Identification has been noted to cause a positive change in attitudes (Kelman, 1958). Identification occurs when an individual identifies with a positive role model (Bandura, 1977). Individuals learn from role models, which in turn influences their attitudes and behaviours (Bandura, 1977). Clinical nursing instructors have been identified as role models for nursing students (Bidwell & Brasler, 1989). As role models, clinical nursing instructors have the ability to influence a positive change in nursing student attitudes towards older adults (Wade, 1999).

Research Questions:

- 1) In what ways do nursing students’ attitudes towards older adults change after their first clinical placement?
- 2) Is there a relationship between clinical instructors’ attitudes and nursing students’ attitudes towards older adults?

- 3) In what ways do clinical instructors' attitudes influence nursing students' attitudes towards older adults?

Mixed Methods Design

A mixed methods design was chosen for this study. Mixed methods research has been defined as “the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches for the purposes of breadth and depth of understanding and corroboration” (Johnson, Onwuegbuzie, & Turner, 2007, p. 123). Mixed methods research is the process of bringing together differing methods within a study, but it is not the bringing together of quantitative and qualitative methods without an interaction between them (Gerrish & Lacey, 2010). It is the interaction between the methods that makes a study a mixed method design (Gerrish & Lacey, 2010).

The decision to choose a mixed methods design was primarily guided by the philosophical assumptions and research questions of the study, as well as an examination and critique of the literature that is currently available in the area. Looking at the nature of the three research questions of this study, it is apparent that the way in which they must be studied varies significantly. Choosing a purely quantitative or qualitative design would not have allowed me to effectively answer all three research questions. However, a mixed methods design has the ability to answer a “broader and more complete range of research questions because the researcher is not confined to a single method or approach” (Johnson & Onwuegbuzie, 2004, p. 21). Utilizing a quantitative approach allowed me to answer the first and second research questions, whereas, utilizing a qualitative approach allowed me to answer the third research question.

The definition of attitudes that was used in this study is that they are personal evaluations based on cognitive, behavioral and emotional domains (Wood et al., 2005). When one considers this definition of attitudes, it becomes apparent that they may not be most effectively studied by either a quantitative or qualitative design. A quantitative approach via the use of a survey allowed me to study the cognitive components of attitude formation. Also, a qualitative approach allowed me to explore the behavioural and emotional domains involved in attitude formation. Studying attitudes from a mixed methods approach allowed me to study the cognitive, behavioural and emotional domains of attitudes. Thus, I had the ability to study the attitudes on a more complex and deeper level.

A mixed methods design was also chosen for this proposed study because it can provide different perspectives and understandings that would be overlooked if a single design was used (Johnson & Onwuegbuzie, 2004) Thus, a mixed method design has the ability to strengthen, complete, deepen and enrich research results (Carr, 1994; Johnson & Onwuegbuzie, 2004).

There are several different designs that can be used in mixed methods research (Creswell & Clark, 2011). In this research study, a convergent mixed methods design was used (see Appendix B). A convergent design is where the researcher “implements the quantitative and qualitative strands during the same phase of the research process, prioritizes the methods equally, keeps the strands independent during data analysis and then mixes the results during the overall interpretation” (Creswell & Clark, 2011, p. 70)

Quantitative approach.

Pre-test and post-test method. For the first research question, a pre-test and post-test method was chosen to determine if there is a change in nursing students’ attitudes

towards older adults after a geriatric clinical rotation. A pre-test and post-test method can be defined as a before and after study (Gerrish & Lacey, 2010). This method was used for the first research question because it allowed me to observe a change in outcome following a situation (Gerrish & Lacey, 2010). In this study, the outcome is nursing students' attitudes and the situation is their clinical rotation. Yet, it is important to recognize that although the pre-test and post-test method does allow the researcher to observe a change in outcome, it does not allow the researcher to conclude that the outcome occurred because of the situation (Gerrish & Lacey, 2010). In this study, this method allowed me to determine if there was a change in attitudes following the clinical rotation, but it did not allow me to conclude that the rotation caused a change in attitudes.

Descriptive correlational method. A descriptive correlational method was used to study the second research question in order to determine whether a relationship exists between clinical instructors' attitudes and nursing students' attitudes. This method was used for the second research question because it allowed me to study and describe the relationship between variables (Loiselle & Profetto-McGrath, 2010; Wood & Ross-Kerr, 2006); i.e., nursing instructor and student attitudes. It is important to understand that correlational studies are able to describe a relationship, but they are unable to infer a causal relationship (Gerrish & Lacey, 2010).

Qualitative approach. An exploratory qualitative methodology was used to explore the influence of clinical instructors' attitudes on nursing students' attitudes towards older adults. Exploration is a methodological approach that is concerned with discovery of little known phenomena (Brink & Wood, 1989; Fitzpatrick, 1998; Jupp, 2006; Sim & Wright, 2000; Stebbins, 2001). Qualitative approaches allow for an in-depth exploration of, and new insights into a phenomenon (Wood & Ross-Kerr, 2006). It was

used for this study because exploratory designs are seen as appropriate when little is known about a research area (Brink & Wood, 1989). As indicated by this study's literature review, very little is known about nursing students' and nursing instructors' attitudes towards older adults.

Setting

The setting chosen for this study was naturalistic, which is defined as a setting that occurs in its natural environment (Wood & Ross-Kerr, 2006). The Nursing Education in Southwestern Alberta (NESA) program in Lethbridge, Alberta, was studied because its curriculum included a first year nursing practice course with a relevant clinical placement. This placement occurred in settings where older adults are primarily cared for (i.e. long term care homes, geriatric assessment units and assisted living facilities). The NESA program is a collaborative program between Lethbridge College (LC) and the University of Lethbridge (U of L). Prior to the recruitment of participants, I requested a letter of support from the Associate Dean of Nursing at the U of L (see Appendix C).

Sample

A convenience sampling strategy was used to invite all 188 students enrolled in year one of their bachelor of nursing degree at LC, as well as their 20 clinical instructors for their first clinical placement, to participate in the study. Nursing students completing their Bachelor of Nursing After Degree were not included in this sample.

The sample of participants in this study was composed of:

- 179 of the 188 nursing students who participated in the pre-test questionnaire, resulting in a 95% response rate. However, six questionnaires were discarded because they were returned with unsigned consent forms, resulting in a final sample of 173 students.

- 152 of the 188 nursing students who participated in the post-test questionnaire, resulting in a 81% response rate.
- 14 of the 20 clinical instructors who participated in the post-test questionnaire, resulting in a response rate of 70%. One questionnaire was discarded due to being returned with an unsigned consent form, bringing the sample of clinical instructors to 13.
- 13 nursing students and 6 clinical instructors who participated in interviews after the clinical placement was completed for the semester.

Recruitment of Participants

The Nursing Practice Coordinator at LC assisted with the recruitment of both nursing students and clinical instructors for questionnaires. She invited me to scheduled clinical orientation sessions and classroom sessions for nursing students. This gave me the opportunity to present the research study to nursing students and distribute the pre-test and post-test questionnaires to them. The Nursing Practice Coordinator also invited me to a final clinical instructor meeting. This allowed me the time to present the research and distribute the post-test questionnaires to clinical instructors.

Both nursing students and clinical instructors were recruited for interviews by asking if they were interested in participating in a future interview, at the end of their letter of consent for questionnaires (see Appendices D & E). After the clinical placement was completed for the semester, I contacted the interested participants to schedule interviews through separate follow-up emails and telephone calls if necessary.

Data Collection

Questionnaire.

Attitudes Toward Elderly scale. The scale that was used the questionnaire was Holroyd et al.'s (2009) *Attitudes Toward Elderly* scale (see Appendix G). This scale was adapted from Kogan's (1961) *Attitudes Toward Old People* scale to examine nursing students' attitudes towards older adults. Holroyd et al.'s (2009) scale contains 17 matched positive-negative statements towards older adults. Participants respond to these statements based on a 5-point Likert scale that ranges from *strongly agree* to *strongly disagree*, with higher scores indicating less favourable attitudes towards older adults (Holroyd, 2009). I contacted one of the authors of Holroyd et al.'s (2009) study and they granted permission to use their adapted version of Kogan's (1961) scale in this study.

Holroyd et al. (2009) adapted Kogan's (1961) scale by inserting the wording "I feel" in front of each of the positive and negative attitudinal statements. The purpose of this was to overcome the critique of Kogan's (1961) scale that it confuses factual with attitudinal statements. This adaptation allows participants to respond to each of the statements based on how they feel about them rather than whether they viewed them as true or false. This in turn, decreases the degree of confusion around statements being viewed as factual or attitudinal in nature.

This scale was chosen because it has been extensively tested and it is viewed as both reliable and valid in its original and adapted formats (Gallagher et al., 2006; Haight et al., 1994; Holroyd et al., 2009; Hartley et al., 1995, Lookinland & Anson, 1995; Lee, 2009; Ryan & McCauley, 2004; Sheffler, 1995; Soderhamn et al., 2001). In his original scale, Kogan reported odd-even Spearman-Brown reliability coefficients ranging from 0.73 to 0.83 for the negative scale, and 0.66 to 0.77 for the positive scale, for three

different group samples (Kogan, 1961). Holroyd et al. (2009) reported Cronbach's alpha reliability values of 0.796 for their adapted version of Kogan's scale.

Demographic data section. A demographic data section was also included at the end of the questionnaire (see Appendixes H & I). The information included in the demographic section included age, gender, ethnicity, education and previous contact with the elderly. These characteristics were chosen because available research has indicated that age, gender, ethnicity and contact with the elderly may influence student nurses' attitudes towards them (Gorelik et al., 2000; Holroyd et al., 2009; McKinlay & Cowan, 2003; Sheffler, 1995). In addition, there was a question in the clinical instructors' demographic section pertaining to years of teaching experience.

Quantitative process. Nursing students participated in the pre-test questionnaire during two clinical orientation sessions that were scheduled prior to the commencement of their clinical placement. The student population was divided between these two sessions, 104 for session one and 84 for session two. At the beginning of each session, I introduced myself and explained the purpose of the study. I then outlined ethical considerations, informed consent and inquired if the students had any questions. I then distributed the letters of consent and questionnaires to the nursing students and waited outside the room to allow the students time to participate. Directly after the informed consent and questionnaires were completed, I collected them and transported them to the U of L to be stored in a locked filing cabinet in my office.

Near the end of their clinical placement nursing students participated in the post-test questionnaire. The Nursing Practice Coordinator requested that all 188 nursing students pick up a "Year 2 Preparation Package" from her in a separate classroom, directly after they wrote a final examination for *Nursing Practice Course II*. All 188

students (in 9 separate class sections) were asked to pick up the preparation package. The Practice Coordinator distributed information letters and post-test questionnaires to the students on my behalf. I waited outside the classrooms to collect the questionnaires right after they were completed and transported them to the locked filing cabinet in my office at the U of L.

Clinical instructors participated in the questionnaire during the final clinical instructor meeting that was scheduled after the completion of the clinical practicum. I was present at the meeting just prior to the instructors' lunch break. At that time, I introduced myself and presented the purpose of the study. I also described the ethical considerations of the study, informed consent and asked if the instructors had any questions. I then distributed the letters of consent and questionnaire to the instructors and waited outside the room to allow them time to participate. Directly after the informed consent and questionnaires were completed, I collected and transported them to the locked filing cabinet in my office at the U of L.

Qualitative process. Individual interviews were conducted with nursing students and clinical instructors after their clinical placement was completed for the semester. Interviews were pre-scheduled with participants which involved face-to-face contact at a time and location that was deemed convenient for the participants. Interviews for nursing students took place in a private meeting room at either the U of L or LC. Nursing instructors participated in interviews at either their offices at LC or a private meeting room at the U of L.

At the commencement of each interview, I explained the purpose of the interview and format. I then outlined the ethical considerations of the study and obtained informed consent in writing from the participants (see Appendix F). The participants were then

offered the opportunity to pose any questions or comments, prior to transitioning to the guiding questions for the interview.

I used two different sets of guiding questions in this study; one for interviews with nursing students and one for interviews with clinical instructors (see Appendices J & K). Nursing students' and clinical instructors' responses to these questions were audio recorded and transcribed verbatim by a professional transcriptionist.

Interviews were chosen to be used in this study because with such an approach, participants can describe, explain and illuminate phenomenon from their own perspective (Gerrish & Lacey, 2010). Semi-structured interviews have predetermined topics and open-ended questions, which have the flexibility necessary to explore views and attitudes presented by the participants (Gerrish & Lacey, 2010). Thus, interviews allow participants the opportunity to describe what is meaningful or important to them using their own words (Hays & Singh, 2012). These features contributed to my decision to use interviews to explore if nursing instructor attitudes influence nursing student attitudes towards older adults.

Ethical Considerations

This research followed the ethical guidelines outlined in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (2010). Ethical approval from the University of Lethbridge and Lethbridge College was also obtained prior to commencing the study.

Both nursing students and clinical instructors signed an informed letter of consent prior to completing the questionnaires and participating in interviews (see Appendixes D, E & F). Informed consent is “the prospective subject’s agreement to voluntarily participate in a study, which is reached after assimilation of essential information about

the study” (Burns & Grove, 2005, p. 739). Within these letters, participants were: (i) introduced to the research activities involved in the study; (ii) provided with descriptions of risks and benefits of the study; (iii) assured of their anonymity and confidentiality; (iv) informed about the compensation for participating in the research; and (v) informed of their right to withdraw from the study at any time. To ensure confidentiality, respondents were assigned a code on the questionnaires so that they could not be identified and any identifying information about participants such as names and location was removed from the interview transcripts.

The professional transcriptionist that was employed for the study was required to sign an oath of confidentiality (see Appendix L). All digital copies of audio files and transcripts that were shared with the transcriptionist were in an encrypted and password protected format. Also, all the research information to which the transcriptionist had access was destroyed at the end of their employment with the study.

