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Spring 2018

The Effect of Poverty Simulation Participation on Attitudes Toward Children Living in Poverty for Baccalaureate Nursing Students

Amanda Moore

University of Akron, atm53@zips.uakron.edu

Leah Struhsaker

University of Akron, lks30@zips.uakron.edu

Kaylee Gutschow

University of Akron, kag97@zips.uakron.edu

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Moore, Amanda; Struhsaker, Leah; and Gutschow, Kaylee, "The Effect of Poverty Simulation Participation on Attitudes Toward Children Living in Poverty for Baccalaureate Nursing Students" (2018). *Honors Research Projects*. 707.

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The Effect of Poverty Simulation Participation on Attitudes Toward Children Living in Poverty
for Baccalaureate Nursing Students

Kaylee Gutschow, Amanda Moore, Leah Struhsaker

The University of Akron

Kaylee Gutschow, Amanda Moore, Leah Struhsaker, School of Nursing, The University of Akron. This paper is fulfillment for the Senior Honors Project. Honors Advisor: Chris Graor PhD., RN. Sponsored by Sheri Hartman PhD, APRN- CPNP.

The Effect of Poverty Simulation Participation on Attitudes Towards Children Living in Poverty
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Abstract

Poverty is a major issue in the United States. Because perceived discrimination can impact health and willingness to seek care, it is important for healthcare providers to be educated on and exposed to issues that poverty presents to individuals who are poor. The purpose of this study was to examine the effect of a poverty simulation on attitudes of undergraduate nursing students towards children living poverty. The study was guided by Albert Bandura's social learning theory and used a longitudinal, quasi-experimental design and convenience sampling of undergraduate nursing students enrolled in a community health nursing course. Attitudes were measured at the interval level as summed ordinal data utilizing a tool created by Yun and Weaver (2010) was modified for this study. (Yun & Weaver, 2010). Data was collected at the beginning and the end of a simulation on poverty. Independent sample t-tests were used to determine differences in pre- and post-test data. Analysis of results determined that there is no significant change on attitudes towards children living in poverty in undergraduate nursing students pre- and post- poverty simulation.

Introduction

Per the United States Census Bureau, in 2015 nearly 13.5% of the United States or 43.1 million Americans fell below the national poverty line, which is at or less than a \$24,250 annual income for a family of four. Of this number, nearly 14.5 million are children (Basic Statistics, 2016). Hunger and food insecurity, inability to secure stable housing, and lack of health insurance are just a few examples of the many issues experienced by those who live in poverty (Basic Statistics, 2016). This lack of resources for people who are poor adversely affects multiple areas of their life. These areas include their safety, physical and mental health, and education. These factors being affected represent health disparities, or differences in access to or availability of facilities and services, and overall negatively influence the population health (Fuller-Rowell, Evans, & Ong, 2012). Because poverty is so prevalent, healthcare providers of all specialties have a duty to be aware of poverty and the specific issues it presents to those who live below the poverty line. Healthcare professions students are the future providers who have the unique opportunity to combat current socioeconomic status-related health inequalities. There is a specific need for nursing students to be aware of these issues because awareness can improve patient outcomes, especially for children since good nursing care can help prevent the development of diseases beginning at a young age (Fuller-Rowell et al., 2012).

Healthcare professions' educators have used poverty simulations to increase students' knowledge and awareness of poverty's impact on everyday life with the aim to affect healthcare when students become providers (Patterson & Hulton, 2012; Todd, de Guzman & Zhang, 2011; Vandsburger, Duncan-Daston, Akerson & Dillon, 2010). Over the past ten years, much research has been done on the effect that poverty simulations have on perceptions of those living in poverty. Most researchers have focused on overall perceptions of people living in poverty; (Todd

et al., 2011) however, some have specifically studied perceptions of adults in poverty (Patterson & Hulton, 2012; Vandsburger et al., 2010). However, minimal research has been conducted that focuses on perceptions of health profession students toward children in poverty. Because there are so many children in the United States living in poverty, the gap in knowledge and need for research in this area was recognized.

Having taken the prior information into account, the purpose of this study was to determine baccalaureate nursing students attitudes towards children living in poverty through participation in a poverty simulation. The independent variable was poverty simulation participation and the dependent variable was the students' attitudes towards children in poverty. Previous research has shown that many students do hold negative perceptions of those living in poverty, which may affect the way that they care for patients in the future (Castillo & Becerra, 2012; Work, Hensel & Decker, 2015). With nursing students playing such a large role in the future of healthcare, long-term goals of the poverty simulation are to promote awareness of the specific challenges that those living in poverty may face, encourage empathy from health care providers, and increase the likelihood of equal care for those of all socioeconomic statuses. This study utilized a pre-test and post-test survey to collect data about attitudes towards children in poverty to answer the question: What effect does a poverty simulation have on attitudes towards children living in poverty for baccalaureate nursing students?

Review of Literature

Poverty and Health

Researchers have examined the relationship between socioeconomic status and health for decades and have consistently found strong positive correlations between the two—specifically, as socioeconomic status decreases, health decreases as well (Abernathy, Webster, & Vermeulen,

2002). Furthermore, Fuller-Rowell et al. (2012) found that perceived discrimination accounts for a significant portion of the association between poverty and poor health, which was measured as allostatic load, or the wear and tear on the body that is accumulated from being exposed to chronic stress. Discrimination, whether from healthcare professionals or the general population, is a chronic social-environmental stressor that over time detrimentally impacts physiological systems (Fuller-Rowell et al., 2012). While most researchers found positive correlations between poverty and health in relation to discrimination, research on how people develop their understandings of different social classes and form their perceptions and attitudes is needed. Research about interventions to decrease discrimination and promote equal treatment of those with lower socioeconomic status is also needed to help diminish social gradients in health care. Few researchers have studied poverty, discrimination, and the health of children, leaving not only a need for it, but also for further studies focused on means of advocating for equal treatment and education of future healthcare professionals to diminish negative perceptions in healthcare students and providers.

