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AN ARTS-BASED INTERVENTION INTO PERCEPTIONS OF LATE LIFE POTENTIAL FOR NURSING STUDENTS AND OLDER ADULTS

by

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STATEMENT OF DISSERTATION APPROVAL

The following faculty members served as the supervisory committee chair and members for the dissertation of Jacqueline Lee Eaton. Dates at right indicate the members' approval of the dissertation.

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ABSTRACT

The rapidly aging US population, including many with chronic debilitating illnesses, creates increased demand for health care professionals with geriatric training. One barrier to meeting this demand is the limited desire of nursing students to work with older adults. The purpose of this mixed method study was to develop, implement, and evaluate the feasibility of ethnodrama as an intervention to increase positive perceptions of aging in a sample of nursing students and older adults living in assisted living.

Twelve nursing students worked with 12 long term care residents during a 4-month period to complete a transformational learning experience involving interviews, discussion, and self-reflections on the topic of possible selves. The participants created and presented an ethnodrama derived from these experiences and qualitative data. Feasibility was evaluated through participation logs, self-reflection journals, open-ended postintervention survey questions, digital video of the initial student meeting, and postperformance discussion. Student attitudes towards older adults were measured at six time points before and during the process while adults completed pre and post surveys targeting attitudes toward aging. Qualitative data were analyzed in two cycles: 1) in vivo coding and, 2) pattern coding. Quantitative data from student participants were analyzed using growth modeling, and older adult data were analyzed with a paired samples *t*-test.

Feasibility of ethnodrama as intervention and the process of ethnodrama creation were documented. Participant feedback emphasized late life potential. Both students and older adults initially expressed attitudes falling in the most positive quantiles of the attitude scales. Students who interacted more frequently with older adults had less idealized, though still positive, attitudes (p=.011 and p=.008 for attitudes towards older adults ages 65 and 80, respectively). The attitude scales displayed consistent gradual but modest average improvement over the course of intervention, with large individual differences in rate of change.

Increasing discussion about late life potential may alter the stigma associated with aging, augmenting student interest in working with older adult populations. Ethnodrama is one feasible method of enhancing discussion. Normalizing attitudes may be as important as improving attitudes and more representative of realistic perceptions of older adults and late life potential.

For Millie and Ellis – we challenge and work to be challenged.

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CHAPTER 1

INTRODUCTION

Problem Statement

Adults aged 65 and older are expected to represent 19.3% of the population by 2030 (Administration on Aging [AoA], 2011). Chronic disease was the leading cause of older adult mortality in 2006 (Federal Interagency Forum on Aging Related Statistics, 2010) and most older adults report living with one or more chronic conditions (AoA, 2011). Elevated levels of chronic disease heighten the chance that older adults will experience functional decline and require health care (Centers for Disease Control and Prevention & the Merck Company Foundation, 2007). A large percentage of patients in all settings are older adults (Institute of Medicine [IOM], 2008).

The rapidly aging US population, including many with chronic and debilitating illnesses, demand increasing numbers of health care professionals with geriatric training (American Association of College of Nursing [AACN] & Hartford Institute for Geriatric Nursing, 2010; IOM, 2008). One barrier to the expansion of geriatric health care providers is the limited desire of nursing students to work with older adults (Brown, Nolan, Davies, Nolan & Keady, 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki, Haapsaari, & Suhonen, 2008; Williams, Nowak, & Scobee, 2006; Wray & McCall, 2007) which decreases quality of care by lowering the numbers of

qualified nurses within all settings, increases turnover rates and diminishes the numbers of future faculty adequately prepared to teach geriatrics (IOM, 2008).

The stigmatization of aging places an emphasis on deficits, leading to ageism, dehumanization, and the demotion of older adult status in society (Garstka, Schmitt, Branscombe, & Hummert, 2004; Herrick, Pearcey, & Ross, 1997). Stigma influences societal attitudes as those associated with older adults are also stigmatized. For example, status differences have been documented between nurses who work in geriatrics and nurses working medical surgical units (Herrick et al., 1997). Negative attitudes have been shown to decrease nurses' desire to work in geriatrics, which decreases the availability of quality care for older adults and fosters negative self-perceptions of aging (Aday & Campbell, 1995; Brown et al., 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki et al., 2008; Williams et al, 2006; Wray & McCall, 2007).

Attitudes are complex and multifaceted. The term attitude alone encompasses competence, evaluation, and stereotypes (Kite, Stockdale, Whitley, & Johnson, 2005). Potential variables related to attitudes toward older adults include stereotypes, dependence, the physical appearance of older adults, intergenerational relationships, living environments (or segregation of older adults), and differences between individual older adults (Kogan, 1961). Most articles discussing attitudes toward older adults focus on ageism (Butler, 1969, 1975), which is the evaluation of others through stereotypes based on age (Doherty, Mitchell, & O'Neill, 2011; Iwasaki & Jones, 2008). This perspective assumes that individual impressions of others are based on societal treatment of older adults, which influence the quality of life and experience of older adults. Many studies have focused on attitudes toward older adults in an attempt to alter negative

attitudes, assuming that this will change societal treatment toward the elderly (Mangen & Peterson, 1982).

As above, students have a limited desire to work with older adults (Brown et al., 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki et al., 2008; Williams et al., 2006; Wray & McCall, 2007). Students believe that gerontological nursing is unchallenging (Brown et al., 2008), boring, heavier work, depressing and a catalyst for the erosion of ones' skill set (Lovell, 2006; Wray & McCall, 2007). Students with the most unfavorable perceptions of working with older adults tend to be male, young (less than 25), Asian or Black ethnicity, and have little experience working with older adults (Lovell, 2006; Valimaki et al., 2008; Wray & McCall, 2007). Others have found that new students actually have more positive perceptions of older adults than students about to graduate or those further along in their clinical experience (Brown et al., 2008; Valimaki et al., 2008). An assumption exists that work in geriatric nursing is more appropriate for nurses further along in their careers (Williams et al., 2006; Wray & McCall, 2007).

Interventions targeting student attitudes have focused on altering course content (Aday & Campbell, 1995; Burbank, Dowling-Castronovo, Crowther, & Capezuit, 2006; Ferrario, Freeman, Nellett, & Scheel, 2008; Funderburk, Damon-Rodrigues, Storms, & Solomon, 2006; Furze, Lohman, & Mu, 2008; Gebhardt, Sims, & Bates, 2009; Heise, Johnsen, Himes, & Wing, 2012; Kirkpatrick & Brown, 2004; Krout & McKernan, 2007; Olson, 2011; Valimaki et al., 2008; Waldrop et al., 2006; Williams, Anderson, & Day, 2007), improving practicum experiences (Brown et al., 2008; Burbank et al., 2006; Ferrario et al., 2008; Furze et al., 2008; Roberts, 2010; Rosher & Robinson, 2005; White,

Cartwright, & Lottes, 2012; Wilkinson, Gower, & Sainsbury, 2002; Williams et al., 2006; Wray & McCall, 2007) and intergenerational interactions (Bernard, McAuley, Belzer, & Neal, 2003; Burbank et al., 2006; Chase, 2011; Corwin et al., 2006; Dorfman, Murty, Ingram, Evans, & Power, 2004; Dubrell, Durst, & Diachun, 2007; Gutheil, Chernesky, & Sherratt, 2006; Hernandez & Gonzalez, 2008; Kirkpatrick & Brown, 2004; Knapp & Stubblefield, 2000; Stewart & Alford, 2006). The majority of interventions working to improve student attitudes have focused on healthy aging, as increased contact with healthy older adults has been found to increase student desire to work with older adults (Cummings, Adler, & DeCoster, 2005; Cummings & Galambos, 2002; Cummings, Galambos, & DeCoster, 2003; Swanlund & Kujath, 2012). This implies that increased dependence and care needs in the older adult population correlates with decreased interest from students. The reality is that the majority of older adult patients will not be the model of health, and interacting with healthy older adults ignores the wide spectrum of needs in this population. After a 40-year push, students still identify geriatrics as low on their priority lists (AACN, 2010; IOM, 2008; Williams et al., 2006). Instead of focusing on deficits, which has long been the approach within medicine, stigma must be addressed through strategies that identify the inherent potential within aging. This will help the health science field meet IOM and AACN calls for increased geriatric specialists and geriatric training (AACN, 2010; IOM, 2008).

One framework for promoting positive perceptions of aging is the concept of late life potential, a concept stemming from the movement away from a medicalized focus on the deficits of aging to the recognition that possibility, not just problems, come with aging (Cohen, 2000, 2006; Hanna, 2006). Late life potential is embodied within possible

selves, which is the idea that self-knowledge includes the belief of an individuals' growth and possibility (Frazier, Johnson, Gonzalez, & Kafka, 2002; Markus & Nurius, 1986; Matthew-Maich, Ploeg, Jack, & Dobbins, 2010). Possible selves can include positive, or "hoped-for" being as well as an envisioned feared self that individuals do not desire to become (Frazier et al., 2002; Markus & Nurius, 1986; Packard & Conway, 2006). It is through imagining these possibilities that one is motivated to become or avoid certain potential selves, as they guide self-evaluations and become a catalyst for our behavior. Researchers have found that knowledge of self includes possibility that does not relate to one's current self and that negative possibilities were thought of less than positive possible selves (Markus & Nurius, 1986). A focus on late life potential in health science education, through an emphasis on possible selves, has the potential of personalizing interactions between students and older adults, alter stereotypes associated with aging by recognizing possibilities that exist no matter ones age or abilities. Altering the disease oriented discourse on aging that frequently occurs in the health sciences will shift student approaches through viewing potential inherent within aging rather than aging as decreased potential or illness.

One method to improve perceptions and understanding of late life potential is through a transformative learning experience highlighting the possible selves of aging adults. Transformative learning states that we have habits of mind that guide our assumptions. Habits of mind are comfortable and difficult to alter, influencing the categories we assign to individuals. For example, nursing students who are reluctant to work with older adults characterize older adults as dirty, boring, depressing (Abbey et al., 2006; Lovell, 2006; Swanlund & Kujath, 2012; Wood & Mulligan, 2000; Wray and McCall, 2007),

discouraging (Marsland & Hickey, 2003), and difficult (Robert & Mosher-Ashley, 2000; Swanlund & Kujath, 2012). Transformative learning is a process to move an individual away from habits of mind through an activating event that identifies knowledge in opposition to these habits, introducing discourse and self-reflection that leads to inner conflict which either pushes the individual away from the habit of mind or to return to habitual categorizations (Cranton, 2002; Matthew-Maich et al., 2010; Mezirow, 1997). Activating events include anything that introduces the learner to an alternative viewpoint. Examples include readings, stories, film, art, song (Cranton, 2002), and theatre (Rathzal & Uzzell, 2009).

Arts-based inquiry is an innovative approach to promoting transformational learning. Imagination is engaged through a variety of expressive forms, such as movement, music, art, dance, and drama. In one example of transformational learning, guided visualization and visual art activities deepened understanding and strengthened skills in critical reflection with a group of students in order to connect classroom instruction to community internship experiences (Davis-Manigaulte, Yorks, & Kasl, 2006). Ethnodrama is one form of arts-based inquiry particularly appropriate to transformational learning. Ethnodrama is the process of turning ethnographic data into performance with the goal of making research findings accessible to the general public (Denzin, 2003). The dramatization of research data has the potential to empower and motivate change within an audience (Saldaña, 2005). It recognizes the influence that people have on others as co-performers and places control of meaning making with the individual participant (Denzin, 2003; Mienczakowski, 1995).

Ethnodrama has been used to promote transformational learning directed at changing

attitudes and perceptions. An ethnodrama about a young man's mental breakdown and the reactions of the family and community around him was performed with the goal of changing attitudes and reducing stigma associated with mental illness (Blignault et al., 2010). Ethnodrama has been used as a force for social justice and community action. In one example, the stigma attached to working with drug and alcohol treatment facilities was represented in an ethnodrama. Themes focused on gender differences for health care workers, stigma, and inequality in the health care system. The goal of this ethnodrama was to educate audiences in a way that would incite change in attitudes and actions (Mienczakowski, 1995). This study will utilize collaborative inquiry between students and older adults to create an ethnodrama on the topic of late life potential as the transformational learning experience leading to improved attitudes towards older adults and aging.

Study Purpose and Aims

The purpose of this study is to evaluate the feasibility of ethnodrama as intervention to highlight late life potential, with a secondary outcome of improving nursing student attitudes toward older adults and older adult attitudes to aging. An ethnodrama was developed as an activating event in this intervention focused on expanding subjects' perceptions of possible selves.

Specific Aims

Aim 1

Develop and implement an ethnodrama intervention designed to increase positive perceptions of capacity and aging among a sample of nursing students and older adults living in long term care.

Subaim 1.1

Evaluate the feasibility of ethnodrama as intervention to highlight late life potential with nursing students and older adults.

Aim 2

Evaluate the effects of participation in the development and implementation of ethnodrama on nursing student attitudes toward older adults.

Subaim 2.1

Evaluate the effects of the intervention on measures of attitudes to aging in older adult participants.

The long term goal of this research is to develop a research trajectory that incorporates arts-based methods of inquiry into mixed methods research as an intervening factor into health professionals' attitudes toward older adults and aging, with the goal of promoting potential-based perspectives and elevating the quality of health care through increased numbers of health science students who value and desire to work with older adults.

Significance

Previous interventions have done little to shift how health science students view older adults. In order to meet Institute of Medicine (IOM, 2008) recommendations to increase geriatric training as well as targeted recruitment of specialists in geriatrics, interventions need to alter stigma associated with aging and create a workforce prepared to care for and advocate for older adults. AACN competency statements for gerontological nursing recommend increasing positive attitudes toward older adults, and the incorporation of a liberal arts education to aid creative approaches to patient focused care (AACN, 2010). To do this, students need training on identifying individual patients' potential, rather than deficits, decreasing stigma and increasing student desire to work with older adults. Testing the feasibility of this innovative intervention to increase nursing student and older adult perceptions of late life potential will inform pilot testing and future studies that will incorporate larger sample sizes and control groups within a variety of settings.

Ethnodrama is a highly innovative technique that can be understood as a form of high fidelity simulation. It is adaptable to a variety of settings, contexts and needs, providing a scalable, modifiable, and low cost alternative to electronic or mechanical simulation. Ethnodrama has the potential to be a meaningful experience outside of the normal approaches to baccalaureate nursing education, increasing student attention, and applying a liberal arts approach as recommended by AACN (2010). Many studies incorporating ethnodrama utilize a mixed method design but do not self-identify as such. This has been a weakness, limiting study design elements and the clarity of procedures, creating questions as to the efficacy of ethnodrama and its use in research. Arts based interventions have not been thoroughly tested from a scientific approach, creating a

dichotomy between gerontologists and artists and making it difficult for the two worlds to coalesce into the development and testing of effective interventions. The use of a true mixed method design will benefit the communities of science and arts by providing a template for the systematic study of the arts in research without sacrificing scientific quality.

Completion of this study will lead to further testing in a variety of settings (home health, skilled nursing facilities, hospice), with those involved in older adult care (health care staff, and family members) in order to increase positive perceptions of late life potential and demonstrate the influence of altered perceptions on quality of life. This study will lead to documentation of the process of using ethnodrama as an intervention and instructional procedures for utilizing it in other settings with a variety of populations in order to expand and strengthen its use in educational and research environments.

Overview of Chapters

Chapter 2

Literature relevant to this study is reviewed, beginning with an overview of stigma and its influence on attitudes. Student attitudes toward older adults are examined with an emphasis on the strengths and weaknesses of previous interventions designed to alter attitudes. The amount of research involving student attitudes is extensive and demonstrates that a variety of student groups hold strong opinions about older adults. Negative attitudes result in minimal desire to work in gerontology and geriatrics. Approaches to altering student attitudes are discussed, and examples provided that demonstrate the methods most used to approach this problem, which include altering

course content, improving practicum and/or clinical experience, and increasing intergenerational interactions. A summary will demonstrate what is lacking in this research. Interventions have not focused on underlying methods for altering attitudes, but on factors that are correlated with more positive impressions. This extensive research review demonstrates that the problem is not improving, nor are current interventions working. This literature supports the position that this is due to neglect in terms of discourse, habitual ways of thinking, and societal assumptions about aging.

The theoretical model of this study is outlined, including possible selves, transformative learning, and ethnodrama. Late life potential is defined and operationalized through the use of possible selves (Markus & Nurius, 1986). Previous work describing possible selves is provided. Transformative learning (Mezirow, 1997) will be utilized to enhance participant understanding of possible selves. The process of achieving transformation is described, and seven nonlinear steps are outlined to demonstrate how an intervention will be created to highlight late life potential. The creation of an ethnodrama (Denzin, 2003; Mienczakowski, 1995) on the topic of possible selves will help participants experience transformative learning. Arts-based interventions are described and ethnodrama is delineated from other forms of research-based theatre. The use of ethnodrama in previous studies is examined and it is noted that its use as intervention has not previously targeted attitudes towards aging and older adults.

Chapter 3

Chapter 3 provides a detailed overview of the design and methods used in this study. The theoretical framework is outlined in connection with mixed method design, which is

defined. Mixed methods are an important approach to bridging art and science, and I detail why it is an appropriate design for this study. The sample is described and steps in the recruitment of both nursing students and older adult participants are described. I describe the setting of this study to help provide a foundation for the intervention, which incorporates student meetings and self-reflections, interviews between student/older adult dyads, ethnodrama performance and postshow discussion. Data collection is described in connection to each aim of the study and incorporates both qualitative data and quantitative data. Qualitative data are used to create the ethnodrama, document intervention feasibility and student feedback regarding comprehension of late life potential. It is also used to identify change in student attitudes from pre- to postintervention. Quantitative data are gathered from both students and older adults. Students provide longitudinal data through six time points and the use of two instruments, while older adults complete one instrument at pre- and postintervention. Analysis is also connected to specific aims, with specific methods utilized to create the ethnodrama, and analyze student feedback and self-reflections. Quantitative analysis involves descriptive statistics, mixed growth modeling for longitudinal data and paired samples *t*-tests for older adult data. Criteria for evaluating methodological rigor of the study are outlined followed by a description of study limitations. Protection of human subjects is outlined in terms of the study design, sources of material, and potential risks. Methods to protect human subjects are described as are potential benefits while exploring the importance of knowledge to be gained from this study.

Chapter 4

In Chapter 4 I evaluate the feasibility of ethnodrama as intervention to highlight late life potential with nursing students and older adults (aim 1.1) by describing the intervention process and participant feedback regarding the experience. The intervention involved transformational learning activities comprising self-reflection, discussion, and student meetings with adult partners at three time points to complete semistructured interviews on the topic of late life potential. The culmination of the intervention was a professional performance of the ethnodrama developed from these data. Data analysis involved reviewing participant logs and journals documenting the process of intervention construction and delivery. Transcripts of initial student meetings, self-reflections, ethnodrama performance, postperformance discussion, and open ended survey questions were analyzed utilizing in vivo and pattern coding in order to examine the ability of this intervention to highlight late life potential. Results identify challenges in intervention feasibility, including recruitment of nursing students, and present the intervention timeline. Student feedback regarding the process was documented through analysis of four self-reflections which chronicled increased awareness and thought about late life potential, unexpected responses, and intergenerational connections. Students identified ways in which they planned to utilize late life potential in their future interactions and work as a nurse. Students also thought about potential throughout the lifespan and reflected on its meaning in their own lives. Older adults recognized positive late life potential and emphasized the positives associated with aging, including generativity, coping skills, and continued desire to do things. Their children were documented as barriers to potential. Negative potential, while presented in the ethnodrama, was not

prominent in participant feedback. Increasing discussion about late life potential may alter the stigma associated with aging, increasing student interest in working with the older adult population.

Chapter 5

Chapter 5 focuses on aim 1, to develop and implement an ethnodrama intervention designed to increase positive perceptions of capacity and aging among a sample of nursing students and older adults living in long term care. In this chapter I describe the steps involved in creating an ethnodrama from data collected by nursing students through in-depth interviews with older adult participants on the topic of possible selves and late life potential. Interviews were digitally recorded, transcribed, and analyzed in an iterative process including first cycle in vivo coding and second cycle pattern coding. Themes relating to late life potential were identified, including hopes, fears, barriers, and aids to possibility. Composite characters were created in order to represent these themes. The process of ethnodrama creation is outlined, with descriptions of each step including examples from interview data and versions of the ethnodrama script. Steps in script development included data collection, analysis in two cycles, annotation, outlining, editing, member checks, and revision. Student/adult dyads completed ten final interviews in which they read a draft of the script and provided feedback regarding thoughts on representation of their discussions over the course of the intervention. The final draft was workshopped with a theatre company, allowing professional interpretation as a second level of review in order to increase audience understanding. Stage directions and theatrical elements were revised before completing the final script, which is included as

part of this chapter. Ethnodrama will increase innovation in research with the use of a clear methodology and clarification of steps involved in its creation in order to improve consistency and rigor.

Chapter 6

In this chapter I evaluate the effects of participation in the development and implementation of ethnodrama on nursing student attitudes toward older adults and older adult attitudes to aging as outlined in Aim 2 of this study. A synchronous mixed method design incorporated both quantitative and qualitative data collection and analysis. All participants were described using descriptive statistics. Pre- and postmeasures were collected from older adult participants and analyzed with paired samples *t*-tests. Multilevel growth modeling was used to analyze student data gathered at six time points during the intervention. Qualitative data included video of the initial student meeting and postshow discussion as well as open ended feedback regarding the overall experience gathered postintervention. Older adult attitudes were positive overall, yet were close to neutral, demonstrating a slight positive bias. Adult attitudes surrounding psychosocial loss improved over the course of the invention implying that negative attitudes decreased. Student attitudes varied in initial status and rate of change. All had positive attitudes overall, but those who interacted with older adults more frequently outside of the intervention had more neutral attitudes, with those who interacted only one time a month having a strong positive bias. While attitudes seemed to improve individually over time, a strong positive bias may not be most desired. Normalizing attitudes around neutral scores may be as important as improving attitudes as neutrality may be more

representative of realistic perceptions of older adults and late life potential/possible selves.

Chapter 7

Chapter 7 summarizes the results of this study through an exploration of how the aims have been addressed. The feasibility of developing and implementing an ethnodrama with nursing students and older adults is discussed in terms of the process of ethnodrama development, challenges, and learning about late life potential. Changes in nursing student attitudes towards older adults and older adult attitudes toward aging are outlined with an emphasis placed on individual experience. I examine the overall implications of completing this research, including collaboration with community partners, efficacy of ethnodrama as an arts-based intervention, and mixed method design. Future research recommendations include exploring longitudinal designs further, operationalizing late life potential, and incorporating student perceptions of late life potential in future ethnodrama scripts while also testing it in a variety of settings.

CHAPTER 2

LITERATURE REVIEW

This literature review defines stigma and its influence on attitudes toward aging, in particular health science student attitudes toward older adults. Student attitudes are identified and I explore how these influence work preferences especially the fact that geriatrics and gerontology are an undesirable specialty. Numerous interventions and approaches have focused on altering student attitudes. This literature review organizes these into three categories: 1) approaches to alter course content, 2) approaches to improve practicum and or/clinical experiences, and 3) approaches to incorporate intergenerational interactions. A synthesis of the influence of these interventions on attitudes demonstrates the focus has been on healthy aging and has ignored approaches to improving attitudes toward the oldest old, unhealthy, and impaired.

Stigma and Attitudes Toward Aging

Social stigma (or the process of stigmatization) places an emphasis on the deficits of aging which leads to ageism, learned helplessness, dehumanization, and the demotion of older adults to low status in society (Garstka et al., 2004; Herrick et al., 1997). The stigma against older adults extends to those who work with or are associated with them (Herrick et al., 1997). This has led to the low status of gerontological nursing when

compared to other specialties, such as surgical nursing (Herrick, et al., 1997; McCann, Clark, & Lu, 2010). Assumptions about older adult abilities are tied to a general acceptance of limitations caused by disability, and both older adults and health care providers may see associated decline as inevitable (Kane, Priester, & Neumann, 2007). Stereotypes ingrained during childhood influence the care giving experience, shaping how staff view and treat residents, which alters older adult interactions and self-expectations (Carder, 2002; Levy, 2003; Tailor, 2007; Wadensten & Carlsson, 2003).

Stigma is a barrier to recruitment and retention of geriatric nurses as nursing students have a limited desire to work with older adults (Brown et al., 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki et al., 2008; Williams et al., 2006; Wray & McCall, 2007). Aday and Campbell (1995) found a correlation between the attitudes that students hold toward aging and their desire to work with older adults. Understanding and changing the attitudes that students hold toward older adults can influence decisions on education, and intervention to increase interest in geriatrics and gerontology.

Student Attitudes Toward Older Adults

Student attitudes toward older adults have been the concern of a wide variety of disciplines, with the majority focused on nursing, social work and general undergraduate students (Allan & Johnson, 2009; Chase, 2011; Corwin et al., 2006; Courtney, Tong, & Walsh, 2000; Dubrell, Durst, & Diachun, 2007; Eshbaugh, Gross, & Satrom, 2010; Holroyd, Dahlke, Fehr, Jung, & Hunter, 2009; Lammers, 2010; Lovell, 2006; Lun, 2011; McGarry, Aubeeluck, Simpson, & Williams, 2009; McKinlay & Cowan, 2003; Olson, 2011; Swanlund & Kujath, 2012) Concerns about student attitudes are not limited to the

United States (Allan & Johnson, 2009; Brown et al., 2008; Fajemilehin, 2004; Hernandez & Gonzalez, 2008; Holroyd et al., 2009; Hweidi & Al-Obeisat, 2006; Roberts, 2010; Rognstad, Aasland, & Granum, 2004; Soderhamn, Lindencrona, & Gustavsson, 2001; Wilkinson et al., 2002; Wray & McCall, 2007).

Negative attitudes are caused by "impoverished environments" during clinical placements (Brown et al., 2008), instructor hesitance with aging content (McLafferty, 2005), limited knowledge about aging (Ryan & McCauley, 2004/2005), experience in settings with older adults (McLafferty & Morrison, 2004), limited previous experience caring for older adults, and are most prominent in individuals who are male, younger than 25 years of age (Soderhamn et al., 2001), Asian or Black ethnicity, and have little experience working with older adults (Lovell, 2006; Valimaki et al., 2008; Wray & McCall, 2007).

Positive attitudes have been found to be more likely in the following instances: individuals who are female (Allan & Johnson, 2009; Gorelik, Damron-Rodriguez, Funderburk, & Solomon, 2000), of increased age (Hweidi & Al-Obeisat, 2006; Lammers, 2010), have higher self-efficacy (Olson, 2011), previous work with older adults (Eshbaugh et al., 2010), increased frequency of contact with related older adults (Gorelik et al., 2000; Kimuna, Knox, & Zusman, 2005), have had high quality of contact with older adults (Gorelik et al., 2000; Schwartz & Simmons, 2001), and spend more time with older adults who are not related (Funderburk et al., 2006; Lammers, 2010; Swanlund & Kujath, 2012). Other studies found that frequency of contact (Schwartz & Simmons, 2001), in particular with related older adult relatives or neighbors (Lammers, 2010), had no effect on attitudes.

Positive attitudes have been attributed to taking a course in gerontology (Buttner, 2008; Funderburk et al., 2006), and increased knowledge about aging (Funderburk et al., 2006). Positive attitudes have also been shown to lead to decreased anxiety about aging (Allan & Johnson, 2009; McKinlay & Cowan, 2003), increased job satisfaction, and predict desire to work with older adults (McKinlay & Cowan, 2003).

There is some dispute as to the influence of education on attitudes. One study found that nursing students had more knowledge and better attitudes when compared with non-nursing students (Flood & Clark, 2009). Other studies have found that knowledge doesn't have a direct effect on ageism, but is mediated through its effect on anxiety (Allan & Johnson, 2009), and self-efficacy (Olson, 2011). Advanced education (Lammers, 2010), and increasing gerontological content within curriculum (Williams et al., 2007) has not been shown to influence attitude.