Data Management

In a mixed methods study, there is a potential for large volumes of data to be generated (Creswell & Clark, 2011). Thus, a clear data management and organizational plan was required.

For this particular study a colour coding system was the basis of the organizational structure. The paper documents generated in the study were kept in colour coded file folders. There were different coloured folders for student and instructor consents, student pre and post questionnaires, and instructor questionnaires. These paper documents were stored in a locked filing cabinet in the researcher’s office at the U of L. Only the researcher has access to these paper documents.

All digital copies of research information were organized in clearly labeled digital folders. Digital copies of interview audio files and transcripts were stored in an encrypted format within a password protected hard drive. The additional digital information generated from the study, including Microsoft word, Nvivo and SPSS documents, were stored in a password-protected hard drive. The researcher is the only person that has access to this password-protected hard drive.

All paper and digital research information will be retained for an indefinite period of time. The rationale for retaining this information is that I have an interest in conducting future research on the topic and I may need to return to the research data. This retention period was approved by both the U of L and LC Ethical Review Boards.

Data Analysis

Analysis of quantitative data. SPSS computer software was used in this study to analyze questionnaire data. The use of descriptive statistics were used to describe the demographic information. Descriptive statistics were also used describe the mean attitudinal score obtained from the survey of nursing students in the pre- and post-test period, as well as the attitudinal score of nursing instructors. Descriptive statistics was chosen as a data analysis strategy because it has the ability to provide a description and summary of the data (Wood & Ross-Kerr, 2006).

The use of inferential statistics enabled me to determine if there was a change in nursing student attitudes or a relationship between clinical instructors' attitudes and nursing students' attitudes towards older adults. For the pre- and post-test of nursing student's attitudes a paired sample *t*-test was used to determine if there was a change in attitudes. A paired samples *t*-test is a test that is used to assess the change in participants' scores from one occasion to the other (Green & Salkind, 2011). For the comparison of the

degree of relationship between nursing instructor and nursing student attitudes, a Kendall tau b test was used. A Kendall tau b is a test that measures the degree of association between two variables that are not normally distributed (Green & Salkind, 2011).

Analysis of qualitative data. Nvivo computer software was used in this study as a tool to organize the analysis of qualitative data. Thematic analysis was the specific strategy chosen for analyzing the data. More specifically, my analysis was guided by the six phases of thematic analysis that Braun and Clarke (2006) have outlined: familiarizing yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (see Appendix M).

Phase one begins with the researcher becoming immersed within the data (Braun & Clarke, 2006). In this phase, I double-checked the transcripts with the original audio files to ensure their accuracy. I then read through the transcripts twice noting down ideas of the participants' perceptions. Once these meaningful sections were identified and reviewed, they were coded according to emerging categories in phase two (Braun & Clarke, 2006, Louise & Profetto-McGrath, 2010). In this phase, I loaded the transcripts into the Nvivo software and coded these meaningful features of the data. In phase three I searched for patterns and then structured the data into major thematic categories. I then went on to refine the sub-themes into major themes in phase four. In phase five, I identified the essence of each theme and decided on a name that best characterized it. The final phase was when I wrote up the themes within this thesis.

Rigour

The term rigour is referred to as a means to evaluate the quality and trustworthiness of a research study (Davies & Dodd, 2002; Liamputtong, 2013; Thomas

& Magilvy, 2011). In the following section, I will describe how I attended to rigour in both the quantitative and qualitative components of this research study.

Quantitative. The criteria of reliability, validity and objectivity are used to ensure rigour in quantitative research (Davies & Dodd, 2002; Thomas & Magilvy, 2011).

Reliability. The reliability of a scale can be defined as the “degree of consistency with which it measures the attribute it is supposed to be measuring” (Polit & Hungler, 1995, p. 347). One of the most widely accepted methods of testing the reliability of a scale is the Cronbach’s alpha coefficient (Gillis & Jackson, 2002; Macnee, 2004; Polit & Hungler, 1995). This coefficient tests how closely the responses to items on the scale are related and a value of over 0.7 is considered acceptable (George & Mallery, 2003; Gillis & Jackson, 2002; Macnee, 2004; Nunnely, 1978; Santos, 1999). The use of Holroyd et al.’s (2009) scale in this study obtained Cronbach’s alpha values of 0.745 for the pre-test and 0.818 for the post-test.

Validity. A scale is considered to have strong validity if it “measures correctly and accurately what it is intended to measure” (Macnee, 2004, p. 169). As described in the literature review, the scale that was used in this study has been extensively tested in both social science and nursing research. It is viewed as having strong validity by several nursing researchers (Gallagher et al., 2006; Haight et al., 1994; Holroyd et al., 2009; Harley et al., 1995; Lookinland & Anson, 1995; Lee, 2009; Ryan & McCauley, 2004; Sheffler, 1995; Soderhamn et al., 2001).

Objectivity. Objectivity can be defined as the degree to which two different researchers could arrive at similar conclusions (Bryman, Teevan & Bell, 2009; Polit & Hungler, 1995). In order to ensure objectivity during data entry, I double-checked that the item values I entered into SPSS matched with the responses on each of the questionnaires.

To ensure objectivity during data analysis, I confirmed my procedures and results with a professor of statistics at the U of L.

Qualitative. Lincoln and Guba (1989) propose four criteria that qualitative researchers can employ to ensure the rigour of their studies: credibility, dependability, confirmability and transferability. Credibility ensures that the research findings are genuine, reliable and can be trusted (Liamputtong, 2013). In order to enhance the credibility of this study, the qualitative research findings were validated by peer debriefing. Dependability and confirmability ensure that the research findings “fit” with, and are clearly linked to, the data from which they are derived (Carpenter & Suto, 2008; Padgett, 2008). In order to ensure dependability and confirmability of this study, I employed the strategy of outlining a clear audit trail. Transferability can be achieved in a qualitative study when the knowledge gained can be applied to other similar individuals, groups or situations (Carpenter & Suto, 2008; Padgett, 2008). I acknowledge that in order to achieve transferability of this study; credibility, dependability and confirmability must be achieved.

Peer debriefing. Peer debriefing is a session held with objective peers (or those seen as experts in the field) who review the components of the researcher’s inquiry (Davies & Logan, 2003; Louise & Profetto-McGrath, 2010). It is useful because it exposes the research findings to the questions of others who are experts in qualitative research or the selected phenomenon of interest (Louise & Profetto-McGrath, 2010). In relation to this study, peer debriefing involved the researcher’s supervisor reviewing the findings of the study with the researcher to validate them.

Audit trail. An audit trail is when the researcher clearly documents the choices and thought processes made during the data collection and data analysis stages of

research (Liamputtong, 2013). This ensures that the research process is well documented and clearly traceable. In relation to this study, I completed journal entries and notes during the stages of data collection and analysis. I also took photographs of the fourteen different iterations of the conceptual model to track its development.

Reflexivity

As described in Chapter One, reflexivity acknowledges the integral role that researchers play in a research study (Angen, 2000). If the researchers' perceptions and experiences are made explicit, further understanding and meaning can be developed (Liamputtong, 2013). Thus, reflexivity can be seen as a resource that makes research findings more credible (Liamputtong, 2013). To ensure reflexivity throughout this research study, I wrote detailed entries in a journal before and after each interview and during data analysis. Watt (2007) strongly recommends the use of a reflective journal in research because it serves as a record that researchers can use to better understand how their perceptions and experiences may influence their research.

Writing journal entries during data collection allowed me to explore and be more aware of my attitudes, feelings and perceptions. Prior to beginning data collection, I was concerned about how my background as a RN and educator and my own positive attitudes towards older adults might influence my ability to remain neutral during interviews. I anticipated that if a participant shared negative perceptions, I may become closed off or be tempted to share my own positive perceptions.

However, I was surprised that my reaction to participants was completely different than I anticipated. If a participant shared negative perceptions, I had a profound curiosity in learning more about them. I spoke to this further in my journal when I wrote: "In no way did I want the participant to know what my attitudes are...rather, I was intensely

focused on finding out what attitudes the participant holds and what she felt had influenced her attitudes.”

I was also surprised by a realization that remaining neutral was more difficult when a participant shared positive perceptions. This was because when a participant’s perceptions were similar to my own, I could identify with them. I explained this in my journal when I wrote: “It is harder for me to remain neutral when the participant’s perceptions resonated with me... I felt it on an emotional level and I wanted to encourage her.” This realization of how I was tempted to respond was beneficial, as it enabled me to have a greater awareness and to establish a strategy to remain more neutral.

Writing journal entries also allowed me to be more sensitive to the evolving themes and my role as the researcher in shaping them. I was able to reflect on how I first organized the data into specific codes, then collated the codes into general themes and then compared the general themes back to specific codes. I commented on this in my journal when I wrote “My work today is starting to show me the fluid process of data analysis. You don’t work linearly through the stages, but rather flow back and forth through them.” This reflection assisted me to realize the fluid and flexible process that I was utilizing during the analysis. I also realized how immersed I was becoming in the analysis, when I wrote that “I guess this is why they characterize qualitative data analysis as immersive because you truly are deeply involved in the data and it can end up being very consuming.” The process of writing journal entries subsequently enabled me to feel more confident the finding of my qualitative analysis because I could reflect on and clearly see the fluid process that I used and how immersed I was in the data.

Summary

Limited research has been conducted within a Canadian and international context that has explored both nursing students' and nursing instructors' attitudes towards older adults. The majority of studies that have been conducted on this topic have been from a purely quantitative perspective. In Chapter Two, I suggested that there are limitations to exploring this phenomenon from a quantitative perspective. In this chapter, I have explained a mixed methods design that this study utilized to explore this phenomenon from a more complex perspective. The following chapter will present the results that were obtained by utilizing this design.

Chapter Four: Research Findings

The purpose of this chapter is to present the findings that were generated through this study. In this chapter, I will begin with a description of the demographics of participants. I will then present the findings of the study, organized in terms of the three research questions that guided the study. For research question one, I examined the extent to which nursing students' attitudes towards older adults changed after their geriatric clinical placement. For research question two, I determined if there was a relationship between clinical instructors' attitudes and nursing students' attitudes towards older adults. Finally, for research question three, I explored the ways in which clinical instructors' attitudes influence nursing students' attitudes towards older adults.

Demographics of Participants

Questionnaire participants.

Nursing students. The demographic characteristics of the nursing students who participated in both the pre- and post-test questionnaires are outlined in Table 4.1. There were 21 nursing students who participated in the pre-test questionnaire but did not participate in the post-test questionnaire. These cases were deleted, bringing the total number of nursing students who were included in the study to 152.

As noted in the table, nursing students ranged in age from less than 20 to 45 years. The majority (54.6%) of students were less than 20 years old. Females comprised a larger portion of the group at 86.2%, whereas 13.8% were males. Also, a large number of nursing students were Caucasian (92.1%), followed by Aboriginal (3.3%), Asian (3.3%) and other ethnicities (2%). Highest educational background ranged from high school to a baccalaureate degree. Nursing students' previous experience with older adults ranged from no experience to caring for this group in an institution.

Table 4.1. Demographic Characteristics of Nursing Students

Demographics	<i>N</i> = 152	%
Age		
≤ 20	83	54.6
21-25	47	30.9
26-30	12	7.9
31-35	3	2.0
36-40	6	3.9
41-45	1	0.7
Gender		
Male	21	13.8
Female	131	86.2
Ethnicity		
Caucasian	140	92.1
Aboriginal	5	3.3
Asian	5	3.3
Other	2	1.3
Highest Education		
High school	23	15.1
Some post-secondary	107	70.4
Post-secondary diploma health care	9	5.9
Post-secondary diploma another field	8	5.3
Baccalaureate degree health care	1	0.7
Baccalaureate degree another discipline	4	2.6
Experience With Older Adults		
No experience	7	4.6
Had relationship but did not live with	92	60.5
Lived with	15	9.9
Cared for in my home	2	1.3
Cared for in their home	9	5.9
Cared for in an institution	21	13.8
No response	6	3.9

Clinical instructors. The demographic characteristics of the clinical instructors who participated in the questionnaires are outlined in Table 4.2. As shown in the table, the 13 clinical instructors ranged in age from 21 to over 51 years. All clinical instructors were female. There were eleven instructors that were Caucasian and two that were non-Caucasian. Clinical instructors' highest educational background was either a baccalaureate degree ($n = 10$) or a graduate degree ($n = 3$). Although six of the instructors did not disclose their previous experience with older adults, the others either had a relationship with ($n = 1$) or had cared for them in an institution ($n = 6$). Years of teaching experience as nursing instructors ranged from less than five to over 15 years.

Table 4.2. Demographic Characteristics of Clinical Instructors

Demographics	<i>N</i> = 13	%
Age		
21-25	1	7.7
26-30	1	7.7
31-35	3	23.1
36-40	4	30.8
41-45	1	7.7
46-50	1	7.7
≥ 51	2	15.4
Gender		
Female	13	100
Ethnicity		
Caucasian	11	84.6
Non-Caucasian	2	15.3
Highest Education		
Baccalaureate degree health care	10	76.9
Graduate degree	3	23.1
Experience With Older Adults		
Had relationship but did not live with	1	7.7
Cared for in an institution	6	46.2
No response	6	46.2
Years of Teaching Experience		
0-5	9	62.9
6-10	2	15.4
11-15	1	7.7
> 15	1	7.7

Interview participants. Table 4.3 shows the demographic characteristics of both groups that participated in interviews: nursing students and clinical instructors. In total, thirteen nursing students and six clinical instructors were interviewed.

As seen in the table, nursing students who participated in interviews ranged in age from less than 20 to 40 years of age. Females comprised the largest proportion at nine, while there were four males that participated. There were eleven students that were Caucasian and two that were non-Caucasian.