Effect of Education and Poverty Simulation on Perceptions

Researchers have found that when a person has a negative perception of the poor, it may be related to personal backgrounds, such as personal experiences, social class (Lengeju & Grant, 2013), culture, and geography (Diaz & da Costa, 2015). Gender also been shown to play a role in perception with males being more likely than females to perceive those in poverty negatively (Castillo & Becerra, 2012). Researchers have studied the effect of education on perceptions of people living in poverty and found that before education on poverty, students had negative perceptions about those living in poverty (Castillo & Becerra, 2012; Lengeju & Grant, 2013; Work et al., 2015). For some, perceptions were related to misconceptions about how people

come to be in a state of poverty (Work et al., 2015). For others, there were discrepancies about the work ethic of those who are poor (Diaz & da Costa, 2015). Whatever the issue may be, negative perceptions about those living in poverty may cause students to develop bias that can negatively affect their future care with clients (Castillo & Becerra, 2012; Work et al., 2015) and they should be addressed.

Researchers have studied educational efforts (or strategies) such as poverty simulations and while individual simulations may have differences, they remain similar in the fact that they all have the same goal of increasing knowledge and changing perceptions towards those living in poverty. Todd, et al. (2011), studied the effect of a poverty simulation on attitudes and beliefs in students at three different universities in the Midwestern United States. They used pre- and post-test questions to determine change and found better understanding of poverty and how people come to be in poverty following the simulation. Knowledge also increased of challenges for those living in poverty. In addition to perception changes, students also reported an increased motivation to help those who are poor (Todd et al., 2011).

Researchers have also studied the maintenance effects of poverty simulation on perceptions in students. Browne and Roll's (2016) study was different than others in its attempts to measure long-term effects of a poverty simulation. They used a poverty simulation with a pre-test and post-test immediately following the simulation, at 5 weeks following the simulation, and at 13 weeks following the simulation. They studied undergraduate students enrolled in a general education course and their attitudes towards those in poverty, awareness of the issues poverty presents and interest in assisting those in need. They found that the simulation impacted attitudes, awareness and interest in civic action initially but they found no effect on students'

attitudes, awareness and interest at 5 or 13 weeks. It should be noted that this study did not control for student's prior involvement with those in poverty (Browne & Roll, 2016).

Perceptions of Poverty and Education in Nursing Students

When researchers have studied nursing students, they have found negative perceptions of impoverished people among future healthcare providers. For example, Work et al. (2015) studied Bachelor of Science in Nursing candidate students in their second and fourth years at two Midwestern universities and found that these students agreed that they would be likely to distance themselves from those living in poverty by avoiding caring for them whenever possible. They also found that it was a common perception in nursing students that people who are living in poverty are in this situation because of their own poor life choices. Many of these students also responded that they believed that parents who are living in poverty are not as involved in their children's lives as those parents who are not (Work et al., 2015). Reutter, Sword, Meagher-Stewart and Rideout (2004) studied nursing students from all levels at three Canadian universities and found neutral or slightly positive perceptions toward the poor. Students in this study, however, responded as an overwhelming majority that there was very little emphasis on poverty in their respective undergraduate nursing programs and that they believed that including it in their education would be beneficial.

Patterson and Hulton (2012) examined the effect of a poverty simulation in nursing students using the pre- and post-test design. They found that simulation participation positively affected perceptions of those living in poverty. However, their study failed to observe specific factors relating to healthcare. Vandsburger et al. (2010) performed a similar study with students in a variety of health professions' majors including nursing. They found no effect of the simulation on beliefs about how people came to be in poverty, but did find changes in attitudes

towards those in poverty as well as changes in how these students felt they could further relate themselves to people in poverty (Vandsburger et al., 2010). More information regarding the literature reviewed for this study can be found in Appendix D.

Theoretical Framework

A theory that supported and guided this research was Albert Bandura's social learning theory. Per the social learning theory, new patterns of behavior can be acquired through direct experience or by observing the behavior of others (Bandura, 1971). Bandura saw that people tend to learn best through direct experience and observation that includes rewarding and punishing consequences. While he found that these consequences can shape behavior, he determined that learning can become too laborious and hazardous on this basis (Bandura, 1971). Because of this, Bandura explored the idea of learning through modeling. Per Bandura, modeling occurs best when motivated learners are provided with an example and their imitative behavior is positively reinforced (Bandura, 1971). He found that modeling produces good results when it comes to learning outcomes without the actual consequences of performing the tasks or behaviors. Bandura also concluded that learning is not purely a behavioral process but a cognitive process that takes place best in social contexts and while he found that reinforcement supports learning, he also found that it is not entirely responsible for learning. A person's behavior and the social environment also have major influences, an idea Bandura called reciprocal determinism (Bandura, 1971). A model of reciprocal determinism and the social cognitive theory can be found in Appendix C.

Bandura's social learning theory was used to frame this research because a poverty simulation is an excellent example of modeling as a means of learning. While the aim of this research was to ultimately study the effect that a poverty simulation had on attitudes specifically

towards children living in poverty, previous studies have already shown that poverty simulations positively affect general attitudes towards the poor. When college students are exposed to poverty in the form of a simulation, their attitudes about those living in poverty tended to change from what they were prior to completing the simulation (Patterson & Hulton, 2012; Todd et al., 2011; Vandsburger et al., 2010). Because of this, it was expected that attitudes of the subjects in this study would change in some way from the pre-test to the post-test based upon what Bandura proposed about modeling.

Methods

Design

The design used for this study was a pre-and post- test with a simulation between the two surveys. The study was quasi-experimental because the dependent variable, attitudes of nursing students towards children living poverty, was manipulated through poverty simulation but no control group or random assignment was used. This study was considered longitudinal because data was collected in both the first and second spring semester 8-week community health nursing rotations, surveying subjects before and after they completed the poverty simulation. The simulation was originally created by nursing faculty to challenge perceptions that nursing students have of those living in poverty, and with the faculty's permission, this study focused on the students' perceptions toward children in poverty. The proposal for this study was submitted to the IRB in January of 2017.

Setting and Sample

The setting for this study was a large, urban, public university in the Midwestern United States. In the fall semester of 2016, the student body population consisted of 23,152 students (Enrollment Data, 2016). At the time, the school of nursing consisted of three classes of

approximately 150 traditional BSN students each, which did not include LPN to BSN, RN to BSN and accelerated BSN students (Enrollment Data, 2016).