Least Preferred Work

Students identify older adults as the group in which they least prefer to work with in the future (Anderson & Wiscott, 2003; Brown et al., 2008; Happell, 2002; Kaempfer, Wellman, & Himburg, 2002; Rognstad et al., 2004; Swanlund & Kujath, 2012). This low ranking in career priority is attributed to a variety of reasons. Working with older adults is characterized as dirty, boring, depressing (Abbey et al., 2006; Lovell, 2006; Swanlund & Kujath, 2012; Wood & Mulligan, 2000; Wray & McCall, 2007), difficult (Robert & Mosher-Ashley, 2000; Swanlund & Kujath, 2012), unchallenging (Brown et al., 2008), discouraging (Marsland & Hickey, 2003), and the catalyst for the erosion of one's skill set (Lovell, 2006; Wray & McCall, 2007). Work in geriatrics is seen as isolated with

little support (Abbey et al., 2006; Fagerberg, Winblad, & Ekman, 2000), and experience in the older adult setting reduced desire to work with older adults (Happell, 2002; McLafferty & Morrison, 2004). Acute care retains a high status, while aging care gains little respect (Abbey et al., 2006). Work with older adults is seen as slow paced and less demanding (Abbey et al., 2006) and more appropriate for nurses further along in their careers (Williams et al., 2006; Wray & McCall, 2007). Nurses prefer to work in pediatrics, obstetrics, intensive care (Swanlund & Kujath, 2012), midwifery, public health, or areas with high technology (Rognstad et al., 2004).

Education is thought to influence career choice with problems specifically identified as limited knowledge about aging (Fajemilehin, 2004; Kaempfer et al., 2002; Lun, 2011), myths and stereotypes (Fajemilehin, 2004; Lee, Volans, & Gregory, 2003; Moyle, 2003), and a curriculum and faculty emphasis on the negatives of aging decreasing desire to work in the field (McLafferty & Morrison, 2004). Yet in a study that looked at attitudes at the beginning and end of the undergraduate nursing experience, more knowledge and part time employment in nursing homes were found to increase negative attitudes (Happell, 2002). Others have found that new students actually have more positive perceptions of older adults than students about to graduate or further along in their clinical experience (Brown et al., 2008; Valimaki et al., 2008). This has led to a variety of assumptions that clinical experiences worsen attitudes, in particular those that involve poor environments.

Increased desire to work with older adults is attributed to more contact with healthy older adults (Cummings et al., 2005; Cummings & Galambos, 2002; Cummings et al., 2003; Swanlund & Kujath, 2012), quality relationships with unrelated older adults

(Cummings et al., 2003; Eshbaugh et al., 2010), lower levels of death anxiety and aging anxiety, previous work with older adults (Eshbaugh et al., 2010), mentorship in person centered care (McGarry et al., 2009), healthy clinical environments (Brown et al., 2008), increased exposure to field settings (Mason & Sanders, 2004), aging knowledge and skills (Cummings et al., 2005; Cummings & Galambos, 2002; Cummings et al., 2003), gerontological coursework (Cummings et al., 2003) and emotional closeness during childhood to an older adult (Robert & Mosher-Ashley, 2000). These findings demonstrate that increased interaction with older adults may create more positive attitudes, particularly if those interactions are positive and within healthy environments. These findings imply that positive interactions throughout life create attitudes that are more positive in general, and that this problem may be attributed to one's history rather than individual knowledge and work environments.

Those who desire to and are already planning to work with older adults describe the work as challenging, emotionally uplifting, interesting, and productive (Robert & Mosher-Ashley, 2000), which demonstrates a difference in attitude toward perception of the work environment. This desire demonstrates that when more positive attitudes exist they provide a method for students to look beyond the negative. Individuals in this case demonstrate a capacity to overcome the negatives of assumptions associated with aging and work with older adults. The work becomes something positive, because students with a desire to work in this area see beyond decline, illness, and the problems associated with aging. They see beyond the clinical walls, to the reality that aging occurs to all. The question is how to engender attitudes held by those who desire this work, in those who dread working with older adults. The next section will further explore previous

approaches to altering student attitudes, as researchers have attempted to improve attitudes toward older adults by altering course content, improving clinical experiences, and providing intergenerational interaction.

Approaches to Altering Student Attitudes

Previous approaches to altering student attitudes have focused on three main interventions: altering course content (Aday & Campbell, 1995; Burbank et al., 2006; Ferrario et al., 2008; Funderburk et al., 2006; Furze et al., 2008; Gebhardt et al., 2009; Heise et al., 2012; Kirkpatrick & Brown, 2004; Krout & McKernan, 2007; Olson, 2011; Valimaki et al., 2008; Waldrop et al., 2006; Williams et al., 2007), improving practicum and/or clinical experiences (Brown et al., 2008; Burbank et al., 2006; Ferrario et al., 2008; Furze et al., 2008; Roberts, 2010; Rosher & Robinson, 2005; White et al., 2012; Wilkinson et al., 2002; Williams et al., 2006; Wray & McCall, 2007), and promoting intergenerational interactions (Bernard et al., 2003; Burbank et al., 2006; Chase, 2011; Corwin et al., 2006; Dorfman et al., 2004; Dubrell et al., 2007; Gutheil et al., 2006; Hernandez & Gonzalez, 2008; Kirkpatrick & Brown, 2004; Knapp & Stubblefield, 2000; Stewart & Alford, 2006). These approaches have focused on factors correlated with negative or positive attitudes, rather than the root of the problem: discourse, habits of mind, and societal assumptions.

Altering Course Content

Changes in attitudes were tested through alterations in course content. Positive attitudes increased for students taking an aging elective when compared with a control

group (Funderburk et al., 2006). Integrating increased community contact with a clinical health care of the elderly course also showed more positive attitudes (Wilkinson et al., 2002). Furze et al. (2008) evaluated a course that taught interprofessional approaches to aging care, incorporating clinical and didactic activities utilizing interprofessional teams of students in occupational therapy, physical therapy, pharmacy, and nursing. Student experiences culminated in a team approach to care management planning for older adults in assisted living facilities. Attitudes significantly improved in physical therapy and occupational therapy students. Pharmacy and nursing student sample sizes were too small to document changes in attitudes.

Curriculum adjustments were described in three articles, increasing gerontological content throughout the curriculum (Gebhardt et al., 2009; Heise et al., 2012) and utilizing film and storytelling to increase interest (Kirkpatrick & Brown, 2004). Yet none of these articles report outcomes of integrating the curriculum, and there is no true understanding of the influence of these changes on student attitudes. Revisions of nursing curriculum to integrate gerontological content throughout upper level courses in a nursing program gained positive feedback from students and increased positive descriptors of older adults, while decreasing negative adjectives in a postintervention evaluation (Burbank et al., 2006). Another nursing program instituted a curriculum based on context learning, implementing small groups, faculty tutors, and gerontological content. No difference was found between students who completed the altered curriculum when compared with students who completed the traditional approach to learning (Williams et al., 2007).

Approaches to altering curriculum focused either on the implementation of one new course, or integration of gerontology/geriatric content throughout the curriculum.

Changes in attitudes in these examples were more prominent in approaches that initiated one new course, particularly when augmented with clinical experiences. Integration of content throughout the curriculum is recommended multiple times, but very little associated change in attitudes is documented. This is due to lack of pre/post measurement, small sample sizes, and no documentation as to the amount of curriculum change and the needed dose of geriatric content to actually see change in student attitudes.

Improved Practicum and/or Clinical Experience

Many approaches attempted to improve the experiences that students have during practicum and/or clinical. Placements in long term care settings were emphasized as a way to improve such experiences. Improving the environment and extended clinical time in long term care did result in positive feedback regarding the experience (Williams et al., 2006) and more positive attitudes (Rosher & Robinson, 2005). However, these studies did not result in increased desire to work in geriatrics. Others have approached the problem by training long term care workers to mentor nursing students (White et al., 2012) and choosing high quality long term care placements (Burbank et al., 2006). Unfortunately these studies did not measure student attitudes in a manner that would document change based upon these interventions. There is little information on how to improve practicum/clinical experiences in a manner that will increase positive student attitudes, and alter the desire of working with older adults.

Others emphasized the importance of a clinical experience with healthy, community dwelling older adults (Ferrario et al., 2008; Wilkinson et al., 2002). Findings

demonstrate that early contact with older adults, in conjunction with an added aging course, leads to better attitudes when compared with a group that did not receive early community contact (Wilkinson et al., 2002). Unfortunately, the study emphasizing life experience as imperative to understanding aging only provided anecdotal support for healthy interaction (Ferrario et al., 2008).

Actual influence of improvements to clinical experiences needs to be demonstrated through measurement that documents change. Altered clinical experiences are recommended, but research fails to demonstrate the actual influence of such changes.

Intergenerational Interactions

The majority of intergenerational interactions were accomplished through service learning (Dorfman et al., 2004; Gutheil et al., 2006; Hernandez & Gonzalez, 2008; Kirkpatrick & Brown, 2004; Knapp & Stubblefield, 2000), and senior mentors (Bernard et al., 2003; Burbank et al., 2006; Corwin et al., 2006; Stewart & Alford, 2006).

Service learning had mixed results in effectiveness on altering attitudes. Gutheil et al. (2006) trained a random sample of 300 undergraduate students to collect interview data with older adults. The experience resulted in more positive attitudes and an increased interest in working with older adults (Gutheil et al., 2006). Another course incorporated older adult and undergraduate interactions to increase mutual experiences and understanding of the process of aging. Views of aging were documented as more realistic, and student attitudes were more positive postintervention (Knapp & Stubblefield, 2000). Exercise and sport science students created 50-minute exercise sessions for older adults, which they led one time a week over 8 months. Older adult

depression decreased while student attitudes and opinions of older adults improved in the student led group when compared with a group led by a trainer specializing in physical activities for older adults and a control group receiving no exercise sessions (Hernandez & Gonzalez, 2008). Other studies documented the process of service learning but didn't test outcomes (Kirkpatrick & Brown, 2004), or only found positive attitudes in the first 2 years out of 5 years of service learning analyzed (Dorfman et al., 2004).

Senior mentoring was another method of intergenerational interaction. This was a popular approach for medical students. Senior mentors were assigned to medical school students and met with them over the course of 4 years. Stereotypes decreased, and students reported change in how they understood the process of aging (Corwin et al., 2006). However, this study targeted students already focused on geriatric medicine, who may have already been predisposed to more positive attitudes about older adults. In another study, medical students who were assigned senior mentors had better attitudes than those without senior mentors (Bernard et al., 2003). Others either didn't measure outcomes from implementing senior mentors (Stewart & Alford, 2006), or only included a postintervention measurement (Burbank et al., 2006).

Other approaches to intergenerational interaction included measuring student perceptions to participating in an intergenerational gala that included an evening of dancing and games. Postevent perceptions were elevated in students (Dubrell et al., 2007). Undergraduate students were paired with older adults for a 6-week email exchange, involving exchanging one email a week between pairs resulted in improved student attitudes toward older adults (Chase, 2011).

Intergenerational approaches demonstrated improved attitudes, with fewer limitations

in measurement. However this approach emphasized interaction with community dwelling, healthy older adults. It is unknown the results of a senior mentor interaction with disabled, or institutionalized older adults.

Summary of Education and Student Attitudes

Previous attempts to alter student attitudes toward older adults focused on incorporating gerontological/geriatric content within the curriculum, improving clinical placements, and intergenerational interactions. However, there are mixed results as to the efficacy of these interventions. Attempts to alter attitudes took a positive approach by emphasizing: 1) more interaction with older adults (Bernard et al., 2003; Burbank et al., 2006; Chase, 2011; Corwin et al., 2006; Dorfman et al., 2004; Ferrario et al., 2008; Furze et al., 2008; Hernandez & Gonzalez, 2008; Knapp & Stubblefield, 2000; Stewart & Alford, 2006; Williams et al., 2006), 2) more education on aging (Burbank et al., 2006; Ferrario et al., 2008; Funderburk et al., 2006; Furze et al., 2008; Knapp & Stubblefield, 2000; Krout & McKernan, 2007; Waldrop et al., 2006; Williams et al., 2007), and 3) improving older adult environments (Burbank et al., 2006; Rosher & Robinson, 2005; White et al., 2012). Interactions and content focused on healthy older adults and the positives of aging. None of the interventions focused on the discourse of aging, or altering perceptions of the meaning of later life--particularly in context of older adults who are unhealthy, impaired, or institutionalized. By interacting with healthy older adults, the continuum of age is being pushed back to a later age, whereas those who are the young old will be considered in a new light, nothing changes for the oldest old or those who do not fit the current model of healthy aging. The reality is that real world

environments are not always healthy and positive, and it is only through an adjustment in perceptions of later life that students will be able to look beyond the negatives that currently influence their attitudes and desires to work with older adults.

Late Life Potential, Possible Selves, and Ethnodrama as a Transformative Learning Experience

This study aimed to reduce stigma through a transformative learning experience (Mezirow, 1997), and thereby enhance perceptions of late life potential and possible selves (Markus & Nurius, 1986), by utilizing ethnodrama techniques (Denzin, 2003; Mienczakowski, 1995). The links forged between these concepts is the theoretical framework that will guide this study. The following section outlines previous work that describes these concepts and theorizes relationships between these concepts, and how an intervention targeting their interaction will lead to altered perceptions of late life potential which will transform the learning experience influencing student attitudes for the better.

Late Life Potential

Aging research has focused on problems individuals encounter as they age, with a prominent emphasis on the medicalization of aging: that age is a problem needing a cure (Carr, Wellin, & Reece, 2009; Cohen, 2000, 2006). In the past decade, an increase in arts-based research has turned the focus away from challenges to potential inherent within aging, or late life potential. This concept acknowledges that later life holds possibility (Hanna, 2006), and opportunities for development, learning, creativity, and growth (Carr et al., 2009; Cohen, 2000). It is recognized that identifying late life potential opens up possibilities not previously examined in relation to older adults

(Cohen, 2000). Late life potential encompasses a wide variety of ideas and assumptions, but a specific method of operationalizing this term has not been established.

Possible Selves

Late life potential is embodied within possible selves. Possible selves theory posits that individual self-knowledge includes an understanding of possibility, future growth, potential, and aspirations. Possible selves can include positive, or "hoped-for" being as well as an envisioned feared self that individuals do not desire to become (Frazier et al., 2002; Markus & Nurius, 1986; Packard & Conway, 2006). It is through these imagined possibilities that one is motivated to become or avoid certain possibilities, as they guide self-evaluations and become a catalyst for our behavior (Markus & Nurius, 1986). These views are influenced by memories of past self, previous social comparisons with others, possibility contextually reinforced through social, cultural, and historical experience, and media representations (Bardach, Gayer, Clinkinbeard, Zanjani, & Watkins, 2010; Markus & Nurius, 1986; Packard & Conway, 2006). Life circumstances influence how individuals perceive and react to possible selves, as they decide how to increase quality of life by judging what is important, and which selves to actualize (Smith & Freund, 2002). Development occurs as individuals achieve or deny the possibility of these selves, as they choose which to create and follow. It is an active process that animates our intents and behaviors (Frazier et al., 2002; Markus & Nurius, 1986). The motivation that occurs as a result of possible selves can influence individual functioning, increase new behavior, cause self-evaluation, and define an individuals' actualized self concept (Markus & Nurius, 1986).

Researchers have found that knowledge of self includes possibility that does not relate to ones' current self and that negative possibilities were thought of less than positive possible selves (Markus & Nurius, 1986). Mastery can only occur through ones' ability to envision it within a possible self, thus creating a motivating behavior (Markus & Nurius, 1986). Studies on possible selves in older adults have found that older adults continue to have hopes and fears, with the desire for new or repeated experiences rather than just the avoidance or maintenance of one's abilities. Individuals over 80 continue finding motivation through desired improvement (Smith & Freund, 2002). Frazier et al. (2002) found that older adults who were 80+ had almost half of their hoped for selves focused on health, while those in their 70s and 60s had hoped for selves focused on leisure. They also believe that replacing unachievable possible selves with hopes that are maintainable will increase levels of adjustment. In a longitudinal study, older adult possible selves evolve, alter self-image, and create future oriented positive potential (Frazier, Hooker, Johnson, & Kaus, 2000).

Possible selves are rarely seen by others, but are defined and viewed by the self, which is one reason actions of an individual may seem inconsistent with what outsiders know about an individual. It is possible selves that explain this gap between an individual's perceptions of self and perceptions from the outside, or others. They make it difficult to judge and comprehend behavior. The outsiders' understanding of individuals disregards the hopes, worries, goals, ideals, and plans that are encapsulated within possible selves (Markus & Nurius, 1986). Nursing students may view older adults as boring, devoid of possibility and growth, but older adults most likely do not perceive themselves in this way. Highlighting this unseen reality for nursing students may change

their perspective on late life potential as well as their beliefs about working with older adults. It may have the ability to alter their understanding of the aging process and increase interest in older adults, decreasing boredom and increasing their capability to help older adults envision and realize possible selves.

Transformative Learning

This study uses the concept of transformative learning to increase participant understanding of possible selves. Transformative learning theory encourages autonomy through critical reflection and discourse (Cranton, 2002; Matthew-Maich et al., 2010; Meziro, 1997). It stems from Habermas' (1971) work in theorizing communicative action as a way to integrate and implement social knowledge where he identified three kinds of knowledge: instrumental (cause and effect), communicative (applied), and emancipatory (autonomous self-awareness).

Transformative learning is specifically linked to emancipatory learning (Cranton, 2002; Habermas 1971). Learning becomes emancipatory when past perceptions are utilized to create new interpretations which can then cause new actions based on new understandings. Our assumptions are frames of reference through which we label and judge our world. These frames include habits of mind and points of view. Habits of mind are safe assumptions that we hold. They can be established through social, cultural, religious, or self-beliefs (Cranton, 2002; Meziro, 1997). Habits of mind are comfortable and difficult to alter, influencing the categories we assign to individuals. When challenged, individuals feel ill at ease which either leads to a denial of the new information for the usual belief (habit of mind), or critical reflection on the topic. It is

not until one overcomes these emotions that transformative learning is realized (Matthew-Maich et al., 2010; Meziro, 1997).

Transformative learning is a process to move an individual away from habits of mind through an activating event that identifies knowledge in opposition to these habits, introducing discourse and self-reflection that leads to inner conflict which either pushes the individual away from the habit of mind or to return to habitual categorizations (Cranton, 2002; Matthew-Maich et al., 2010; Mezirow, 1997). Transformative learning is adult education in a learning environment that encourages co-learning, collaboration, questioning, and discourse. The instructor is a co-learner in the process that promotes engaging with new concepts within individuals contexts, reflect on these, and critique this new information (Mezirow, 1997). Leadership becomes the responsibility of the group, through mutual learning, teaching, and problem solving. This environment creates trust, and a process that leads to changes in perceptions, attitudes, experiences, which is transformative to the point that it creates continuous action (Matthew-Maich et al., 2010).

The process of achieving transformation is not standardized, in that each individual will learn in a unique manner, and what is transformational to one student will not necessarily be so to others. Cranton (2002) identified seven steps as a guide to working to transformational learning. She emphasized that these steps are not linear:

1. An event must occur that makes a person question their usual view or assumption. This is considered the "activating event" (Cranton, 2002, p. 66)
2. Identifying presumptions which cause the realization that an individual has assumptions that have unconsciously and carelessly been absorbed.
3. "Critical self-reflection" (Cranton, 2002, p. 66) – asking oneself where these

assumptions originated and whether or not they are important.

4. "Being open to alternative viewpoints" (Cranton, 2002, p. 66).
5. "Engage in Discourse" (Cranton, 2002, p. 66) – group discourse occurs, assessing evidence and alternative thoughts, while constructing meaning through agreement.
6. Assumptions are altered.
7. Action is taken to make ones thoughts and behavior consistent with the changes made to attitudes, beliefs, and assumptions.

Nurses learn and work in a manner that is similar to transformative learning, where they are required to critically reflect and conduct discourse to solve problems, and better understand actions (Matthew-Maich et al., 2010). The activating event in this framework includes participation in the creation and viewing of an ethnodrama guided by Cranton's (2002) seven nonlinear steps to transformational learning (Table 2.1). In the next section I discuss ethnodrama as an approach and provide more specific detail on how it is used in this study in Chapter 3.

Ethnodrama

Art has been identified as one way to highlight late life potential (Carr, Wellin, & Reece, 2009; Cohen, 2000, 2006; Hanna, 2006; Sherman, 2006). Guided imagery and role play have been utilized as methods to explore possible selves and augment future performance, express feelings, and venture beyond social limitations into possibility (Buirs & Martin, 1997; Ruvolo & Markus, 1992). Theatre, as an event, has a historical purpose of inviting individuals to question their own assumptions and thoughts. It is a

Table 2.1. *Correlation of Intervention Activities with the Seven Steps of Transformative Learning*

	Seven Steps of Transformative Learning (Cranton, 2002)						
	Activating Event	Articulate Assumptions	Critical Self Reflection	Open to Alternative Viewpoints	Engage in Discourse	Revise Assumptions/ Perspectives	Acting on Transformation
Student Meeting 1							
Techniques for interviewing(S)*	X				X		
Interview 1							
Students interview older adults (S,A)	X		X		X		
Self-reflexive journals (S)	X	X	X				
Student Meeting 2							
Group Discussion regarding assumptions (S)	X	X		X		X	
Metaphor analysis (S)	X	X					
Share experiences from interviews (S)	X	X				X	
Critical Incident self-reflexive journals (S)	X		X				
Student Meeting 3							
Role play in small groups (S)	X			X	X		
Interview 2							
Older adults interview students (S,A)	X		X		X		
Self-reflexive journals (S)	X	X	X				
Student Meeting 4							
Dialogue Journals (S)	X				X		
Small group discussion (S)	X				X	X	
Debrief (S)	X					X	
Plan for performance (S)	X						X

Table 2.1 Continued

	Seven Steps of Transformative Learning (Cranton, 2002)						
	Activating Event	Articulate Assumptions	Critical Self Reflection	Open to Alternative Viewpoints	Engage in Discourse	Revise Assumptions/ Perspectives	Acting on Transformation
Interview 3							
Script review (S,A)	X			X			
Discussion between student and older adult (S,A)	X			X	X	X	
Feedback on script (S,A)	X				X	X	
Self-reflexive journals (S)	X	X	X				
Attend Performance							
View ethnodrama (S,A)	X						X
Panel Discussion (S,A)	X						X

*S = Nursing Student Participates; A = Older Adult Participates

method of expression that enlists one's imagination, impels interindividual understanding, increases the ability to access feelings, find and make meaning, and visualize discourse (Davis-Manigaulte et al., 2006). Theatre has been used to increase African American knowledge regarding Alzheimer's disease (Fritsch, Adams, Redd, Sias, & Herrup, 2006), explore older adult anxiety about death in long term care (Smith, 2000), and work with Alzheimer's patients (Parkinson, 2008). Acting techniques have been used in long term care and subsidized retirement homes to demonstrate feasibility of use with the oldest old and increase word recall and problem solving (Noice & Noice, 2006, 2009). Caregivers have received training and participated in drama programs to increase communication, fellowship, and demonstrate the caregiving experience (Gutheil, Heyman, Bial, & Perlstein, 2007; Lepp, Ringsberg, Holm, & Sellersjo, 2003; McIntyre & Cole, 2008). Finally, theatre has been used to educate health care professionals (Kemeny, Boettcher, DeShon, & Stevens, 2006; Lorenz, Steckart, & Rosenfeld, 2004; Mienczakowski, 1995).

Ethnodrama, a form of research-based theatre, utilizes interviews to create a theatrical performance (Denzin, 2003; Mienczakowski, 1995). Ethnodrama is a highly innovative technique that can be understood as a form of high fidelity simulation. It is adaptable to a variety of settings, contexts and needs; providing a scalable, modifiable, and low cost alternative to electronic or mechanical simulation. The dramatization of research data has the potential to empower and motivate change within an audience (Rathzal & Uzzell, 2009; Saldaña, 2005) and is often used toward the goal of making research findings accessible to the general public (Denzin, 2003). It recognizes the influence that people have on others as co-performers and places control of meaning making with the drama

participants (Denzin, 2003; Mienczakowski, 1995). Saldaña (2003) provides a list of ethnodramas used to cover topics from education and race relations, to health disparities and fieldwork. Ethnodrama is increasing in popularity within the healthcare community (Rossiter et al., 2008). It has been used to facilitate discussion about end of life anxiety within a continuous care retirement community (Worley & Henderson, 1995), identify the influence of an ethnodrama performance on student understanding of doctor-patient interactions (Rosenbaum, Ferguson, & Herwaldt, 2005), increase health care practitioner understanding of expression in nonverbal persons with dementia (Kontos & Naglie, 2007), increase knowledge of TBI survivor experiences (Colantonio et al., 2008), alter attitudes toward mental illness (Blignault et al., 2010), and identify the influence of a performance about widowhood in promoting aging well (Feldman, Radermacher, Lorains, & Haines, 2011). It has been used to disseminate findings, alter assumptions, instruct regarding health care, and improve practice (Blignault et al., 2010; Colantonio et al., 2008; Feldman et al., 2011; Horghagen & Josephsson, 2010; Hundt et al., 2010; Kontos & Naglie, 2007; Lind, Prinsloo, Wardle, & Pyrch, 2010; Mitchell, Jonas-Simpson, & Ivonoffski, 2006; Nimmon, 2007; Rosenbaum et al., 2005). Outcomes from the use of ethnodrama include improved understanding of research findings (Colantonio et al., 2008; Mitchell et al., 2006), increased empathy in health care workers for English as a second language immigrant women (Nimmon, 2007), and raised awareness in provider patient interactions (Kontos & Naglie, 2007).

Ethnodrama has also been identified as an effective educational tool (Kontos & Naglie, 2007). While students have been involved in viewing ethnodrama (Lind et al., 2010; Rosenbaum et al., 2005), their participation in data collection and creation is rare in

health care contexts. Adolescent girls living in group homes participated in the creation of ethnodrama (Lind et al., 2010), and nursing students collected data and provided reflexive feedback contributing to the creation and performance of an ethnodrama that highlighted the stigma associated with working in drug and alcohol detoxification centers (Mienczakowski, 1995). Ethnodrama has not been utilized as an intergenerational intervention, nor has it targeted older adult attitudes toward aging and nursing student attitudes toward older adults.

In summary, societal stigma leads to negative attitudes toward older adults, which has influenced student attitudes. These attitudes tend to be negative and decrease student desire to work in geriatrics and/or gerontology. Previous methods have taken a traditional approach to altering attitudes, by identifying factors correlated to positive attitudes and planning interventions to increase these factors. Yet, statistical correlations have not targeted the root of the problem, ignoring societal discourse that students have experienced for years before nursing school. A method has yet to exist that alters attitudes that encompass aging in general, no matter the age, living situation, or ability. Highlighting late life potential, via possible selves, has the potential of becoming a transformative learning experience as students explore this concept through the creation and viewing of an ethnodrama.

This review of the literature supports an approach that links together possible selves, transformative learning and ethnodrama as an avenue to targeting habits of mind that influence attitudes and the stigma associated with older adults and aging. This directly addresses the purpose of the proposed study, which is to develop, implement, and evaluate the feasibility of ethnodrama as an intervention to increase positive perceptions

of aging in a sample of nursing students and older adults living in assisted living. The effects of participation in this intervention will be evaluated to determine the influences on nursing student attitudes toward older adults and older adult attitudes to aging.

CHAPTER 3

DESIGN AND METHODS

In this chapter, the need for a mixed method design will be explored, followed by a description of the design and methods of the study. Sampling of nursing students and older adults will be outlined, followed by a description of the setting and intervention which includes student meetings, interviews between students and older adults, and an ethnodrama performance and discussion. Data collection involves interviews, documentation of the intervention process, reflexive journals, nursing student quantitative data at six time points and older adult data both pre- and posttest. The ethnodrama was created from analysis of qualitative data, while quantitative data were analyzed to establish changes in attitudes. Finally study rigor, limitations, and protection of human subjects will be outlined.

Framework

The topic of this intervention focused on late life potential, allowing nursing students to explore an area that few think about in terms of older adults. Late life potential was operationalized through the concept of possible selves, as envisioned through an ethnodrama, with nursing students and older adults working together to create an activating event for transformative learning.

Ethnodrama was used as a low-cost high fidelity technique to construct the transformational learning situations through structured, goal-directed interpersonal engagement focused on the topic of possible selves. The transformative process occurred as nursing students and older adults worked to create a possible selves ethnodrama, moving them through the nonlinear seven-step process of transformative learning (Cranton, 2002). The use of a true mixed method design provided a template for the systematic study of the arts in research without sacrificing scientific or artistic quality.

Mixed Method Design

Theatre is seen as a tool for research dissemination, increasing the ability of practitioners and the overall population to understand findings in a manner that expands accessibility of the usual article manuscript (Rossiter et al., 2008). However, traditional methods used to integrate research and theatre have limitations. Mixed method design may be one method for clarifying ethnodrama methodology by utilizing more than one method to capture the process of theatre but also analyze changes that may occur through the use of measures more familiar within the research community.