Clinical instructors who participated in interviews ranged in age from 21 to over 50 years and were all female. Five instructors were of Caucasian ethnicity and one instructor was non-Caucasian.

Table 4.3. Demographic Characteristics of Interview Participants

Demographics	<i>N</i>	%
Nursing Students <i>N</i> = 13		
Age		
≤ 20	3	23.1
21-25	2	15.4
26-30	3	23.1
31-35	3	23.1
36-40	2	15.4
Gender		
Male	4	30.8
Female	9	69.2
Ethnicity		
Caucasian	11	84.6
Non-Caucasian	2	15.4
Clinical Instructors <i>N</i> = 6		
Age		
21-25	1	16.7
26-30	1	16.7
31-35	1	16.7
36-40	1	16.7
> 50	2	33.3
Gender		
Female	6	100
Ethnicity		
Caucasian	5	83.3
Non-Caucasian	1	16.7

Findings of Research Question One

The first research question that guided this study was: “*In what ways do nursing students’ attitudes towards older adults change after their first clinical placement?*” A paired samples *t*-test was utilized to answer this question on both a general (instrument) and specific (item-by-item) level, because it has the ability to determine if there was a change in nursing student attitudinal scores on the questionnaire from the pre- to the post-test time periods (Green & Salkind, 2011).

Prior to conducting the paired sample *t*-tests, all the negative statement scores were reversed in order to compare them on the same scale with the positive statements. Thus, a lower score indicated a more positive attitude and a higher score indicated a more negative attitude. In addition, 12 and 10 missing values on the the pre-test and post-test, respectively, were replaced using linear trend at point. Linear trend at point was selected as the more ideal strategy to replace missing values over series mean. This was because I preformed a trial of replacing missing values with both strategies and linear trend at point was the most sensitive.

General attitudinal changes. A pre-test and post-test summative score for each participant was calculated by adding their responses on each of the 34 statements together. The purpose of calculating these summative scores was so that it could be determined on a general level if there was a change in nursing student attitudinal scores. The potential range of scores was 34 to 170.

A paired samples *t*-test was conducted to determine if there was a change in the overall students’ attitude scores from the pre- to the post-test that was given to the 152 nursing students. The scores were normally distributed. On the pre-test, the average summative score was 79.44 ($SD = 8.46$) compared to an average of 77.22 ($SD = 10.05$) on

the post-test. Overall, attitudinal scores decreased by 2.8%. Results of the paired samples t -test indicated a significantly decreased attitudinal score on the post-test, $t(151) = 3.638$, $p < .001$ (2 tailed). This indicated on a general level that nursing student attitudinal scores became more positive near the end of their clinical placement.

Specific attitudinal changes. A paired samples t -test was also conducted for each of the 34 statements to determine specifically, if there was a change in nursing student attitudinal scores for any of the statements. The majority of the pre-test and post-test statement scores were normally distributed. Table 4.4 presents the means, standard deviations and paired samples t -test results for each of the 34 statements. As can be seen in the table, there were nine statements that showed a statistically significant decrease in attitudinal scores:

- Statement 5 *“I feel most old people get set in their ways and are unable to change.”*
- Statement 8 *“I feel most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.”*
- Statement 12 *“I feel people grow wiser with the coming of old age.”*
- Statement 16 *“I feel most old people are very relaxing to be with.”*
- Statement 20 *“I feel most old people tend to keep to themselves and give advice only when asked.”*
- Statement 24 *“I feel you can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.”*
- Statement 31 *“I feel most old people are constantly complaining about the behavior of the younger generation.”*

- Statement 32 *“I feel one seldom hears old people complaining about the behavior of the younger generation.”*
- Statement 34 *“I feel most old people need no more love and assurance than anyone else.”*

These results indicated that on the above nine statements, nursing student attitudinal scores become significantly more positive near the end of their placement.

Table 4.4. Means, Standard Deviations and Paired *T*-test Scores for Scale Statements

Statements	Pre-Test		Post-Test		Paired Sample	Comment on Improvement
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>T</i> -Test Statistic	% Increase or Decrease
1. I feel it would probably be better if most old people lived in residential units with people of their own age.	2.49	.97	2.55	1.08	-.59	2.4
2. I feel it would probably be better if most old people lived in residential units that also housed younger people.	3.31	.78	3.31	.89	.03	0
3. I feel there is something different about most old people; it's hard to figure out what makes them tick.	2.17	.83	2.22	.88	-.68	2.3
4. I feel most old people are really no different from anybody else; they're as easy to understand as younger people.	2.29	.86	2.20	.87	1.10	-3.9
5. I feel most old people get set in their ways and are unable to change.	3.10	.97	2.90	.98	2.14*	-6.5
6. I feel most old people are capable of new adjustments when the situation demands it.	2.42	.82	2.32	.78	1.3	-4.1
7. I feel most old people would prefer to quit work as soon as pensions or their children can support them.	1.94	.77	1.93	.77	0.11	-.5
8. I feel most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.	2.12	.81	1.96	.74	2.34*	-7.5

Statements	Pre-Test		Post-Test		Paired Sample	Comment on Improvement
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>T-Test Statistic</i>	% Increase or Decrease
9. I feel most old people tend to let their homes become shabby and unattractive.	1.61	.53	1.70	.58	-1.85	5.6
10. I feel most old people can generally be counted on to maintain a clean, attractive home.	2.20	.72	2.14	.59	1.11	-2.7
11. I feel it is foolish to claim that wisdom comes with old age.	2.24	.97	2.22	.87	.18	-9
12. I feel people grow wiser with the coming of old age.	2.30	.85	2.13	.78	2.91*	-7.4
13. I feel most old people have too much power in business and politics.	2.24	.71	2.24	.67	-.02	0
14. I feel old people should have more power in business and politics.	3.08	.65	3.01	.78	1.15	-2.3
15. I feel most old people make one feel ill at ease.	2.32	.83	2.25	.94	.95	-3.0
16. I feel most old people are very relaxing to be with.	2.31	.69	2.15	.69	2.76*	-6.9
17. I feel most old people bore others by their insistence on talking about the “good old days.”	1.99	.66	1.88	.73	1.90	-5.5
18. I feel one of the most interesting qualities of most old people is their accounts of their past experiences.	1.70	.69	1.75	.68	-.78	2.9

Table continued from previous page.

Statements	Pre-Test		Post-Test		Paired Sample	Comment on Improvement
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>T-Test Statistic</i>	% Increase or Decrease
19. I feel most old people spend too much time prying into the affairs of others and giving unsought advice.	2.18	.69	2.16	.69	.31	-9
20. I feel most old people tend to keep to themselves and give advice only when asked.	3.24	.82	3.03	.97	2.64*	-6.5
21. I feel if old people expect to be liked, their first step is to try to get rid of their irritating faults.	1.97	.75	2.00	.73	-.41	1.5
22. I feel when you think about it, old people have the same faults as anybody else.	1.87	.56	1.88	.64	-.11	0.5
23. I feel in order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.	1.78	.74	1.78	.60	.07	0
24. I feel you can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.	2.56	.83	2.36	.84	2.78*	-7.8
25. I feel there are a few exceptions, but in general most old people are pretty much alike.	2.19	.87	2.24	.90	-.57	2.3
26. I feel it is evident that most old people are very different from one another.	2.04	.71	2.03	.76	.22	-5

Table continued from previous page.

Statements	Pre-Test		Post-Test		Paired Sample	Comment on Improvement
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>T</i> -Test Statistic	% Increase or Decrease
27. I feel most old people should be more concerned with their personal appearance; they're too untidy.	1.92	.55	1.95	.60	-.63	1.6
28. I feel most old people seem to be quite clean and neat in their personal appearance.	2.18	.60	2.17	.61	.09	-.5
29. I feel most old people are irritable, grouchy, and unpleasant.	1.94	.53	1.91	.62	.60	-1.5
30. I feel most old people are cheerful, agreeable, and good humored.	2.33	.66	2.32	.69	.17	-.4
31. I feel most old people are constantly complaining about the behavior of the younger generation.	2.89	.94	2.50	.87	5.02**	-13.5
32. I feel one seldom hears old people complaining about the behavior of the younger generation.	3.29	.75	3.00	.84	3.86**	-8.8
33. I feel most old people make excessive demands for love and reassurance.	2.24	.70	2.27	.83	-.34	1.3
34. I feel most old people need no more love and assurance than anyone else.	3.00	1.06	2.78	1.09	2.02*	-7.3

Note. *M* = Mean; *SD* = Standard Deviation; **p* < 0.05; ***p* < 0.001; A percent increase indicates attitudinal scores became more negative; a percent decrease indicates attitudinal scores became more positive.

Findings of Research Question Two

The second research question was: “*Is there a relationship between clinical instructors’ attitudes and nursing students’ attitudes towards older adults?*” A Kendall tau b test was utilized to answer this research question because it had the ability to determine the degree of the relationship between nursing students’ and nursing instructors’ attitudinal scores (Green & Salkind, 2011).

Prior to conducting the Kendall tau b test, data was reverse scored and missing values were replaced in the manner that was outlined in the previous section. Mean variables were then created for both nursing students and clinical instructors by calculating the average of participants responses for each of the 34 statements. The purpose of creating these mean variables was so that the relationship between nursing students’ and clinical instructors’ attitudes could be evaluated, even though there was a marked difference in the number of nursing students ($N = 152$) compared to instructors ($N = 13$). A Kendall tau b test was chosen over a Pearson r test because outliers were present for both variables and the assumption of linearity was not met (Williams, 2012).

A Kendall tau b correlation was applied to examine the strength of the relationship between the instructors’ and students’ mean variables. The mean of nursing instructors’ scores on the post-test was 2.21 ($SD = 0.68$) and the mean of nursing students’ scores was 2.27 ($SD = 0.40$). A significant positive correlation was obtained, $\tau = .602$, $p < 0.001$ (2 tailed). This indicated that there was a significant relationship between nursing instructors’ and nursing students’ attitudinal scores on the post-test.

Findings of Research Question Three

The third research question was: “*In what ways do clinical instructors’ attitudes influence nursing students’ attitudes towards older adults?*” To answer this research question, the transcripts of interviews with nursing instructors and students were analyzed using thematic analysis (Braun & Clarke, 2006). In this section, I will present and describe the major themes that were generated from the interviews: *Instructors as Role Models*, *Instructors’ Demonstrations*, *Instructors’ Expectations*, *Instructors’ Support* and *Students Mirroring Instructors*. These themes are depicted in the following model (Figure 4.1) which was developed to portray the research findings and the ways in which clinical instructors influence nursing students’ attitudes towards older adults.

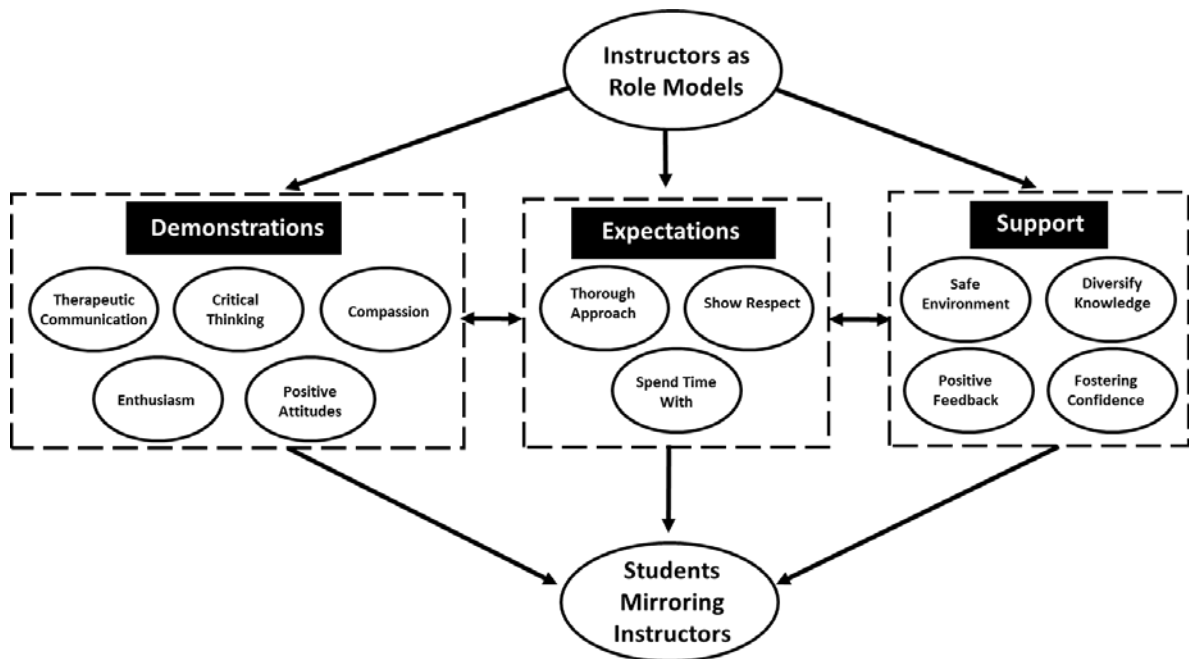


Figure 4.1. Model of Clinical Instructors’ Influence on Nursing Students’ Attitudes towards Older Adults

The findings of the thematic analysis revealed that nursing instructors are seen as role models for their students and as role models, they influence students through demonstrations, expectations and support. As a result of nursing instructors' demonstrations, expectations and support, nursing students mirror the attitudes and behaviors of their instructors.

Instructors as Role Models. Instructors were identified as strong “role models” for students by both groups of participants. Several students described their instructors as a “really great” or a “really good” role model. Instructors also identified that they are “role models” for their students. For instance, one instructor shared her view that “as instructors we definitely have an impact; we definitely are a role model.”