The sample was 80 senior-level baccalaureate nursing students. Convenience sampling was used. Senior level BSN students at this university undergo two course rotations per semester, each with its own clinical rotation. Approximately fifty students are enrolled in the community health nursing course for each eight-week rotation, making the target population approximately 100 students. Inclusion criteria included: being at least 18 years of age. Exclusion criteria included: being less than 18 years of age and retaking the community health nursing course. No subjects were excluded on the basis of race/ethnicity or gender.

Sampling and Data Collection Procedures

Prior to the simulation, the researchers visited the community health nursing class at the beginning of each 8- week rotation. They described the study in detail to the students and handed out a paper and pencil questionnaire. The researchers also distributed a consent form with the study questionnaire. A copy of the consent form can be found in Appendix A. The voluntary nature of the questionnaire was explained as well the fact that participation would have no impact on students' grades or status in the class. The students were given time in class to complete the questionnaire after the researchers had described the research procedures, what was expected of subjects, time burden and their rights as human subjects. Participants were then encouraged to complete the questionnaire from start to finish, however, it was made clear that they could choose to stop completing the questionnaire at any time. Collection of questionnaires was not linked to subjects, maintaining anonymity. Data collection protocol was the same for the questionnaire given approximately one week after the simulation.

Measures

The study tool was a 20-item questionnaire with each question measuring one dependent variable of attitudes towards children in poverty. Participants were able to respond on a 5-point Likert scale the extent of agreement and disagreement with various statements about children in poverty. The original survey tool *Attitudes Towards Poverty Short Form* was created by Yun and Weaver (2010). No tools were found that explored perceptions of health professional attitudes toward children living in poverty, so the researchers modified this tool to target subjects' perceptions of children. Ratings of the 20-items were summed to measure perceptions toward children with a possible range of 20 to 100. The tool had face validity, meaning that it effectively produced effective results in terms of its stated aims to gauge perceptions. Inter-item reliability was calculated based on the sample of the study. Demographic data was also measured with this tool. Demographic data in this case included age, gender, race, if the subject had ever had experience with poverty and if so to what degree. A copy of the tool can be found in Appendix B.

Data Analysis Plan

Once questionnaires were collected, the researchers uploaded the data into Qualtrics, a simple to use web-based survey tool to conduct survey research, evaluations and other data collection activities. Any questionnaires that were not fully completed were discarded without uploading the information. Only the researchers had access to the data that was uploaded and the data was stored on a password protected computer. Sponsors and course faculty did not have access to the data until subjects had completed the course and received a grade. Independent sample t-tests were completed to identify differences in pre- and post- questionnaire data. Data was destroyed upon completion of the study.

Results

A total of 80 students from the 2 spring 2017 community health nursing class rotations were involved in this research study. Of 80 students, 79 completed pre- and/or post-test data identifiable by the last 4 digits of their student identification number. Of these 79 students, 63 fully completed both pre- and post-test forms and these responses were included in the data analysis. Data was excluded from use in analysis if any answers in the pre- or post-test were unanswered and if a student only completed the pre-test or only completed the post-test. Data was entered and analyzed using the Statistical Package for the Social Sciences (SPSS) 25. A paired-sample t-test was conducted comparing the total pre-test attitudes towards children in poverty score and the total post-test attitudes towards children in poverty score. There was not a significant difference in the scores for the pre-test ($M = 42.02$, $SD = 4.910$) and post-test ($M = 41.70$, $SD = 5.214$); $t(62) = .758$, $p = .451$.

Further paired-sample t-tests were conducted comparing the results of each of the pre- and post-test questions across all 63 participants. Significant differences in pre- and post-test scores were found for the following questions: "Poor children are different from the rest of society" ($M = .302$, $SD = .835$); $t(62) = 2.865$, $p = .006$; "Poor children are loving" ($M = -0.159$, $SD = .515$); $t(62) = -2.449$, $p = .017$; "Poor children are caring" ($M = -0.159$, $SD = .515$); $t(62) = -2.449$, $p = .017$; "Most poor children are dirty" ($M = .175$, $SD = .661$); $t(62) = 2.097$, $p = .040$; "Children raised on welfare will never amount to anything" ($M = -0.190$, $SD = .618$); $t(62) = 2.445$, $p = .017$.

The researchers manually calculated statistics on the demographic portion of the study including the demographics from the 63 participants that had fully completed both pre- and post-test forms. Of all the participants, two (3%) were between the ages 18-20, 46 (73%) were ages 20-25, 8 (13%) were ages 26-30, and 7 (11%) were 31 years old or above. Fifty-one (81%) of the

participants were females and 12 (19%) were males. Fifty-seven (90%) of the participants were white, 1 (2%) was African American, 1 (2%) was Asian, 2 (3%) were Hispanic, and 2 (3%) were of another race.

Discussion

According to Sakind (2011), for a sample size of 62 participants using a significant p-value of 0.05 on a two tailed t-test, the critical value for t would have to be greater than 2.001 in order to reject the null hypothesis. If the calculated value for t is less than the critical value of 2.001 the null hypothesis is then the most attractive explanation for any observed differences because the data is not significant (Sakind, 2011). The t-value for the sum of total pre-test and post-test scores is 0.758, which is less than the significance value of 2.001, the null hypothesis was accepted showing that there is no significant difference between pre- and post-test attitudes. Based upon responses to questions 1, 2, 4, 5 and 8 (These were respectively: Poor children are different from the rest of society; Poor children are dishonest; Poor children are caring; Most poor children are dirty; Children raised on welfare will never amount to anything.), however, the null hypothesis was rejected as the t-values were 2.865, 2.449, 2.097 and 2.445 respectively indicating that for these specific responses, difference in pre- and post-test responses were significant.

Despite the slight significance on select responses, overall the data analysis shows that there is little to no difference between the attitudes of the baccalaureate students being studied before and after the poverty simulation. Per the literature review, these results were not unexpected. While Todd et al. (2011) found that there was significant positive change in the way students viewed those living in poverty after participating in simulation, the majority of the other studies reviewed did not find significant differences in pre- and post-test data (Browne & Roll,

2016; Patterson & Hulton, 2012; Vandsberger et al., 2010). Based upon Bandura's social learning theory, however, these results would be considered. Per the theory, modeling, as through poverty simulation, tends to be a successful means of achieving educational outcomes.