Mixed method design is a relatively new approach to research (Johnson, Onwuegbuzie, & Turner, 2007). It is defined as a research project that incorporates an inductive or deductive core component which could stand alone and a supplemental component that could not be published on its own. The purpose is to expand the research beyond the core in order to move further along the research trajectory. Components can be either qualitative or quantitative (Morse & Niehaus, 2009). A systematic analysis of the literature demonstrated that researchers working in ethnodrama are either unaware of

this design, or do not self-identify as mixed method which causes research-based performance to miss out on the benefits implicit within this design. This has limited the ability of researchers to adequately report the process and findings of their studies, creating confusion and limiting the influence of their approach.

Design and Methods

This synchronous qualitative plus quantitative mixed method study involved generating qualitative data for the core component through focus groups, interviews, and observation in order to develop and implement the ethnodrama intervention. The supplemental component is quantitative, consisting of intervention testing in order to evaluate the initial outcome of the intervention (Figure 3.1).

Sample

Nursing Students

Baccalaureate nursing students at the University of Utah were included if they expressed interest in participation. These students were sampled as literature has shown that intervention should occur early in the course of study (Valimaki et al., 2008). Students were offered community service hours for their participation in this study. These hours could be used towards the Community Engaged Scholars Program which requires 400 service hours in a community setting benefitting the community and the university. Students could not receive financial remuneration or academic credit for these hours. Upon completion of the study they also received an official letter for their portfolio thanking them for their participation and demonstrating their collaboration in

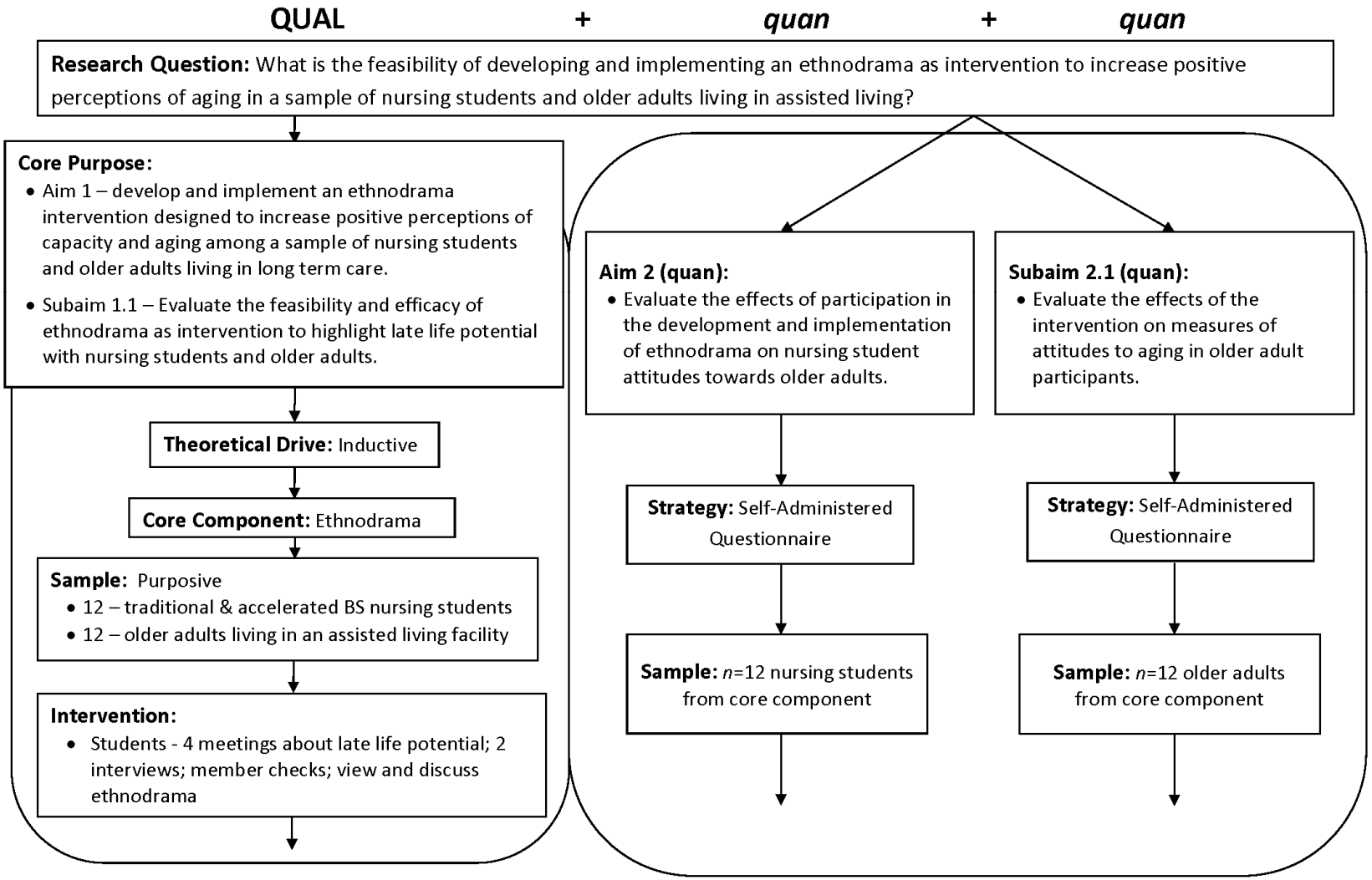

Figure 3.1. Diagram of Mixed Method Research Design

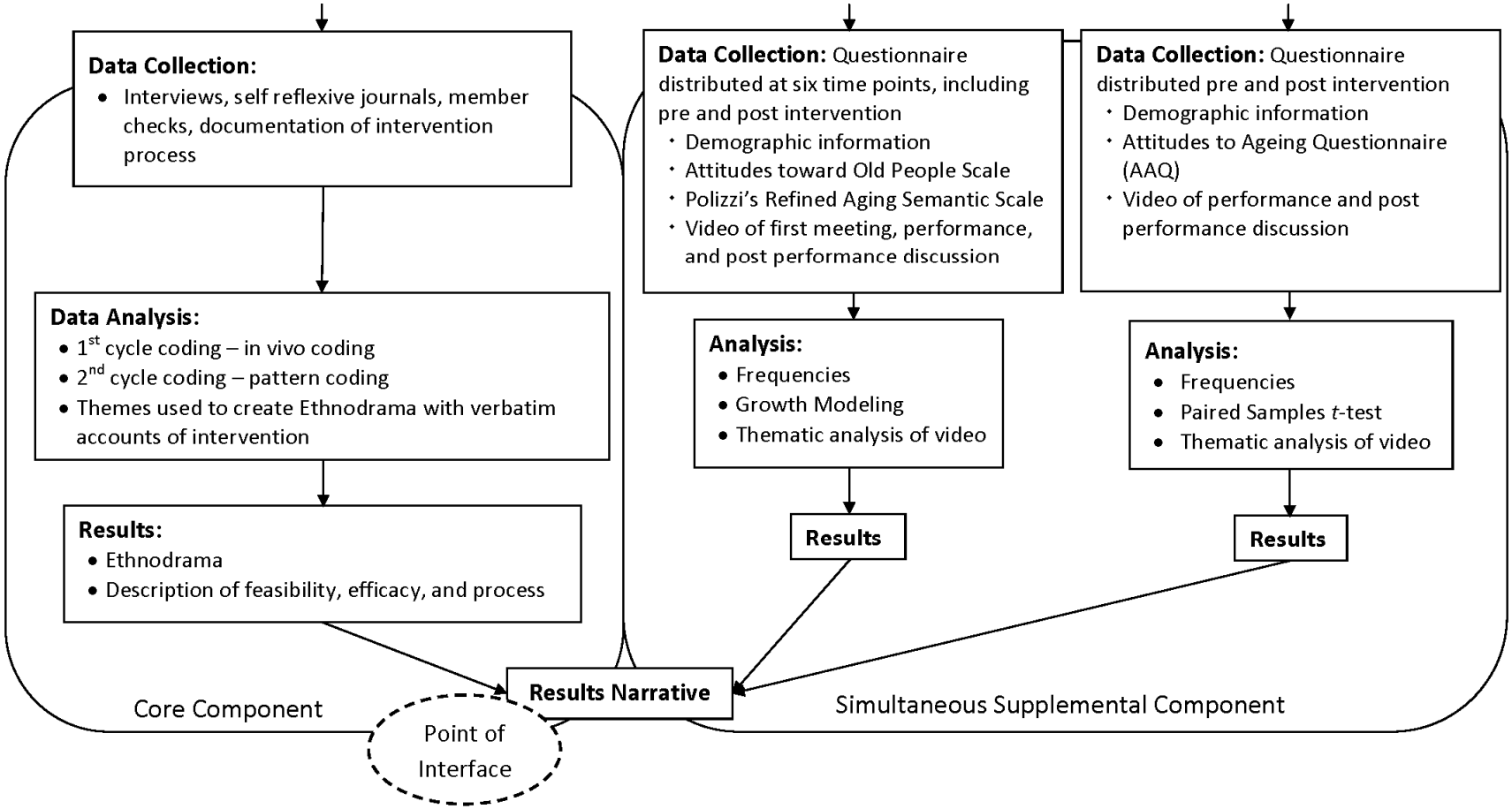

Figure 3.1. Continued

scholarly research. Approval was obtained from the College of Nursing, the Associate Dean of Academic Programs, and the Executive Director of Undergraduate Programs in the College of Nursing. Recruitment of students occurred through three mechanisms in a rolling recruitment process until 12 students were enrolled. These mechanisms visiting undergraduate courses to share study information with students, email, and advertising through flyers. In the first round of recruitment, the researcher visited undergraduate courses to provide a brief overview of the study and request student emails for those interested in more information. The second round of recruitment involved sending an email to all students through academic advising with a brief overview and a request to reply if they were interested in more information. All students who signed up for more information were sent a follow-up email with detailed information about the purpose of the study, requirements of participants, estimated total hours, and benefits of participating. If fewer than 12 potential participants responded, then flyers advertising the study would have been posted throughout the College of Nursing to increase visibility. However, more than 12 students replied with further interest. An alternative community service hours options was available to students wanting to participate beyond the first 12, but due to student conflicts a total of 12 students were enrolled and completed the study.

Study meetings occurred at the College of Nursing building on the University of Utah campus, and were scheduled following on campus courses for those enrolled. The researcher met with students initially to provide a more detailed overview of the study, answer questions, gather informed consent and collect a pretest regarding attitudes toward aging.

Older Adults

Twelve older adults residing in a standalone assisted living facility were recruited. A nonprofit facility located near the University of Utah campus agreed to participate. The facility was asked to advertise and promote the project. Volunteers were required to willingly meet with nursing students at three occasions over a 4-month period and attend the ethnodrama performance and postdiscussion. A hardbound copy of the ethnodrama script was offered to all participants and a copy was donated to the facility. Individuals were excluded if they could not communicate verbally or did not speak English. A letter of invitation and informed consent was read to each participant. Upon written consent, participants completed a pretest regarding self-perceptions of aging.

Setting

The setting was an assisted living facility in the Salt Lake City area. The facility was a standalone facility with 39 rooms. It only offered one level of care which facilitated the exclusion of skilled nursing, and dementia care. The facility was a nonprofit entity and close to the College of Nursing, which enabled students to travel between settings. The second setting was the College of Nursing at the University of Utah. All student meetings were held in a room at the College of Nursing, which allowed students to participate while on campus.

Intervention

Students met with researchers and older adults in order to create an ethnodrama based on exploring late life potential through the framework of possible selves.

Student Meetings

Students were asked to participate in a total of four meetings during Fall semester 2013. Each meeting lasted no longer than 60 minutes and activities correlated with the seven steps to transformative learning (Cranton, 2002). Students were provided training in interviewing older adults, the use of digital recorders, and protocol for data management and submission. Submission guidelines for self-reflexive journals, which they were asked to complete following major activities during the course of the intervention, were outlined. Meetings were also used to update students regarding the ethnodrama performance, date, time, and logistics.

Student and Older Adult Interviews

A total of three interviews were scheduled to occur during the intervention, with all three involving both student and older adult participants. Interviews were semistructured and open-ended. Digital recorders were used to document all interactions. The interview schedule included the following topics: goals, motivations, plans for next week, plans for 1 year, and a broad description of the meaning of future. Interviewees were asked to discuss role models in their current context, how they create memories, and possible selves (Frazier et al., 2002) (Appendix A). Students submitted all digital recordings following each interview. Interview 1 required students to interview older adult participants. During interview 2, older adults utilized the same interview to ask students the same questions. The final interview involved the student adult dyad reviewing the ethnodrama script, recording the session to document feedback about the validity of themes and representation. Problems, or concerns, were taken into consideration and

incorporated into the final draft of the script.

Ethnodrama Performance and Discussion

A performance of the ethnodrama took place at the assisted living facility site. The audience included all intervention participants, available staff, other residents, and family. Walk-Ons, Inc., a professional performing group that specializes in performing for underserved audiences performed on site at the facility. Research has found that the impact of performance in educating audiences must include high quality aesthetic in conjunction with the educational objectives (Jackson, 2005; Schonmann, 2005). A postperformance discussion occurred with all in attendance, focusing on student and resident participants.

Data Collection

Study design included methods aimed at constructing the intervention and methods aimed at evaluating the intervention. Data collected in the construction of the intervention could have been analyzed in their own right, but for the purposes of this study they were used to construct the intervention (Figure 3.2).

Aim 1

Qualitative methods were used to construct the ethnodrama intervention. Data were gathered through 3 interviews between older adults and students (Appendix A).

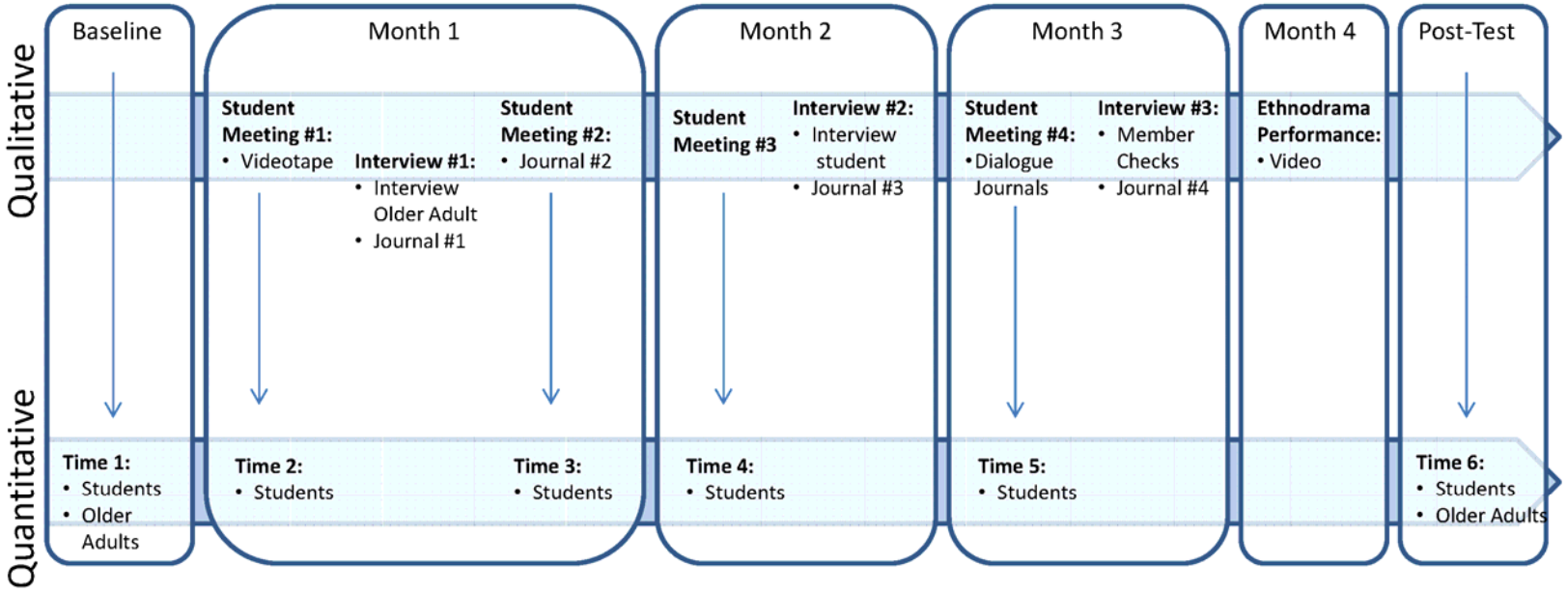

Figure 3.2. Data Collection Points

Interviews

The first two interviews between older adults and students included open ended questions that focused on possible selves. Possible selves were measured utilizing the Possible Selves Interview (Cross & Markus, 1991; Frazier et al., 2002; Hooker, 1992). This required the interviewer to read an explanation of hoped-for possible selves and feared for possible selves. The interviewee was then asked to list as many hoped-for possible selves as they could think of, followed by listing as many feared for possible selves. This open-ended semistructured interview also asked questions about goals, motivations, plans for next week, plans for 1 year, and a broad description of the meaning of future. The semistructured process allowed for the collection of stories, thoughts, and ideas outside of responses to the specified questions. In the first interview the student asked the older adult these questions. Interview 2 involved the older adult asking the student the same questions. The third interview was a member check, where students and older adults read the ethnodrama script together and provided feedback, discussing what they read. All three meetings were digitally recorded and transcribed word-for-word.

Aim 1.1

Feasibility was established in two ways: 1) documentation of the intervention process, 2) reflexive journals from students.

Documentation of the Intervention Process

Documentation of the intervention process allowed for a detailed description of the process of constructing and delivering the intervention. Detailed notes were retained

regarding each step in the process, problems experienced, techniques to overcome these problems, as well as lessons learned. A log was created, using an Excel spreadsheet, in order to identify frequency of student attendance at meetings, number of completed interviews, length of all interviews and meetings, as well as documentation of attrition. Notes were made regarding explanation for participant drop out and failure to complete an interview or attend a meeting (Appendix B).

Reflexive Journal

Students were asked to submit self-reflexive journals following each intervention meeting. A total of four journal entries were collected from each student anonymously via SurveyMonkey (SurveyMonkey Inc., 2013). These were used to identify features of the intervention that were most significant and effective.

Aim 2 and Aim 2.1

Both qualitative and quantitative methods were utilized to evaluate the effects of the intervention on nursing student attitudes toward older adults and older adult attitudes to aging. These methods included documentation of student attitudes at six time points including pre- and postintervention, pre- and posttesting of older adults, video documentation of the first student meeting, and video documentation of the ethnodrama performance and postperformance discussion.

Nursing Student Measures at Six Time Points

Students completed the same instruments at six different time points (pretest, at the beginning of each of four student meetings, and at posttest). It included a demographic questionnaire to identify age, sex, marital status, education level, race/ethnicity, frequency of contact with older adults, and previous work experience. Two scales were used to measure attitudes toward older adults. The first was the Attitudes Towards Old People Scale, 34 items with a six-point Likert Scale, which was originally created with university students to measure their attitudes toward older adults (Kogan, 1961). Reported reliability of this scale is moderate with Cronbach's Alpha ranging from .66-.83 (Doherty et al., 2011; Iwasaki & Jones, 2008; Kogan, 1961; Mangen & Peterson, 1982; Ryan, Melby, & Mitchell, 2007). The second scale was Polizzi's refined version of the Aging Semantic Differential (rASD) which has respondents rate their attitudes toward older adults using 24 adjective pairs (Polizzi, 2003). Reported reliability is high, ranging from .93-.94 (Gonzales, Tan, & Morrow-Howell, 2010; Iwasaki & Jones, 2008; Polizzi, 2003; Polizzi & Millikin, 2002). Students were asked to rate adults ages 65-79, and again adults 80+. The final survey included open ended questions about the overall experience participating in the study and reactions to the final ethnodrama performance.

Older Adult Pre- and Postintervention Measures

Older adults completed the same instruments both pre- and postintervention including a demographic page to identify age, sex, marital status, education level, race/ethnicity, and self-reported health. This was followed by The Attitudes to Ageing Questionnaire (AAQ), which was a 24-item self report instrument for older adults to identify their

attitudes toward aging by focusing on three areas: 1) psychosocial loss, 2) physical change, and 3) psychological growth. It has demonstrated reliability with a Cronbach's alpha of .86 (Laidlaw, Power, Schmidt, & WHOQOL-OLD Group, 2007). Post-tests included open ended questions about reactions to the final ethnodrama performance and the overall experience participating in the study.

Video Pre- and Postintervention

Two meetings were documented in order to better understand changes over the course of the intervention. Digital video was used to record both meetings. The first meeting was recorded to support baseline data regarding student views of older adults. The last meeting, which included both the ethnodrama performance and discussion, was recorded to better understand change between the first and last meetings.

Analysis

Aim 1

This data was organized utilizing NVivo 10 (QSR International, 2012), specifically for the purpose of constructing an ethnodrama from the data. The primary investigator, who was not involved in collecting interview data, analyzed data and utilized verbatim nonfictionalized accounts from interviews to create the ethnodrama. Constant comparative analysis of interview transcripts occurred throughout the process of the intervention. In vivo coding was used as first cycle coding in order to begin identifying themes for the ethnodrama (Saldaña, 2009). The use of the participant's actual words was important in order to increase the naturalism of the performance piece and reinforce its

purpose (Saldaña, 2003). Immersion in the data was imperative to the analytical procedures. Coding commenced as soon as data collection began. Second cycle coding involved pattern coding (Saldaña, 2009). The results of this analysis informed the ethnodrama performed for all participants at the end of the intervention. Composite characters and adaptation were used to represent themes and findings from the qualitative analysis.

The ethnodrama was created by identifying those patterns most prominent from the qualitative data. These were then organized into an outline that became the shell of the ethnodrama script, with important quotes inserted into this shell to represent themes. The script was then written through a synthesis of quotes, creation of composite characters to increase theatricality of the script. Peer review and member checks provided feedback incorporated into the script. The professional theatre company rehearsal process provided a final layer of feedback to increase consistency of characters and clarity of meaning.

Aim 1.1

Documents were read and viewed throughout the data collection and analysis process. These were used to create a narrative description of the process of intervention construction and delivery, including challenges, actions taken to overcome these problems, accrual, attrition, and adherence. In vivo and pattern coding was used to code reflexive journals, identifying themes that highlighted problematic, as well as significant features of the intervention as perceived by participants.

Aims 2 and 2.1

Video Pre- and Postintervention

Audio from these videos were transcribed verbatim and NVivo (QSR International, 2012) was utilized to organize the data. Thematic analysis using in vivo and pattern coding helped identify changes in observed attitudes between the two meetings.

Quantitative Analysis

Quantitative data were organized, managed, and exported into SPSS through the use of REDCap (Research Electronic Data Capture), a secure method for building databases and reducing error in data entry (Harris et al., 2009). Descriptive statistics were used to characterize both nursing student and older adult participants. Paired samples *t*-tests with bootstrap set at 1000 were used to analyze changes in attitudes in older adults. Student attitudes were analyzed by utilizing multilevel growth modeling, which combines individual change as well as average and interindividual differences in change. In the linear mixed effects approach to multilevel modeling, individual changes are modeled as random effects around fixed effect population estimates. By including random effect variances for individual change, mixed effects models permit the separation of systematic individual differences in change from measurement and other error. Maximum likelihood estimation yields the values of the fixed effect coefficients and random effect variances that make the observed data likeliest. The general model-fitting sequence adds explanatory predictors to an appropriate longitudinal model. Each step in model development permits systematic individual variation ("random" effects) in initial status, overall therapeutic impact, and therapeutic rate-of-change (see also Singer & Willett,

2003) (Table 3.1).

Rigor

Multiple data sources were used to create the ethnodrama. These consisted of interviews with nursing students and older adults, as well as member checks via student and older adult readings and approval of the final ethnodrama script. The various steps in the creation of the ethnodrama were documented with notes retained regarding all intervention meetings, logs of attendance and surveys completed, as well as notations on attrition. Students were asked to submit a total of four reflexive journals which also documented participation and any changes that occurred throughout the process. Quantitative data were collected as well, providing another form of data which allowed the triangulation of findings. Findings were documented and described with enough detail to allow readers to fully understand the process in which the research was conducted and evaluate the findings.

Limitations

Selection, history, maturation, and regression artifacts were all threats to internal validity as random assignment was not implemented. Utilization of the same tests at all data collection time points created a potential testing threat. However, multiple time points also increased precision of measurement (Donaldson, 2008). No test was given less than 2 weeks apart, while others were at least 1 month between time points. The length of time between tests worked to decrease testing effects.

Construct validity was threatened due to potential inadequate explication of

Table 3.1. *Aim, Collection Method, Timing, Outcome Measures, Variable, and Analysis Procedure*

Aim	Collection Method	Timing	Outcome Measure	Variable*	Analysis
Aim 1	• Student interview of older adult	Interview 1	• Audio-recorded, verbatim	Q	• In vivo / Pattern
	• Older adult interview of student	Interview 2	• Audio-recorded, verbatim	Q	• In vivo/ Pattern
	• Member check interviews	Interview 3	• Audio-recorded, verbatim	Q	• In vivo / Pattern
Subaim 1.1	• Documenta-tion of Process	Ongoing	• Logs • Detailed Notes, descriptions	Q	• Descriptive • Narrrative
	• Self-reflexive student journal entries	Ongoing	• Survey Monkey	Q	• In vivo / Pattern
	• Posttest Open Ended Questions	Post-intervention	• Written experience with overall intervention	Q	• In vivo / Pattern
Aim 2 & Subaim 2.1	• Student Pre- & Posttest	• Baseline • 4 student meetings • End of 4 months	• Demographics • Attitudes to older adults • Refined Aging Semantic	D C C	• Descriptive • Multilevel Growth Modeling
	• Older Adult Pre- & Posttest	• Baseline • End of 4 months	• Demographics • Attitudes to Aging	D C	• Descriptive • Paired Samples *t*-test
	• Pre and Post Video	• Baseline • End of 4 months	• Video-recording	Q	• In vivo / Pattern
	• Posttest Open Ended Questions	Post-intervention	• Written experience with overall intervention	Q	• In vivo / Pattern

*Q=Qualitative, C=Continuous Variable, D=Dichotomous Variable

constructs. Attitudes to aging may include more than just attitudes to older adults and understanding late life potential may be more expansive than just possible selves. Experimenter expectancies may have contributed in that the primary investigator was leading instructional meetings with nursing students. This innovative intervention may have introduced novelty and disruption effects which may have increased excitement and elevated outcomes. While attitudes may have altered based on the change in normal student activity, it should be pointed out that was the intention of this transformational learning experience. The length of the intervention was over 4 months, which may have decreased the novelty of the activities, and viewing one performance of an ethnodrama may not have, in and of itself, changed much in the audience. So the culmination of all transformative activities was targeted to alter attitudes over time, reducing the chance of novelty.

Statistical validity was influenced by the small sample size. However, the bootstrap option on SPSS was used so that assumptions of statistical tests were not violated. Data collection at multiple time points increased precision. Interviews were monitored in order to limit extraneous variance in the intervention setting.

Data were collected from new baccalaureate nursing students at a single university in the Mountain West, which is a threat to external validity as the generalizability of these findings may be limited to certain settings, times, and individuals.

Limitations related to construction of the ethnodrama involve the limited amount of time to create the script, with an outside company having minimal rehearsal in preparation for the final performance. Members of the dissertation committee provided feedback during ethnodrama construction, and experienced actors were used for the

actual performance, which decreased the amount of time needed for rehearsal. Representing each study participant in the ethnodrama was also difficult, thus voices were combined to represent an overall feeling and experience. Ethnodrama requires retaining the entertainment value of the material in order to be effective. One challenging goal was to balance the needs of retaining research accuracy and validity while making the material entertaining.

Protection of Human Subjects

Human Subjects Involvement and Characteristics and Design

Recruitment involved two groups of individuals, older adults residing in assisted living and undergraduate nursing students. First, adults age 65 and older were recruited from a long term care facility in the Salt Lake City area. Older participants were required to read English, respond to questions, and participate in meetings during a 4-month period. Participants were excluded if they could not communicate verbally or did not speak English. Sampling continued until 12 individuals agreed to participate.

Twelve 1st-year traditional baccalaureate nursing students were recruited during their second or third semester in the College of Nursing program at the University of Utah. While no exclusion was made based on age, gender, or health status, students in this program have an average age of 25 and 22% are male.