As role models, instructors demonstrated communication, attitudes, caring, enthusiasm, and critical thinking. One instructor talked about how she displayed communication for her students, “you’re role modeling the communication with people and they’re patterning after that.” Another instructor spoke of how she showed attitudes, caring and enthusiasm, “I want to model a professional attitude, a caring, compassionate approach and just generally a passion for what I do... I would model those kinds of things for them and they would carry that into their clinical experience with them.” A student described how her instructor modeled critical thinking, “she could just go into a situation and assess what’s going on...get the information she needed to piece it together and then do the task... so for me if I can do that as a nurse...it’s inspiring.”

Instructors also illustrated that showing respect, being thorough with their care, and spending time with the residents was important. This was supported by the following quote from one instructor: “if you show respect to others...they [will] use you as a role model.” A student expressed how she looked up to her instructor’s thorough approach to

care, “I want to be that kind of nurse that really takes care of patients.” Furthermore, another student talked about how her instructor modelled making an effort to spend time with clients, “whenever she’d meet somebody... she’d always say hi and talk to them for a bit...I think that that’s an important thing, and what I would like to do if I worked in geriatrics.”

As role models, instructors also supported students through fostering confidence, creating a safe environment, giving feedback, and helping students to diversify their knowledge. One student talked about how she connected her instructor’s display of role modeling to her own confidence:

The way that she presented herself is the way that I wanted to present myself, so then when I walked into a situation with a patient I was more confident...I felt like she was a really good role model for that.

An instructor explained that as a role model, she created an environment where students felt safe, “a model person...[is] maintaining an open communication with my students [so] that they can tell me what worries them ... making sure that they have a mentor to go to when they are stuck with something.” A student mentioned how her instructor supported her through providing feedback, “even the time when I had an issue with my patient, she told me don’t take things personal, this is the real world and this is how I am supposed to react. So she was a role model.” Another student described her instructor in this way: “she’s so knowledgeable...I just looked up to her a lot...her way of explaining things simply.” This description further illustrates the links between the instructor as a role model and the impact on the student.

Instructors’ Demonstrations. All of the interview participants spoke of the influence of instructors’ demonstrations. The analysis revealed that these demonstrations included the sub-themes which are described in the following section: “Therapeutic

Communication,” “Critical Thinking,” “Compassion,” “Enthusiasm” and “Positive Attitudes.”

Therapeutic Communication. Both nursing instructors and students recognized that many students initially exhibited a reluctance towards communicating with older adults. One instructor explained, “I think the biggest part of that clinical rotation is about therapeutic communication... some of them are really reluctant to start the conversation.” Students attributed this reluctance to feeling unsure of how to communicate with clients. For example one student shared:

I didn't know how to go into a room with a guy with Parkinson's, so bad that he can't speak... I had no idea how to talk to someone like that and she would go in and she would just demonstrate it.

Another student spoke of how her entire clinical group felt similar feelings of reluctance, “We don't necessarily know how to communicate with somebody who has dementia, especially if they're not speaking coherently... and so she showed us to treat them normally.”

Due to these feelings of reluctance, nursing students closely observed their instructors' demonstrations of communication for guidance. An instructor spoke of how she noticed that her students closely monitored her: “at the beginning...when I introduced them to their residents... they were watching how I approached them and how I talked to them.”

One student explained the direction her instructor provided as:

She was very good at ... answering questions if they [residents] were uneasy with us being there or wondering what we were doing and...making very clear, simple explanations to them where some of us would get caught up cause we've just learned it in all these technical terms, and it's like, well how do we explain it now back into simple terms, and she was really good at guiding us with that.

Many nursing students conveyed that they found their instructors' demonstrations of communication to be beneficial and learned from them. In support of this, one student spoke of how their instructor's demonstrations of communication were valuable because "those things really helped me along the way." Another student shared that due to observing her instructor's communication she "learned a better way to communicate with older adults." Similarly, another student stated that watching her instructor "helped a lot with my communication." One other student spoke of how she planned to follow her instructor's examples of communication in the future: "I'm probably going to use her examples all the way through just because she was so good at speaking to everyone."

Critical Thinking. Nursing instructors and students also described how instructors demonstrated and encouraged critical thinking. One nursing instructor explained that she displayed critical thinking by prompting students to think on a multi-faceted level, "it is very complex...when we're looking at the research and the diagnosis is just not an old person. You've got to look to see what is going on."

Another instructor mentioned that she showed critical thinking when she encouraged students to think of how concepts connect to one another:

That's why you're in a four-year program [so] that you can do these critical thinking things and put the whole picture together. I said, you're going to start to think where these abnormalities are in your assessment and if there's a connection between them.

This response was similarly expressed by another instructor who spoke of how she prompted students to make connections:

You need to figure out, what happened to them... talk to them and try and figure out what's going on with them and how they're feeling and, that's a big part cause people may not get better just because they're not healthy mentally...so it's kind of making that connection.

Students noted that they admired and learned from their instructors' ability to think critically. One student talked about how she looked up her instructor because of "her quick thinking...if I can think like that... her critical thinking was just so good... if I can be a nurse like her it would be great." A student also shared that his instructor's demonstrations of critical thinking allowed him to learn that nursing care was much "more complex than what I had thought." Another student spoke of how she learned from her instructor's ability to inquire on a deeper level during assessments of clients, "Opening them up to talk about when did you discover that, or just getting more than just what's on them. Trying to...asking a little more. So I learned that from her and then did that with my own patients." This was further supported by a student who related that her instructor's displays of critical thinking allowed her to learn to be "informative and if I don't know, look it up to find the information...So [now] I do that."

Compassion. Several nursing students expressed that their instructors consistently demonstrated a genuine compassion towards the older adult clients. Students explained that their instructors constantly displayed compassion when they were "bright and happy all the time," and that they "would always say hi and talk to them [residents] for a bit," and finally that "she [the instructor] was always kind...positive tone of voice...you could tell she was compassionate." An instructor also mentioned that she emphasized to her students the importance of consistently showing compassion, "every client in our care, deserves kindness...you have to be sensitive to their needs and you have to be kind and compassionate."

Nursing students also discussed how their instructors showed genuine compassion towards the clients: "she was just caring, compassionate...she was just very supportive of them," "she was just very patient and caring and loving and affectionate," and "she was

very consoling with them.” Another student similarly noted how her instructor demonstrated sincere compassion: “she really cherished the clients. She genuinely cared. She adored them... Their wellbeing was her first concern.”

Students also spoke of how observing their instructors’ compassion allowed them to feel more comfortable with and understand the importance of showing compassion to their residents. One student talked about how watching her instructor demonstrate compassion made her feel more comfortable with expressing it to her patients, “she showed us that it was okay to be hands-on and very caring and express our compassion for them...that we don’t have to keep them at arm’s length.” Another student shared that observing displays of compassion by his instructor reminded him how important it is, “I can say that seeing her making that kind of effort to connect and reach out and be warm and sociable with these older adults— it reminded me, that it’s important for me as well to make that effort.” Similarly, another student shared that watching her instructor express compassion “taught me a lot” about the importance of showing compassion.

Enthusiasm. Demonstrations of enthusiasm by nursing instructors towards caring for older adult clients was also described by many interview participants. Students explained that their instructors displayed enthusiasm by: “keeping a very upbeat personality...very personable,” being “friendly...and gregarious,” and having the “ability to make jokes...her presence was fun.” An instructor mentioned that she showed students enthusiasm by being “boisterous” and describing herself as “pretty much always upbeat.” One other instructor noted that she expressed enthusiasm by having a “really positive approach with clients and I hope that they [students] could feel some of my enthusiasm.”

Both instructors and students spoke of how the enthusiasm of instructors transferred to students. For instance, one instructor talked about when she noticed that her

excitement passed on to students on orientation day because they “wanted to know even before that day was over what their patient was for the next week so they could start researching and...go introduce themselves to that patient...they were very excited that way.” The instructor further explained that “I was so excited to be there...so I definitely think that has a big impact on students.” Students also shared the ways in which they felt that their instructors’ excitement shifted to them, “she just kind of made me a little bit excited to be actually working with them” and “I think it made me concentrate on being more upbeat...in a consistent manner.” A student offered a specific example of how she felt the transfer of her instructor’s enthusiasm, “she would walk in at 7:00 in the morning chipper and bright and...by the time you got onto the actual ward you were feeling chipper and bright and ready to share that with the patients.”

Positive Attitudes. Several nursing students detected that their instructors displayed highly positive attitudes towards and enjoyed working with older adults. This was reinforced when students spoke of how their instructors shared “positive stories,” had “such a positive spin,” and in general, had a “really positive attitude.” One student shared that she noticed that her instructor’s “feelings were positive no matter [what].” In addition, students noted that their instructors enjoyed older adults: students described their instructors as someone who “loved working with older people,” “you could tell she enjoyed working with the elderly,” and as someone who “enjoyed it...she liked being there working with them.” One other student talked about how he was able to recognize that his instructor liked working with older adults by “how well she worked with them...she always had a positive attitude...she was very good with them.”

Students also identified that these positive attitudes demonstrated by their instructors encouraged them to regard older adults in a more positive manner. One student

expressed that she was inspired to be more positive, “her [the instructor] being positive was so great cause then you could go forth and kind of soar with it.” Another student explained how his instructor’s positivity motivated his clinical group to remain positive no matter the circumstance:

Just by seeing...her positive attitude and looking into it kind of helps us remain and keep that positive attitude, whereas if you’re working with someone that has negativity it can kind of spread, so by her and all that positivity kind of kept us positive and if any things were going wrong she always just kept it positive. Those good experiences that we had, those will carry through with us.

An instructor also shared how her positive attitudes incited her students to be more positive towards working with older adults “I had some students that would come to me and say I’m excited about this rotation because of your love for the elderly.”

Instructors’ Expectations. Numerous interview participants discussed the influence of instructors’ expectations. As described below, the analysis indicated that expectations contained the sub-themes of a “Thorough Approach,” “Show Respect” and “Spend Time With” residents.

Thorough Approach. Many nursing instructors spoke of their expectations that students were thorough when approaching the care of their residents. An instructor explained that one of her “biggest goals” is to emphasize the importance of “personal care, and a kind, thorough approach” to her students. This instructor went on to clarify that a thorough approach means that “you don’t leave any part of the care undone just because you would prefer not to do it...you don’t have to want to do it, but you have to do it and you have to do a good job...because that’s part of caring for the entire person.” Another instructor similarly instilled in her students the meaning of being thorough:

That if they didn’t do it, it wasn’t done...you couldn’t pass things over. You had to get people ready, you know? You did the shave, you helped people with their

hair or you made sure the clothes were clean, you got them down to meals and made sure that they were eating.

Nursing students noted that their instructors' expectations prompted them to be more thorough with the care that they provide. For example one student mentioned that his instructor:

Expected us to do our jobs and do right by these clients... she definitely expected us not to just phone it in... in terms of the effort that we were putting forth. We were there to do things and do them right... She put forth a lot of effort herself and it was clear that she expected us to [equally] put forth as much effort.

Another student further explained that his instructors' expectations allowed him to realize that being thorough "actually improves the level of care you can give."

Show Respect. Nursing instructors' expectations that students show the residents respect was mentioned by both groups of participants. Instructors described that showing respect means being supportive and preserving residents' dignity. For example, one instructor referred to this as "respect that you're showing, [it's] you conveying your support, your respect in everything that you do." Another instructor explained that "it is a challenge sometimes to help protect people's dignity and privacy when you're doing...[personal] care but that's important and that's something that I try to pass on to students."

Instructors also referred to their expectations of students to show consistent respect towards residents. One instructor spoke of how she told her students that "you always have to ask them [residents]" prior to performing nursing care. One other instructor shared that "they [students] always knew to be respectful...because they know how much I respect them [residents]."

Nursing students also discussed how their instructors' expectations of respect allowed them to have a greater understanding of respect and the importance of showing it.

This was supported by the following quote by a student:

She [instructor] was very forceful that you treat them like normal people. You don't focus on the fact that they have a disease; they're a person. And it made it kind of easier to take that mindset when she was showing it to us all the time.

Other students also made the connection between the instructors' expectations and the students' behavior in clinical practice:

She had that respect and value for them [residents]...she demonstrated that...and I guess relayed to us... it's important that you acknowledge them. So I appreciated that about her that she made it a point to say... show them respect...when you're doing any type of care.

Spend Time With. Both nursing students and instructors described how instructors emphasized the importance of students spending time interacting with residents. One instructor mentioned that her students "needed a lot of encouragement" to spend time with their residents. Another instructor clarified that: "they only had one patient in the beginning...they would go in and do vitals and the patient would go to breakfast and then they'd go do their assessment and then they'd [ask]...what's there to do? I said, go talk to your patients." Similarly, one other instructor shared how she prompted her students: "if they have some free time they could visit other residents. They could actually practice communicating with them to [learn that] they're real people."

Students identified that their instructors' expectations allowed them to have more experience interacting with older adults. In support of this, one student spoke of how her instructor encouraged her clinical group to spend time with other residents:

It was a good experience cause it's not like we're just entitled to our patients. She [instructor] was like I know you're in a clinical but then at the same time I want you to be exposed, don't just stick with your patients all the time.

This student further illustrated the link between her instructor's expectations and viewing older adults in a more positive manner:

She [instructor] would tell us... girls, if you have time just go spend time with other people so you can...try to just find out what they like and what they don't like. So she was more pushing us towards the positive ways.

Instructors' Support. The impact of instructors' support was also outlined by many interview participants. The analysis revealed that instructors' support encompassed the sub-themes which are described below: "Safe Environment," "Diversity Knowledge," "Giving Feedback" and "Fostering Confidence."