Conclusion

Overall there was a lack of significant change of perceptions from pre- to post- poverty simulation seen in baccalaureate nursing students. Limitations in this study included the majority of the participants being Caucasian, 20-25 year old and female. Additionally, having a very narrow target population may have skewed the data and limited results to show an insignificant change in perceptions throughout the simulation. The tool used to evaluate perceptions of students was not professionally modified and not tested for reliability or validity and may have lacked the requirements needed to properly evaluate the student's perceptions. The survey was given through paper and pencil requiring the data to be manually imputed which created more room for error upon finding results. These findings show that in order to change perceptions of nursing students more may be needed than a poverty simulation. Since the study showed a lack of significant change in perceptions, further studies should be done to find ways to successfully change inaccurate perceptions. Future studies may include allowing nursing students to experience poverty in a more natural setting in order to understand what it actually means to live in poverty and what barriers this population may face being in their position.

It is important for nursing students to have an accurate perception of the population they may be working with before they enter the workforce to be able to care for their patients in a better manner. Having an accurate understanding of the population being cared for allows for more sympathetic care and understanding as a nurse. This study emphasized the importance of evaluating the current perceptions held by nursing students and the need for future studies to

further address areas where perceptions are incorrect. Addressing these incorrect perceptions will allow strategies to be implemented aimed at increasing awareness which may result in better nursing care for those living in poverty in the future.

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Appendix A: Consent Form

The Effect of Poverty Simulation Participation on Attitudes Towards Children Living in Poverty for Baccalaureate Nursing Students

INFORMED CONSENT FORM FOR PARTICIPANTS

You are invited to participate in a study being conducted by students from the School of Nursing, The University of Akron, Akron, OH.

The project focuses on the effectiveness of a poverty simulation in helping health care professions students learn about and understand the experience of poverty in children.

If you decide to participate, you will be asked to complete a questionnaire two times. It should take about 10 minutes of your time to complete the questionnaire. **Completion and submission of this survey represents your consent to serve as a subject in this research.** Participation in the project is completely voluntary. If at any time you decide that you do not want to participate in the study, you may withdraw. There is no penalty or loss of benefits if you refuse or change your mind and do not want to continue in the study.

Your confidentiality will be protected throughout the study. You are being asked your last 3 numbers of your University of Akron student ID so that your pre-test and post-test can be compared accurately. All completed questionnaires will be kept confidential. The survey will be loaded into an electronic survey software program and the data will be stored in a password-protected computer. After all data is compiled, the surveys will be discarded in a secure shredder. All findings will be reported as aggregate data. You will not be identified in any report. A copy of research findings will be made available upon request.

If you have any questions about the research project, you may contact Amanda Moore at atm53@zips.uakron.edu, Kaylee Gutschow at kag97@zips.uakron.edu or Leah Struhsaker at lks30@zips.uakron.edu.

This research project has been reviewed and approved by The University of Akron Institutional Review Board for the Protection of Human Subjects. Questions about your rights as a research participant can be directed to Sharon McWhorter, Associate Director, Research Services, at 330-972-7666.

Thank you for your participation!

Amanda Moore, NSUA
The University of Akron, School of Nursing
209 Carroll St. Mary Gladwin Hall
Akron, OH 44325-3701

Title of Study: Nursing Students Perceptions of Children in Poverty

Introduction: You are invited to participate in a research project being conducted by Kaylee Gutschow, Leah Struhsaker, and Amanda Moore, nursing students in the College of Health Professions, School of Nursing at The University of Akron.

Purpose: The purpose of this project is to determine if the effect of poverty simulation on perceptions toward children living in poverty baccalaureate nursing students.

Procedures: If you volunteer to participate in this study, you will be asked to complete a short, paper survey about beliefs and perceptions towards children living in poverty. It will take less than 10 minutes to complete the survey. Additionally, you will be asked to give some information about your age, gender, ethnicity, and previous experience with those living in poverty. You will not be asked to give any identifying information at any time. You are eligible to participate in the study if you are enrolled in the traditional undergraduate nursing program, at least 18 years old, and it is the first time you are enrolled in the nursing of communities course. You are not eligible if you are an accelerated nursing student, a student in the RN/BSN, LPN/RN, in a graduate nursing program, or if you are retaking the course. No persons will be excluded based on gender, ethnicity, race, sexual orientation, marital status, or age as long as they are 18 years or older.

Benefits and Risks: You will receive no direct benefit from your participation in this study, but your participation may help us to change some negative perceptions that nursing students may have about children living in poverty, which thus as a result may improve their care given in a clinical setting in the future. There are some possible risks involved in completing the survey because you are asked to answer questions about personal information and beliefs. Although we

hope you respond to every item on the survey, whether or not whether you do is up to you.

Because no identifying information is collected in the survey and because survey distribution and submission occur anonymously, there is very minimal risk of participant identification. You will complete the survey with time that is given in class, and researchers will leave the room until all those who wish to participate have finished filling out their surveys. In case you feel the need to talk with a counselor and health care provider after completing this survey, please contact: (1)

The Counseling Center, Simmons Hall 306, Phone: 330-972-7082, Website:

<http://www.uakron.edu/counseling/> and/or (2) Student Health Services, Student Recreation and Wellness Center, Suite 260, Phone: 330-972-7808 Website:

<http://www.uakron.edu/healthservices/>

Right to refuse or withdraw: Participation is voluntary. Refusal to participate or withdraw from the study at any time will involve no penalty. Failure to participate in no way affects your academic standing or grade in the Nursing of Communities class.

Anonymous and Confidential Data Collection: No identifying information will be collected, and your anonymity is further protected by not asking you to sign and return the informed consent form.

Confidentiality of Records: Data are collected with an online survey. The survey will be loaded into Qualtrics, an electronic survey software program. This will be done by the researchers after all data is collected from the surveys, and the data will be stored in a password-protected computer. After all data is compiled, the surveys will be discarded in a secure shredder. Disconnecting participants from their surveys is also related to protection of human participants.