Older adult recruitment occurred with the assisted living facility promoting the activity. Student recruitment targeted traditional and accelerated BS nursing students. Students received community engaged service hours, a letter of participation for their portfolio, a hardbound copy of the ethnodrama script, as well as any of the benefits that

they may have experienced participating in the intervention. Older adults received visits from students, a final performance, a hardbound copy of the ethnodrama script created from the experience, as well as any of the benefits experienced through intervention participation.

Older adults in assisted living may be considered a vulnerable population. Their participation facilitated the creation of the ethnodrama through intergenerational visits, interviews, and on-site performance focusing on late life potential. Increasing the interaction between older adults and future health care providers was imperative to the opportunity to alter self-perceptions of aging and attitudes toward older adults.

Random assignment did not occur in this study, as all participants received the same intervention. The intervention itself occurred during a 4-month period. Nursing student participants met on four separate occasions for 60 minutes as well as three interview meetings with older adults. Older adults met with students three times for 60- to 90-minute sessions. Both groups met together for the final performance and discussion of the ethnodrama which lasted about 40 minutes. All participants completed pre- and posttests, which required a total of six visits for older adults and eight for nursing students. Meetings occurred one to two times per month.

Assisted living staff were not involved in data collection or analysis. Collaboration occurred through the interaction of older adult residents with research staff and student volunteers.

Sources of Materials

The source materials obtained from human subjects included deidentified demographic information as well as self-reflexive journals. Older adult participants completed assessments regarding attitudes to aging, while student participants were assessed regarding attitudes to older adults. All source material was deidentified and anonymous. Video was collected of the first meeting as well as the ethnodrama performance and postperformance discussion. Interviews were collected from all participants and documented utilizing digital recorders.

The principal investigator was the sole individual with access to identifiable information and video. Participants collected interviews from each other which may have included some identifying information.

All participants were instructed on confidentiality and research practices in order to retain the confidentiality of the participants. Video and digital recordings were transcribed word for word, and identifiable information, such as names and place of residence, were changed to protect the participants. These recordings were kept in a locked file cabinet, where only the principal investigator could access them. Identifying information will not be retained on any information made public. The script of the ethnodrama, created from the collected interviews, will not include identifying information, and all participants had the opportunity to read and approve of the material before it was presented in performance.

Potential Risks

This study presented minimal risk to participants, including coercion, confidentiality, and privacy. These risks were addressed through methods to decrease coercion, train participants in research techniques that increased confidentiality as well as privacy. Risk may have involved the emotional experience of talking about thoughts as pertaining to possible selves, which may have triggered memories. Viewing the ethnodrama may have produced reactions and/or feelings presenting unexpected emotions.

Protection of Human Subjects

Recruitment and Informed Consent

Older adult participants were recruited from a nonprofit stand-alone assisted living facility in Salt Lake City. Twelve participants interested in participating were identified. The principal investigator read the consent form to each potential participant. Those who provided consent were asked to sign the form and provided a copy for their records. Those who refused consent were thanked for their time, and other consenting participants were sought.

Student participants were recruited from the undergraduate baccalaureate in nursing program at the University of Utah. Twelve students were sought via email and classroom visits. Students had the opportunity to ask questions and agree to participate in person or during follow up emails. They received informed consent in a face-to-face meeting with the research following email communication. Students were provided a copy of informed consent for their records. Students were offered community engaged service hours, a letter of participation, and a hardbound copy of performance script to participate.

Protections Against Risk

In order to protect against coercion during student recruitment, students were provided all information about participation. They were provided contact information for signing up and asked, if interested, to do so outside of class. If more than 12 students showed interest, the first 12 to sign up were accepted. An alternative community engaged service hour experience was available to students who were not in the first 12 volunteers. Risk was minimized through training and deidentification of data. Participants involved in this project were trained in data collection and interviewing. They also received information regarding confidentiality and the importance of retaining individual privacy. This meant that as participants interviewed one another, they were able to collect data in a manner that protected the interviewee. All involved were informed that deidentification occurred, and any mention to identifying information was changed to protect the informant. Interviews were collected on digital recordings, which were then collected by the principal investigator. They were saved on a secure computer server. Transcripts utilized deidentified information and the final ethnodrama performance retained deidentification. Participants had final approval of the script and objection to material resulted in renegotiation with participants to insure the script was representative of overall participant experience. This minimized anxiety that may have occurred in viewing the data performed. Names of professional social service and medical personnel were kept on file in case participant referral was needed. Video recordings of student meetings were kept in a locked filing cabinet. Reflexive journals and testing measures were deidentified through the use of code names and numbers. Paper copies of research data and any keys to identifying information were kept under

lock and key. All information about participants were stored in a password protected computer file and only accessed through encrypted computers.

Potential Benefits to the Subjects and Others

Potential benefits included increased intergenerational understanding, changed perceptions of potential and possibility, and knowledge about the research process. Incentives for participation included a hardbound copy of the ethnodrama script and an official letter of participation for all participants and community engaged service hours for student volunteers.

Older adult participants may have benefitted through the creation of intergenerational connections, providing guidance and feedback to students, and increasing socialization. They may also have experienced positive feelings in the process of expressing their thoughts on the aging process. Viewing this study as an ethnodrama may have also provided a form of catharsis through the visualization of this experience on students and audience members.

Students may have learned more about the process of aging, which may have increased their positive attitudes about older adults as well as their desire to work in geriatric nursing. This would have the long term benefit of increasing the numbers of students involved in improving patient centered geriatric care.

Ultimately this may benefit a wider group, as an increase in individuals working in geriatric nursing will increase geriatric care and create more informed and improved treatment for older adults in general. Participants may have also benefitted in learning about the process of training and practice in data collection techniques. This may have

heightened individual interest in future research participation.

The minimal risks involved in this study were off-set by the anticipated benefits, as this intervention caused no more than minimal risk, but has the chance of providing greater benefits in nursing care and the individualized experience of those involved.

Importance of the Knowledge to be Gained

This study identifies the influence of a possible selves ethnodrama on nursing student attitudes toward older adults and older adult self-perceptions of aging. These findings inform us on the feasibility of ethnodrama as an intervention in nursing education and long term care. It also helps us better understand the meaning of potential and possibility in late life by increasing our understanding and the influence of these meanings on older adults and self-perceptions of the aging experience in long term care. The knowledge provided by this intervention also has the potential of increasing the geriatric nursing workforce, improving patient centered care, and influencing the methods for training nursing students. The humanistic approach of understanding aging has the potential of educating students in a manner that changes attitudes and provides a memorable experience that individuals will be able to recall in the future. The risk involved to both students and older adults was minimal, particularly in comparison with the possible knowledge that this will provide to nursing education and end of life care.

CHAPTER 4

THE FEASIBILITY OF ETHNODRAMA AS INTERVENTION TO HIGHLIGHT LATE LIFE POTENTIAL FOR NURSING STUDENTS AND OLDER ADULTS

Abstract

One barrier to the expansion of geriatric health care providers is the limited desire of nursing students to work with older adults. The purpose of this study is to evaluate the feasibility of utilizing ethnodrama as an intervention to highlight late life potential with nursing students and older adults. Twelve baccalaureate nursing students were paired with 12 residents of an assisted living facility. The intervention involved transformational learning activities including self-reflection, discussion, and partner meetings at three time points to complete semistructured interviews on the topic of late life potential. The intervention culminated in a professional performance of the ethnodrama developed from these data. Data analysis involved reviewing participation logs and journals documenting the process of intervention construction and delivery. Transcripts of initial student meetings, self-reflections, the performance, postperformance discussion, and open ended survey questions were analyzed utilizing in vivo and pattern coding in order to examine the ability of this intervention to highlight late life potential. Results demonstrate difficulty in recruitment of nursing students, fear of

participating in data collection, as well as positive feedback regarding the overall process. Older adult participants recognized positive late life potential, and emphasized this in their feedback, while students explored potential throughout the lifespan and reflected on its meaning in their own lives. Negative potential, while presented in the ethnodrama, was not prominent in participant feedback. Increasing discussion about late life potential may alter the stigma associated with aging, increasing student interest in working with the older adult population.

The Feasibility of Ethnodrama as Intervention to Highlight Late Life Potential for Nursing Students and Older Adults

The rapidly aging US population, including many with chronic and debilitating illnesses, demand increasing numbers of health care professionals with geriatric training (American Association of College of Nursing [AACN] & Hartford Institute for Geriatric Nursing, 2010; Institute of Medicine [IOM], 2008). One barrier to the expansion of geriatric health care providers is the limited desire of nursing students to work with older adults (Brown, Nolan, Davies, Nolan & Keady, 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki, Haapsaari, & Suhonen, 2008; Williams, Nowak, & Scobee, 2006; Wray & McCall, 2007). This is due to stigma which places an emphasis on the deficits of aging, leading to ageism, dehumanization, and the demotion of older adult status in society (Garstka, Schmitt, Branscombe, & Hummert, 2004; Herrick, Pearcey, & Ross, 1997). Stigma influences attitudes as those associated with older adults are also stigmatized (Herrick et al., 1997).

The quality and availability of older adult care is decreased due to negative attitudes

(Aday & Campbell, 1995; Brown et al., 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki et al., 2008; Williams et al, 2006; Wray & McCall, 2007). Interventions have attempted to improve attitudes by increasing geriatric training, yet after a 40-year push, students still identify geriatrics as low on their priority lists (AACN & Hartford Institute for Geriatric Nursing, 2010; IOM, 2008; Williams et al., 2006). In order to meet IOM and AACN calls for increased geriatric specialists and geriatric training (AACN & Hartford Institute for Geriatric Nursing, 2010; IOM, 2008), stigma needs to be decreased by altering the focus on deficits, which has long been the approach within medicine, for a strategy that identifies the potential inherent within aging.

Late life potential is one such concept, contrasting deficits and altering assumptions that stigmatize aging and aged people. It is embodied within the concept of possible selves, which is the idea that self-knowledge includes the belief of an individuals' continual growth and possibility (Frazier, Johnson, Gonzalez, & Kafka, 2002; Markus & Nurius, 1986; Matthew-Maich, Ploeg, Jack, & Dobbins, 2010). One method to increase discussion and understanding of late life possibility is through a transformative learning experience that promotes discourse and self-reflection to transform understanding through inter-and intrapersonal experience (Cranton, 2002; Matthew-Maich et al., 2010; Mezirow, 1997). The concepts of possible selves and transformative learning were integrated through the creation and implementation of an ethnodrama, a participant-centered intervention using verbatim nonfictionalized personal accounts of participants with the goal of altering perceptions of late life potential for both nursing students and older adult participants (Denzin, 2003; Mienczakowski, 1995).

The purpose of this study is to evaluate the feasibility of ethnodrama as intervention

to highlight late life potential with nursing students and older adults, with the ultimate aim of intervening in stigmatizing attitudes and beliefs. This paper will first provide an overview of the theoretical framework that incorporates possible selves (Markus & Nurius, 1986) in a transformative learning experience (Mezirow, 1997) as delivered utilizing ethnodrama techniques (Denzin, 2003; Mienczakowski, 1995). Following this, I describe methods used to recruit participants and to collect and analyze data in order to evaluate feasibility of this intervention. Results will describe the steps required to make this process feasible, challenges faced during this process, and recommendations for future use of this intervention.

Theoretical Framework

The following section theorizes and describes the relationships between possible selves, transformative learning and ethnodrama and how an intervention targeting their interaction is theorized to lead to altered perceptions of late life potential which will transform the learning experience influencing student attitudes for the better.

Possible Selves

As an organizing framework, late life potential is embodied within the concept of possible selves. Possible selves theory posits that individual self-knowledge includes an understanding of possibility, future growth, potential, and aspirations. Possible selves can include positive, or "hoped-for" being as well as an envisioned feared self that individuals do not desire to become (Frazier et al., 2002; Markus & Nurius, 1986; Packard & Conway, 2006). It is through these possibilities that one is motivated to

become or avoid certain possibilities as they guide self-evaluations and become a catalyst for our behavior (Markus & Nurius, 1986). These views are influenced by memories of past self, previous social comparisons with others, possibility contextually reinforced through social, cultural, and historical experience, and media representations (Bardach, Gayer, Clinkinbeard, Zanjani, & Watkins, 2010; Markus & Nurius, 1986; Packard & Conway, 2006). The motivation that occurs as a result of possible selves can influence individual functioning, create new behavior, increase self-evaluation, and define an individuals' actualized self concept (Markus & Nurius, 1986).

Researchers have found that knowledge of self includes possibility that does not relate to ones' current self and that negative possibilities were thought of less than positive possible selves (Markus & Nurius, 1986). Studies on possible selves in older adults have found that older adults continue to have hopes and fears, with the desire for new or repeated experiences rather than just the avoidance or maintenance of one's abilities (Smith & Freund, 2002). Frazier et al. (2002) found that older adults who were 80+ had almost half of their hoped for selves focused on health, while those in their 70s and 60s had hoped for selves in other areas. Possible selves evolve, alter self-image, create future oriented positive potential, and continue well into ones 80s and beyond (Frazier, Hooker, Johnson, & Kaus, 2000; Frazier et al., 2002; Smith & Freund, 2002).

Possible selves are rarely seen by others, and it is only through the individual that one can define personal possibility. It is possible selves that explain the gap between an individual's perceptions of self and the perceptions of others on the outside. Possible selves make it difficult to judge and comprehend behavior. The outsiders' understanding of individuals disregards the hopes, worries, goals, ideals, and plans that are encapsulated

within possible selves (Markus & Nurius, 1986). Nursing students may view older adults as boring, devoid of possibility and growth, but older adults most likely do not perceive themselves in this way. Highlighting this unseen reality for nursing students may change their perspective on late life potential as well as their beliefs about working with older adults. As such, the topic of this intervention focused on possible selves, allowing nursing students to explore an area that few think about in terms of older adults. Possible selves was envisioned through a collaborative experience promoting transformative learning.

Transformative Learning

Transformative learning theory encourages autonomy through critical reflection and discourse (Cranton, 2002; Matthew-Maich et al., 2010; Meziro, 1997). It stems from Habermas' work in theorizing communicative action as a way to integrate and implement social knowledge (1971) where he identified three kinds of knowledge: instrumental (cause and effect), communicative (applied), and emancipatory (autonomous self-awareness). Transformative learning is specifically linked to emancipatory learning (Cranton, 2002). Learning becomes emancipatory when past perceptions are utilized to create new interpretations leading to action based on new understandings. Our assumptions are frames of reference through which we label and judge our world. These frames include habits of mind and points of view. Habits of mind are safe assumptions that we hold. They can be established through social, cultural, religious, or self-beliefs (Cranton, 2002; Meziro, 1997). Habits of mind are comfortable and difficult to alter, influencing the categories we assign to individuals. When challenged, individuals feel ill

at ease which either leads to a denial of the new information for the usual belief (habit of mind), or critical reflection on the topic. It is not until one overcomes these emotions that transformative learning is realized (Matthew-Maich et al., 2010; Meziro, 1997). Transformative learning moves an individual away from habits of mind through an activating event that identifies knowledge in opposition to these habits, introducing discourse and self-reflection that leads to inner conflict which either pushes the individual away from the habit of mind or to return to habitual categorizations (Cranton, 2002; Matthew-Maich et al., 2010; Mezirow, 1997). Activating events include anything that introduces the learner to an alternative viewpoint. Examples include readings, stories, film, art, song (Cranton, 2002), and theatre (Rathzal & Uzzell, 2009).

Transformative learning encourages co-learning, collaboration, critique, questioning, and discourse (Meziro, 1997). Nurses learn and work in a manner that is similar to transformative learning, where they are required to solve problems and better understand actions through critical reflection and discussion (Matthew-Maich et al., 2010). The activating event in this framework will include the creation and viewing of an ethnodrama guided by Cranton's (2002) seven nonlinear steps to transformational learning (Table 2.1).

Ethnodrama

A variety of art forms are useful in highlighting late life potential (Carr, Wellin, & Reece, 2009; Cohen, 2000, 2006; Hanna, 2006; Sherman, 2006). Guided imagery and role play have been utilized as methods to explore possible selves and augment future performance, express feelings, and venture beyond social limitations into true possibility

(Buirs & Martin, 1997; Ruvolo & Markus, 1992). Theatre, as an event, has a historical purpose of inviting individuals to question their own assumptions and thoughts. It is a method of expression that enlists one's imagination, impels interindividual understanding, increases the ability to access feelings, find and make meaning, and visualize discourse (Davis-Manigaulte, Yorks, & Kasl, 2006).

Ethnodrama, a form of research-based theatre, utilizes interviews to create a theatrical performance (Denzin, 2003; Mienczakowski, 1995). The dramatization of research data has the potential to empower and motivate change within an audience (Rathzal & Uzzell, 2009; Saldaña, 2005) and is often used toward the goal of making research findings accessible to the general public (Denzin, 2003). It recognizes the influence that people have on others as co-performers and places control of meaning making with the individual participant (Denzin, 2003; Mienczakowski, 1995). Ethnodrama is increasing in popularity within the healthcare community (Rossiter et al., 2008). It has been used to disseminate findings, alter assumptions, instruct regarding health care, and improve practice (Blignault et al., 2010; Colantonio et al., 2008; Feldman, Radermacher, Lorains, & Haines, 2011; Horghagen & Josephsson, 2010; Hundt et al., 2010; Kontos & Naglie, 2007; Lind, Prinsloo, Wardle, & Pyrch, 2010; Mitchell, Jonas-Simpson, & Ivonoffski, 2006; Nimmon, 2007; Rosenbaum, Ferguson, & Herwaldt, 2005).

Previous research using ethnodrama has targeted student audiences (Lind et al., 2010; Rosenbaum et al., 2005), yet participation in data collection and creation is rare (Lind et al., 2010; Mienczakowski, 1995). Ethnodrama has not been reported as an intergenerational intervention, nor has it targeted older adult attitudes toward aging and nursing student attitudes toward older adults. This low-cost high fidelity technique was

utilized to construct this transformational learning situation through structured, goal-directed interpersonal engagement focused on the topic of possible selves. The transformative process occurred as nursing students and older adults worked to create a possible selves ethnodrama, moving them through the nonlinear seven step process of transformative learning (Cranton, 2002).

This approach links together possible selves, transformative learning and ethnodrama as an avenue to targeting habits of mind that influence attitudes and the stigma associated with older adults and aging. This directly addresses the purpose of the proposed study, which is to develop, implement, and evaluate the feasibility of ethnodrama as an intervention to increase positive perceptions of aging in a sample of nursing students and older adults living in assisted living.

Methods

This qualitative descriptive study is part of a larger mixed methods study. In this component, in-depth qualitative interviews, video documentation of intervention activities, and open ended survey questions were used to explore the feasibility of using ethnodrama as an intervention to alter nursing student attitudes toward older adults and adult attitudes toward aging by focusing on possible selves to highlight late life potential. Human subjects research was approved from the researcher's University Institutional Review Board.

Sample

The sample for this study involved two groups: baccalaureate nursing students, and older adult residents of an assisted living facility. Students were included if enrolled in the baccalaureate nursing program at the local university. Older adults were included if residing at a local assisted living facility partnering on this project. Individuals who could not communicate verbally or did not speak English were excluded from the study.

Recruitment

Recruitment of 12 baccalaureate nursing students from traditional and accelerated baccalaureate nursing programs occurred in a rolling process during July and August of 2013. Second- and third-semester courses were presented a short overview of the study. A total of 63 students were interested in learning more information about participation in this study. A detailed email was sent with an outline of required activities, including four group meetings, three interviews with older adults and attendance at the final ethnodrama performance and postshow discussion, as well as completion of a survey at six time points in order to measure changes in attitude (see Chapter 6). The first 12 to consent were enrolled, yet 15 were interested in participating. Students met with the principal investigator to read and sign informed consent and complete a baseline survey. At this time it became apparent that students wanted to meet directly following their on-campus classes. Three students chose not to participate due to scheduling conflicts. As each student dropped out, the next name on the waiting list was contacted and asked to participate. A total of 12 students were retained for the full duration of the intervention.

Twelve residents from a nonprofit assisted living facility were recruited for

participation. The facility was chosen as it was close to the university, increasing ease of student access, and the facility administrator was willing to partner on this project. The facility administrator was originally concerned about the abilities of residents to participate, but was reassured that all contributions were welcome, no matter the individual ability. Residents were recommended for participation by the facility administrator if they were interested in the project, and administration felt they would be well enough to participate. Nursing staff were not involved in this process or project. Older adult recruitment began with introducing the project to 12 residents over lunch in a room away from the normal lunchroom. This reduced noise and interruptions, while allowing an explanation of the project, a reading of the consent form, and time to answer questions. Ten of the twelve signed consent immediately with two wanting to ask their children before agreeing to participate. One of these two decided to not participate. The administrator mentioned that another resident was interested in the project and she was invited to participate. All 12 older adults were retained for the duration of the intervention.

Overall sample size was kept small in order to facilitate student adult dyads, retain small groups for educational activities, and increase the ability to represent the entire sample within the final ethnodrama script (see Chapter 5).

Intervention

Students and older adults teamed for a 4-month period, completing structured activities designed to provide a transformational learning process leading to the creation of an ethnodrama based on exploring late life potential through the framework of possible

selves. Due to the rolling nature of enrollment, students began the intervention at different times, the first at the beginning of September 2013, and the second group of 8 began 2 weeks later. All intervention activities were planned with the same amount of time between each meeting and activity (Figure 3.2). Students included 6 traditional and 6 accelerated, with 4 accelerated students in the first group and 6 traditional with 2 accelerated in the second group.

A total of four research meetings were held with student participants at the University's College of Nursing, lasting 60 minutes, providing training in interviewing older adults, protocols for data management submission, as well as activities of transformative learning. Scheduled meetings occurred between interviews in order to debrief student experiences and submit recorded interviews. Students were also asked to complete four self-reflections following certain activities (Table 2.1). Ten students attended all four meetings, 1 attended three of the four meetings, and 1 attended only two of the meetings. Students missing meetings met outside of the group to submit recordings and receive one-on-one training.

Three interview meetings occurred between students and their older adult dyads. They met at three times to complete interviews on the topic of possible selves (Frazier et al., 2002). Example of questions include: 1) what motivates you? 2) what are your current goals? 3) what does future mean to you? and 3) who are your role models? The first required students to interview their partner about late life potential. The second the older adults interviewed students using the same interview guide. An ethnodrama was created from the data collected during the first interview (see Chapter 5). Student and adult teams met for one final interview recording themselves reading the ethnodrama and

providing feedback about the script. These data were integrated into the final draft of the ethnodrama in preparation for a performance. Ten students completed all three interviews, with 2 students missing the third interview. One stated that the older adult was too busy and could not meet in the time allotted. The other mentioned that his partner preferred not to read the script, but wanted to view it in person.

The intervention culminated in December 2013 with a performance of the ethnodrama at the facility for all student and older adult participants. Walk-Ons, Inc., a professional performing group specializing in performing for underserved audiences performed the final product on site at the assisted living facility for all student and older adult participants. A postperformance discussion was also conducted as the final part of the intervention. Eleven students and 9 older adult participants attended the final performance and postshow discussion. One student and one older adult did not attend due to illness, 1 older adult was not there due to a family conflict, and the 3rd older adult chose not to attend. The performance lasted a total of 15 minutes, with a postshow discussion lasting 25 minutes.

Data Collection

Data collection involved methods documenting the intervention process and those gathering participant feedback.

Documentation of the Intervention Process

A detailed description of the process of constructing and delivering the intervention was collected through journaling and logs. Detailed notes were retained regarding each

step in the process, problems experienced, techniques utilized to overcome these problems, as well as lessons learned. A log was created, using an Excel spreadsheet, in order to identify frequency of student attendance at meetings, number of completed interviews, length of all interviews and meetings, as well as documentation of any attrition. Participant drop out and failure to complete an interview or attend a meeting were not only documented but reasons behind such occurrences were logged.

Participant Feedback

Digital video was used to gather participant responses at two time points. The first was the initial student training meeting, preparing them to collect data utilizing semistructured interviews. Interviews included the Possible Selves Questionnaire (Frazier et al., 2002) as well as questions about motivations, goals, the definition of future, likes and dislikes, and to identify role models. The second was to document the ethnodrama performance and postshow discussion involving all participants. The ethnodrama was performed by a professional theatre company in the living room of the assisted living facility for an audience including student and older adult participants, facility residents, and staff. The final ethnodrama presented themes on the topic of late life potential, as presented in the student/adult interviews. Following the performance, the audience stayed to discuss what they viewed. They were asked to reflect on what they liked, what they found challenging or problematic, how this was different from reading the script, and whether or not this was representative of their own experiences. All participants also completed a final open ended question asking them to share their thoughts and feelings about the project, specifically what it was like to participate and their thoughts on the

final ethnodrama performance. Students were also asked to submit self-reflexive journals following each intervention meeting. A total of four journal entries were collected from each student anonymously via Survey Monkey (SurveyMonkey Inc., 2013). Eleven students submitted three reflections, with 10 students submitting the final reflection for a total of 43 self-reflections.

Analysis

Analysis involved strategies targeted to 1) create the ethnodrama (see Chapter 5), 2) evaluate the intervention process, and 3) evaluate changes in participant attitudes (see Chapter 6). This article focuses on the overall process of the intervention which includes analysis of how this process altered views of concepts related to late life potential and possible selves through a variety of data collected during the process. Journals and logs were reviewed throughout the data collection and analysis process, as constant comparative analysis occurred to document the feasibility of the intervention. Memos were created to identify significant moments in the process. Participant accrual, attrition, and adherence to the intervention protocol were documented and notations taken to identify connections between these activities and individual experiences during the intervention. Videos documenting the first group meeting and the final performance and postshow discussion were transcribed by the primary investigator to immerse in the data. The investigator also took detailed notes during observations of these meetings. Self-reflections, submitted anonymously by student participants through Survey Monkey (SurveyMonkey Inc., 2013), were read multiple times and saved as individual PDF documents. All names were changed to pseudonyms to protect participant identity;

quotes without pseudonyms were submitted anonymously. Video and self-reflection data were organized using QSR International's (2012) NVivo 10 software with analysis structured into two coding cycles. Cycle one involved in vivo coding to identify participant words and ideas relating to late life potential (Saldaña, 2009). In vivo coding retains the words of the participants, but pulls out small excerpts representing ideas within the data. A second cycle of coding was completed to organize in vivo codes into patterns (Saldaña, 2009). Participant ideas regarding late life potential and possible selves were outlined, using these patterns, in order to identify if this process led to increased understanding through highlighting these concepts.

Results

The feasibility of this intervention was questioned throughout the process, as it required a 4-month commitment from busy nursing students and older adult residents. Some questioned the ability of nursing students to stick with the project, while others questioned if the older adult participants would be well enough to participate for the duration. It is feasible, as 12 students and adults did complete the process. It was a challenge identifying 12 students willing to commit, but with community service hours included, 12 completed most activities required of them. One student missed the first meeting due to the timing of replacing another individual who dropped out, but was provided the training and initial materials in a one on one meeting with the researcher. Overall, student participation was not a problem; only 1 student missed two of the four meetings and was not able to complete the final interview.

In a project like this, the actual performance is not flexible as all participants and the

professional performing group needed to be in the same room at the same time. The fact that one date was scheduled and set when all agreed to be there was a positive. One student did not attend the final performance due to illness while 3 older adults failed to attend because of illness, a family conflict, and one unknown reason.

The other issue that arose was completing interviews in the 2-week window provided to participants. This problem could be mitigated through the use of more digital recorders, allowing flexibility in scheduling. Those interviews completed behind schedule were due to difficulty contacting adult partners, or unexpected personal events. Adult participants were not always available to answer their phones when students called. Some were sick at times, reducing their desire to meet with students in a timely manner. If a student could not contact their partner, they would contact the facility administrator who would help coordinate schedules and facilitate an avenue to overcoming some of the problems students faced. Many students remarked that the actual scheduling of interviews was the most difficult part of the process. One adult participant requested not to complete the final interview, and also did not attend to the final performance. Another was so busy with family meetings during the holiday season that she was not available to complete the third interview in time for the final performance.

From this experience, the difficulties faced were timing and scheduling. Flexibility became an important part of the process: listening to participant needs and providing them with some room to complete the tasks within their own time frames. Scheduling with 24 individuals is difficult, but do-able. It is note-worthy that 10 of the 12 students completed all 12 required tasks (group meetings, interviews, performance, and self-reflections) while 10 older adults completed all three interviews, all 12 completed pre-

and posttesting, and 9 attended the performance.

This intervention involved activities targeting transformational learning, such as group discussions, intergenerational interviewing, self-reflection, and a viewing of the final performance with a group discussion afterwards to identify audience reactions to the overall experience and the culminating performance. It was through this process that possible selves were highlighted and emphasized in order to increase understanding of late life potential.