Safe Environment. Many nursing students and instructors identified that instructors were supportive of students by creating a safe learning environment. Instructors spoke of how establishing a secure environment meant ensuring that students felt comfortable approaching them with questions or concerns. This was exemplified in the following quote by an instructor: "they [students] felt safe to come [to me]...I think it's always at the beginning of any clinical they're always scared of the instructor... I always tell them, you know, you don't need to be scared of me, I'm pretty easy going." Another instructor explained that forming secure surroundings for students involved "maintaining open communication with my students that they can tell me what worries them." In addition, another instructor mentioned how she created a safe environment for her students:

I always try to make clinical an experience that they can look forward to because I think it's important for students – you don't learn well when you're anxious, so if we're going to make it an effective learning experience we have to structure it so that they can get off to a solid start, they can ask any question they need to ask."

Students also recognized the connection between feeling comfortable approaching their instructors and having the opportunity to learn from them. One student talked about

how her instructor made her clinical group feel at ease by saying “if you have any issues come to me and I’ll talk to you and then we can find answers to those problems. And she did. So everything she was teaching us it kind of influenced.” Another student further explained how her clinical group were able to learn from their instructor:

If I ever had questions and she’d [instructor] come in and she’d help and show us what we need to do, especially when you get some people they don’t want to be very compliant she’d just teach us little tips on how to work with them.

Diversify Knowledge. Nursing students and instructors also noted that instructors were supportive of students through employing various teaching approaches that diversified their knowledge. One of the educational strategies that instructors utilized was being open with sharing their knowledge and experience. In support of this, one student talked about how her instructor shared her knowledge:

She had a lot of knowledge and every time there was a learning opportunity something just out of the ordinary, she was always very willing to explain her knowledge of what she knew was going on ...[she] took opportunities to teach...even [when] she didn’t have to... she went the extra mile.

An instructor described that she would portray her experiences to students through stories, “I would tell stories about...the different experiences that I’d had.” A student spoke fondly of stories her instructor shared “she told us really great stories about working [with older adults].”

Another teaching method that instructors used to expand students’ learning was to arrange presentations by other nursing departments and health care disciplines. One student talked about how her instructor organized presentations by “a physiotherapist, an occupational therapist, infection control office...she brought in a lot of different aspects of learning for us.” An instructor shared that she arranged for home care to speak with her students about different living options for older adults: “we had homecare talk

about...placement...if you're not doing well at home you go into adaptacare or assisted living... then if you're not doing well you move again.”

Nursing students also described that instructors employed the educational strategy of being “very hands-on.” For example, a student described how her instructor taught personal care:

She really helped break down every single situation...she'd say come with me...we're going to go to someone who's got an indwelling catheter and I'm going to show you how to do the catheter and what to look for and what not to look for.

An instructor also shared how she demonstrated an assessment for her students: “I went through with my students...a complete physical assessment on a patient...I actually did it when they were there.”

In addition, nursing instructors used the approach of encouraging students to seek out their own opportunities to enhance their learning. One instructor described how she actively prompted students to seek out learning opportunities:

I'm telling them,...this is your learning environment. How much you learn will depend also on how proactive you are. If you just say,...I don't have anything else to do with my patient then maybe I'll just sit around. If you do that you would miss a lot of opportunities.

Giving Feedback. Many students and instructors also recognized that instructors were supportive of students through “giving feedback.” Students identified that their instructors were “very good” at providing consistent and concrete feedback. This was reinforced by a student when he stated that his instructor: “took care of my clinical group really well. A lot of feedback, a lot of really good comments on what we do.” Another student spoke of how her instructor provided her clinical group with concrete feedback:

She had lots of great input...good and bad. If you [were] doing something wrong she would tell us. There was no grey areas. It was very black and white and I learned very well from that... I really enjoyed that from her.

Students also explained that their instructors provided feedback when they were feeling hesitant. A student illustrated this in the following quote: “if we weren’t 100 percent sure on our technique she [instructor] was very quick to just give us guidance but not criticize us or make us feel like we were below par because we were just learning as we were doing it.” Similarly, another student shared that her instructor offered feedback when she was unsure of how to communicate with a resident, “I was really scared, but then she told me... don’t be scared...don’t even worry. Let’s go to her [resident’s] room and then you introduce yourself.”

Nursing instructors and students also identified the relationship between instructors’ feedback, students’ confidence and an improvement in practice. One student explained that her instructor’s feedback made her feel more confident, “[it] made me feel like I knew what I was doing.” An instructor shared her view of the potential for using instructors’ feedback to advance students’ practice, “we’ve always been telling our students that feedback is a really good thing because it makes us improve our practice.” A student also mentioned that her instructor’s feedback inspired her to improve, “because you had that positive feedback from her...that made you want to continue.”

Fostering Confidence. Both nursing students and instructors explained that nursing instructors were supportive to students through fostering their confidence. A strategy that instructors used to foster students’ confidence was to assign the students the same patients two weeks in a row. For instance, one instructor stated that her students were:

Very, very anxious going in. The second day much, much better. I had assigned the same resident to them for both days because I wanted to give them a solid foundation for communication and care and the second day noticed a huge difference in them.

Another instructor described her similar strategy: “I gave her this lady [as] an assignment twice...two weeks in a row...I did all my students...even just the one week to the next was so different.”

Instructors also talked about the link between their presence and an increase in students’ confidence. This was supported when an instructor described a situation where she went with a student to conduct a physical assessment: “she wasn’t really good with her assessment...to be comfortable doing it and I went through her assessment with her... and then the next week ...the assessment [was] so much better.” Another instructor shared an example of how she went with students to introduce them to their residents: “at the beginning I think they [students] were scared but then once I introduced them to the resident afterwards they’re like, oh, that was such a good interview, and I think they [students]... [were] more settled.”

As a result of instructors fostering students’ confidence, students felt like they could participate more meaningfully and were more competent. Instructors also noted that students required less supervision. This was illustrated when an instructor talked about how her students felt like they could contribute significantly to their resident’s care:

But as the weeks went by and as they saw that they could actually participate in the care in such a way that they [were] considering safety, mechanics and all that and putting [it] into practice. They were able to be more adept with caring for the elderly and they had become more comfortable with them.

Another instructor explained how her students required a smaller amount of supervision: “The majority of them as their confidence increased... I wasn’t supervising them anymore with the lifts and making sure that...they were aware of where [their residents] were. One student also expressed that “I feel like I’m more competent” as a result of her instructor’s support.

Connection between Instructors' Demonstrations, Expectations and Support.

Nursing instructors and students also indicated that instructors' demonstrations, expectations, and support did not occur independently from one another; rather, they were inter-connected.

Many nursing students discussed how they saw a link between instructors' demonstrations and their expectations. This was exemplified when a student spoke of how her instructor's demonstrations of communication showed her respect for the residents:

Even the way she talked [to] the residents at that long-term care it was all the same. She wasn't like... oh you're not my student's patient so I'm going to talk to you differently; she was talking to everyone the same way.

Another student expressed that her instructor presented a connection between a thorough approach and compassion when she responded promptly to residents' requests, "she didn't blow them off like you see some people do and ignore their requests...she was very supportive of them." A student also mentioned that her instructor displayed both a desire to spend time with residents and her enthusiasm when she encouraged residents to participate in activities, "She'd be like, it's bingo today. Do you want me to come with you and some of them were like, yeah. And then she was involving herself into their activities." Another student shared how her instructor illustrated a relationship between showing positivity and spending time with residents:

She turned out to be very warm and very talkative with the residents...[she] would stop on her way somewhere and get down to the level of somebody in the wheelchair and...engage really intently...I thought that was a really positive demonstration.

Nursing students and instructors also talked about the connection between the support that instructors provide students and their demonstrations. For example, one

student explained that her instructor shared her knowledge of how to conduct a physical assessment and linked it with communication:

For the first head to toe assessment that she did...it wasn't just this is what you do... she would ask the patient questions as she was doing it and tell them exactly what she was doing, so her communication was excellent. A very good example of what you would do.

An instructor recognized that she created a safe environment for her students by showing her compassion through “supporting them [students]...if they are afraid...supporting them by my presence and my cueing...I think it really did a lot.” Another instructor talked about how an increase in her students’ confidence was associated with her displays of communication, “I start showing them [communication]... and just seeing me being comfortable with these residents...I think they started [feeling] I can do this too. And I think it made them more comfortable.” A student also explained that her instructor presented compassion to her clinical group by providing encouraging feedback to them, “if somebody felt like they weren’t doing a good job she was able to, like pick them back up.”

Instructors and students also highlighted the relationship between instructors’ expectations and the support that they provide for students. This was reinforced when an instructor talked about the link between encouraging students to spend time with residents and an increase in their confidence, “[up] until the end, even if it wasn’t their assigned patient they [students] would just be sitting in there, chatting away.” A student spoke of the connection between her instructor sharing her knowledge and a thorough approach to care, “she was really good at prompting us [about] what to do, and the steps...that should be done, like [for] bedtime care.” Another instructor discussed how she provided feedback to her students to show respect to residents by asking their permission to do a

procedure, “I always told my students you need to ask if it’s okay if you do your assessment and blood pressure first.” An instructor also talked about how she displayed respect for a resident and created a safe environment for her student:

She [student] tried to talk to someone and he was like, leave me alone...I actually had to go and talk to the patient with her [to see] if there was a reason that he didn’t want to talk to her...so I really encourage that...that was the right response.

Students Mirroring Instructors. Interview participants identified that nursing students mirror the attitudes and behaviors of their instructors as a result of instructors providing demonstrations, expectations and support.

Both nursing students and instructors talked about how students emulated instructors’ demonstrations of positive attitudes, communication, compassion, enthusiasm and critical thinking. In support of this, one instructor spoke of how her students would imitate her positive attitudes towards older adults, “some of them would think...if it’s positive then that’s what they should do too.” Another instructor described how her students emulated the manner in which she communicated with clients, “I think just the way I approached and talked to them, they took from me and they were comfortable what I did so they did it too.” A student mentioned that she mimicked the compassion that her instructor demonstrated towards residents, “her interaction with [and] compassionate care towards the elderly. I would kind of copy them.” One other student explained that her clinical group mirrored the enthusiasm of their instructor, “It was...a good guideline and reference that we could see her do it and it was like, if we do that then it’s going to work the same way.” In addition, another student talked about her plans to follow her instructor’s example of critical thinking by reviewing her client’s history prior to care, so that “I know what they like, what they don’t like and what needs to be done because...she

told me she had done that, so I do that, and it's really important...I'll probably always do that now."

Instructors also discussed that students would follow the expectations that they had of them to be respectful, spend time with residents and be thorough with care. This was illustrated when one instructor shared how her students emulated the respect that she showed to residents "if you show respect to others they're going to— they kind of copy you." Another instructor talked about how her students imitated her approach to spending time with residents:

Even if they ask for a glass of water, [I] ask them about the weather, [I] ask them about random things, just to get them talking, get them comfortable... by the end, some of them [students] they kind of use my similar thing.

An instructor also talked about how her students would follow her encouragement to provide thorough personal care to residents:

How you help them to the bathroom, like physical [care] I think they would do it one way and then I would have to correct them and...just by watching what I would do and by them listening to me I think they also took that into consideration too.

Both students and instructors explained that students emulated instructors as a result of the support that they provided through fostering confidence, creating a safe environment, sharing knowledge and providing feedback. For example, one instructor spoke of how her students would observe her confidence and then mirror her, "they see how comfortable you are and how confident you are when approaching them [residents]...I think your students will mirror it... like kind of follow your example."

Another instructor expressed that her students felt safe to ask her for help and subsequently mimicked her approach, "I definitely noticed them, just like trying to follow right behind me, and the first couple of weeks they would [ask]...Can you come do this

with me?” This same instructor talked about how her students imitated her when she shared her knowledge of how to conduct a physical assessment, “in going through my assessment... I definitely noticed them follow directly in my footsteps.” A student also shared how she considered and emulated the feedback her instructor provided, “maybe if my way’s not working and her way is maybe I should try changing it...So that’s what I did and it ended up better than what I expected.”

Summary of clinical instructors’ influence on nursing students. In summary, the findings of the thematic analysis revealed that clinical nursing instructors are seen as strong role models for their students as illustrated in Figure 4.1. As role models, instructors demonstrate therapeutic communication, critical thinking, compassion, enthusiasm and positive attitudes. They also have expectations of students to be thorough with care, show respect, and spend time with their residents. Instructors are also supportive of students by creating a safe environment, diversifying their knowledge, giving feedback and fostering their confidence. Nursing students mirror the attitudes and behaviors of their instructors as a result of viewing them as role models and the demonstrations, expectations and support that instructors provide.

Chapter Summary

The findings of the first research question indicated that nursing students’ attitudinal scores became more positive near the end of their clinical placement. For the second research question, findings indicated that there was a significant relationship between nursing instructors’ and nursing students’ attitudinal scores. The findings of the third research question revealed that nursing instructors influence students’ attitudes through being role models, providing demonstrations, expectations and support and

subsequently, students mirroring them. An integrative discussion of the research findings and how they are situated in previous literature will follow in the next chapter.

Chapter Five: Discussion, Recommendations, Conclusion

As aforementioned, the purpose of this research was to examine and explore both nursing students' and clinical instructors' attitudes towards older adults. Within the context of the research questions that guided the study, I will begin this chapter with an integrative discussion of the major findings of the research and how they relate to literature on the topic. A discussion of implications for practice, limitations of the research study, recommendations for further research and plans for research dissemination will follow.

Integrating the Findings: What was Discovered

Positive shift in students' attitudes. The first research question that guided this study was: "*In what ways do nursing students' attitudes towards older adults change after their first clinical placement?*" Findings showed that nursing students' attitudes were predominantly positive at the beginning of their clinical placement. These findings were consistent with findings of Canadian and internationally-based research. In their Canadian studies, Downe-Wambolt and Melanson (1985), Williams et al. (2007), Holroyd et al. (2009), and Baumbusch et al. (2012) reported that towards older adults, nursing students had predominantly positive attitudes. The studies by Flood and Clark (2009), McKinlay and Cowan (2003), Henderson et al. (2008), King et al. (2013), Soderhamn et al. (2001), and Swanlund & Kujath (2012), which were conducted in the United States, Sweden and Australia, also noted that nursing students had primarily positive attitudes towards older adults.