Who to Contact with Questions: If you have any questions about this study, you may contact Kaylee Gutschow (kag97@zips.uakron.edu), Leah Struhsaker (lks30@zips.uakron.edu), Amanda Moore (atm53@zips.uakron.edu), or Christine Heifner Graor, PhD (Advisor) at (330) 972-6422 or graor@uakron.edu. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

Acceptance & Signature: I have read the information and voluntarily agree to participate in this study. My completion and submission of this survey will serve as my consent. I may print a copy of this consent statement for future reference.

Appendix B

Age: 18-20 20-25 26-30 31 and up
Gender: Male Female
Race: White African American Asian Hispanic Other
Year in school: Junior Senior Other
Type of student: Traditional Accelerated LPN to BSN

Are You Taking N440: Nursing of Communities for a Second Time? Yes No
 If you answered yes to the above question, please do not complete the survey.

Accelerated Students Only:

Please state what your first college degree was? _____

How many years has it been since you graduated with your first degree?

< 1 year 1-2 years 3-5 years 6-10 years greater than 10 years

Experience:

Do you have experience with patients outside of clinicals (i.e. nurse tech, aid, nursing assistant)?

Yes No

If yes, please explain your experience.

Please identify the length of time that you have been working with patients outside of clinical.

<1 year 1-2 years 3-5 years 6 years or greater

Have you had a personal experience with poverty? Yes No

If yes (select all that apply): self family friend client

other: _____

If yes, please identify if your experience with poverty was as: child adult
both

What role did you play in the poverty simulation?

Child (6-11 year old) Adolescent (12-18 year old) Adult (19-59 year old) Older Adult
(60+)

Last three numbers of student ID: _____

**Attitudes Towards Children in Poverty
Pre-Test**

Please respond to the following items using the scale below based on how you feel about each statement.

SA = Strongly Agree **A** = Agree **D** = Disagree **SD** = Strongly Disagree

- | | | | | |
|---|----|---|---|----|
| 1. Poor children are different from the rest of society | SA | A | D | SD |
| 2. Poor children are loving | SA | A | D | SD |
| 3. Poor children are dishonest | SA | A | D | SD |
| 4. Poor children are caring | SA | A | D | SD |
| 5. Most poor children are dirty | SA | A | D | SD |
| 6. Most poor children act differently | SA | A | D | SD |
| 7. Poor children are kind | SA | A | D | SD |
| 8. Children raised on welfare will never amount to anything | SA | A | D | SD |
| 9. I believe that poor children develop a different set of values than other children | SA | A | D | SD |
| 10. Poor children generally have a lower intelligence than nonpoor children | SA | A | D | SD |
| 11. Poor children are aggressive | SA | A | D | SD |
| 12. Poor children steal | SA | A | D | SD |
| 13. Poor children live in broken homes | SA | A | D | SD |
| 14. Children that are poor are less prepared to succeed in school and in work | SA | A | D | SD |
| 15. Poor children often feel helpless | SA | A | D | SD |

16. Poor children have the same chance to succeed as any other child SA A D SD

17. Poor children are often exposed to things that are inappropriate for their
age SA A D SD

18. Poor children feel stuck in their situations SA A D SD

19. Poor children have parents that do not care about them SA A D SD

20. Children that are poor have to be more independent than those of a higher income
family SA A D SD

Last three numbers of student ID: _____

**Attitudes Towards Children in Poverty
Post-Test**

Please respond to the following items using the scale below based on how you feel about each statement.

SA = Strongly Agree **A** = Agree **D** = Disagree **SD** = Strongly Disagree

- | | | | | |
|---|----|---|---|----|
| 1. Poor children are different from the rest of society | SA | A | D | SD |
| 2. Poor children are loving | SA | A | D | SD |
| 3. Poor children are dishonest | SA | A | D | SD |
| 4. Poor children are caring | SA | A | D | SD |
| 5. Most poor children are dirty | SA | A | D | SD |
| 6. Most poor children act differently | SA | A | D | SD |
| 7. Poor children are kind | SA | A | D | SD |
| 8. Children raised on welfare will never amount to anything | SA | A | D | SD |
| 9. I believe that poor children develop a different set of values than other children | SA | A | D | SD |
| 10. Poor children generally have a lower intelligence than nonpoor children | SA | A | D | SD |
| 11. Poor children are aggressive | SA | A | D | SD |
| 12. Poor children steal | SA | A | D | SD |
| 13. Poor children live in broken homes | SA | A | D | SD |
| 14. Children that are poor are less prepared to succeed in school and in work | SA | A | D | SD |
| 15. Poor children often feel helpless | SA | A | D | SD |

16. Poor children have the same chance to succeed as any other child SA A D SD

17. Poor children are often exposed to things that are inappropriate for their
age SA A D SD

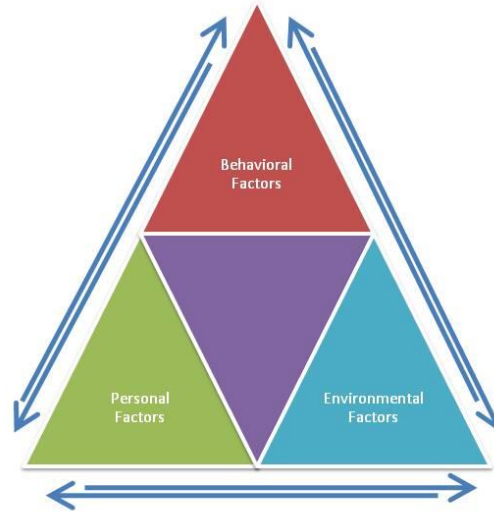
18. Poor children feel stuck in their situations SA A D SD

19. Poor children have parents that do not care about them SA A D SD

20. Children that are poor have to be more independent than those of a higher income
family SA A D SD

Appendix C: Model of Theory

Bandura's Triadic Reciprocal Determinism



(Redmond & Slaughenhou, 2016)