What Is the Influence of the Intervention on Student Understanding of Late Life Potential?

Interviews 1 and 2: Possible Selves

Some parts of the intervention seemed to elicit more understanding and focus on late life potential more than others. Students felt the first two interviews "provided a better method of discussing the topic of late life potential." Yet there were some difficulties that arose during the interviews. In the second interview, the adults interviewed students using the same questions from interview #1. Adult partners varied in their ability to complete this task. Some students felt they were interviewing themselves or that the adult partner moved through questions quickly and it did not lend itself to discussion. One student stated:

> She was also more interested in what my answers were related to me now as a 'soon-to-be-nurse', rather than late life potential.

But other students observed changes in their partners from interview 1 to interview 2.

> My partner did report that she has been seeing her son more often and that their bond is slowly improving. She still gets lonely but is now finding ways to occupy her time. I'm glad that she's taking initiative to change her life. When I first interviewed her, she seemed down and depressed. Things were better in this interview.

Another described her partner as "more happy" due to excitement for an upcoming vacation to visit family. Yet, as students pointed out in their self-reflections, these interviews provided them with a view of only one individual's late life potential, that of their partner.

> Talking to only one person might not have given me the feedback that is usual for late life potential. My partner's life experiences changed her goals and dreams for her future life, so my feedback is skewed towards her feedback.

Interview 3: Ethnodrama Reading

It was through the third interview, reading a draft of the ethnodrama script, that students started to learn about the experience of others working on the project.

> It brought it all together into one scene or act and I liked that. Although we each asked our partners the same questions, none of us had the same experiences. The script gives us a glimpse into other experiences had by the other partnerships. Furthermore, it was a quick and easy way to sum it all up in a fun way that we were able to share with everyone.

Others "got really excited when they realized that someone in the ethnodrama was them. We both thought it was very interesting to see how everyone's responses had similar themes." Reading the ethnodrama together provided a way for students and adult participants to recognize excerpts from their own discussions on late life potential, while also learning what other participants were experiencing and feeling about the topic. This was also the most difficult of the three interviews, as dyads experienced a variety of difficulties accomplishing the task. Students were instructed be flexible in this reading exercise, allowing the adults to decide how much they read or did not read. Many chose not to read due to eyesight, and students were concerned as to how much partners could hear or understand.

> It was incredibly difficult reading the ethnodrama script with my older adult. I felt

> so bad because I could tell it was so hard for her to follow along and read the script. She kept getting lost and losing her place, or couldn't read the words correctly. I accidently corrected her once, and even though she said she was grateful for it after the interview, I was so embarrassed and felt awful about it. I could tell the experience made her incredibly uncomfortable as well and I think I should have been more sensitive to this and thought of a different way to share the script with her.

The script involved three actors playing multiple characters each, in a nonlinear fashion. Students and older adults all expressed confusion about the storyline. One student stated, "I've never read an Ethnodrama script before, so I was as confused as my partner. The stories didn't really flow as in a chronological story and I often got lost." Many felt that in order to make sense of the material, theatrical techniques needed to be utilized.

> I think in order to really comprehend the meaning in this story, it does require a bit of acting and theatrical production because reading it point-blank could make some of the intentions sound confusing. Even though I found the script enlightening and insightful, it does bounce around, which could have added to her confusion concerning the storyline.

During the third interview, the method of delivery, through ethnodrama script, became a barrier to some in terms of greater understanding of late life potential

What Did Students Learn About Late Life Potential During the Intervention?

Unexpected Responses

Students expressed surprise hearing their partners respond to questions about the future. "They were much different than I would have expected." Some expressed surprise that their partners were "driven and excited about the future." Others found the responses "very interesting." After the first interview, one student mentioned that the partner had a difficult time "answering what the future meant to her." The student struggled trying to find a way to help the older adult with the question. Others wanted to

show support and hope when their partners expressed feared selves, but held back as they did not want to bias partner responses.

Own Future

Following the second interview, students expressed difficulty answering the same questions that they asked of the older adults. One student stated:

> I felt that it was difficult to be asked those questions, and I found myself wishing I would have read and prepared for them. I also found these questions harder to answer than I expected. I had to dig deeper than I thought.

Students noted their own potential and where they seem to focus, such as possibility related to future family. Others thought about their own feared possible selves as they listened to the older adults share these in the first interview. These were expressed in terms of thinking about their own aging: "It is difficult to think of getting to that time in my life and what it must be like." Family relationships were part of these feared possibilities. "The ingratitude of her children makes me fear that my own children may possibly treat me that same way." Overall, students were thinking more about their own potential through the concept of possible selves. "I feel a little more connected to my own potential and I take more time to think about my possible selves. This is very rewarding because I like to make plans and have future possibilities."

Intergenerational Connections

Students expressed empathy and a desire to relate to their older adult partners. "My interview partner was going to school for nursing and had to leave when she got married. I couldn't imagine how hard that would be for her." They found inspiration in what they learned including ideas about happiness, and "living for today." One student expressed

"strong reactions" to her partners' reactions to the students' responses during interview 2. Many expressed similarities between their ideas regarding possible selves. "I felt connected to her, whether she realized it or not." Similarities in goals and dreams were identified, and students found it "interesting" and "fun" to make these connections.

> Overall I really enjoyed hearing about her life and found that I related to a lot of her stories. In a lot of ways she reminded me of a relative of mine.

Increased Awareness of Late Life Potential

Students described thinking more about late life potential and possibility throughout their daily experiences. "I have noticed that when I see an elderly person now, I wonder about their life. I have done this occasionally prior to the project, but now I do it a lot more." Another student utilized the questions from the first two interviews to increase conversation with others. "I was able to talk to my grandma and ask her some of the interview questions. It turned into a very interesting and memorable conversation." Increased awareness led to increased thought, in turn making it more applicable in what participants do on a daily basis.

> We both had the opportunity to explore the concept of late life potential which is often overlooked or ignored. Exploring the idea made it more real and made us both question the importance of potential in later life. I have a greater appreciation of potential and its importance in life satisfaction.

Thinking more about this concept has moved students to think more about the individual. Students put themselves into "the shoes of others" and ask themselves about the goals that others may have and how these change based on individual context. One student stated "I think I don't jump to a decision about people as quickly now…I think I was just defining people more categorically and now I look more for the individual and what they see themselves as." The concept of late life potential increased the ability of students to

recognize others as individuals, and attempt to observe individual potential rather than place assumptions on others based on outward identity or context.

> It has helped me better understand the elderly people I come in contact with. I became more aware of the different ways the elderly population might be thinking, and what they are hoping for. It has really helped me to be more understanding and come to realize that just because someone is old doesn't mean they don't have hopes and dreams for their future.

Late life potential has the potential of improving person centered care, as nursing students demonstrate an ability to incorporate it into their interactions with others.

How Do Students Plan to Use This Information?

Students mentioned a variety of ways in which they could utilize the concept of late life potential. Some mentioned already using "the idea of late life potential when addressing family, friends, and clients." Others thought the concept helped them better understand themselves, "I think it helped me to recognize things in myself I was not aware of. I learned about how I interact with older adults….I think this will help me to be a better communicator." One student, whose partner had a learning disability, was thankful for the experience with a subpopulation of the elderly she knew little about.

The use of late life potential in one's career as a nurse was a strong theme. "Í know we all have these notions but I had never examined them before now. I think I can use this when I interact with older adults in my life and as a nurse to help get to know them and what they want to get out of their present and future." Some thought this experience would help their future rotations in gerontology, while others felt it would help them "prioritize their care" and "help me and those around me achieve goals."

> I believe this experience has influenced me to ask more questions about potential and personal desires of all people. I wonder more what potential the people in my life see for themselves and I want to talk to them about it. I think asking about

> dreams and future show that I believe in someone's future and the important role they play in that future. I think this is a very important concept as a nurse because I need to help prepare patients and find solutions to help them fulfill their potential.

Ethnodrama Performance: Overall Reactions

Overall, feedback from both students and older adults was positive, focusing on the difference between reading the script with partners and seeing it performed by professional actors. One student stated:

> Karen: In all sincerity, when we were reading it I was kind of lost (everyone laughs). You guys were awesome (to the actors). (all laugh). Actors you brought it together and it made so much sense, yeah, absolutely brought it together.

Most students expressed confusion at reading the script, and not understanding the purpose and meaning until seeing it performed for them. Ava stated, "When I originally read the script, I hated it. But after the performance I loved it. It made more sense and the story flowed better."

The actors also expressed a similar reaction in their first reading, "When we first read the script, we were lost too." But they explained that the director "helped us with the, with the connections of the scenes and the words."

The performance resonated with older participants, leaving them "with a good feeling" and led to a conversation that highlighted the theme of late life potential rather than the negative reality also portrayed within the ethnodrama. One resident, Rachel, expressed, "For my experience and from my life; what I learn through the life, I think it was terrific…I felt like this says in, talks to me."

One interesting example of the play resonating with participants occurred while observing the audience: Audience members spoke out when they agreed with something.

Enjoying the four seasons led 1 older adult to exclaim, “I do too!”, which led to laughter throughout the room and increased the comfort that individuals seemed to have with the rest of the performance. The theme about independence in driving brought out the comment, “That’s right, I want to drive.” Visible nods occurred as one woman watched her own story on stage about working for the forest service. A thumbs up was shared from across the room between an older adult participant who heard her own story about working towards a degree and her student partner, who smiled and nodded in return. Kelly, the student, commented “It was really cool to see my partner’s face light up when she heard her story being told.”

General comments expressed that “it was fun,” noted the “energy of the actors,” and cited “pride in what we’ve been able to do and, uh, what made this what we are.” Themes from the postshow discussion focused on money, hard work, and intergenerational differences. Throughout this discussion, it was evident that the audience connected with the idea of hope, focusing on the positive represented in the script.

Postperformance: Older Adult Perspectives

Older adult perspectives about late life potential were extracted from transcripts of the postperformance discussion as well as a postintervention open ended questions focusing on the overall intervention experience and final ethnodrama performance.

Still I Am Alive and I Want to Feel It

Late life potential encompassed thoughts on energy and life. Participants shared ideas about the importance of having "joy for life" and "if it wasn't for my back, Honey, I'd be playing basketball!" While older adults were open about what they could no longer do, it did not inhibit their belief that they "still have the energy and the life" enabling them to set goals and work towards their own possibility. Desire existed, as Norah expressed, "I want to do things too. That's what I'd like to do. Just as well as she can." It is important to note that while growing old was described as tough; it was also described as "still I am alive and I want to feel it."

They Tell Ya You Can't Do It

Society and, more specifically, children were described as barriers to late life potential.

> Norah: I want to do something. 'Mom, you're getting too old. Mom, uh, let me do it you haven't got your strength back. Um, mom, you sit down and let me do it.' I want to do things too. That's what I'd like to do. Just as well as she can.
>
> Carol: I think society has put us in a retirement age and think that we can't do things anymore or we're looking forward to retirement – and we really aren't. We really want to be busy.

Memories were described as a place holder for what they were no longer able to achieve; that those activities from the past could be replaced with a memory.

> Betty: But I wish I could be back doing the riding the horses the this, the that. Because they tell ya you can't do it and it's, it's good to have memories.

When asked who should see this ethnodrama, most expressed younger adults, youth and their children:

> Carol: Well they try to be nice to us and put us on a shelf instead of letting us do what we need to do and want to do.

> Researcher: So what do you think your kids would have responded seeing this? What do you –
> Carol: I think they would go ahead and let us do more.

Participants expressed the belief that audience understanding of the meaning of late life potential is altered by viewing this ethnodrama, leading to more opportunities for growth and possibility.

Something to Look Forward to

This includes the idea of feeling that "life isn't over," having "something to live for" and "purpose to get up in the morning and to do something." Adult participants described the importance of finding motivation to move forward. This included methods of stimulation and learning by identifying what interests you and picking "out what you think you need."

> Rachel: Curiosity and interest and searching and wanting to know more and it hasn't stopped. I think this is this, when you get older this is the strong things in our mind; to learn, to still to find new things that we did not know but we can learn and to feel stimulated all the time.

One participant self-identified herself and let the audience know which part of the script came from her. She enjoyed being recognized for her accomplishments and goals, reaffirming her desire to achieve:

> Mildred: I'm working towards getting my interior design, my commercial and also get my architectural degree.
> Anne: It's you! (all laugh)
> Mildred: And so when you guys, it just lifted my spirit and made me want it all the more. So I've got something to look forward to in the coming year.

Another felt that creativity was an avenue to possibility, either through teaching it to others or as a method to escape "unpleasant experience":

> Rachel: I think we should teach people to be creative. Because those are the truth that people can do enough of everyday. The creativity, the relation to…creativity

I think is the most uh, most important thing.

Older Adults Struggle Better

The good of aging was mentioned in response to participation.

> Virginia: …brought a lot of reasoning, understanding in myself, and understanding blessings of being old. So many visions of people; different feelings of people that were there and what they brought to the world. A deeper understanding of growing old.

This deeper understanding included recognition of benefits of aging and the variety of individual experiences. Benefits of aging were mentioned in response to this project, "our tolerance is higher than young people" and "older adults struggle better cause we learned how to throughout our life." Aging was described as a time for better understanding and coming to acknowledge what is important in life through aging.

Generativity

Adult participants enjoyed learning from their student partners, were happy to "help them with something" and "glad the students are thinking." Perceptions of student thoughts were expressed, as one thought her partner was "surprised I would give out so much information."

Postperformance: Student Reactions to Late Life Potential

During the postshow discussions, students were brought together with the adult participants to view the ethnodrama and have a discussion. This was the first time that all students and adults were together in the same room. Students demonstrated that they knew one another and felt comfortable, with a few students connecting with their adult

partners. However, all students sat in groups with other students. During the postshow discussion, students were very quiet; they did not raise their hands or offer comments without being asked specific questions and very much left the discussion open to the adults in the room. While many did not speak, they were observing the reactions of the adult participants in the room. They noted that "seeing the reaction of the residents to the ethnodrama was also very meaningful" and that it gave them "new insight on why the elderly feel the way they do."

> Susan: I was also impressed with the response the older adults had to the play. They really related to it and it seemed they enjoyed seeing/hearing their perspectives.

One student discussed a difficult discovery in the discussion that kept her from commenting:

> Bailey: After the play, one of the older adults was directly targeting younger adults in a very negative manner, which was especially upsetting. To be polite, I didn't comment, but I would have liked to contradict her claims that young people are always going on vacations and don't know the value of hard work.

This felt personal, providing an example of one risk in collaborative, intergenerational work.

Potential Throughout the Lifespan

Late life potential became personal, as students thought about the meaning of potential throughout the lifespan. Students expressed "greater appreciation for the hopes and goals of all people" and connected these thoughts to family members. Summer shared a story about her grandmother's frustration being bedridden in the final stages of pancreatic cancer and recognizing "it'd be hard to feel useless but she found other ways of serving and giving by knitting baby blankets, etc. She was so giving and capable

still!" Another expressed thoughts on potential throughout the lifespan:

> Ethan: And they, as far as, like, the whole process has made me think more about potential across the lifespan. So like when I talk to like my mom or my brother who I really, people who that you feel are on a set path already. Like there's not that much more to gain, like you're already going in a set direction; that they could have other things that they want from life. That they maybe haven't taken advantage of yet. So. I thought that was great.

Own Futures

Four students did provide postshow discussion feedback. Students reflected on their own life and their own futures:

> Madison: So I loved the performance. I had the same experience reading it and I was just so confused by the material (students laugh). And then watching it come to life; seeing the stories come together; it gives me hope. For my future. For sure. It was awesome.

The presentation of possible selves provided students with hope for their own future, as they felt inspired by the stories performed for them.

> Summer: I agree with what Madison said and I felt very inspired by she was saying she wanted an architecture degree and I'm only like I just had finals and I'm going to drop out of school it's so hard. (Many laugh). And I'm just like, yeah, you know this is an opportunity and I want to live it to the fullest now and continue on as I get older.

> Madison: I also think I have a more positive outlook on aging and my goals and possible selves. I have learned so much about myself.

Students expressed belief that that this knowledge would impact their future careers:

> Madison: I think this experience will be very beneficial to me as an RN. I think I will be a better communicator. I also feel I have a greater understanding of the goals and treatment choices of the older adult population.

Discussion

The process of working with older adult and nursing student dyads to create an ethnodrama on the topic of possible selves increased both student and older adult thoughts about late life potential, their acknowledgement of its existence, thoughts about their own potential as well as considerations about the potential of those with whom they interact. It was evident that both students and older adults noted potential. The ethnodrama script (see Chapter 5) presented late life potential through representation of possible selves, which included both hoped for and feared for selves. Notably, older adult participants connected to hoped for selves and did not focus on feared for selves in their evaluation feedback of both the overall process and the final ethnodrama performance. This supports Markus and Nurius's (1986) finding that negative possibilities are thought of less than positive possible selves.

Student observations also supported this finding by describing personal reflections regarding potential as identified in a person's hopes and goals. Students had unexpected responses to their older adult partner reactions. They felt connected with those they interviewed as they realized that many of their hoped for and feared for selves were similar. Students also recognized a breadth in their understanding of this concept in relation to potential throughout the lifespan, as they turned their thoughts beyond themselves to others with whom they interact; including family, patients, and older adults they see in their day to day life. They also noted that ways in which they could utilize late life potential in their future as a nurse. The adult participants did not relate the focus on potential to others outside of their own age group. This is fitting, as the intervention was targeted to a focus on late life potential. While adults did explore generativity and

appreciation to be involved as they gave back to nursing students, they did not discuss potential or possible selves in reference to other age groups. Future studies need to explore both student and older adult perceptions of possibility within an ethnodrama in order to observe whether intergenerational presentations of possibility alter audience perceptions.

Integrating portrayals of student possible selves within the ethnodrama may lead to increased interest from students. The postshow discussion in this first study demonstrated a hesitance of students to fully open up and share their thoughts in front of the older adults in the room. This could be the result of a number of factors, such as the impact of negative comments about younger people by adults in the room, students acting as guests within the older adult participant's home environment, nursing instruction regarding professionalism within an environment of care, or the fact that students knew only one other older adult in the room yet they knew all of the students present. When students view their own thoughts portrayed, they may be more open to sharing their reactions in front of others as well.

The ethnodrama script that participant dyads read together was not altered much between reading and performance. One goal of reading the script was to increase understanding of the material when they viewed the performance. Yet it was evident that the majority of participants, both older adults and students, did not understand the script when reading it together in their dyads. However, upon viewing the script performed by Walk Ons, Inc., a company of professional actors, it became evident that they related much more to the performance than reading the words on a page. All expressed better understanding. This may be due to the sensory experience of a visual and aural

presentation. The performance was described as "energetic" and many mentioned the life that the actors brought to the interpretation of the script. The use of professional actors to provide high quality interpretation of performance material has been documented as important for a few reasons: 1) demonstrating it is important material, 2) participants want to be challenged and professionals can provide a performance without being patronizing, 3) creating a product that reflects reality (Jackson, 2005; Schonmann, 2005).

The emphasis that older adults expressed hoped for possible selves may be attributable to the fact that it was their own words being recognized and performed for them. Being recognized for one's goals and desires can increase one's motivation to reach those goals. Even though character names were changed, and participant contributions were analyzed and thematically combined, older adults in the audience related to passages connected to their own interviews and at times knew when it was their own words being portrayed. Mildred said, "Hearing about my goals from the actors was one of the neatest things to bring back my life goals, the actors did a great job." While not everyone remembered the details of the ethnodrama performance, those older adults who were there remembered it making them "feel good," and others were renewed to work towards their own goals. Future studies will need to test the influence of such a performance on the individual actions of those participating, as it would be interesting to see the influence that such an intervention has on individual goals and activities.

Data collected in the process of creating the ethnodrama involved a 4-month intervention process that required students to meet with their older adult partner at three different time points. The investigator also met with students at four different times during this process, which led to observation over time and increased engagement. Also

beneficial to the credibility of this study was the use of multiple data sources in the form of videos of time 1 student meetings and the ethnodrama/postperformance discussion, postintervention open ended questions, and open ended interviews. Member checks occurred in the process as students and older adults read the ethnodrama and provided feedback on the material. While this study is involves a small sample size, results should be sufficient to evaluate whether findings may be transferable to similar settings and populations. Detailed journals, logs, and documentation of the process were kept in order to improve dependability and confirmability (Lincoln & Guba, 1985).

Conclusion

This paper evaluates the feasibility of an ethnodrama intervention to highlight late life potential in a sample (or group) of nursing students and older adult residents of an assisted living facility. Participants demonstrated an ability to recognize the meaning of possible selves, and identify the positive goals and hopes inherent within ones definition of late life potential. Negative potential was not the focus of student feedback. Future studies should expand upon these findings in order to test the influence of increasing positive perceptions of late life potential on both students and older adults in a variety of settings, such as home health, skilled nursing facilities, and hospice. Outcomes related to ethnodrama intervention should be explored, including effects on quality of health care, and the desire of participants to work with older adults.

CHAPTER 5

THE PROCESS OF CREATING AN ETHNODRAMA HIGHLIGHTING LATE LIFE POTENTIAL THROUGH NURSING STUDENT AND OLDER ADULT COLLABORATION

Abstract

Arts based approaches to research are growing in popularity; however terminology and methodology differ vastly, reducing the impact of research based performance. The purpose of this study is to improve consistency of arts-based methodology through the description of the process of creating an ethnodrama focusing on possible selves. Twelve older adult residents of an assisted living facility were paired with12 baccalaureate nursing students to collect data on the topic of possible selves. A total of 34 semistructured interviews were collected from interviews conducted between student and older adult dyads. Interviews were digitally recorded, transcribed, and analyzed in an iterative process including first cycle in vivo coding and second cycle pattern coding. Themes relating to late life potential were identified, including hopes, fears, barriers, and aids to possibility. Composite characters were created in order to represent these themes. Ten final interviews were recorded with student adult dyads reading the script and providing feedback as member checks. The process of ethnodrama creation involved

data collection, analysis in two cycles, annotation, outlining, editing, member checks, and revision. The final draft was work shopped with a theatre company, allowing professional interpretation as a second level of review in order to increase audience understanding. Ethnodrama has the potential of increasing innovation in research but methodology must be clarified to improve consistency and rigor leading to greater acceptance in the research community.

Creating an Ethnodrama About Late Life Potential

Arts-based inquiry incorporates humanities, performance, arts, and creativity with other forms of academic research. In gerontology the arts are used to analyze and understand human growth and development through the aging experience (Perlstein, 2006) and constitute collaboration between those working in aging and those working in the arts (Johnson, 2006). This includes both the theory, interpretation, and act of working creatively with older adults (Boyer, 2007). Research in this area has focused on the experience of aging artists (Clark, 2006; Espinel, 1996), training clinicians (Lorenz, Steckart, & Rosenfield, 2004), and the benefits of creative engagement (Cohen et al., 2007; Fritsch et al., 2009; Noice & Noice, 2009). Arts-based inquiry utilizes a variety of techniques to merge research with the arts in order to generate data, test interventions and disseminate findings. This article focuses on the use of the theatre as a specific form of arts-based inquiry.

Theatre as a Method of Research Dissemination: Key Definitions and Concepts

Theatre, as an event, has an historical purpose of inviting individuals to question their own assumptions and thoughts. It is a method of expression that enlists ones' imagination, impels interpersonal understanding, increases the ability to access feelings, find and make meaning, and visualize discourse (Davis-Manigaulte, Yorks, & Kasl, 2006). Theatre has been used as a tool for research dissemination, increasing the ability of practitioners and the overall population to understand findings, enhancing their accessibility beyond the usual research article manuscript (Rossiter et al., 2008). Theatre has been used as in intervention to increase African American knowledge regarding Alzheimer's disease (Fritsch, Adams, Redd, Sias, & Herrup, 2006), explore older adult anxiety about death in long term care (Smith, 2000), and therapeutic work with Alzheimer's patients (Parkinson, 2008). Acting techniques have been used in long term care and subsidized retirement homes to increase word recall and problem solving (Noice & Noice, 2009). Caregivers have received training and participated in drama programs to increase communication, fellowship, and demonstrate the caregiving experience (Gutheil, Heyman, Bial, & Perlstein, 2007; Lepp, Ringsberg, Holm, & Sellersjo, 2003; McIntyre & Cole, 2008). Finally, theatre has been used to educate health care professionals (Kemeny, Boettcher, DeShon, & Stevens, 2006; Lorenz et al., 2004; Mienczakowski, 1995).

The novelty of this practice in health-related research, however, has created confusion in purpose, type of theatrical style, and reporting procedures. A wide variety of definitions are being used to describe this work. While conventional theatrical productions traditionally present fictional stories, research-based performance is

nonfiction, and is identified as methods that communicate research findings, taking "artistic license, they also maintain a high degree of loyalty to the actual" (Norris, 2009, p. 18).

However, questions arise as to the definition of "artistic license" and "high degree of fidelity" – how does one measure what this means and how to methodically replicate such procedures? The use of theatre as part of the research process is expanding, with a variety of terminology and definitions. Applied theatre uses tools to empower, create change, develop, and educate. It comes in a variety of forms. Theatre in education uses prewritten scripts and rehearsed stagings to teach. Forum theatre highlights the effects of oppression through performance and explores solutions through audience participation (Rathzal & Uzzell, 2009; Schonmann, 2005). Playbuilding, which has no clear format, takes a different shape depending on the situation, and while it does not strive to disseminate research findings, it focuses on providing a text that is expressive (Norris, 2009). Devised theatre utilizes material other than a script to create a staged performance (Schonmann, 2005).

Arts-based research is defined as the use of the arts as intervention. One such approach is ethnodrama, the dramatization of research data, with the goal of making research findings accessible to the general public (Denzin, 2003; Saldaña 2005). It recognizes the influence that people have on others as co-performers and places control of meaning making with the individual participant (Denzin, 2003; Mienczakowski, 1995). This dramatization of research data has the potential to empower and motivate change within an audience (Saldaña, 2005).

In 2008, Rossiter et al. attempted to clarify the multitude of definitions by

categorizing theatre-based research in the health sciences into four performance genres: 1) Nontheatrical performances which utilize research data (i.e., interview or focus group transcripts, or field notes) as is in a natural performance; staging and rehearsals are limited; 2) Ethnodrama which utilizes research to communicate findings and retain the integrity of the data; this can be interactive or noninteractive; 3) Theatrical research-based performance which does not retain the original intent of the data, but may use research as the topic or inspiration for the performance; 4) Fictional theatrical performance which is not research-based, and aesthetic is the main concern (Rossiter et al., 2008). With the variety of definitions, it is often difficult to understand the purpose, process, and techniques used in this form of research. The process is not always explicit, and the question arises as to whether research-based performance is solely a form of research dissemination or if related considerations extend to research design as well. Clarifying the process through in-depth descriptions and specific examples can demystify the process, leading to stronger research-based methodology.

The purpose of this article is to describe the process of creating an ethnodrama as part of an intervention aimed at improving nursing student attitudes toward older adults and older adult attitudes toward aging (Chapter 4 provides a description of the overall study design). Through this description, specific steps in the ethnodrama process can be clearly identified and utilized as a methodological approach to research design and analysis that incorporates research-based theatre. Specifically, I will describe the process through which an ethnodrama was constructed as an intervention, through collection of interview data with nursing students and older adults.

Methods

The creation of this ethnodrama was part of a synchronous qualitative plus quantitative mixed method study (Morse & Niehaus, 2009) that evaluated the feasibility of ethnodrama as intervention to highlight potential that exists in later life, with a secondary outcome of improving nursing student attitudes toward older adults and older adult attitudes to aging. All research activities were approved by the institutional review board at the researcher's University.

Sample

The sample consisted of 12 baccalaureate nursing students from a research one university and 12 older adult residents of a nonprofit assisted living facility located near the university. Baccalaureate students were targeted for enrollment because the literature has shown that interventions targeting student attitudes toward aging should occur early in the course of study (Valimaki, Haapsaari, & Suhonen, 2008). The researcher recruited students by presenting a brief overview of the study in undergraduate courses for second- and third-semester baccalaureate nursing students. Those interested received an email with in-depth information about the study and an overview of required activities. Students were offered community engaged learning hours, an official letter for their portfolio documenting participation, and a copy of the final ethnodrama script. A total of 15 students signed consent forms, with 3 students dropping out of the study due to conflicts prohibiting them from participating in the study. Six traditional and six accelerated baccalaureate students consented to participation.