In addition, findings of research question one indicated that students' attitudes became even more positive near the end of their clinical placement. The settings for this placement included long term care homes, assisted living facilities and a hospital geriatric

assessment unit. In these settings, students worked primarily with older adults with varying degrees of functional and cognitive decline. Studies conducted in Canada and the United States reported similar findings. Baumbusch et al. (2012) found in their Canadian study that nursing student perceptions towards older adults improved after a course which included a clinical component where students worked extensively with older adults in either a hospital or long term care setting. In their studies that were completed in the United States, Hartley et al. (1995), Sheffler (1995), and Sheffler (1998) also noted that nursing student attitudes improved after a clinical placement where nursing students predominantly cared for older adults in a nursing home and/or hospital setting.

Relationship between instructors' and students' attitudes. The second research question asked: *“Is there a relationship between clinical instructors' attitudes and nursing students' attitudes towards older adults?”* The positive shift in students' attitudes may be partially explained by the findings of research question two, which showed that nursing instructors possessed highly positive attitudes towards older adults and that there was a significant relationship between instructors' and students' attitudes. In their studies which were conducted in the United States, Wilhite and Johnson (1976) and Sheffler (1998) also found a significant relationship between instructors' and students' attitudes.

The third research question was: *“In what ways do clinical instructors' attitudes influence nursing students' attitudes towards older adults?”* The relationship between instructors' and students' attitudes may be further clarified by the findings of research question three. A conceptual model was developed from these findings (see Figure 4.1), which revealed that nursing students mirror their instructors' attitudes as a result of identifying them as role models and their demonstrations, expectations and support. There is also a connection to the conceptual framework that guided the study, which can be seen

in Appendix A. This framework led me to surmise that through a process of identification with their clinical instructors who serve as positive role models, nursing students observe and eventually emulate the attitudes of their instructors.

Instructors were indicated as strong role models for students in the findings of research question three. This relates closely to the findings of Campbell et al.'s (1994) Canadian study of student socialization into nursing. They reported that nursing instructors were "outstanding" role models for students (Campbell et al., 1994). Consistent findings were also noted in Bidwell and Brasler's (1989) literature review of role modeling and mentoring in nursing education, whereby instructors were recognized as powerful role models for their students. Similarly, instructors were also defined as role models for students in Cozort's (2008) literature review of student nurses' attitudes towards older adults.

The findings of the third research question also indicated that nursing instructors were identified as strong role models for their students through demonstrations of therapeutic communication, positive attitudes, compassion, enthusiasm, and critical thinking. Similar findings were discovered in Campbell et al.'s (1994) study, as students noted that instructors demonstrated good communication skills, positive attitudes, caring and excitement. In her grounded theory study of clinical role modeling, which was conducted in Australia, Davies (1993) also reported that students perceived that their instructors possessed both positive attitudes and a caring demeanour. In their ethnographic study conducted in the United States, Twibell, Ryan, and Hermiz (2005) similarly reported the impact of instructors' demonstrations of critical thinking. They described that the clinical instructor was "an important factor in shaping students' ability to think critically" (Twibell et al., 2005, p. 75).

In addition, it was revealed in the findings of research question three that as role models for students, instructors emphasized the importance of showing respect, being thorough with care and spending time with residents. Davies (1993) supported these findings in her study, as students described role models as those that showed respect for clients, provided holistic and expert nursing care, and those that took a personal interest in the client and spent time with them.

Findings of the third research question also indicated that instructors were supportive role models for students by fostering their confidence, helping them to enhance their knowledge, providing feedback and creating a secure environment. This is consistent with the findings of Campbell et al.'s (1994) study, whereby students reported that instructors fostered students' confidence. In an interpretive qualitative study that was conducted in Canada, Gillespie (2002) noted similar findings that instructors were open with sharing their knowledge and experiences with students, provided valuable feedback, and created an environment where students felt supported. Campbell et al. (1994) also noted that instructors created a safe environment where students felt supported.

Instructors were also identified as positive role models for their students in the findings of research question three. This was due to students observing that their instructors possessed highly positive attitudes towards older adults and that they thoroughly enjoyed working with this population. Nursing students also recognized their clinical instructors as positive role models in Davies' (1993) study.

Furthermore, the findings of the third research question indicated that as a result of instructors being positive and strong role models through demonstrations, expectations and support, students mirrored their positive attitudes towards older adults. In the literature review by Bidwell and Brasler (1989), they reported that students recognize that

their clinical instructors are effective role models and that they are the ideal to emulate. Consistent findings were also discovered by Campbell et al. (1994), who indicated that students felt that clinical instructors played a major role in shaping their attitudes and attempted to emulate the attitudes of instructors who were seen as role models. This further highlights the capacity of instructors to influence a positive shift in students' attitudes.

Specific areas of students' attitude shift. The findings of the first research question also showed that there were nine statements on Holroyd et al.'s (2009) scale where nursing student attitudes became significantly more positive. These statements can be combined into eight specific areas where there was a positive shift in students' attitudes towards older adults, as seen in the table below:

Table 5.1: Holroyd et al.'s (2009) Statements Combined into Areas of Positive Shift in Attitudes

Scale Statement	Areas of Positive Shift in Attitudes
5. I feel most old people get set in their ways and are unable to change.	Many older adults are not resistant to change
8. I feel most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.	Many older adults prefer not to be dependent on others
12. I feel people grow wiser with the coming of old age.	Many older adults become wiser with age
16. I feel most old people are very relaxing to be with.	Many older adults are relaxing to be around
20. I feel most old people tend to keep to themselves and give advice only when asked.	Many older adults tend to keep to themselves
24. I feel you can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.	Many older adults contribute to a neighbourhood
31. I feel most old people are constantly complaining about the behavior of the younger generation.	Many older adults seldom complain about others
32. I feel one seldom hears old people complaining about the behavior of the younger generation.	Many older adults seldom complain about others
34. I feel most old people need no more love and assurance than anyone else.	Many older adults do not require special reassurance

The findings highlighted in this table may be further elucidated by the findings of instructors' demonstrations, expectations and support, which were revealed in the qualitative findings that were generated through research question three. The following discussion notes each of the eight specific areas and provides examples from the instructor and student interviews to support the connections.

The first specific area where nursing student attitudes became more positive was on the belief that many older adults are not resistant to change. Instructors' demonstrations of enthusiasm towards older adults may have been one of the factors that contributed to this shift. Students noted that their instructors showed enthusiasm by actively engaging with residents and that several of the residents were very receptive to this interaction. A student shared an example of how residents would "laugh or smile" as a result of interactions with her instructor. Observations such as this may have revealed to students how open several of the residents were to new people that were outside of their normal routine and that as a result, older adults vary in their resistance to changes in their routine.

The view that many older adults would rather not be dependent on anyone was another area where students' attitudes became more positive. One of the factors that may have guided this change was instructors' emphasizing the importance of providing thorough care. This allowed students the opportunity to provide personal care to several of the residents and understand how the residents responded to being dependent on them for assistance. One student commented on how "self-conscious" some of the residents were about needing help with personal care. As a result of comparable experiences, students may have recognized that many older adults do not prefer being dependent on others for assistance.

One other area where students' attitudes became more positive was perceiving that many older adults become wiser with age. Instructors prompting students to spend time with the residents may have been one of the factors that facilitated this shift. Encouragement by instructors allowed students to spend more time interacting with several of the residents, which gave them the chance to learn about their life experiences.

For example, a student said that: “To actually have that opportunity to talk with them [residents]...I just feel like they are so wise.” Similar interactions may have allowed students to have a greater awareness of the wisdom that many older adults possess as a result of their various life experiences.

Viewing many older adults as relaxing to be around was also an area where students’ attitudes became more positive. One of the factors that may have influenced this change was instructors supporting students to increase their confidence. Instructors noted that students required support from them because they were initially hesitant of interacting with several of the residents. As a result of this support, instructors commented that students appeared more comfortable with the residents. An instructor shared that the “support I can provide for them [students]...it made them more comfortable.” Additional instances of instructor support may have helped students to feel less anxious which may have allowed them to perceive that being around older adults could be relaxing.

The perception that many older adults tend to keep to themselves was another area where students’ attitudes became more positive. Demonstrations of critical thinking by instructors may have been one of the factors that guided this shift. Instructors showed critical thinking by encouraging students to inquire on a deeper level during interactions with residents. One instructor spoke of an example of how she encouraged her students to “talk to them [residents] and try and figure out what’s going on.” Similar prompting by instructors may have allowed students to understand that older adults differ in how reserved they are and that inquiring on a deeper level may be necessary at times.

In addition, another area where students’ attitudes became more positive was considering that many older adults have the ability to contribute to a nice residential

neighbourhood. Instructors finding opportunities for students to diversify their knowledge may have been one of the factors that facilitated this shift. One way that instructors expanded students' knowledge was to organize presentations for students by different nursing departments. For instance, an instructor shared that she arranged for a presentation by home care which allowed her students to learn about various supports available for older adults living in their homes. The instructor further explained that her students also recognized "that there is another side and most people will be able to stay in their own home." Experiences such as this may have helped to show students that many older adults have the support to function well in their homes and they can vary in their ability to contribute to making the neighborhood a nice place to live.

The perception that many older adults seldom complain about others was also an area where students' attitudes became more positive. Student encouragement by instructors to spend time with older adults may have been one of the factors that guided this shift. Instructors prompted students to spend time with residents to learn about their preferences. A student talked about her instructor prompting her clinical group to "try to just find out what they [residents] like and what they don't like." Additional encouragement by instructors to interact with residents may have allowed students to realize that older adults differ in the complaints that they share about other people.

Viewing many older adults as requiring no special reassurance compared to other people was the final specific area where students' attitudes became more positive. One of the factors that may have contributed to this change was instructors' expectations that students show residents respect. Instructors emphasized to students the importance of respect by treating the residents like they are no different than anybody else. For example, one student shared that her instructor explained that "you don't treat them [residents] any

different.” Expectations of instructors that are consistent with this may have assisted students to view older adults as similar to other age groups and subsequently, not requiring any more or less reassurance.

It is important to note that the specific areas in which there was a shift in students’ attitudes may be different depending on the group of students studied. There may be varying factors for other groups of students that influence a shift in their attitudes, such as: participant demographics, personal experiences with older adults in the clinical setting, and clinical instructors’ perceptions and behaviours. It is also a possibility that the specific areas of attitude shift of the students in this study lend themselves to be more enhanced by participants who initially possessed positive attitudes.

However, discussing these eight areas of a positive shift in attitudes highlights the manner in which students’ attitudes in this study may have been specifically influenced by instructors’ demonstrations, expectations and support. This further supports the research findings of the relationship between instructors’ and students’ attitudes, and the ability of instructors to facilitate a positive shift in students’ attitudes.

Implications for Nursing Education and Practice

I believe that the findings generated in this study provide insights for nurse educators who are responsible for curriculum development and clinical placements for students. The first insight this study offers is that clinical rotations in settings where primarily older adults are cared for have the capacity to facilitate a positive shift in nursing students’ attitudes towards older adults. Examples of these settings are long term care homes, assisted living facilities and geriatric assessment units. Traditionally, these facilities have been used for nursing students’ first clinical rotation because they are seen as conducive to the development of students’ communication, personal care and

assessment skills. However, this study provides awareness that in addition to being advantageous for the development of skills, these settings also have the potential to support a positive shift in students' attitudes towards older adults. Thus, based on the findings of this study, a recommendation to nursing education administrators would be to consider such locations for clinical placements of nursing students.

Another insight this study offers is the impact of clinical instructors' positive attitudes on fostering a positive shift in students' attitudes towards older adults. Findings from this study highlighted the strong connection between instructors' and students' attitudes, which reveals the importance of having clinical instructors who demonstrate highly positive attitudes towards older adults. This may reinforce to current clinical instructors the implications of showing their positive attitudes to students. In addition, it may provide insights to those in administrative positions with nursing programs as to the significance of supporting the positive attitudes that current clinical instructors possess. For instance, these attitudes could be enriched by encouraging instructors to attend professional development activities that focus on promoting quality care for older adults and gerontological nursing. Cozort (2008) suggested that faculty retreats that include gerontological topics have the potential to enhance faculty attitudes towards older adults.

This study also presents insight into strategies that clinical instructors employ to enhance the positive attitudes of their nursing students towards older adults. Study findings indicated that instructors influence students' attitudes through demonstrations, expectations and support. This may provide clinical instructors with a greater understanding of specific strategies they can utilize in these three areas to facilitate a positive shift in their students' attitudes. Examples of these strategies may include: displaying consistent compassion towards clients (demonstrations), encouraging a

thorough approach to assisting clients with personal care (expectations), and fostering students' confidence through instructors' presence during initial interactions with clients (support).

Furthermore, the findings generated in this study lead to important implications for nursing practice. Findings of the study highlight the impact of geriatric clinical placements with clinical instructors that have highly positive attitudes on fostering a positive shift in nursing students' attitudes towards older adults. This suggests that entering into nursing practice as an RN, new nurses may possess positive attitudes which were cultivated during their nursing education. Previous literature suggests that nurses' attitudes towards older adults impacts the quality of care that they provide (Courtney et al., 2000; Marshall, 2010; Williams et al., 2007). Thus, in order to ensure that a high quality of care is provided to older adults, it is imperative that positive attitudes of nursing students are retained beyond their education (Courtney et al., 2000). Leaders of health care facilities need to invest in supports that promote positive attitudes towards older adults amongst new nurses. One example of such a support that could be used to nurture these positive attitudes is to assign new nurses with a mentor who has both gerontology experience and a passion towards caring for older adults. This is further reinforced by Bidwell and Brasler (1989) who noted that patients receive higher quality care when a new nurse is mentored by a more experienced nurse.