Appendix D: Review of Literature

<u>APA formatted reference</u>	<u>Purpose statement. Research Question</u>	<u>Theoretical Framework</u>	<u>Design of study. Site, Sampling Method, Sample Size</u>	<u>Variables and measurement tools</u>	<u>Findings, Conclusion</u>	<u>Limitations of Findings</u>
<p>1. Work, J., Hensel, D., & Decker, K. A. (2015). A Q methodology study of perceptions of poverty among midwestern nursing students. <i>Nurse Education Today</i>, 35(2), 328-332. doi:10.1016/j.nedt.2014.10.017</p>	<p>Purpose statement: To explore nursing students’ beliefs towards those in poverty</p> <p>Research question: “what patterns of perceptions surrounding poverty exist among BSN students enrolled at a large Midwestern university?” (pg. 329)</p>	<p>-Social perception theory</p>	<p>Design: Q methodology study, statements given to students to rank if they agree or disagree to determine perception, Non-experimental survey design</p> <p>Site: two Universities in the Midwest United States</p> <p>Sampling method: Random sampling</p> <p>Sample size: 23 students enrolled in their second, third or fourth year of nursing school completing their BSN (Q participants), Caucasian, 19 females and 4 males</p>	<p>Variable and measurement instrument: Different perceptions in nursing students towards those in poverty and measured by providing a survey to rate statements if they agree (+3) or disagree (-3) to determine perception held</p>	<p>- Most agreed that it is stressful to live in poverty</p> <p>- Believed poor parents were less involved in the child’s education</p> <p>- Three main viewpoints obtained:</p> <p>1- Judge: students felt people were in poverty because of their own choices</p> <p>2- Ally: felt the need to assist those living in poverty</p> <p>3- Observer: more likely to distance themselves from those in poverty and felt being in poverty was out of the person’s control</p> <p>- Positive attitude towards those living in poverty using welfare</p>	<p>- Limitations of exposure to poverty through culture for nursing students can lead to unfavorable attitudes towards those in poverty</p> <p>- Q methodology results are only as good as the statements provided to the students to choose from</p> <p>- Lack of finding more perspectives by limiting participants through statements provided to rank</p> <p>- All Caucasian participants</p>
<p>2 Diaz, J. & da Costa, L. (2015). Perceptions</p>	<p>Purpose statement: To discover the different perceptions of causes of poverty</p>	<p>-Social perception theory</p>	<p>Design: Non-experimental survey design</p>	<p>Variable and measurement instrument: the cause of poverty</p>	<p>- Found that perceptions of those in poverty is greatly influenced by one’s “own country’s cultural issues, history and policies (pg.</p>	<p>- Did not take individual characteristics into account such as age, gender, etc.</p> <p>- Did not take personal</p>

<p>of poverty attributions in Europe: a multilevel mixture model approach. Quality & Quantity, 48(3), 1409-1419. Retrieved September 30, 2016, from https://journal.s.ohiolink.edu.lib.ezproxy.uakron.edu:2443/pg_200?::NO:200:P200_ARTICLEID:318581119</p>	<p>in European countries compared to other countries</p> <p>Research question:</p> <p>What perceptions are held on the causes of poverty of those within European countries?</p>		<p>Site: Austria, Belgium, Denmark, Finland, France, Germany, Great Britain, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, and Sweden</p> <p>Sampling method: Random selection of union states</p> <p>Sample size: 15 European Union states (3 clusters of countries and 6 individualistic)</p>	<p>at an individual level measured with the multilevel mixture model</p> <p>Variable and measurement instrument: HDI (Human Development Index) was used to determine how developed a country was compared to the country's population risk of being in poverty</p>	<p>1418)”</p> <ul style="list-style-type: none"> - Examined the differences in the individualistic view (blame the poor for their own situation), societal perspective (believes society has caused poverty) and the fatalistic view (believes that the poor are in poverty from bad luck or fate) - The more developed cluster countries mostly believed in the individualistic viewpoint and fatalistic viewpoint and the less developed cluster countries believed in the societal viewpoint - different viewpoints were obtained based on different clusters of countries (laziness, addicted to drugs, society to blame, low social benefits, etc.) 	<p>experiences into account that would affect personal perceptions</p> <ul style="list-style-type: none"> - Limitations on the countries examined, not including a wide enough range of diversity or other countries that could have other perceptions - Arrangement of individual countries compared to what countries were clustered
<p>3 Castillo, J & Becerra, D. (2012). The perception of poverty and social welfare among undergraduate and</p>	<p>Purpose statement:</p> <p>To examine the perceptions of social work students towards those in poverty and towards the social welfare system based on differences in individuals among</p>	<p>-Systems theory</p>	<p>Design: Non-experimental survey design (42 item questionnaire with five sections)</p> <p>Site: 2 universities in the intermountain West</p>	<p>Variable and measurement instrument:</p> <p>perceptions toward poverty and social welfare policies was measured by using the 5-point Likert scale where</p>	<ul style="list-style-type: none"> - Results showed that individual differences (gender, race, educational status, etc.) impacted students' perceptions - Strong belief that poverty is caused by society's structure and social factors - Strong belief that social welfare 	<ul style="list-style-type: none"> - Results limited to two intermountain Western universities and cannot be generalized - Participants were mainly young, white and middle class - The questionnaire was not tested for validity and was