A sample of 12 residents was recruited from a local assisted living facility. The

facility administrator made recommendations regarding individuals who might be interested in participating and were well enough to participate. Individuals were excluded if they could not communicate verbally or did not speak English. The researcher met with those recommended, provided a brief introduction to the study, read through the consent document together, and answered questions. Individuals interested in participating signed consent.

Intervention

Students were paired with one older adult for the duration of the 4-month intervention. Adult student dyads met at three times to interview one another on the topic of late life potential. Interview 1 required students to interview the older adult and interview 2 involved older adults interviewing the student in return. Questions in the interview included the *Possible Selves Questionnaire* (Frazier, Johnson, Gonzalez, & Kafka, 2002) as well as questions about goals and motivations for the future. Students met with the researcher at four time points in order to train for conducting in-depth interviews, debrief on individual experiences collecting data, and to complete activities of transformative learning (see Chapter 4). Students also submitted four self-reflections to further think about the experience. One final interview between student/adult dyads required reading a draft of the ethnodrama script created from the first interview. All participants were invited to view a professional performance of the ethnodrama and participate in a postshow discussion as the culminating intervention event.

Data Collection

Data collection served two purposes: 1) to create the ethnodrama during the intervention, 2) to measure outcomes of participation.

Data to Measure Outcomes

Surveys measured changes in attitudes at six time points for students and pre and post data for older adults. Video documented the initial meeting with students and final ethnodrama performance and postshow discussion. Logs were created to document feasibility of the intervention and students submitted four anonymous self-reflections during the intervention process. These data will not be discussed here, as they were not utilized in the creation of the ethnodrama (see Chapter 4).

Data to Create the Intervention

Data were collected from semistructured open-ended interviews. Digital recorders were used to document all three interviews between student/adult dyads. The interview schedule included the following topics: goals, motivations, plans for next week, plans for one year, and a broad description of the meaning of "future." Interviewees were asked to discuss role models in their current context, how they create memories, and were asked about possible selves (Frazier et al., 2002). The third interview documented student/adults reading a draft of the ethnodrama script as a member check; providing feedback about the meaning of the script and whether or not it represented participant understanding of possible selves based on their experience during the intervention.

Analysis

A total of 34 interviews were transcribed by the primary investigator. This process of transcription allowed the investigator to listen to recordings multiple times, sensitizing the researcher to the data. Pseudonyms were given to all participants to protect identity. Data from the first interview (*n*=12), which focused on older adult perspectives about late life potential, and the third interviews (*n*=10), member checks, were the focus of this process (*n*=22). The second interview (*n*=12) focused on student perspectives about their own potential. As the topic of the ethnodrama was to be about late life potential, only the first and third interviews were incorporated into the creation of the ethnodrama. Ten total third interview member checks were completed. Two were not complete, as 1 student had difficulty scheduling the interview within the time constraints, and a 2nd older adult participant requested not to read the script and wait to view the final performance. Interviews ranged from 10 minutes to one hour and 46 minutes. The average length was 41 minutes. Interviews were transcribed by the researcher using Microsoft Word and uploaded into QSR International's NVivo 10 software (2012) for analysis. Analysis of interview transcripts occurred in two phases. The first phase included in vivo coding, as strict fidelity to the actual words spoken by participants has the potential of increasing the naturalism of the performance piece and reinforces its purpose (Saldaña, 2003, 2009). A total of 818 in vivo codes were assigned. Parent codes were created to organize in vivo codes based on questions within the interview guide. See Table 5.1 for a list of parent codes (Table 5.1). Second cycle coding involved pattern coding, where in vivo codes are grouped into patterns (Saldaña, 2009). Themes were identified from patterns and composite characters and adaptation employed to represent findings from

Table 5.1
Parent Codes, Pattern codes, In Vivo Codes

Parent codes		
Aid to Possibility	Future Memories	Open Codes
Barriers to Possibility	Goals	Participants
Important Quotes	Hoped For	Plans
Don't Value	Looking forward to	Role Models
Feared For	Motivates	Value
Future		

qualitative analysis.

Results: Construction of an Ethnodrama as a Research Intervention

Ethnodrama construction commenced after the completion of interview analysis involving two cycles of coding. The process of turning these data into an ethnodrama will be described in terms of outlining, writing and editing.

Quotes telling a story, incorporating important ideas, or deemed pertinent were annotated in order to document thoughts during analysis regarding the realities faced by possibility in later life. Segments of the interviews were given multiple in vivo codes depending on the variety of ideas encompassed within the text.

Pattern coding (Saldaña, 2009) was used in the second cycle of coding. This placed all in vivo codes within patterns, attempting to locate major themes in the interviews. The goal was to focus on four concepts: 1) hoped for possible selves, 2) feared for possible selves, 3) barriers to possibility and 4) aids to possibility. Patterns in each of these areas are identified in Table 5.2.

Table 5.2
Pattern Prevalence by Theme

Theme	Pattern	Number of Sources (interviews)	Number of times referenced
Hoped For Selves		12	86
	Health	6	13
	Independence	3	10
	Family	9	9
	Hobbies	4	8
	Hesitance & Don't Know	4	7
	Work	3	7
	Travel	4	4
	Purchase	3	4
	Feeling	2	4
	Service	3	3
	Social	1	2
	Get my architectural's degree	1	1
	I'd like to have my life	1	1
	I'm a loner	1	1
	Student*	9	10
Feared For Possible Selves		11	34
	Health	4	10
	Family	3	4
	Homelessness	3	3
	Death	2	2
	Dependence	2	2
	Others treat or think of me	2	2
	Hesitance and don't know	1	1
	I fear for our country	1	1
	I never learned how to swim	1	1
	When I go that everything will be in order	1	1
	Student*	7	7
Barriers to Possibility		7	27
	Age	3	10
	Health	2	7
	Not Independent	3	3
	Previous barriers – past	3	3
	Car	2	2
	Not supposed to ask for pay	1	1

Table 5.2 Continued

Theme	Pattern	Number of Sources (interviews)	Number of times referenced
Aids to Possibility		3	9
	Personality characteristics	1	4
	Family	3	3
	Youth-age	1	1

Creation of an Outline for the Script

At this point, I reviewed the patterns identified within the four main parent codes to identify those patterns that were most prominent. All 12 interviews mentioned hoped for selves, which were organized into 15 patterns. The patterns most prominent were health (13), independence (10), family (9), hobbies (8), hesitance (7), and work (7). Eleven of the twelve interviews mentioned feared for possible selves. These were organized into 11 patterns with the most referenced including health 10), family (4), and homelessness (3). Seven individuals discussed barriers to possibility that focused on age (10), and health (7), while only 3 people mentioned aids to possibility as family (3) and personality characteristics (4) (Table 5.2).

At this point I returned to the codes and re-read all segments included within each of the four main themes as well as all quotes coded as *important*. This was to identify if anything had been missed, stood out, or should also be included in the outline (Figure 5.1).

Script Writing

Synthesis

Working through each outline section, coded interview segments were copied and pasted within each corresponding section. These were read and re-read, highlighting important elements. Those that were similar were either combined or one was chosen to represent the idea if both targeted the same topic. For example, the following quotes demonstrate the idea of mental and physical wellness.

Nora: I wish that my health was better than it was; it was.

Outline:

1. Seasons
2. Hesitance and don't know
3. Capacity
4. Possibility:
    a. Health
        i. Feared for – Health, death
        ii. Barriers - health
    b. Independence
        i. Feared – homelessness, dependence
    c. Family
        i. Feared – family
        ii. Aid - family
    d. Hobbies
    e. Work
        i. Story about barrier to possibility - fired
    f. Travel
5. End of Seasons

Figure 5.1. Ethnodrama Outline Created from Pattern Codes

> Melvin: I want to be mentally and physically well. I'm not mentally and physically well now. I suffer from mental illness. And I have physical problems. And I'm over weight. And…want to be at a good weight. I want to be mentally healthy. And when I say mentally healthy I'm not really that off. I'm not that off mentally right now it's just that I was in the past. I had a severe nervous breakdown. Uh…….and I take a lot of medications that kind of keep me stable. But I uh……but I would want to be more mentally proficient. Uh….I want to be……a decent weight. Physically fit. Those are the things I can think of right now.
>
> Betty: Have a mind that's clear enough that I can keep on remembering the, the, from the back because my childhood forward is very precious.

The script represented multiple examples of physical wellness, but did not have representation of mental wellness. This idea was gleaned from the above quotes and combined to become the following:

> I want to be mentally and physically well. Have a mind that's clear enough that I can keep on remembering the, the from the back because my childhood forward is very precious.

This project called for a script that was no more than twenty minutes with a maximum of three actors in order to increase ease of performance and comfort for audience members who may not be able to sit for long periods of time. The shape of the script was formed through the outline. Segments were moved around to identify flow of themes and make it possible for three actors to portray all characters. The script incorporated words verbatim from the original interview data. Periodically words would need to be added in order to connect sentences or clarify the flow from one sentence to the next. These words were minimal and most often words such as "the," "because," and "to."

Consistency

Characters needed consistency, representing certain traits and ways of looking at the world. To do this, certain ideas were assigned with the same character. For example, the character of Melvin took phrases that questioned the idea of hope in later life:

MELVIN

I'm not afraid. I didn't ask to be born. The time comes. That's the end of life, what can you do? When you are young you don't think about it and it's good. Life is not easy. To be old is not easy. You hope that everybody around you will be okay and…what hopes do I have for myself?

MELVIN

When you are old you don't have hopes.

The character of Betty focused on the idea that everyone continues to have capabilities:

BETTY

But we have all kinds of capacities.

BETTY

What motivates me is that I've seen other people my age give up. They give up and they have no will to live on anymore.

BETTY

I'd love to learn how to swim. And I'd like to know how to golf.

Sensitive Quotes

All names and identifying information were changed. Extremely sensitive quotes, although interesting and important to findings, were not included. Participants involved

in the interviews were the designed audience, and it was not the intent to require them to re-live difficult memories acted out in front of them. These included information about mental illness and abuse. For example, the following quote was deemed too sensitive for inclusion in the script:

> Mildred: So. But, yeah, being homeless is one of my fears. Because that's when I got abused a lot. And I'm, got my nose broke, I got beat up, I got raped, I, you know. And that's enough. So…. That I would avoid like the plague. And just, at right here I'm safe. This is home to me now. I've been here little more than a year and it, it, it's safe. So.

Theatricality

The three main characters were each provided a major story to share during the performance. Some of these interview excerpts were long and not theatrical in nature. In order to increase performance options, long paragraphs were split up by other characters acting out the story, echoing words, and becoming part of the action in an effort to help the audience visualize the stories being told. For example, when the actor playing Betty talks about her granddaughter, another actor echoes:

BETTY

And then my granddaughter says,

BETTY	GRANDDAUGHTER
Yeah grandma, it makes you slim.	Yeah grandma, it makes you slim.

Editing

The script was then sent to a scholar on ethnodrama for feedback. This feedback included a recommendation for a stronger ending and the importance of repeating the opening theme in the middle of the script. After these revisions, the draft was given to all

12 students who met with their older adult partners in order to read the script and discuss whether it represented their discussions about late life potential in the previous two interviews. These interviews were digitally recorded and transcribed by the researcher to review as member checks on the representational value of the content. Nine of the ten completed member checks documented confirmation from older adult participants that the script was representative of their own experience. The 10th recording did not capture the entire interview, but the older adult participant wrote in feedback following the performance:

> Mildred: Hearing about my goals from the actors was one of the neatest things to bring back my life goals, the actors did a great job.

This implies that individuals did recognize themselves within the script. Member checks were also utilized to ask participants about specific elements of their interview; for example, one participant mentioned a song for which lyrics could not be found, and at this time the student and older adult discussed potential lyrics so the researcher could further identify the song for incorporation within the script. Students reported that there were no major problems in terms of the script content for 10 of the older adult participants, while 1 individual declined to read the script stating they would prefer to view it in person and the final pair could not meet in time to utilize the feedback.

Performance by Professional Actors

A nonprofit professional acting company with a mission of performing relevant theatre for underserved populations was hired to direct, stage, and perform the ethnodrama for all participants on-site at the assisted living facility where participants lived. The philosophy of this group is that the audience should be able to envision

themselves on stage, and the professional actors were older adults themselves. Three actors portrayed all characters within the piece, with a director who handled staging and technical aspects of the production including sound design. Microphones were utilized on each actor to reduce problems with audibility during the performance.

Collaboration with this theatre company was an important step in the development process. They rehearsed during the 2 weeks before the actual performance to minimize the amount of time actors needed to remember lines. The company added an additional layer to the script that improved when characters communicated with each other and when they communicated with the audience. While they did not alter the actual words within the script, lines became more fluid as they talked to one another, and deleted a few unnecessary words. In some places characters were combined, and in others background characters came together to participate in something (such as singing) that increased the meaning of the moment and brought all characters together. Characters who told stories about previous experiences would often speak to the audience, with background characters echoing a phrase in order to act out and help visualize the story. The director also implemented songs at the opening and closing as well as sounds during each of the three main stories from each main character. Changes based on the rehearsal process were incorporated into the final script (see Appendix C).

Discussion

The interdisciplinary approach needed to conduct research-based performance requires the collaboration of researchers, artists, actors, choreographers, as well as research participants, and it can become confusing as to how results, findings, and

outcomes should be written for differing audiences. Gray and Sinding (as cited in Rossiter et al., 2008) admit that certain approaches are messier than others. Epistemological beliefs can influence the approach to performing, writing, as well as the audience acceptance of research-based performance. For example, Norris (2009) states that educational storytelling, theater, and fiction grounded in reality can all be presented as research. But the lines between fiction, nonfiction, journalism, and empirical research are different for the individual depending on their background and training. This limits the influence that research-based performance can have on audiences, outcomes, and the research process. The belief that theatre will make findings accessible to the masses should be questioned as one must ask whether or not theatre itself is an accessible approach and if the translation of findings might alter conventional standards of validity to the point that the research community is unwilling to accept this process. Gray et al. (2000) admit that acceptance of research-based performance within the academic community is more likely to occur through traditional research approaches that are esteemed and understood.

Ethnodrama has the potential to help bridge the art and research communities, stemming directly from data collection and analysis. In order to increase the rigor and validity of its use it is imperative to clarify the process of its creation. These methods should not differ from other basic research approaches, beginning with a theoretical framework aligning with one's epistemology, followed by appropriate sampling, data collection, and analysis; which produce research results that stand on their own. Upon understanding the findings, data are then worked with anew to create a script through outlining themes, a synthesis of ideas, creating characters consistent with themes,

increasing theatricality, and editing.

Working with professional actors to workshop the script is an important step in clarifying the meaning, construction, and effectiveness of the ethnodrama. Feedback from professional actors, directors, as well as research participants can strengthen the script. This process enhanced the interaction between characters, clarified when actors would speak to the audience versus other actors, and provided an overall understanding to a nonlinear, nonnarrative script. It will allow for member checks on the thematic representation of participant feelings and thoughts. It will also allow for analysis of audience understanding of these themes. It is important that the ethnodrama retain the voice of the participants, which can make for a difficult script. The linearity of the narrative may not be evident, and actors may have difficulty memorizing lines when the storyline jumps and cues are not based on traditional narrative storytelling. It was through the rehearsal process, involving meetings with the director to discuss meaning, character motivation, and purpose, as well as staging of the script and actor work with individual characterizations that the nonlinear story came through in a clear fashion.

A script that when performed is 12–15 minutes in length was intentional and appropriate for an audience of residents at an assisted living facility. The length of the script reduces the burden of memorization for older adult actors, allows for performance in a variety of settings, and increases the ability to incorporate postshow discussion. There is the potential that a script, such as this, could be accommodated into a class, in-service, or seminar, allowing time after viewing a performance to debrief and discuss themes and observations.

The rigor of this research was increased through triangulation, including multiple

interviews, member checks, and peer debriefing. The principal investigator retained all notes regarding ethnodrama creation and documented thoughts and feelings throughout the process. The ethnodrama was created over the course of 3 months, between September and December of Fall 2013. There was a limited amount of time to analyze data and create the script in order to incorporate member checks before the rehearsal and final performance. The use of professional actors reduced the time needed for rehearsals and improved the quality of feedback incorporated into the final draft.

Finally, the creating and staging of an ethnodrama may be an end in itself, or may be combined with other methods to evaluate ethnodrama as an intervention. Moreover, the focus may be on either ethnodrama as a product of inquiry, or on the process of creation as an intervention that allows participants to explore themes and discover meaning through data collection, discussion, and self-reflection. In this study, I incorporated the creation of ethnodrama as a transformational learning experience to identify the feasibility of this process to highlight late life potential (see Chapter 4) and alter nursing student attitudes towards older adults and older adult attitudes towards aging (see Chapter 6).

Conclusion

This article describes the process of creating an ethnodrama that was part of an intervention aimed at improving nursing student attitudes toward older adults and older adult attitudes toward aging. Specific steps in ethnodrama creation involve sampling, data collection, and qualitative analysis identifying results of a study that can stand on its own. This is followed by steps taken to shape these findings and data into an ethnodrama

representative of identified outcomes. Ethnodrama creation involves outlining themes, synthesizing ideas, creating characters consistent with themes, incorporating theatricality, and editing. Examples of these steps are provided as well as the final script.

There is potential to increase the rigor and use of ethnodrama within research. In order to make findings relevant to a variety of populations, both academic and nonacademic, ethnodrama can be thought of as high fidelity simulation, a method of interacting with research that involves multiple senses. Ethnodrama is a highly innovative technique that is adaptable to a variety of settings, contexts and needs, providing a scalable, modifiable, and low cost alternative to electronic or mechanical simulation. It is through clear descriptions of the process used to incorporate ethnodrama in research-based inquiry that it will be more readily accepted, replicated, and incorporated into a variety of research settings.

CHAPTER 6

ALTERING NURSING STUDENT AND OLDER ADULT ATTITUDES THROUGH A POSSIBLE SELVES ETHNODRAMA

Abstract

Purpose of the Study: One barrier in meeting the increasing demand for health care professionals with geriatric training is the limited desire of nursing students to work with older adults. The purpose of this study is to evaluate the effects of participation in the development and implementation of ethnodrama about possible selves on nursing student attitudes toward older adults and older adult attitudes to aging.

Design: Synchronous mixed method design

Methods: Twelve nursing students and 12 older adults living in long term care collaborated over the course of 4 months in a transformational learning experience involving intergenerational interviews and student discussions on the topic of possible selves. These activities culminated in the presentation of an ethnodrama developed from these data. Students completed surveys about attitudes towards older adults at six time points before and during the process, and adults completed pre and post surveys about attitudes toward aging. Data from students were analyzed using growth modeling, while older adult data was analyzed with a paired samples *t*-test. Video of the initial student

meeting, postshow discussion, and open ended feedback on the overall experience was also analyzed to provide qualitative understanding of change in student attitudes over time.

Results: Student attitudes varied in initial status and rate of change. While student attitudes were positive overall, those who interacted more frequently with older adults had more neutral attitudes which is theoretically consistent with more realistic and less idealized perceptions. Older adult attitudes were more positive, while close to neutral. Older adult attitudes surrounding psychosocial loss improved over the course of the intervention.

Implications: The ethnodrama intervention changed student attitudes toward older adults, and older adult perceptions of psychosocial loss improved. For students, normalizing attitudes may be as important as improving attitudes, as neutrality may be more representative of realistic perceptions of older adults and late life potential/possible selves.

Altering Attitudes Through a Possible Selves Ethnodrama

Adults aged 65 and older are expected to represent 19.3% of the population by 2030 (Administration on Aging [AoA], 2011). Chronic disease was the leading cause of older adult mortality in 2006 (Federal Interagency Forum on Aging Related Statistics, 2010) and most older adults report living with one or more chronic conditions (AoA, 2011). Increased prevalence of chronic disease heightens the chance that older adults will experience functional decline and require health care (Centers for Disease Control and Prevention & the Merck Company Foundation, 2007). A large percentage of patients in all settings are older adults (Institute of Medicine [IOM], 2008).

Therefore, the rapidly aging US population, including many older adults with chronic and debilitating illnesses, will likely demand that more health care professionals receive geriatric training in order to meet the needs of the older adult population (American Association of College of Nursing [AACN] & Hartford Institute for Geriatric Nursing, 2010; IOM, 2008). One barrier to the expansion of geriatric health care providers is the limited desire of nursing students to work with older adults (Brown, Nolan, Davies, Nolan & Keady, 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki, Haapsaari, & Suhonen, 2008; Williams, Nowak, & Scobee, 2006; Wray & McCall, 2007). Negative attitudes decrease nurses' desire to work in geriatrics which decreases quality of care for older adults by lowering the numbers of qualified nurses within all settings, increases turnover rates and diminishes the numbers of future faculty adequately prepared to teach regarding geriatrics (Aday & Campbell, 1995; Brown et al., 2008; IOM, 2008; Lovell, 2006; McKinlay & Cowan, 2003; Valimaki et al., 2008; Williams et al, 2006; Wray & McCall, 2007).

Attitudes Toward Older Adults

Attitudes are complex and multifaceted; the concept of attitude encompasses competence, evaluation, and stereotypes (Kite, Stockdale, Whitley, & Johnson, 2005). Potential variables related to attitudes toward older adults include stereotypes, dependence, physical appearance of older adults, type of intergenerational relationships, segregation of older adults, and individual capacity (Kogan, 1961). Most articles discussing attitudes toward older adults focus on ageism (Butler, 1969, 1975), which is the evaluation of others through stereotypes based on age (Doherty, Mitchell, & O'Neill,

2011; Iwasaki & Jones, 2008). Ageism holds that individual impressions of others are based on societal treatment of older adults, which influence the quality of life and experience of older adults. Many researchers have focused on attitudes toward older adults in an attempt to alter negative attitudes, assuming that this will change the influence of societal treatment toward the elderly (Mangen & Peterson, 1982).

Summation of Education and Student Attitudes

Previous attempts to alter student attitudes toward older adults have focused on three general areas of research: 1) incorporating gerontological/geriatric content within the curriculum (Aday & Campbell, 1995; Burbank, Dowling-Castronovo, Crowther, & Capezuit, 2006; Ferrario, Freeman, Nellett, & Scheel, 2008; Funderburk, Damon-Rodrigues, Storms, & Solomon, 2006; Furze, Lohman, & Mu, 2008; Gebhardt, Sims, & Bates, 2009; Heise, Johnsen, Himes, & Wing, 2012; Kirkpatrick & Brown, 2004; Krout & McKernan, 2007; Olson, 2011; Valimaki et al., 2008; Waldrop et al., 2006; Williams, Anderson, & Day, 2007); 2) improving practicum experiences (Brown et al., 2008; Burbank et al., 2006; Ferrario et al., 2008; Furze et al., 2008; Roberts, 2010; Rosher & Robinson, 2005; White, Cartwright, & Lottes, 2012; Wilkinson, Gower, & Sainsbury, 2002; Williams et al., 2006; Wray & McCall, 2007); 3) promoting intergenerational interactions (Bernard, McAuley, Belzer, & Neal, 2003; Burbank et al., 2006; Chase, 2011; Corwin et al., 2006; Dorfman, Murty, Ingram, Evans, & Power, 2004; Dubrell, Durst, & Diachun, 2007; Gutheil, Chernesky, & Sherratt, 2006; Hernandez & Gonzalez, 2008; Kirkpatrick & Brown, 2004; Knapp & Stubblefield, 2000; Stewart & Alford, 2006).

There are mixed results, however, as to the efficacy of these interventions. Attempts to alter attitudes took a positive approach by emphasizing 1) more interaction with older adults (Bernard et al., 2003; Burbank et al., 2006; Chase, 2011; Corwin et al., 2006; Dorfman et al., 2004; Ferrario et al., 2008; Furze et al., 2008; Hernandez & Gonzalez, 2008; Knapp & Stubblefield, 2000; Stewart & Alford, 2006; Williams et al., 2006), 2) more education on aging (Burbank et al., 2006; Ferrario et al., 2008; Funderburk et al., 2006; Furze et al., 2008; Knapp & Stubblefield, 2000; Krout & McKernan, 2007; Waldrop et al., 2006; Williams et al., 2007), and 3) improving older adult environments (Burbank et al., 2006; Rosher & Robinson, 2005; White et al., 2012). In these studies, interactions and content tended to focus on healthy older adults and the positive aspects of aging.

These attempts to alter attitudes toward older adults can be seen as exhibiting a healthy aging bias. None of these interventions focused on the social discourse of aging, or altering perceptions of the meaning of later life, particularly in the context of older adults who are unhealthy, impaired, or institutionalized. By interacting with healthy older adults, the continuum of age, and negative attitudes and stereotypes regarding aging individuals, is being pushed back to a later age; those who are the young and healthy old are considered in a new light, but nothing changes for the oldest old, or those who require more health services due to chronic illness. Real world environments are not always healthy and positive, and it is only through an adjustment in perceptions of later life that students will be able to look beyond the negatives that currently influence their attitudes and desires to work with older adults who require more health services support.

After a 40-year push, students still identify geriatrics as low on their priority lists

(AACN & Hartford Institute for Geriatric Nursing, 2010; IOM, 2008; Williams et al., 2006). Previous interventions have done little to shift how nursing students view older adults. In order to meet Institute of Medicine (IOM, 2008) recommendations to increase geriatric training as well as targeted recruitment of specialists in geriatrics, interventions need to alter stigma associated with aging and create a workforce prepared to care for and advocate for older adults. AACN competency statements for gerontological nursing recommend increasing positive attitudes toward older adults, and the incorporation of a liberal arts education to aid creative approaches to patient focused care (AACN & Hartford Institute for Geriatric Nursing, 2010).

Study Purpose

The purpose of this study was to develop and implement an ethnodrama intervention designed to increase positive perceptions of capacity and aging among a sample of nursing students and older adults living in long term care. Study aims focused on evaluating 1) the feasibility of the intervention to highlight late life potential and 2) the effects of participation on attitudes nursing student attitudes towards older adults and adult attitudes to aging. The theoretical framework informing the study purpose and design incorporated three elements to target student attitudes and experience with older adults: the concept of late life potential, or possible selves (Markus & Nurius, 1986), transformative learning process (Mezirow, 1997), and ethnodrama techniques (Denzin, 2003; Mienczakowski, 1995).

A description of the transformative learning process and creating the ethnodrama is presented in Chapters 4 and 5. This paper presents results related to student and older

adult participation in the development and implementation of an ethnodrama intervention, focusing on measured changes in nursing student attitudes toward older adults and changes in older adult attitudes to aging.

Methods

This synchronous qualitative plus quantitative mixed method study (Morse & Niehaus, 2009) evaluated student attitudes toward older adults after participating in an ethnodrama intervention (see Chapter 4) highlighting late life potential through the creation and viewing of an ethnodrama on the topic of possible selves (Markus & Nurius, 1986). Older adult attitudes to aging were also measured before and after the intervention. All activities of the study were conducted with approval from the Institutional Review Board of the researcher's University.

Sample

Fifteen baccalaureate nursing students met inclusion criteria, which included enrollment in either traditional or accelerated baccalaureate nursing programs at the researcher's University and showing interest in participating in this study. Rolling recruitment of student participants ended when 12 students were enrolled. The researcher visited nursing classes of second- and third-semester students and presented a short overview of the study. Students provided their name and email if they were interested in more information. At this point, emails were sent to all interested students. Students were offered community engaged learning hours, a letter of participation for their portfolio, and a copy of the ethnodrama created during the intervention process for

participating. The researcher met with 15 students to review informed consent and gather signatures. All 15 consented, but 3 students dropped at the beginning of the intervention due to conflicts with required intervention meetings. A total of 12 students enrolled in the study (*n*=12). Sample size was small in order to facilitate the creation of an ethnodrama (see Chapter 5). Longitudinal analysis views each observation as a case, so while the total number of students was small (*n*=12), the total number of student cases was much higher (*n*=72) (Singer & Willett, 2003).

Twelve older adults consented to participate. Inclusion criteria required adult participants to reside in the same nonprofit assisted living facility close to the University setting for ease of student access. Individuals who did not speak English or could not communicate verbally were excluded from participation. The administrator of the facility invited residents who might be interested in participation to listen to a study overview during lunch. The researcher provided an overview and read out loud the consent form, while attendees looked at copies passed out to all in attendance. Eleven attendees signed consent. This process was repeated until a total of 12 adults consented to participate in the study.