Limitations of the Research Study

I would like to acknowledge that there were some limitations of this research study. One limitation that can be identified is the nature of the scale that was used to measure nursing students' and clinical instructors' attitudes towards older adults. The scale measures a change in attitudes with items that describe a range of negative to positive

stereotypes of older adults. This can be seen as a limitation because it may promote that the ideal perception to have towards older adults is positive stereotypes. However, portraying older adults with positive stereotypes can be detrimental as it does not recognize the uniqueness of each individual.

Another limitation is that the study was conducted in a single educational institution in one geographical area. Thus, the findings of the study may be limited in their ability to be representative of educational institutions in other geographical areas.

An additional limitation is that the majority of the students who participated in the questionnaires were Caucasian and less than 25 years old. The majority of the instructors who participated in the questionnaires and the instructors and students who participated in the interviews were also Caucasian. Thus, the generalizability of the quantitative findings and the transferability of the qualitative findings to a more diverse population may be impacted. This can be viewed as a limitation because age and ethnicity may impact an individual's perceptions towards older adults.

The students also participated in the pre- and post-test questionnaire in a relatively short time period of 6 weeks, which may have introduced a testing bias. This can be seen as an additional limitation because it may have made students more aware of their attitudes and subsequently, may have contributed to an improvement in attitudinal scores.

A further limitation of the quantitative findings is that improvement in attitudes may have been facilitated by factors other than instructors' attitudes in the clinical setting, such as other health care providers modelling positive attitudes. The improvement in attitudes may also have been enhanced by theory instructors' attitudes or other factors outside the clinical setting.

Finally, an additional limitation is the use of convenience sampling to recruit participants for interviews. Participants who volunteered may have been more interested in the research topic and consequently more articulate in sharing their perceptions towards older adults. Although there were inherent limitations to this research study, numerous steps were taken to ensure rigour and the quality of the research findings.

Recommendations for Further Research

During data analysis, I recognized that the current data set could be used to explore additional research questions. One area that could be examined in greater detail is a description of the attitudes that students possess towards older adults and how they are related to one another. A factor analysis could be conducted with the quantitative data to explore the patterns and structure of student attitudes. The factors that are discovered could then be compared to the qualitative data, which would further illuminate student attitudes and the manner in which they are inter-connected.

Due to the limitations of the scale used for this current study, it may be beneficial in future research to investigate the possibility of developing a new attitudinal scale that measures nurses' and nursing students' attitudes without portraying stereotypes. In reviewing the scales used by previous research studies that could be located, it was apparent that they also described older adults with varying degrees of stereotypes (Rosencranz & McNevin, 1969; McLafferty, 2005; Tuckman & Lorge, 1953). This new scale could include some items that describe older adults in terms of their diversity and individuality.

Also due to one of the limitations of this current study, in future research it may also be of interest to explore the attitudes of nursing students enrolled in a two year Bachelor of Nursing After Degree Program (BNAD) program. These students have

completed at a minimum a baccalaureate degree in a variety of fields prior to enrolling in the nursing program. Thus, they likely have wide-ranging educational backgrounds. Also, it may be possible that they are more variable in age and have differing experience with older adults. This may allow the opportunity to develop a greater understanding of the attitudes of students with more diverse backgrounds. In addition, it may provide increased understanding of how age, experience with older adults and previous education impact attitudes towards older adults. These attitudes of BNAD students could then be compared to the attitudes of the students in this current study to see if there are any significant variations between them.

It may also be beneficial to conduct future research that studies the connection between nursing student attitudes towards older adults and career preferences. Previous literature has suggested that choosing a career in geriatrics is unpopular among nursing students and that there is a link between nursing students' career choices and attitudes (Cooper & Coleman, 2001; Damron-Rodriguez et al., 1998; Happell & Brooker, 2001; Henderson et al., 2008; King et al., 2013; Jansen & Morse, 2004; McKinlay & Cowan, 2003; Ryan & McCauley, 2004; Schigelone, 2003; Swanland & Kujath, 2012, Wray & McCall, 2007). In this current study, nursing student attitudes towards older adults were predominantly positive. However, an in-depth investigation of career preferences was not completed. Additional research would be beneficial to discover if students with positive attitudes towards older adults were more likely to choose a career in geriatrics.

In future research it may also be of interest to examine the attitudes of nursing students who complete clinical experiences with older adults in a community setting. One such experience may be providing health education to older adults that attend activities at a senior citizens' centre. The older adults in this setting may have a higher level of

functional independence than those located in care facilities. Aud, Bostick, Dorman Marek, and McDaniel (2006) and Fox and Wold (1996) suggest that clinical experiences with older adults in the community setting have the potential to positively enhance nursing students' attitudes towards older adults. This further research may allow for an increased understanding of how varying clinical experiences impact students' attitudes towards older adults. A comparison between the attitudes of nursing students who had clinical experiences in a community setting and the attitudes of students in this current study could also be completed.

Plans for Research Dissemination

This thesis can be viewed as one method of disseminating the findings generated in this research. However, I intend to participate in other dissemination activities. The first activity will be to share a summary of the research results at meetings for nursing faculty and students at the University of Lethbridge and Lethbridge College. I also intend to disseminate the research findings at relevant professional and scholarly conferences. A specific conference that I anticipate sharing research results at would be a future *Western & North Western Regional Canadian Association of Schools of Nursing* conference. I also plan to submit the findings of this research to scholarly, peer-reviewed journals for potential publication. Examples of journals that may be suitable for publishing are the *Journal of Nursing Education*, *Nurse Education Today*, *Educational Gerontology*, and *Gerontology & Geriatrics Education*.

Conclusion

With the continued increase in the age of Canada's population, it is inevitable that there will be a greater demand for health care services for older adults. The need for RNs to provide care to older adults will also intensify. There is a "window of opportunity" to

educate more nurses and recruit them to geriatric nursing before older adults begin making their greatest demands for health care services (Canadian Priorities Agenda, 2008). Nursing faculty play a key role in ensuring that they educate future nurses who possess the ability to provide high quality care to the increasing proportion of older adults (Koh, 2011; Singleton-Eymard & Hutto-Douglas, 2012). Current literature suggests that attitudes towards older adults impact the quality of care that nurses provide (Courtney et al., 2000; Marshall, 2010; Williams et al., 2007). This highlights the importance of fostering positive attitudes during nursing students' education. Literature also suggests that nursing students emulate the positive attitudes of their instructors (Bidwell & Brasler, 1989; Sheffler, 1998). However, there has been limited research in Canada that investigates nursing student attitudes towards older adults and what may influence a positive shift in these attitudes.

The purpose of this study was threefold: (1) to examine nursing student attitudes before and after their first clinical placement with older adults; (2) to determine if there is a relationship between clinical instructors' attitudes and those of nursing students; and (3) to explore if clinical instructors' attitudes influence student nurses' attitudes towards older adults. The study utilized a mixed methods approach. Holroyd et al.'s (2009) scale was distributed to nursing students prior to and after their first clinical placement. The questionnaire was also distributed to clinical instructors. Semi-structured interviews were conducted with clinical instructors and nursing students. Data analysis of quantitative data involved descriptive and inferential statistics. The qualitative data was analyzed using thematic analysis which led to the development of a conceptual model.

Findings of this study indicated that nursing students' attitudes became more positive near the end of their clinical placement and that there was a significant

relationship between nursing students' and instructors' attitudes. In addition, findings revealed that nursing instructors influence students' attitudes through being role models, providing demonstrations, expectations and support, and as a result, students emulate their instructors.

The significance of the findings generated by this exploratory research study is that it provides a greater understanding of the impact of clinical instructors' attitudes on fostering a positive shift in nursing student attitudes towards older adults. This research also highlights areas that could be investigated in future research. These insights may have the potential to improve the quality of care provided by future registered nurses to older adults and the ability of these nurses to meet the health care demands of Canada's aging population.

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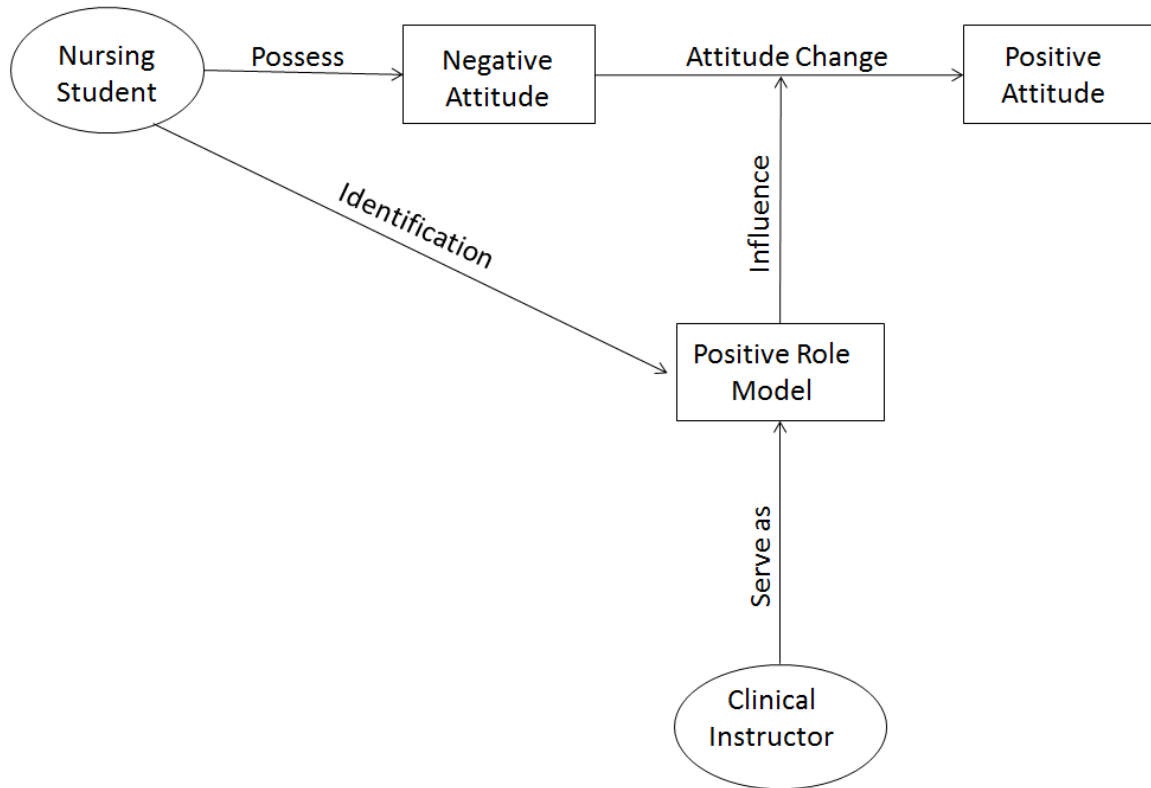
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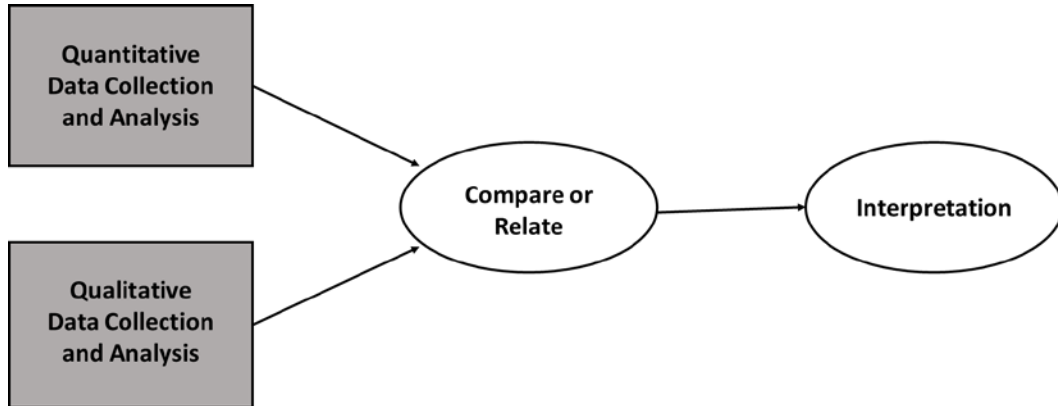
Appendix A

Conceptual Framework of Nursing Student Attitude Change towards Caring for Older Adults



Appendix B

Convergent Mixed Methods Design (Creswell & Clark, 2011, p. 69)



Appendix C

Letter of Access

Sheena Simpkins
Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, AB, T1K 3M4

Date

Associate Dean Nursing
Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, AB, T1K 3M4

Dear _____:

I am planning to conduct a research study entitled “clinical instructors’ and nursing students’ attitudes towards caring for older adults” as a component of a Master of Science in Nursing degree from the University of Lethbridge under the supervision of Dr. Judith Kulig.

Participation for nursing students will involve completion of a questionnaire before and after their first clinical rotation which will take approximately 30 minutes of their time. Nursing students will also be asked to participate in a single, face to face interview which will last approximately 30 minutes. Participation for clinical instructors will involve completion of a questionnaire after the nursing student’s first clinical rotation which will take approximately 15 minutes of their time. Clinical instructors will also be asked to participate in a single, face to face interview which will last approximately 30 minutes. I believe that conducting this mixed methods study is vitally important when one considers the aging of Canada’s population, which has resulted in an increased demand for highly skilled nurses to provide care to older adults. International research suggests that the nursing education programs face many challenges in educating nurses to care for older adults, as many nursing students exhibit a reluctance to work in the field of gerontology. There is also conflicting research as to whether nursing students possess positive or negative attitudes towards older adults. Unfortunately, there is limited research of this phenomenon from a Canadian perspective. Further research is needed in Canada to investigate student nurses’ attitudes towards older adults and what specifically influences these attitudes. Such research will help to ensure that future Registered nurses develop positive attitudes towards, and an interest in caring, for the elderly.