<p>graduate social work students in the United States (English). Journal of Human Behavior in The Social Environment, 22(4), 375-391.</p>	<p>students</p> <p>Research question:</p> <p>What perceptions do social work students with individual differences hold towards those in poverty?</p>		<p>Sampling method: Convenience sample</p> <p>Sample size: 264 (215 female, 49 male) undergraduate/graduate social work students enrolled in 2 different universities in the intermountain West</p>	<p>participants agreed or disagreed with statements</p> <p>Variable and measurement instrument:</p> <p>variables included the student's "age, gender, race and ethnicity, educational status, socioeconomic status, living abroad, and traveling abroad to a developing country" (pg. 380-381) and were measured through a questionnaire</p>	<p>systems benefit the poor</p> <ul style="list-style-type: none"> - More males believed that poverty was related to lack of motivation compared to female beliefs - Students who had traveled abroad felt that poverty was more caused by social and structural factors than those who had not traveled abroad - Students who were eligible for free and reduced lunches growing up had a more positive outlook on the welfare system helping the poor 	<p>created from reviewing other pieces of literature</p>
<p>4. Todd, M. E, de Guzman, M.R. & Zhang, X. (2011). Using Poverty Simulation for College Students: A Mixed-</p>	<p>Purpose statement:</p> <p>To evaluate the impact of a poverty simulation on college students at three Midwestern Universities</p>	<ul style="list-style-type: none"> -Social exchange theory -Social learning theory 	<p>Design: Mixed methods study</p> <p>Site: Three universities in the Midwestern United States</p> <p>Sampling method: Students participated in a 16-item survey that included both qualitative and</p>	<p>Variable and measurement instrument:</p> <p>Variables included the students' assigned role for the simulation, the students' assigned limited resource household chosen</p>	<ul style="list-style-type: none"> -Participants changed their attitudes of how serious poverty can be and how poverty is not purely a result of people's own doing. -Participants displayed increased knowledge about the challenges that low-income families face. -Participants indicated they were motivated to change their behaviors 	<ul style="list-style-type: none"> -Sample was primarily Caucasian. -Individual characteristics of participants were not considered when evaluating results. -The results were limited to the Midwest.

<p>Methods Evaluation. DigitalComm ons@Univ ersity of Nebraska - Lincoln.</p>	<p>Research question: Does a poverty simulation have an effect on the attitudes and beliefs that college students hold towards individuals in poverty?</p>		<p>quantitative questions before and after the simulation</p> <p>Sample size: 509 students (92% Caucasian, 2.6% African American, 2.5% Hispanic, 2% Asian) with a mean age of 21.82 years old</p>	<p>from 26 options and the amount of resources each student started the simulation with. They were measured through a questionnaire.</p>	<p>towards those in poverty and to help those in need.</p>	
<p>5 Patterson, N., & Hulton, L. J. (2012). Enhancing nursing students' understanding of poverty through simulation. Public Health Nursing, 29(2), 143-151. doi:10.1111/j.1525-1446.2011.00999.x</p>	<p>Purpose statement: To describe the implementation of poverty simulation, to evaluate its use on nursing student attitude and to offer lessons learned</p> <p>Research question: Does a poverty simulation enhance nursing students' understanding of poverty?</p>	<p>-Social exchange theory</p> <p>-Social learning theory</p>	<p>Design: Mixed methods study</p> <p>Site: A public university in a mid-Atlantic state</p> <p>Sampling method: The 21-item short form of the APPPS (Attitudes about Poverty and Poor Population scale) was completed by participants both before and after the simulation</p> <p>Sample size: 43 senior undergraduate nursing students (92% Caucasian, 93% female)</p>	<p>Variable and measurement instrument:</p> <p>Variables included the role to which students were assigned and the hardships that each participant would encounter in the simulation. They were measured through the APPPS.</p>	<p>-Nursing students viewed the poverty simulation as an effective teaching strategy and they actively participated.</p> <p>-Nursing student scores on the stigma of poverty demonstrated significant statistical changes.</p> <p>-A poverty simulation can be a positive impetus for lifelong learning and civic engagement</p>	<p>-Sample size was small</p> <p>-Sample was primarily Caucasian</p> <p>-Sample was primarily female</p> <p>-Simulation focused on participants views on poverty overall, not necessarily relating to healthcare.</p>
<p>6 Vandsburger, E., Duncan-</p>	<p>Purpose statement: To examine the</p>	<p>-Social exchange theory</p>	<p>Design: Mixed methods study</p>	<p>Variable and measurement</p>	<p>-The simulation had little to no effect on students' opinions about</p>	<p>-Subjects were primarily female</p>

<p>Daston, R., Akerson, E., & Dillon, T. (2010). The effects of poverty simulation, an experiential learning modality, on students' understanding of life in poverty. <i>Journal of Teaching in Social Work</i>, 30(3), 300-316.</p>	<p>impact of the Poverty Simulation Project on students' understanding of a life in poverty</p> <p>Research question:</p> <p>Does the Poverty Simulation Project have any effect in students' understanding of a life in poverty?</p>	<p>-Systems theory</p> <p>-Social learning theory</p>	<p>Site: James Madison University in Virginia</p> <p>Sampling method: Students completed a pre-test one month before the simulation and a post-test immediately after the simulation</p> <p>Sample size: 101 undergraduate students selected from nursing, social work, pre-occupational therapy and pre-physician assistant majors (90 women and 11 men)</p>	<p>instrument:</p> <p>Variables included students' individual and structural contributions to poverty and students' ability to identify with the experiences and perspectives of those living in poverty. These were measured with the Critical Thinking Scale and the Understanding of Others Scale.</p>	<p>how people end up in poverty.</p> <p>-The simulation changed the way people felt about the plight of people living in poverty and how they related to the poor.</p> <p>-Social work majors did not gain more from this experience than those students from other majors.</p>	<p>-Subjects were primarily Caucasian</p> <p>-Not all health science majors were included</p>
<p>7 Browne, L. P. & Roll, S. (2016). Toward a more just approach to poverty simulations. <i>Journal of Experiential Education</i>, 39(3), 254-</p>	<p>Purpose statement:</p> <p>To determine if there is a relationship between poverty simulation participation and student's attitudes, awareness and interest in civic action in the long term</p>	<p>-Social exchange theory</p> <p>-Social learning theory</p>	<p>Design: Case study</p> <p>Site: A midsize university</p> <p>Sampling method: Prior to the simulation, students completed an online pre-test. Immediately after the simulation, students completed a post-test. The same test was completed at 5</p>	<p>Variable and measurement instrument:</p> <p>Attitude, awareness and civic engagement were measured via the Civic Attitudes and Skills</p>	<p>-Students reported significant changes in attitude, awareness and interest in civic action in the initial post-test.</p> <p>-Poverty simulation affects students' opinions in the short term but not longitudinally.</p>	<p>-There is criticism of the short, one time nature of poverty simulations.</p> <p>-Students' previous experiences with poverty were not taken into account.</p> <p>-Various challenges faced in this study made it so results cannot be generalized into broader</p>