Intervention

Students met with the researcher and older adults over a 4-month period, in order to create an ethnodrama based on exploring late life potential through the framework of possible selves (see Chapter 4). A total of four research meetings, lasting 60-90 minutes, provided students with training in interviewing older adults, protocols for data management submission, as well as activities of transformative learning. Student and

adult participants remained partnered for the duration of the study. They met at three time points to complete interviews on the topic of possible selves (Frazier, Johnson, Gonzalez, & Kafka, 2002). Students interviewed adult partners during the first interview, with older adults interviewing students using the same interview protocol during the second interview. The third interview required student adult dyads to read a draft of the ethnodrama created from previous interviews. This allowed them to discuss whether or not it represented their thoughts about possible selves. Interviews were digitally recorded, and lasted anywhere between 10 minutes and 2 hours. Walk-Ons, Inc., a professional performing group specializing in performing for underserved audiences performed the ethnodrama on site at the assisted living facility for all student and older adult participants. A postperformance discussion occurred as the final part of the intervention.

Data Collection

The effects of the intervention on nursing student attitudes toward older adults and older adult attitudes to aging were measured and tracked through both qualitative and quantitative methods. Student attitudes were measured at six time points using two instruments described below. Older adults completed a questionnaire assessing attitudes toward aging before and after the intervention. Qualitative data included video documentation of the first student meeting, and video documentation of the ethnodrama performance and postshow discussion.

Nursing Student Measures

Students completed the same instruments at six time points no less than 2 weeks apart. Due to rolling enrollment, students were split into two groups to complete the intervention. The number of weeks between activities and data collection was identical for both groups. Baseline measures were completed at least 2 weeks before the intervention began, with one measure completed at each of the following four group meetings, and one final measure following intervention completion (see Chapter 4). Initially, a demographic questionnaire collected information on age, sex, marital status, education level, race/ethnicity, frequency of contact with older adults, and previous work experience. The final survey (T6) included open ended questions regarding overall thoughts and feelings about the process of participation in the intervention.

Two scales measured attitudes toward older adults. *The Attitudes Towards Old People Scale* (KOP), a 34-item six-point Likert Scale, was originally created with university students to measure their attitudes toward older adults (Kogan, 1961). Reliability of this scale has been demonstrated to be moderate with Cronbach's Alpha ranging from .66-.83 (Doherty et al., 2011; Iwasaki & Jones, 2008; Kogan, 1961; Mangen & Peterson, 1982; Ryan, Melby, & Mitchell, 2007). Negative items were reverse scored and tallied with positive items for a total score. Scores range from 34 to 204 with higher scores indicating more positive attitudes.

The second scale was *Polizzi's Refined Version of the Aging Semantic Differential* (rASD) which has respondents rate their attitudes toward older adults using 24 adjective pairs (Polizzi, 2003). Reliability is high, ranging from .93-.94 (Gonzales, Tan, & Morrow-Howell, 2010; Iwasaki & Jones, 2008; Polizzi, 2003; Polizzi & Millikin, 2002).

Responses are scored on a seven-point scale, with negative adjectives rated 7 and positive adjectives rated as 1. Scores are totaled, with a range from 24-168. The midpoint of 96 is neutral, and lower scores are more positive, while scores greater than 96 are negative (Polizzi, 2003). Middle scores demonstrate lack of positive or negative bias. Students completed two of these surveys, one asking to rate an adult age 65-79 (P65) and the other to rate adults age 80+ (P80).

Older Adult Pre- and Posttest

Older adults completed a demographic questionnaire at time one in order to identify age, sex, marital status, education level, race/ethnicity. Both pre- and posttesting included questions about self-reported health and the *Attitudes to Ageing Questionnaire* (AAQ) (Laidlaw, Power Schmidt, and the WHOQOL-OLD Group, 2007). The AAQ is a 24-item self report instrument for older adults to identify their attitudes toward aging by focusing on three 8-item subscales: 1) psychosocial loss, which focuses on social and psychological loss and wherein old age is seen negatively; 2) physical change, focusing on physical functioning, exercise, and health; 3) psychological growth, focusing on positive gains that an individual experiences in aging. The psychosocial loss subscale was reverse scored and each subscale individually totaled with a potential range of 8 to 40. An overall total was also calculated by adding all subscales together for a range of 24 to 120 with 72 as neutral, scores above indicating positive attitudes and scores below more negative (Laidlaw et al., 2007). The instrument has demonstrated reliability with original analysis using item response theory and reporting subscale PSIs of .807 for psychosocial loss, .809 for physical change, and .738 for psychological growth (Laidlaw et al., 2007).

More recently Cronbach's alpha has been reported as .81 for psychosocial loss, .76 for physical change, and .72 for psychological growth (Bryant et al., 2014).

Qualitative Video Data

Digital video documented two meetings in an effort to identify changes in attitudes over the course of the intervention. Recordings included the first meeting between students and the researcher to identify student concerns and attitudes at baseline as well as the final ethnodrama performance and postperformance group discussion to evaluate changes in student attitudes and postperformance reactions from older adult participants.

Analysis

Quantitative data were organized, managed, and exported into SPSS through the use of REDCap (Research Electronic Data Capture), a secure method for building databases and reducing error in data entry (Harris et al., 2009). Missing data were minimal and due to skipped questions. One older adult response and six student responses were missing from the data. Due to the small number missing, employing mean replacement allowed for a complete data set. Descriptive statistics were utilized to characterize all participants.

Student attitudes were analyzed with multilevel growth modeling, which combines individual change as well as average and interindividual differences in change. In the linear mixed effects approach to multilevel growth modeling, individual changes are modeled as random effects around fixed effect population estimates. By including random effect variances for individual change, mixed effects models permit the

separation of systematic individual differences in change from measurement and other error. Maximum likelihood estimation yields the values of the fixed effect coefficients and random effect variances that make the observed data likeliest. The specifics of the model appear below, but the general model-fitting sequence adds explanatory predictors to an appropriate longitudinal model. Each step in model development permits systematic individual variation ("random" effects) in initial status, overall therapeutic impact, and therapeutic rate-of-change (see also Singer & Willett, 2003).

Paired samples *t*-tests with bootstrapping were used to analyze changes in older adult attitudes.

Audio from the pre- and postintervention video was transcribed verbatim and QSR International's NVivo 10 software (2012) was used to organize the data. Time 6 open ended questions from both students and older adults, were also analyzed to capture postintervention attitudes. These questions focused on the overall experience of the intervention, thoughts and feelings about participating in the process, as well as reactions to the final ethnodrama performance. Pseudonyms were assigned to all participants to protect participant identity. Thematic analysis using in vivo and pattern coding identified changes in video data between the two meetings.

Results

Descriptive Analysis

The sample included 24 participants, older adults (n=12) and students (n=12). Table 6.1 shows the demographic characteristics for the sample.

The mean age of the adult sample was 74.42 (SD = 9.92), ranging from age 54 to age

Table 6.1
Demographic and Clinical Characteristics

Characteristic	Older Adults (*n* = 12)	Students (*n* = 12)
	Mean (*SD*)	Mean (*SD*)
Age	74.42 (9.92)	31.33 (11.06)
	No. (%)	No. (%)
Sex		
Male	3 (25%)	2 (16.7%)
Female	9 (75%)	10 (83.3%)
Race		
White	10 (83.3%)	11 (91.7%)
Black/African American	0 (0%)	0 (0%)
Asian	0 (0%)	0 (0%)
Pacific Islander	0 (0%)	1 (8.3%)
Native American	0 (0%)	0 (0%)
Other	2 (16.7%)	0 (0%)
Ethnicity		
Hispanic	1 (8.3%)	0 (0%)
Not Hispanic	11 (91.7%)	12 (100%)
Marital status		
Married	2 (16.7%)	6 (50%)
Widowed	3 (25%)	0 (0%)
Single, Never Married	2 (16.7%)	5 (41.7%)
Divorced/Separated	5 (41.7%)	1 (8.3%)
Education		
Did not graduate from high school	1 (8.3%)	0 (0%)
High School graduate	3 (25%)	0 (0%)
Attended some college or trade school	6 (50%)	6 (50%)
College graduate	1 (8.3%)	6 (50%)
Have done some additional graduate work	1 (8.3%)	0 (0%)
Nursing Program		
Traditional Program	NA	6 (50%)
Accelerated (Second Degree) Program	NA	6 (50%)

Table 6.1 Continued

Characteristic	Older Adults (*n* = 12)	Students (*n* = 12)
	No. (%)	No. (%)
Frequency of Interaction with Adults 65+		
Daily	NA	3 (25%)
3-5 days a week	NA	6 (50%)
1 time a week	NA	1 (8.3%)
Monthly	NA	2 (16.7%)
Every 6 months	NA	0 (0%)
1 time a year	NA	0 (0%)
Never	NA	0 (0%)
Worked with adults 65+ in the past		
Yes	NA	10 (83.3%)
No	NA	2 (16.7%)

87. The majority of the sample was White (83.3%) with 2 individuals listing their race as "other," later specified as Israeli (8.3%) and Mexican American (8.3%). Only 1 participant identified as Hispanic (8.3%). Most of the sample was divorced or separated (41.7%), with others being widowed (25%), married (16.7%) or single (16.7%). Education levels showed that 50% of the sample attended some college or trade school, while fewer were high school graduates (25%), with minimal in the categories of college graduate (8.3%), additional graduate work (8.3%), and did not graduate from high school (8.3%).

The mean age of the student sample was 31.33 (*SD* = 11.06), ranging from age 22 to age 50. All students identified ethnicity as not Hispanic (100%) with the majority self identifying as White (91.7%), with one individual Pacific Islander (8.3%). Half of the sample was married (50%), with 41.7% single and never married and only one individual divorced or separated (8.3%). All are high school graduates, with half having completed some college or trade school (50%) and the other half being college graduates (50%). This is fitting with the nursing program in which each group was enrolled; those without degrees were in the traditional nursing program (50%), and those with college degrees were in the accelerated second degree program (50%).

All students reported interactions with adults age 65 and older, with the majority interacting 3 to 5 days a week (50%), only some with daily interactions (25%), and two on a monthly basis (16.7%). The majority have worked with older adults, age 65 and older, in the past (83.3%), while only 2 reported not having this work experience (16.7%) (Table 6.1).

Older Adult Attitudes Toward Aging

A paired-samples *t*-test was conducted to evaluate if older adults attitudes toward aging, as measured by the *Attitudes to Ageing Questionnaire* (Laidlaw et al., 2007), had changed from baseline to postintervention. The results indicated that the mean baseline self-reported attitudes toward aging (M = 79.83, SD = 9.54) were lower than the mean postintervention self-reported attitude toward aging (M = 85.17, SD = 14.43). This difference, 5.34, BCa 95% CI [-12.58, 1.67], was not significant, $t(11) = -1.389$, $p = .198$. The standardized effect size index, d, was -.40. Examining the 95% confidence interval of plausible values are primarily negative but cannot exclude zero in this small sample.

Paired-samples *t*-tests were conducted on each of the three subscales that make up the Attitudes to Ageing Questionnaire (Laidlaw et al., 2007), in order to assess attitudinal changes within the domains of psychosocial loss, physical change, and psychological growth. The results were not statistically significant from baseline to posttest on all three, with results as follows: physical change $t(11) = -.110$, $p = .904$, BCa 95% CI [-2.91, 2.67]; psychological growth $t(11) = -.409$, $p = .665$, BCa 95% CI [-2.25,1.50]; and psychosocial loss $t(11) = -2.191$, $p = .06$. Psychosocial loss is interesting in that the attitudes at baseline (M= 22.58, SD = 5.57) compared with those postintervention (M = 27.33, SD = 7.33) increased over time by 4.75, BCa 95% CI [-9.17, -.75], demonstrating that there might be an element of change involved in participation. The standardized effect size index, d, was -.63; which is a medium effect size.

Self-rated general health was also compared between baseline and postintervention; however the results were not statistically significant, $t(11) = -1.318$, p = .229, BCa 95% CI [-1.25, .16] (Table 6.2).

Table 6.2
Comparison of Older Adult Attitudes to Aging and General Health from Baseline to Postintervention

	T1 Mean (*SD*)	T2 Mean (*SD*)	*t*	*p*
Attitudes to Aging	79.83 (9.54)	85.17 (14.43)	-1.389	.198
Subscale 1: Psychosocial Loss	22.58 (5.57)	27.33 (7.33)	-2.191	.060
Subscale 2: Physical Change	26.83 (5.31)	27.00 (5.89)	-.110	.904
Subscale 3: Psychological Growth	30.42 (4.50)	30.83 (5.94)	-.409	.665
General Health	4.42 (1.73)	4.92 (.996)	-1.318	.229

* Bootstrap results based on 1000 bootstrap samples.

Student Rate of Change

In order to examine changes in attitudes over the course of the intervention, analysis employed the multilevel model for change (Singer & Willett, 2003). Modeling occurred in several steps. The first general phase was to identify an unconditional (level one) longitudinal model that accurately represented status and change for the study participants.

It was important to capture three aspects of the growth experience: initial status ("Intercept"), overall gain from baseline ("gain"), and time rate-of-change ("trend"). For dependent Y each observation at time j arises, for each person i, from these three components of change:

$$Y_{ij} = INTERCEPT_i + GAIN_i + TREND_i * (T_{j>1} - 1) + \varepsilon_{ij} \quad (6.1)$$

where $T_{j>1} - 1$ is the sequential Time from the first postbaseline observation (i.e., the TREND coefficient measures the rate-of-change since the intervention began). The level-1 model consists of average (population) effects for each of the three components,

plus one or more systematic variance components representing individual differences. In this small sample, I used a lenient standard of significance (p=.20) for retention of variance components, since nonzero components can improve the accuracy of the statistical estimation.

Level 2 models then tested the effect of covariates on initial status (intercept), gain, and rate of change. Table 6.3 summarizes the models fitted to the attitude data. *Gain* and *Trend* were used to measure discontinuity in slope. *Gain* represents attitudes between time 1 data (baseline) and subsequent times. *Trend* represents attitudes between time 2 and time 6, where time 2 becomes in effect a new intercept. This allows us to test two impacts, one that assesses the effect as measured from the original intercept (T1) and the other capturing a gradual added effect of the intervention on attitudes. *Gain* then represents a postulated attitude increment from an individual's participation in the intervention. *Trend* represents a continuing impact of the intervention through the study period. The intercept, gain, and trend correspond to independent components of the longitudinal trajectory.

Model A, the unconditional means model, included fixed effects of intercept, gain, and trend, with intercept as the sole random effect. This provided a baseline regarding overall sample attitudes toward older adults. The fixed effect of intercept estimates the grand mean across all occasions and individuals, demonstrating student attitudes toward older adults as positive (KOP parameter = 156.41, p<.001; P65 parameter = 60.75, p<.001; P80 parameter = 60.75, p<.001). Scores were not neutral and were on the positive side of the spectrum (KOP >119; P65 and P80<96). The initial status of average students varies over time and students differ from each other in attitudes. This was clear

Table 6.3. Comparison of Fitting Models to the Attitude Measurement Data (n = 12)

Model	Fixed Effects	Variance Components	*n* Parameters for… Fixed Effects	*n* Parameters for… Variance Components	Deviance[†]	Comparison Model: △Deviance (*df*)
A	INTERCEPT, GAIN, TREND	INTERCEPT	3	2	KOP = 449.55 P65 = 572.35 P80 = 549.81	—
B	Model A	INTERCEPT, GAIN	3	3	KOP = 449.49 P65 = 570.97 P80 = 542.04	A: KOP = 0.06 (1) A: P65 = 1.38 (1) A: P80 = 7.77 (1)**
C	Model A	INTERCEPT, TREND	3	3	KOP = 441.85 P65 = 562.94 P80 = 543.10	A: KOP = 7.7 (1)** A: P65 = 9.41 (1)** A: P80 = 6.71 (1)**
D	Model A	INTERCEPT, GAIN, TREND	3	4	KOP = 441.85 P65 = 560.74 P80 = 531.78	A: KOP = 7.7 (2)* A: P65 = 11.61 (2)** A: P80 = 18.03 (2)***
E	MODEL A + S8_interact	INTERCEPT, GAIN, TREND	6	4	KOP = 437.30 P65 = 549.99 P80 = 520.36	D: KOP = 4.55 (3) D: P65 = 10.75 (3)* D: P80 = 11.42 (3)**
F	Model E + GAIN x S8_INTERACT and TREND x S8_INTERACT	INTERCEPT, TREND	12	3	KOP = 423.08 P65 = 542.06 P80 = 532.62	E: KOP = 14.22 (7)* E: P65 = 7.93 (7) E: P80 = -12.26 (7)~

Table 6.3 Continued

Model	Fixed Effects	Variance Components	*n* Parameters for… Fixed Effects	Variance Components	Deviance†	Comparison Model: △Deviance (*df*)
G	Model E + TREND x S8_interact	INTERCEPT, GAIN, TREND	9	4	KOP = 428.53 P65 = 549.53 P80 = 519.92	E: KOP = 8.55 (3)* E: P65 = 0.46 (3) E: P80 = 0.44 (3)

~ $p<.10$; *$p<.05$; **$p<.01$; ***$p<.001$; significance is identified utilizing the critical values of chi-square distribution

†Deviance is identified using the -2 Log Likelihood

KOP = Kogan's Attitudes Towards Old People Scale; P65 = Polizzi's Refined Version of the Aging Semantic Differential targeting Perceptions of Adults 65+ ; P80 = Polizzi Refined Version of the Aging Semantic Differential targeting Perceptions of Adults 80+

in exploring the magnitude of the within and between person variance components. The total variation in attitudes (KOP = 91%; P65 = 70%; P80 = 87%) is attributable to differences in nursing students.

Model B added the random effect of gain to the model, while model C added the random effect of trend while removing the random effect of gain. Model D is of import, as it is the unconditional growth model, allowing us to compare with the unconditional means model in order to identify true change trajectories. Model D added both gain and intercept to the random effect, which also included intercept. The true change trajectory of KOP included a nonzero intercept of 156.42 and a nonzero slope of -4.27 for gain, allowing a rejection of the null hypothesis for intercept (p<.001) and gain (p<.025). P65 had a nonzero intercept of 61.08 (p<.001) and a nonzero slope of -7.9 (p<.06) for gain, while P80 included a nonzero intercept of 60.75 (p<.001). Trend was not significant overall on all three measures and gain was not significant on the P80. The pseudo R^2 was calculated using the within-person residuals from both model A and model D in order to identify the percentage of variation associated with linear TIME. The within person variation associated with linear TIME was 29% for KOP, 46% for P65, and 58% in P80.

A variety of models were fitted in order to examine the influence of covariates as level 2 predictors. These models included age, education, sex, race, marital status, and previous work with older adults. Results from these models were not significant and will not be reported here. Model E includes frequency of student interaction with older adults (S8_interact) as a level 2 predictor of intercept and change (Table 6.4). Frequency of interaction (S8_interact) had an overall significance for P65, $F(3,12) = 5.88$, $p = .011$, and P80, $F(3,12) = 6.37$, $p = .008$. It was not significant for KOP. The estimated initial

Table 6.4. *Results of Fitting Model E, Using the Multilevel Model for Change, to the Attitude Measurement Data (n=12)*

	Fixed Effects Magnitude	F (*df*) for Fixed Effects	Random Effects Variance	Random Effects *SD*	Pseudo R^2	CI of the Variance Components for Covariance Parameters Lower	CI of the Variance Components for Covariance Parameters Upper
KOP[†]							
Repeated Measures			10.49***	3.24	0.019	6.89	15.97
Intercept	154.29	1885.16*** (1, 12)	99.61*	9.98	0.34	42.21	235.10
Gain	-4.27	12.10** (1, 14)	1.28	1.13	Didn't Converge	0.00	60032.08
Trend	0.29	0.37 (1, 14)	1.70~	1.30	-0.02	0.51	5.61
S8_interact		1.93 (3, 12)					
	Mean (*SE*)						
Level 1	146.05 (5.90)						
Level 2	154.28 (4.19)						
Level 3	173.92 (10.18)						
Level 4	151.22 (7.21)						
P65[‡]							
Repeated Measures			54.52***	7.38	0.04	33.66	88.31
Intercept	42.18	198.46*** (1, 14)	80.27~	8.96	0.67	24.26	265.55
Gain	-7.90	4.07~ (1, 15)	96.74	9.84	-0.31	23.08	405.50
Trend	-0.80	0.40 (1, 13)	13.57~	3.69	0.01	4.47	41.17
S8_interact		5.88* (3, 12)					

Table 6.4 Continued

	Fixed Effects Magnitude	F (*df*) for Fixed Effects	Random Effects		Pseudo R^2	CI of the Variance Components for Covariance Parameters	
			Variance	*SD*		Lower	Upper
P65‡							
	Mean (*SE*)						
Level 1	71.96 (6.76)						
Level 2	53 (5.10)						
Level 3	35.58 (11.15)						
Level 4	34.26 (8.09)						
P80§							
Repeated Measures			27.14***	5.21	0.00	17.04	43.21
Intercept	37.73	150.90*** (1, 12)	139.69*	11.82	0.65	54.97	354.99
Gain	-2.58	0.48 (1, 13)	124.37~	11.15	-0.02	43.77	353.41
Trend	-1.23	1.78 (1, 12)	7.52~	2.74	0.00	2.54	22.28
S8_interact		6.37* (3, 12)					
	Mean (*SE*)						
Level 1	80.10 (7.85)						
Level 2	55.65 (5.87)						
Level 3	37.28 (13.03)						
Level 4	33.52 (9.41)						

†Kogan's Attitudes Towards Old People Scale

‡ Polizzi's Refined Version of the Aging Semantic Differential targeting Perceptions of Adults 65+

§ Polizzi Refined Version of the Aging Semantic Differential targeting Perceptions of Adults 80+

~$p \leq .10$; *$p < .05$; **$p < .005$; ***$p < .001$

S8_interact represents the amount of time nursing students interact with older adults. Level 1 = Daily, Level 2= 3-5 days a week, Level 3 = 1 time a week, and Level 4 = Monthly

P65 for the average nursing student is 42.18 (p<.001), with an estimated gain of -7.90 (p<.075), and an estimated slope rate of change indistinguishable from 0. Variance demonstrated a minor trend (p<.10), accounting for 1% of the variance. Within person variance was 4% with between person accounting for 67% of the variance in attitudes. P80 was also significant overall, with an initial score of 37.73 (p<.01), and estimated gain and trend indistinguishable from 0. Variance of the intercept accounts for 65% of the variance in attitudes, with within person variance accounting for very little of the variance.

It is important to note that the influence of frequency of interaction was a strong predictor of initial status (intercept) for both P65 and P80 (Figure 6.1). All students had positive attitudes, but those with daily interaction had scores closer to neutral (without a positive or negative bias) of 96. There was an inverse relationship between scores and frequency of interaction. Scores were more positive as frequency of interaction decreased. Students who interacted with adults one time a month had a strong positive bias, reaching within 10 points of the most extreme score of 24 (P65 M = 34.26; P80 M = 33.52). KOP did not have the same outcome; however differences in intercept based on s8_interact were apparent, with those who interact daily having the lowest, and more neutral scores (Figure 6.1).

Models F and G were created to test the interaction of gain with s8_interact and trend with s8_interact. Results demonstrated a significant overall outcome for the interaction between trend and s8_interact (Model F = $F(3, 17) = 4.38$, $p = 0.019$; Model G = $F(3,11) = 4.57$, $p = 0.025$). Model F included interaction effects between both s8_interact and gain, as well as s8_interact and trend. Controlling for the effects of s8_interact, the

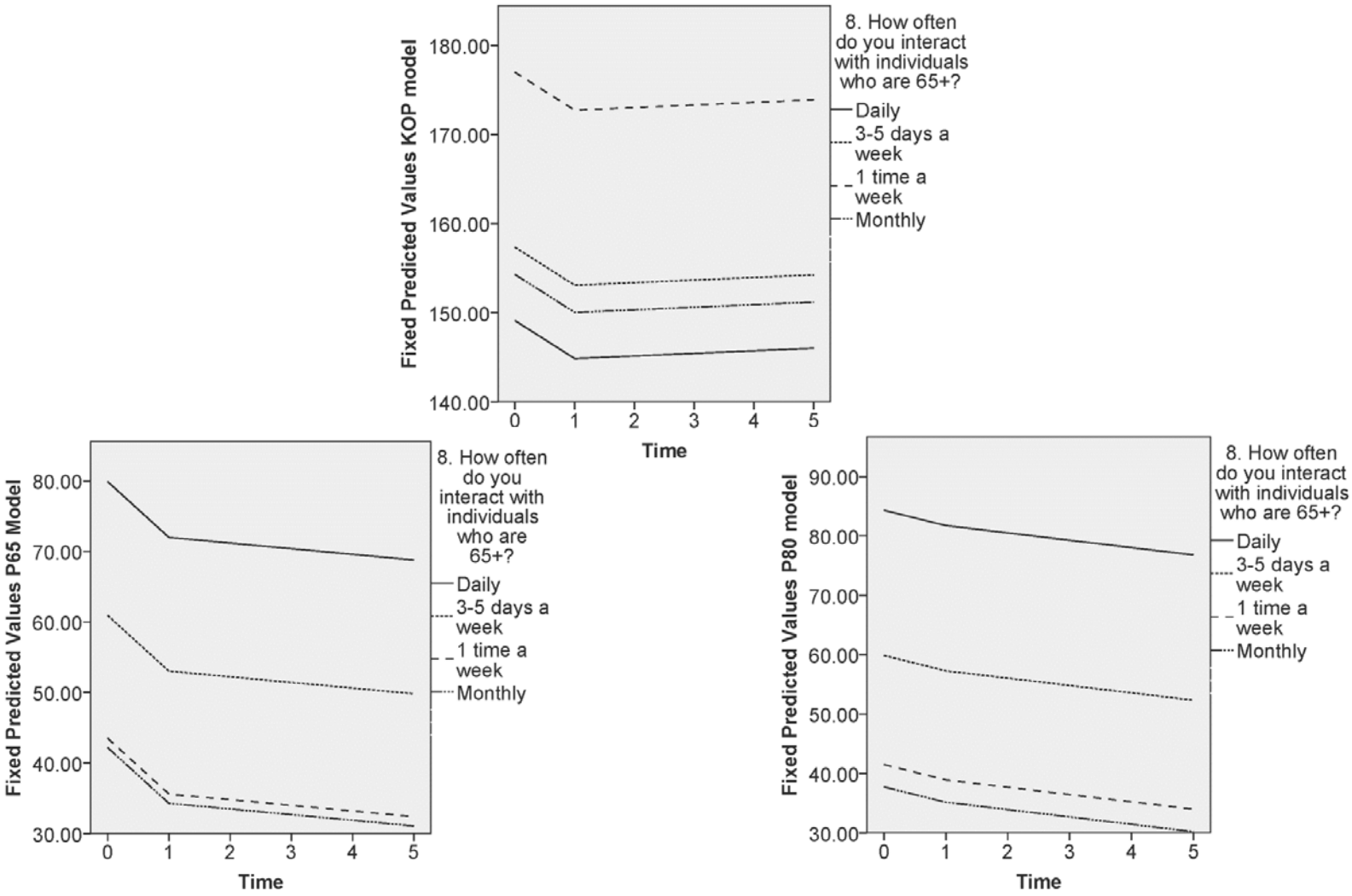

Figure 6.1. Influence of frequency of interaction with older adults on nursing student attitudes. KOP is more positive as scores increase, while P65 and P80 are more positive as scores decrease.

estimated change before intervention is -1.50 ($p = 0.585$) and for every 1-point difference in s8_interact, the average initial KOP is 6.17 points lower for those who interact daily, 4.33 points higher for those who interact three to five times a week, and 27.5 points higher for those who interact one time a week. The average rate of change in KOP is 1.2 higher with every 1-point difference in s8_interact for those who interact daily, 3.22 higher for those who interact 3-5 days a week, and 1.0 higher for those who interact 1 day a week.

Model G removed the interaction effect of gain and s8_interact in order to see its effect on overall significance. The interaction between s8_interact and trend overall was significant ($F(3,11) = 4.57$, $p = 0.0125$). Controlling for the effects of s8_interact, the estimated change before intervention is -4.27 ($p<0.05$), and for every 1-point difference in s8_interact, the average initial KOP is 5.88 points lower for those who interact daily, 2.33 points higher from those who interact three to five times a week, and 23.78 points higher for those who interact one time a week. The average rate of change in KOP is 1.26 higher with every 1-point difference in s8_interact for those who interact daily, 2.82 higher for those who interact 3-5 days a week, and 0.26 higher for those who interact 1 day a week. Deviance tests for models F and G were not that significant (Table 6.3).

Model E was chosen as the final model for both significance and parsimony. Parameters are reported in Table 6.3. This model reveals a difference in deviance of 11.42 ($p<.01$) for P80, and 10.75 for P65 ($p<.05$) when compared with Model D. While there is no significant difference for KOP between models D and E, the random effect of gain was prominent enough to detect in model E, but not Model D.