I hope that you will concur with the merits of this study, and I would like to request that you provide me with a letter of support for the study at your convenience.

Sincerely,
Sheena Simpkins, RN, BN

Appendix D

Consent Letter for Questionnaires (Student)

Dear Potential Research Participant:

You are being invited to participate in a research study of nursing instructors' and nursing students' attitudes towards caring for older adults.

This research will require approximately 30 minutes of your time and will include two activities: (1) completion of a questionnaire prior to your first clinical rotation, and (2) completion of a questionnaire after your clinical rotation.

You may not directly benefit from participation in this research. However, by participating in this research you may benefit others by helping to increase understanding of the nursing instructors' and nursing students' attitudes towards older adults. There are no anticipated harms that would result from participation in their research.

Many steps will be taken in this study to protect your anonymity and confidentiality. The questionnaire will be assigned a code and will not include any personal identifying information on it. Your participation in this research is completely voluntary. If you decide to complete the questionnaire you will receive a pen as a thank you for the time taken to participate. However, you may withdraw from the study at any time for any reason with no penalty. If you do this, all information from you will be destroyed, and you can still keep the pen. Participation or non-participation in this research study will have no impact on your grades.

The results from this study may be prepared as articles and published in professional journals read by nursing educators and health professionals, to assist them with their professional duties as educators and care providers. The results may also be presented in person to groups of educators or health professionals at professional conferences or workshops. At no time, however, will your name be used or any identifying information revealed.

If you wish to receive a copy of the results from this study, you may contact the researcher at the telephone number given below. If you require any information about this study, or would like to speak to the researcher, please contact Sheena Simpkins, RN, BN, at 403-329-2278 or sheena.simpkins@uleth.ca. You may also contact the researcher's supervisor Judith Kulig, RN, PhD, at 403-382-7119 or kulig@uleth.ca. If you have any other questions regarding your rights as a participant in this research, you may also contact the Office of Research Services at the University of Lethbridge at 403-329-2747 or research.services@uleth.ca.

I have read the above information regarding this research study on attitudes towards older adults, and consent to participate in this study.

(Printed Name)
(Signature)
(Date)

Are you interested in participating in a future interview that will be approximately 30 minutes in length to discuss your experiences working with older adults? YES NO

Appendix E

Consent Letter for Questionnaires (Clinical Instructor)

Dear Potential Research Participant:

You are being invited to participate in a research study of nursing students' and clinical instructors' attitudes towards caring for older adults. This research will include completion of a questionnaire that will take about 15 minutes.

You may not directly benefit from participation in this research. However, by participating in this research you may benefit others by helping to increase understanding of the nursing instructors' and nursing students' attitudes towards older adults. There are no anticipated harms that would result from participation in their research.

Many steps will be taken in this study to protect your anonymity and confidentiality. The questionnaire will be assigned a code and will not include any personal identifying information on it. Your participation in this research is completely voluntary. If you decide to complete the questionnaire you will receive a pen as a thank you for the time taken to participate. However, you may withdraw from the study at any time for any reason with no penalty. If you do this, all information from you will be destroyed, and you can still keep the pen. Participation or non-participation in this research study will have no impact on your employment.

The results from this study may be prepared as articles and published in professional journals read by nursing educators and health professionals, to assist them with their professional duties as educators and care providers. The results may also be presented in person to groups of educators or health professionals at professional conferences or workshops. At no time, however, will your name be used or any identifying information revealed.

If you wish to receive a copy of the results from this study, you may contact the researcher at the telephone number given below. If you require any information about this study, or would like to speak to the researcher, please contact Sheena Simpkins, RN, BN, at 403-329-2278 or sheena.simpkins@uleth.ca. You may also contact the researcher's supervisor Judith Kulig, RN, PhD, at 403-382-7119 or kulig@uleth.ca. If you have any other questions regarding your rights as a participant in this research, you may also contact the Office of Research Services at the University of Lethbridge at 403-329-2747 or research.services@uleth.ca.

I have read the above information regarding this research study on attitudes towards older adults, and consent to participate in this study.

_____ (Printed Name)
_____ (Signature)
_____ (Date)

Are you interested in participating in a future interview that will be approximately 30 minutes in length to discuss your experiences working with older adults while instructing nursing students during their first clinical rotation? YES NO

Appendix F

Consent Letter for Interviews

Dear Potential Research Participant:

You are being invited to participate in a research study of nursing students' and clinical instructors' attitudes towards caring for older adults. This research will include participating in an interview will take approximately 30 minutes to complete.

You may not directly benefit from participation in this research. However, by participating in this research you may benefit others by helping to increase understanding of nursing students' and clinical instructors' attitudes towards older adults. There are no anticipated harms that would result from participation in their research.

Many steps will be taken in this study to protect your anonymity and confidentiality. The questionnaire will be assigned a code and will not include any personal identifying information on it. Your participation in this research is completely voluntary. Your participation in this research is completely voluntary. If you decide to participate in the interview, you will receive a \$10.00 gift card as a thank you for the time taken to participate. However, you may withdraw from the study at any time for any reason with no penalty. If you do this, all information from you will be destroyed, and you can still keep the \$10.00 gift card. Participation or non-participation in this research study will have no impact on your (*insert grades or employment*).

The results from this study may be prepared as articles and published in professional journals read by nursing educators and health professionals, to assist them with their professional duties as educators and care providers. The results may also be presented in person to groups of educators or health professionals at professional conferences or workshops. At no time, however, will your name be used or any identifying information revealed.

If you wish to receive a copy of the results from this study, you may contact the researcher at the telephone number given below. If you require any information about this study, or would like to speak to the researcher, please contact Sheena Simpkins, RN, BN, at 403-329-2278 or sheena.simpkins@uleth.ca. You may also contact the researcher's supervisor Judith Kulig, RN, PhD, at 403-382-7119 or kulig@uleth.ca. If you have any other questions regarding your rights as a participant in this research, you may also contact the Office of Research Services at the University of Lethbridge at 403-329-2747 or research.services@uleth.ca.

I have read the above information regarding this research study on attitudes towards older adults, and consent to participate in this study.

_____ (Printed Name)
_____ (Signature)
_____ (Date)

Appendix G

Holroyd et al.'s (2009) Attitudes Toward the Elderly Scale

Key: Strongly Agree= SA; Agree=A; Neither Agree nor Disagree =?; Disagree= D; Strongly Disagree= SD

1. I feel it would probably be better if most old people lived in residential units with people of their own age.	SA	A	?	D	SD
2. I feel it would probably be better if most old people lived in residential units that also housed younger people.	SA	A	?	D	SD
3. I feel there is something different about most old people; it's hard to figure out what makes them tick.	SA	A	?	D	SD
4. I feel most old people are really no different from anybody else; they're as easy to understand as younger people.	SA	A	?	D	SD
5. I feel most old people get set in their ways and are unable to change.	SA	A	?	D	SD
6. I feel most old people are capable of new adjustments when the situation demands it.	SA	A	?	D	SD
7. I feel most old people would prefer to quit work as soon as pensions or their children can support them.	SA	A	?	D	SD
8. I feel most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.	SA	A	?	D	SD

9. I feel most old people tend to let their homes become shabby and unattractive.	SA	A	?	D	SD
10. I feel most old people can generally be counted on to maintain a clean, attractive home.	SA	A	?	D	SD
11. I feel it is foolish to claim that wisdom comes with old age.	SA	A	?	D	SD
12. I feel people grow wiser with the coming of old age.	SA	A	?	D	SD
13. I feel old people have too much power in business and politics.	SA	A	?	D	SD
14. I feel most old people should have more power in business and politics.	SA	A	?	D	SD
15. I feel most old people make one feel ill at ease.	SA	A	?	D	SD
16. I feel most old people are very relaxing to be with.	SA	A	?	D	SD
17. I feel most old people bore others by their insistence on talking about the “good old days.”	SA	A	?	D	SD
18. I feel one of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.	SA	A	?	D	SD
19. I feel most old people spend too much time prying into the affairs of others and giving unsought advice.	SA	A	?	D	SD

20. I feel most old people tend to keep to themselves and give advice only when asked.	SA	A	?	D	SD
21. I feel if old people expect to be liked, their first step is to try to get rid of their irritating faults.	SA	A	?	D	SD
22. I feel when you think about it, old people have the same faults as anybody else.	SA	A	?	D	SD
23. I feel in order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.	SA	A	?	D	SD
24. I feel you can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.	SA	A	?	D	SD
25. I feel there are a few exceptions, but in general most old people are pretty much alike.	SA	A	?	D	SD
26. I feel it is evident that most old people are very different from one another.	SA	A	?	D	SD
27. I feel most old people should be more concerned with their personal appearance; they're too untidy.	SA	A	?	D	SD
28. I feel most old people seem to be quite clean and neat in their personal appearance.	SA	A	?	D	SD
29. I feel most old people are irritable, grouchy, and unpleasant.	SA	A	?	D	SD

30. I feel most old people are cheerful, agreeable, and good humored.	SA	A	?	D	SD
31. I feel most old people are constantly complaining about the behavior of the younger generation.	SA	A	?	D	SD
32. I feel one seldom hears old people complaining about the behavior of the younger generation.	SA	A	?	D	SD
33. I feel most old people make excessive demands for love and reassurance.	SA	A	?	D	SD
34. I feel most old people need no more love and assurance than anyone else.	SA	A	?	D	SD

Appendix H

Student Demographic Information Sheet

Please check only **ONE** circle.

1. Age:
 - less than 20
 - 21-25
 - 26-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - over 50

2. Gender:
 - Male
 - Female

3. What is your ethnicity?
 - Caucasian
 - Aboriginal
 - Asian
 - Other: _____

4. What best describes your highest educational background?
 - High school
 - Some post-secondary courses
 - Post-secondary diploma or certificate in health related field
 - Post-secondary diploma or certificate in field other than health care
 - Baccalaureate degree in health related field
 - Baccalaureate degree in another discipline
 - Graduate degree

5. Identify where the majority of your previous work or volunteer experience occurred:
 - Hospitality
 - Health care
 - Retail
 - Office/clerical
 - Other: _____

6. Do you currently work?
 - Yes, work part time/casual
 - Yes, work full time during school year
 - No

7. Which best describes your current employment:
- Do not work
 - Health care
 - Hospitality sector
 - Retail
 - Office/clerical
 - Other: _____
8. Which best describes the majority of your experience(s) with older adults (over 65 years of age):
- No experience
 - Had a relationship with but did not live with
 - Lived with
 - Cared for in my home
 - Cared for in their home
 - Cared for in an institution

Appendix I

Instructor Demographic Information Sheet

Please check only **ONE** circle.

1. Age:
 - less than 20
 - 21-25
 - 26-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - over 50

2. Gender:
 - Male
 - Female

3. What is your ethnicity?
 - Caucasian
 - Aboriginal
 - Asian
 - Other: _____

4. What best describes your highest educational background?
 - High school
 - Some post-secondary courses
 - Post-secondary diploma or certificate in health related field
 - Post-secondary diploma or certificate in field other than health care
 - Baccalaureate degree in health related field
 - Baccalaureate degree in another discipline
 - Graduate degree

5. Which best describes the majority of your experience(s) with older adults (over 65 years of age):
 - No experience
 - Had a relationship with but did not live with
 - Lived with
 - Cared for in my home
 - Cared for in their home
 - Cared for in an institution

6. Other than your clinical instructor work, which best describes the majority of your current employment:
- Education
 - Health care
 - Other: _____
7. How many years of clinical and/or classroom teaching experience do you have?
- 0-5
 - 6-10
 - 11-15
 - 15 +

Appendix J

Guiding Questions for Interviews with Nursing Students

1. What were your thoughts when you heard that you would first work with older clients?
2. What are some examples of what you like about working with older clients?
3. Please share some examples of what you don't like about working with older clients.
4. Has your geriatric clinical placement changed your perceptions in any way towards nursing older adults in the future? How have your perceptions changed?
5. If your perceptions towards older adults have changed, what do you think has influenced this change?
6. What attitudes towards older adults have your instructors demonstrated during your clinical placement? Can you give me some specific examples—are these positive or negative?
7. Do you feel that your clinical instructor's attitudes towards older adults have influenced your own attitudes in any way? Please provide some examples.
8. How likely are you to consider or accept a position in caring for older adults?

Appendix K

Guiding Questions for Interviews with Clinical Instructors

1. Can you begin by telling me about your work as a Registered Nurse; in what context have you worked with older adults? How long have you worked with them?
2. What are some examples of what you like about working with older clients?
3. Please share some examples of what you don't like about working with older clients.
4. What attitudes towards older adults have your nursing students demonstrated during your clinical placement? Can you give me some specific examples—are these positive or negative?
5. Have you noticed a change in nursing student attitudes towards older clients? Can you give me some specific examples—are these changes positive or negative?
6. Do you feel that your own attitudes towards older adults influence your nursing students' attitudes in any way? Can you provide me with some examples?
7. Do you encourage students to consider working with older clients when they are registered nurses? Can you share some ways that are helpful to encourage them?

Appendix L

Oath of Confidentiality for Transcriptionist

In regards to my participation with the Master's thesis study, "Nursing Students' and Clinical Instructors' Attitudes towards Caring for Older Adults," I agree to respect the confidentiality of information that I receive through the audio taped interviews related to the study. The researcher has reviewed with me all the necessary measures to ensure the confidentiality of participants while I am acting in the capacity of transcriptionist, and I agree to abide by all such measures.

Name of Transcriptionist

Name of Witness

Signature

Signature

Date

Date

Appendix M

Phases of Thematic Analysis (Braun & Clark, 2006, p. 87)

Phase	Description of Process
1. Familiarizing yourself with your data.	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing the themes	Checking if themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic “map” of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names of each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back to the analysis of the research question and literature, producing a scholarly report of the analysis.