<p>268.</p>	<p>Research question: Does a poverty simulation influence students' attitudes, awareness and interests in civic action for those in poverty longitudinally?</p>		<p>and 13 weeks post simulation.</p> <p>Sample size: 97 undergraduate students enrolled in a general education course</p>	<p>Questionnaire</p>		<p>context.</p>
<p>8 Fuller-Rowell, T. E., Evans, G. W., & Ong, A. D. (2012, July 1). Poverty and health: The mediating role of perceived discrimination. Association for Psychological Science, 23(7), 734-739. doi:10.1177/095679761243</p>	<p>Purpose statement "To examine perceived social-class discrimination as an explanatory variable in the link between poverty and physical health." Research question: Does perceived</p>	<p>-Research based on what previous studies and research have concluded about the links between poverty, health, and discrimination</p>	<p>Design: Non-experimental correlational Site: Rural areas in the US Sampling method: Data analysis from data collected in previous study Sample size: 252 adolescents (51% male, 49% female; mean age = 17.51 years, <i>SD</i> = 1.03 years)</p>	<p>Variable and measurement instrument: Variables included poverty, perceived discrimination, and allostatic load and were measured through data collection, answers to a 3-item questionnaire ranking responses from strongly disagree to strongly agree, and by summing the number of</p>	<p>-Correlations among poverty, discrimination, and allostatic load were all significant and positively correlated. -Social-class discrimination may be one mechanism underlying social gradients in health.</p>	<p>-92% of participants were Caucasian -Although the analyses in the study show an important link between perceived discrimination and physical health, testing the specific mechanisms underlying this effect was not within the scope of this investigation. -Perceived discrimination and health were measured concurrently, and no experimental manipulation was used, so causal</p>

9720	discrimination account for part of the link between poverty and physical health (operationalized as allostatic load)?			physiological parameters (0–6) for which the participant scored in the top quartile of risk respectively.		<p>attributions are not possible.</p> <p>-The study was conducted on a moderately sized sample of rural adolescents, so findings may not generalize beyond this ecological context or age group.</p>
<p>9</p> <p>Reutter, L. I., Sword, W., Meagher-Stewart, D., & Rideout, E. (2004, February 25). Nursing students' beliefs about poverty and</p>	<p>Purpose statement:</p> <p>“To examine baccalaureate nursing students’ beliefs about the relationship between poverty and health, and the factors that influence these</p>	<p>-Socio-environmental approach to health</p> <p>-Study was based mostly on previous research having to do with poverty, health, and</p>	<p>Design: Mixed methods study, non-experimental and correlational for Phase I (cross-sectional survey), and qualitative descriptive for Phase II (recorded group-interviews with a structured interview guide)</p> <p>Site: Three Canadian universities in Ontario, Alberta, and Nova Scotia.</p>	<p>Variable and measurement instrument:</p> <p>Variables included students’ specific attitudes and beliefs,</p> <p>the factors underlying those attitudes and</p>	<p>-The overall scores for the sample neutral to slightly positive attitudes towards those living in poverty by nursing students</p> <p>-Students perceived that they had limited exposure to poverty through coursework, and in the group interviews concurred that</p>	<p>-Participants were 92.5% female</p> <p>-Students in the group interviews identified lack of clarity in some items, such as ‘interaction with the poor’, ‘contact’ and ‘social assistance’</p>

<p>health. <i>Journal of Advanced Nursing</i>, 48(3), 299-309. doi:doi/10.1111/j.1365-2648.2004.03199</p>	<p>beliefs.”</p> <p>Research question:</p> <p>What are baccalaureate nursing students’ attitudes toward those living in poverty, their beliefs about the relationship between poverty and health, and the factors that influence these beliefs and attitudes?</p>	<p>socioeconomic status</p>	<p>Sampling method: Randomized and stratified</p> <p>Sample size: 60 students from each of the four levels from each of the three sites for Phase I and 45 students total from Phase II</p>	<p>beliefs, and suggestions for curriculum changes related to poverty and were measured from a 59-item questionnaire that included items from previously used and validated instruments, items from a survey tool developed by Reutter, and were measured using the Attitudes Towards Poverty Scale with selections disagree, neutral, and agree.</p>	<p>there should be greater emphasis on poverty throughout their program</p> <p>-Nursing students had a greater understanding of how social conditions can influence health of those living in poverty than did the public</p>	<p>-Social desirability as students in the group interviews said that them ‘personal’ beliefs were more negative than what they perceived to be appropriate responses in their roles as ‘student nurses’.</p> <p>-The rather low reliability alpha levels for the summed scores for total course exposure (0.67) and for each of the structural and behavioral indexes (0.61) require caution in interpretation.</p>
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<p>10 Lengeju, S., & Grant, N. (2013). Student perceptions of poverty. McNair Research Journal, 69-73. Retrieved October 10, 2016, from http://webs.wichita.edu/depttools/depttools/memberfiles/holtfields/ResearchJournal2013/LengejuSeinSummary.pdf</p>	<p>Purpose statement</p> <p>This research investigated college student perceptions of people who are poor and how society and personal choices contribute to poverty</p> <p>Research question:</p> <p>How do student interpretations of issues surrounding poverty affect their attitudes, beliefs, and perceptions of poverty as well as those living in poverty?</p>	<p>-Social Exchange Theory</p> <p>-Social Emotional Theory</p> <p>-Maslow's Hierarchy of Needs</p>	<p>Design: Non-experimental survey design</p> <p>Site: Wichita State University</p> <p>Sampling method: Quantitative, non-random, convenience sample</p> <p>Sample size: 126 students from two college classes: Women and Poverty and Political Science Model UN Human Rights</p>	<p>Variable and measurement instrument:</p> <p>Variables included college students' interpretations of issues surrounding poverty and their attitudes and beliefs about people who are poor, as well as society's role in poverty and results were collected from the questionnaire (originally used in a study by the Kennedy School Study Pool on Poverty in America) and analyzed using IBM SPSS software.</p>	<p>-Perceptions are dependent on the experiences, background, and social class of the student, highlighting this issue's complexity.</p>	<p>-The sample is not representative of the population preventing generalization at large</p> <p>-Students were mostly from the same classes, ones that study poverty</p> <p>-Sample cohort, as there are distinct populations who enroll in these types of courses</p>
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