Overall student attitudes varied at baseline as well as over the course of the

intervention. Model E was chosen as it accounted for the most variance in attitudes while retaining gain, trend, and frequency of interaction in analysis. Overall benefit postintervention (*GAIN)* showed mixed results, with KOP demonstrating a decrease in attitudes and P65 and P80 showing a slight increase overall. It is important to note that *GAIN* includes time 1 data which was gathered before the intervention began. These scores were very positive, demonstrating a potential influence of social desirability on the actual response. Rate-of-change postintervention (*TREND*) was small, but showed a slight increase during the intervention process for all three instruments, with the greatest rate-of-change on P80. *TREND* excludes time 1 data, and looks at change during the actual intervention, reducing the potential effect that initial impressions (Time 1) might have on participant response.

Of the demographic variables collected in this study, only one had an overall influence on attitude scores. Frequency of interaction showed that students who interacted with older adults on a daily basis, outside of this intervention, had more neutral attitude scores on all three instruments. These students had a slight positive increase in attitudes over the course of the intervention but remained more neutral throughout when compared with other student scores. Students who spent the least time with older adults, one time per month, had the most positive attitudinal scores throughout the intervention.

Student Attitudes Pre- and Postintervention: Qualitative Data

Student attitudes were documented during the first intervention meeting (see chapter 4). Training in interview techniques, and an overview of the intervention activities led to questions that documented student attitudes about older adults. Students were unsure

what to call the older adult assigned to partner with them in the project:

> Ava: Since my patient has, my buddy, what would you call it?

The project required students to interact with older adults in new ways; outside of the nurse patient relationship, which provided some confusion on how to approach this new dynamic. Another conversation occurred about how to move the focus in the interview from the student to the older adult.

> John: He's gonna get his chance to…You're gonna get your chance—little rascal, dude, little, it's all you buddy.

This demonstrates a tactic utilized to deflect, and make light in working with other people, but it incorporates infantilization and emphasizes an attitude that adults are "little."

The abilities of older adult participants were of concern to many students who focused on disease trajectories in their daily studies. They wondered if their partners would have chronic illness or Alzheimer's, which seemed a concern. One individual was concerned that their partner would focus solely on negativity and death:

> Karen: Okay, then I just worry about "what are you looking forward to next year." I'm fearful of getting , "I won't be here next year."

Preintervention attitudes tended to focus on potential worrisome or problematic interactions and the unknown, including older adult responses and abilities.

Postintervention attitudes towards older adults focused on heterogeneity, breadth in perspective, possibility in others, and empathy. Students noted the heterogeneity of the older adult population as a whole, as expressed in Susan's statement, "...overall I enjoyed this project and feel like I got a broader perspective of the older adult population."

> Sarah: I thought it was very interesting to learn how different each of our partners were and how their perspectives differed.

The topic of possible selves led students to acknowledge their own goals and possible selves, while having a "more positive outlook on aging..." It also demonstrated a strong positive bias that underlines potential problems inherent in improving attitudes:

> Karen: I feel they should be included more in all age groups and just from a simple conversation with older people you see they begin to take on your feelings. If you are smiling, they begin smiling.

Empathy was apparent in student comments, as they identified "new insight on why the elderly feel the way they do" and "opened my eyes a little to their experiences and feelings about family, living conditions, and their hopes of themselves." Students began thinking about adult experiences from outside of their own experience, and greater understanding was identified:

> Summer: When my grandma was in the final stages of pancreatic cancer and bedridden I couldn't understand her frustration. She hated not being able to move and she had to rely on us. I understand more about why that was so hard for her.

Discussion

Overall changes in attitudes were difficult to document with a small sample size. However, a small sample size was important to the quality of the intervention experience, allowing representation of all 12 dyads in the final ethnodrama script and performance. Mixed methods were used to balance the requirements of all forms of methodology; for example, the six points of data collection for student participants increased the amount of quantitative data allowing for longitudinal data analysis.

Student attitudes varied in initial status and rate of change over time. Attitudes between T1 and T2 documented change in attitude before the intervention began, and provided a method to check the influence of testing effects, social desirability, and the novelty of participation. All scores dropped between these two time points, which

demonstrated more positive scores in two of the tests (P65 and P80), while more negative scores in KOP. This may be due to the desire of student participants to provide desired answers, particularly when first meeting with the researcher. Higher scores at baseline, when included in overall outcome (*GAIN*), do not represent the true change caused by the intervention, as they: 1) were gathered before the intervention began, and, 2) may represent scores influenced by shifts in desirability. This shift in response may be similar to what occurs in quality of life research when responses alter due to changes that may occur in individual values, personal definitions of a construct (such as attitudes), or how an individual defines the scale at hand (Schwartz & Sprangers, 1999). The results in this study had a negative *GAIN* for the KOP, which is in part due to the elevated scores provided at Time 1. P65 and P80, also had negative scores on *GAIN*, but actually improved overall as a decrease represents more positive attitudes. KOP is an older instrument, using older terminology in reference to attitudes in aging and a more familiar Likert scale format that may have influenced a shift in scores.

Overall student attitudes were positive on both instruments, with scores demonstrating positive bias. While not negative, extremely positive attitudes can reflect a tendency to idealize older adults, or to regard older adults with preferential treatment or patronizing behavior. This was exemplified in some of the preintervention statements involving infantilization, and the post statements assuming that older adults are all positive.

While this was not representative of all students, the extremely positive attitudes could lead to unrealistic assumptions about older adults as a group. Improving attitudes is important, yet moving students to a more neutral position regarding aging and older

adults will more accurately mirror a reality that acknowledges both hoped for and feared possibility within all. This will potentially prepare students for working with a more realistically heterogeneous population.

It was interesting to note that student attitudes differed based on the frequency of interaction they have with older adults. Students with more interaction with older adults had more neutral scores, demonstrating that experience leads to a more realistic view of older adults. Previous research has found that students with more frequent contact with older adult family members had more interest in aging (Gorelik, Damron-Rodriguez, Funderburk, & Solomon, 2000). Higher frequency of contact may be representative of individuals already working with older adults, and thus individuals with more interest in aging. Others have found that increased contact with unrelated older adults is correlated with more positive attitudes (Funderburk et al., 2006; Swanlund & Kujath, 2012). While this study did not measure if frequency of contact was with related or unrelated individuals, all scores were positive, and those with the most contact had overall positive but more neutral attitudes compared with students who had less contact. It is possible that realistic attitudes have not been captured in other studies or with other forms of measurement.

In an effort to reduce burden, older adult participants only completed pre- and postintervention surveys. While changes in attitude were not significant, attitudes were above neutral and more positive at both time points. Older adult participants did demonstrate a small increase to more positive scores. Of note, the most significant change was in the psychosocial loss subscale, where negativity decreased during the course of the study. The focus on possible selves may have altered individual views

about psychosocial loss by focusing on what individuals have and how they see themselves, rather than on what they have lost.

The transformational experience of participating in an ethnodrama intervention did positively alter student and older adult attitudes. However moving attitudes to a more positive position may not be the goal of such intervention work. This study noted that students with more frequent interaction with older adults before the intervention had more neutral scores overall, while those with less interaction had a positive bias. The question arises as to whether attitudes are just a function of time spent with older adults. The qualitative data seem to suggest the quality of interactions is important. If this intervention continued, those with less frequent interactions might move from extreme bias to positive attitudes more in the realistic area of neutrality on these scales. The importance of neutral attitudes, those with no extreme bias one way or another, has implications for a more person-centric approach to interacting with older adults. Late life potential needs to be operationalized in a manner that recognizes the realities of aging, including potential. Possibles selves should be explored as one method of achieving this, as it includes both hoped for and feared for possibilities.

Limitations

Selection, history, maturation, and regression artifacts are all threats to internal validity as random assignment was not implemented. Use of the same tests at all data collection time points created a potential testing threat. However, multiple time points also increased precision of measurement (Donaldson, 2008). No tests were given less than 2 weeks apart, while others were at least 1 month between time points. The length

of time between tests works to decrease testing effects.

Construct validity was threatened due to potential inadequate operationalization of constructs. Attitudes to aging may include more than just attitudes to older adults and understanding late life potential may be more expansive than just possible selves. Experimenter expectancies may have contributed in that the primary investigator was leading instructional meetings with nursing students. This innovative intervention may have introduced novelty and disruption effects which may increase excitement and elevate outcomes. The novelty of the situation may be a threat in that participants may have altered attitudes based on change in their normal activities, rather than the actual transformational learning experience. The length of the intervention was over 4 months, which may have decreased the novelty of the activities, and viewing one performance of an ethnodrama may not, in and of itself, change much in the audience. So the culmination of all transformative activities was targeted to alter attitudes over time, reducing the chance of novelty.

Statistical validity is influenced by the small sample size. However, the bootstrap option on SPSS was used so that assumptions of statistical tests were not violated. Data collection at multiple time points increased precision. Interviews were monitored in order to limit extraneous variance in the intervention setting. The use of qualitative and quantitative data allowed for the triangulation of findings.

Data were collected from new baccalaureate nursing students at a single university in the Mountain West, which is a threat to external validity as the generalizability of these findings may be limited to certain settings, times, and individuals.

Future Directions for Research and Theory

The results of this study lead to questions that require further exploration. Previous studies have explored improving attitudes, which may not be of utmost importance. More important is to examine realistic perspectives of aging, those that do not have negative or positive bias, and how this influences desire to interact and work with older adults and the perception of late-life potential. Possible Selves theory should be further examined as an avenue to operationalizing late life potential by testing methods that measure the comprehension of these concepts and how this might influence attitudes. Differing types and quality of high frequency interactions should be compared to analyze how they influence attitudes differently. For example, are attitudes more positive with daily contact when living with an older adult versus working daily with older adults? The effects of quality, duration, and frequency of intergenerational interactions could be explored through comparisons between nursing students involved in an in-person ethnodrama intervention with those who interact solely via media portrayals of the elderly, as well as those in a control group who do not alter their interaction levels.

It would also be beneficial to conduct this study with a control group for both students and older adults in order to identify which part of the intervention is the most effective at influencing change in participant attitudes. Incorporating multiple time points with adult participants would increase the ability to evaluate change over time in adult attitudes.

Finally, it would be of interest to evaluate changes in attitudes with other groups, such as students involved in interprofessional education, individuals already working with older adults, certified nursing assistants, or family caregivers.

Conclusion

This study evaluates the effects of participation in the development and implementation of ethnodrama on nursing student attitudes toward older adults and older adult attitudes to aging. Working with older adults is low in priority for nursing students and attitudes play a part in this approach. The introduction of possible selves as part of an arts based transformational learning experience targeted attitudes by examining possibility in later life. Students and older adults interviewed each other on the topic of possible selves, leading to the creation of an ethnodrama which was performed as the culminating event of the intervention. Instruments measuring student attitudes toward older adults and older adult attitudes to aging were used at six time points for students and two time points for adults. Data analysis demonstrated positive student attitudes that varied based on frequency of interaction with older adults. A positive bias was documented in individuals with less interaction, while those with daily interactions had more neutral attitudes. Qualitative data highlighted change in pre and post attitudes in students, and demonstrated the importance of employing mixed methods to better understand constructs difficult to measure, such as attitudes. Older adults had more neutral attitudes toward aging, with improvement in attitudes surrounding psychosocial loss over the course of the intervention. This study demonstrates the importance of normalizing attitudes rather than improving attitudes. Neutral attitudes may be more representative of reality, and increase desire to work with older adults.

CHAPTER 7

CONCLUSION

This study examined the use of ethnodrama as intervention to highlight late life potential in an effort to improve nursing student attitudes towards older adults and older adult attitudes toward aging. This was done with two specific aims in mind. Aim 1 involved the development and implementation of an ethnodrama intervention designed to increase positive perceptions of capacity and aging among a sample of nursing students and older adults living in long term care. A subaim of aim 1 was the evaluation of the feasibility of ethnodrama as intervention to highlight late life potential with nursing students and older adults. Aim 2 involved the evaluation of the effects of participation in the development and implementation of ethnodrama on nursing student attitudes toward older adults. The subaim of aim 2 was to evaluate the effects of the intervention on measures of attitudes to aging in older adult participants. Three articles were written reporting the process of achieving each aim and the results of these efforts.

In this chapter I summarize the findings relevant to each aim with the goal of examining how these results connect overall. It is my intent to examine the implications of this study, particularly in terms of nursing education and aging policy. Following this, future directions are outlined in an effort to prepare to build on the research conducted here.

Aim 1

The initial aim of this study involved the development and implementation of an ethnodrama as an intervention for nursing students and older adults with the goal of increasing positive perceptions of late life potential. The process of ethnodrama creation is described in Chapter 5. This chapter provides a detailed look at the methods needed to collect and analyze data in preparation for use in an ethnodrama. Then the steps in taking analyzed data and turning it into an ethnodrama script are outlined. The ethnodrama in this project focused on the concept of possible selves, most specifically hoped for and feared possible selves. Participants collected data from each other on the topic of possible selves. Qualitative analysis organized data to describe late life potential in terms of four areas: 1) hoped for possible selves, 2) feared possible selves, 3) barriers to possibility, and 4) aids to possibility.

Ethnodrama Development

Four steps were outlined leading from data analysis to a completed script. The first step involved the creation of a script outline from the patterns identified within the four areas of late life potential. Hoped for selves focused on health, independence, family, hobbies, hesitance, and work. Feared for selves focused on health, family, and homelessness. Barriers included age and health, while aids to possibility focused on family and personality characteristics. Within each of these patterns, quotes that were annotated as important were copied and pasted into the outline based on the pattern in which they fit. This provided the basic outline of the ethnodrama and increased the focus of the script on those themes (patterns) that were most important and evident within the

data.

The next step involved writing the script. Synthesis of ideas began by reading and re-reading codes within the outline. Those that were similar or represented the same idea were either combined or one was chosen to represent the idea. This was also done by keeping in mind the audience and environment of the performance. Limiting cast to a small number of actors eased transportation and work within performance spaces. The script was kept short in order to make it enjoyable for audiences who cannot sit for long periods and increase the ability of incorporating postperformance discussions. Character consistency helped identify which character would say certain lines, providing consistent traits and ways of looking at the world. Sensitive quotes were not included to protect participants in the audience. Theatricality was incorporated to increase is important for an entertaining production. Each character was given a story to share and long monologues were split up by actions, or other actors playing characters within the stories.

Editing added clarity to the material, insured representation of participant feelings, and increased readiness for performance. The editing process involved peer review and member checks which clarified questions about the script and provided feedback on participant reactions. Participants found it to represent their experience and many noted parts of the script that resonated with them, which often were their own words and contributions to the script. Many found it difficult to read the script and found it confusing since words were taken verbatim and incorporated in a nonlinear fashion.

The final step involved rehearsal and performance by a professional theatre company. The company who participated in this performance intentionally cast older adult actors, as their philosophy encompasses a belief that audiences should view themselves on stage.

I met with the director to answer questions and provide background on the meaning and purpose of the project. Attending rehearsal was also important to answer questions and make sure actors could ask about the project as needed. However, I allowed the company to interpret the material and gave them freedom to do so. It was imperative that a professional company explore the material and use their expertise in staging. This was an important part of the process, as they were able to identify where characters were not as consistent as they should be, clarified character motivation, and identified moments when the character would speak to the audience versus communicating to other actors. The nonlinear script was difficult to read and memorize, but through professional staging the storyline was clearly communicated.

Subaim 1.1

During the process of ethnodrama development and implementation, it was also important to evaluate the feasibility of ethnodrama as an intervention to highlight late life potential for all participants. The question as to whether or not an ethnodrama could be created in collaboration with students and older adults was the basis for beginning the intervention, but it was also important to examine the influence of this process on increasing knowledge and thoughts on the topic of late life potential. Feasibility was analyzed and reported in Chapter 4. Results found that the intervention is feasible, with a total of 12 students and 12 older adults continuing for the entire 4-month duration. However, challenges did occur during the process.

Challenges

Recruitment of nursing students was difficult, as many were overwhelmed with school, work, clinical, and family demands. Students involved in the University's community engaged learning program were the most interested as they could earn hours through participation. However, some of these students could not participate due to conflicts with intervention meeting times. It was only when the baccalaureate nursing program allowed hours earned to count towards individual community engaged learning hours for the semester, up to a total of 15 hours, that recruitment filled up and a total of 12 students willing to commit were identified.

During the process of data collection, 2-week windows were provided to complete interviews between older adult and student dyads. At times this 2-week window was difficult to achieve, due to emergencies that arose, or scheduling conflicts between student and older adult partners. It was also difficult for students to get their older adult partners to answer phones, or respond to messages at times. Increased flexibility in scheduling could occur with the availability of more digital recorders; this would reduce the need to share recorders and meet a timeline that required students to return recorders. However, the 2-week time frame also kept the project moving and insured that data were collected in a timely manner.

The final ethnodrama performance required all 24 participants to attend the performance at the same time. Finding a date and time that worked with everyone's schedule was difficult, and in the end was mostly successful, as 11 students and 9 adults were in attendance. Sickness and family conflicts are bound to happen which is one difficulty in research outside of a controlled environment.

Timing and scheduling were the greatest challenges in the feasibility of this study. Flexibility became an important part of the process; listening to participant needs and providing them with some room to complete the tasks within their own time frames. Scheduling with 24 individuals is difficult, but do-able. It is note-worthy that 10 of the 12 students completed all 12 required tasks (group meetings, interviews, performance, and self-reflections) while 10 older adults completed all three interviews, all 12 completed pre- and posttesting, and 9 attended the performance.

Learning About Late Life Potential

It was through the three interviews that students and older adults learned about the concept of late life potential. However, the first two interviews really only gave students one view of late life potential. It was in completing interview three, the member checks, that they perceived a broader view of late life potential. Reading the ethnodrama together provided a way for students and adult participants to recognize excerpts from their own discussions on late life potential while also learning what other participants were experiencing and feeling about the topic. At the same time, reading the ethnodrama was difficult for the majority of participants as they had to decide how to read the ethnodrama, who should read which part, and worried about whether the older adults would understand. Confusion about the storyline was common, and many felt they did not know how to read the script and make it apparent when they were reading a different character. For some, reading the script became a barrier to understanding late life potential.

Student Learning

During the intervention process, students noted that older adult responses were unexpected. They made intergenerational connections as they noted similarities in their own possible selves. Increased awareness of late life potential was evident as they expressed increased use of the idea in conversations and increased thought. Potential became more evident throughout the lifespan. They also described thinking more about their own futures and planned to incorporate the knowledge of late life potential in their interactions with other people, and future work as a nurse.

Students found the ethnodrama to be a positive experience overall. They found that watching the theatrical production made much more sense than reading the ethnodrama. Students listened to older adult participants provide a lot of feedback in the postperformance discussion and many noted that this was a meaningful experience. However, they also were quiet in the postshow discussion, and felt it difficult to open up after one older adult said negative things about younger individuals and work ethic.

Older Adult Learning

Older adult postperformance comments focused on positive late life potential rather than negative potential. Older adults recognized themes that resonated with them, often their own words. They were very active in the postperformance discussion, interested in talking about themes that resonated with them. Older adults expressed a desire to continue working towards goals, that potential provides motivation, and participation in this experience reaffirmed desire to achieve. They pointed out positives associated with aging, including the ability to "struggle better" than others. They described generativity

in this process, enjoying learning from nursing students and giving back to others in return. Barriers to potential were mentioned as their children who did not seem to support their desires to do, and act on potential.

Summation of Aim 1: What Does This Mean?

It is feasible to develop and implement an ethnodrama with nursing students and older adults. This process was found to highlight late life potential; all participants acknowledged the meaning of potential, and recognized it more in their own lives and observations of others. Ethnodrama is an effective method of communicating findings and making them accessible to the audience. It was through viewing the performance that student and older adult participants were able to understand the themes and findings, especially when compared to reading the script. Viewing a high quality performance is more powerful than reading it; understanding is best achieved through multiple senses when the focus is not on difficult words or dramatic techniques in the script. Older adults felt that their children should view this performance in the hope that they would better understand that they still have hopes and desires.

This process bridged art and research, with nursing students and older adults both involved in data collection that contributed directly to the creating of the ethnodrama. This was the first time for some to participate in research, and many did not know what an ethnodrama was before this experience. Intergenerational interventions need to break down walls and help everyone feel safe to share thoughts and feelings. It cannot just be one way, with students listening and adults providing all of the feedback and thoughts. Students need a way to share their own thoughts and demonstrate to those older adults

their differences without feeling that they will offend them. When students view their own thoughts portrayed, they may be more open to sharing their reactions in front of others. Processes that are interpersonal, intergenerational, collaborative, and integrative may best support transformational learning.

Aim 2

Aim 2 focused on evaluating the influence of participating in this intervention process on nursing student attitudes towards older adults and older adult attitudes towards aging. Chapter 6 reported on data collection and analysis targeting evaluation of attitudes. First I will discuss the evaluation of nursing student attitudes, followed by subaim 2.2, older adult attitudes.

Nursing Student Attitudes Toward Older Adults

Overall student scores were on the positive side throughout the intervention, yet there was variance in beginning scores and change during the process. A slight increase in attitudes occurred during the intervention. Baseline scores differed based on the frequency of interaction students have with older adults. Those with the least frequent interaction had the most strongly positive scores, with those who have daily interaction with older adults have more neutral scores. Neutral scores could be viewed as more realistic and theoretically the most ideal, as strongly positive or strongly negative scores both represent bias which leads to assumptions that can influence how individuals treat older adults in ways that are negative. Positive bias may lead to idealization, infantilization or patronizing behaviors that do not recognize the adult within the context

of individual circumstances.

Qualitative data demonstrated that student attitudes at baseline led to worries about the unknown, or potential problems in their interactions with older adults. The abilities of the adult participants were questioned and infantilization was identified. Following the intervention, students clearly recognized the heterogeneity of older adults, acknowledged greater breadth in their perspectives, and expressed perceptions of possibility in others, empathy, and positive bias.

Older Adult Attitudes Toward Aging

Older adult attitudes improved over the course of the intervention, but findings were not significant to rule out the null hypothesis. Attitudes on the most negative subscale, psychosocial loss, improved to the extent that it would be meaningful to further explore the effects of late life potential on individual experiences in later life. Improved attitudes were seen in the postperformance discussion where older adults were very forthcoming in their thoughts and feedback. They focused their comments on the positive elements of potential and their desire for continued learning and growth.

Aim 2: What Does This Mean?

While changes in attitudes were not statistically significant overall, there were differences in individual experiences. All involved in this study had attitudes on the positive side of the scales, but slight improvements did occur during the intervention. Qualitative data demonstrated improved attitudes and a desire to talk about these topics and participate in activities providing opportunities for growth and learning.

It is possible that the instruments used in this study did not capture elements of late life potential as intended in this study. That is, the measures may not correspond well to the theoretical constructs of late life potential and possible selves, and therefore may have hindered operationalization and measurement of these constructs. However it is of note that realistic attitudes that lay in a more neutral zone of survey instruments may be more ideal: increasing desire of nursing students to work with older adults and older adults' ability to cope with the realities inherent within aging. Previous studies have attempted to improve attitudes, which may not be important when the sample already has positive attitudes. It may be more important to increase realistic perspectives of aging, those that do not have negative or positive bias, and explore how this influences older adult experiences in later life and nursing student desire to interact and work with older adults. More neutral perceptions may correspond with not only more realistic attitudes, but also less stereotypical and more humanistic views of older adults.

Future Implications

This study successfully brought together three different entities, 1) a nonprofit assisted living facility, 2) nursing students from a university, and 3) a professional theatre company, to collaborate on the creation and implementation of an ethnodrama intervention. All three entities supported one another and worked through challenges and barriers to complete this project. It is feasible and worthwhile to create community connections that stretch the experience of nursing students and alter the older adult norm in the nursing home environment. Arts based interventions require the collaboration of multiple entities and encourage cross-community learning experiences. Ethnodrama is an

effective arts-based intervention; it can effectively communicate themes discovered through qualitative analysis to audiences. It is more effective than reading a script, which makes one question whether it is more effective than reading a research report, as it is multisensory and creates feelings that one cannot experience as readily through reading. One particularly effective element here was the participation of audience members in the creation process; this increased their ability to connect to the words and themes presented in the final performance.

The mixed method approach was important in more fully understanding this project. Qualitative data were important in creating an interactive, transformative learning experience for participants, leading to the creation of an ethnodrama. Some students noted that they had never participated in a research project, which increased the educational potential of such an intervention. Not only did participants learn about late life potential, they also learned about the research process and gained training in interviewing techniques that differed from those they have used as nursing students.

The quantitative data were limited due to the sample size, but longitudinal data analysis increased the number of cases and the ability to look at growth over time in terms of student attitudes. Arts-based interventions are not always amenable to large sample sizes, but newer methods of quantitative analysis can be incorporated into mixed method design to create a plan that will allow data to support and work together towards a complete understanding of the process. Quantitative data on attitudes demonstrated an overview of what was happening in the data, and supportive qualitative data allowed deeper understanding of what changes in attitudes might mean. Of note was the finding that frequency of interaction, outside of the intervention, influences attitude scores. If

this study continued, one might see that the people who spent more time with older adults would go from neutral scores to slightly more positive, while those who spend a little amount of time with older adults would eventually fall to a more realistic, neutral score. This makes one question whether attitude scores are a function of spending time with older adults, or of the intervention itself. Qualitative data seem to say the outcomes of this study are not just reliant on spending time, but that the quality of the experience was important as well.

Future studies would do well to strategically place time points after significant moments in the intervention to further analyze which elements of the intervention had the greatest effects. It is also of interest to note that previous research on arts-based interventions have not identified methods of operationalizing late life potential. Here, the use of possible selves in both interviews and then the final ethnodrama demonstrated increased thoughts and understanding about late life potential. It would be helpful to explore the use of possible selves further in defining and fully explaining late life potential and how this might be of use in the health sciences. Possible selves, which represents both feared and hoped for possibility, has potential of representing the realities inherent within aging, which may play an important role in altering how we view attitudes. Attitude scales may not capture the construct of possible selves, and new methods of measuring comprehension of possible selves may need to be identified in order to provide full understanding of how this construct works in relation to aging and older adults. Rather than exploring improving attitudes, we may need to identify methods of looking at realistic aging, and humanizing older adults, as the most effective approach to preparing nursing students for future work in geriatrics and gerontology.

Next Steps

Students were hesitant to participate in the postshow discussion, and it is important to identify how their attitudes would alter if the ethnodrama incorporated a second act that focused on student responses to possible selves. This would also explore intergenerational perceptions of possibility, and how a more complete understanding of perceptions would influence audience reactions. It would also examine whether students would be more open to sharing their reactions in a postperformance discussion.

There is potential, with a script of this length, that it could be incorporated into a class, in-service, or seminar, allowing time to debrief participants in order to discuss themes and observations. This could also be incorporated into interprofessional trainings targeted to geriatric care. Frequency of interaction should also be incorporated into future studies to identify the type of interactions and what frequency is most effective in creating more realistic perspectives of aging. It would also be beneficial to design this study to more fully identify how the intervention is different from a nonintervention control group of nursing students.

Older adult participants felt that their children should view this ethnodrama in an effort to more fully understand their thoughts on late life potential and desire for continued growth. Testing should occur in multiple settings, with family members involved, and examining how this alters the parent child dynamic in later life. The intervention should be tested with multiple data time points for older adults, and a control group to more fully understand change in adults during the process and compare with a group who did not receive the intervention. It would also be helpful to test the outcomes with individuals already working with older adults, such as certified nursing assistants

and family caregivers to identify the influence on the caregiving experience. Finally, a control group of students compared with students completing the intervention activities could be compared in a design that identified the influence of frequency of interaction, quality of time, and the unique contributions of the ethnodrama intervention on student attitudes towards older adults.

APPENDIX A

INTERVENTION INTERVIEW

Intervention Interview

This interview schedule will be conducted two times: (1) Nursing Students will interview Older Adults; (2) Older Adults will interview Nursing Students.

1. Will you tell me a little bit about yourself?

2. What are some things that you value?

3. What are things that you dislike or don't value?

4. What motivates you?

5. What are your current goals?

6. What are you looking forward to:
    a. Next week?

    b. Next year?

    c. Do you have plans for next week? What are they?

    d. Do you have plans for next year? What are they?

7. What does future mean to you? Why?

8. Who are your role models?

    a. Why?

9. If you could create future memories now, what would they be?

10. Possible Selves Interview (Frazier et al., 2002)

APPENDIX B

DOCUMENTATION OF FEASIBILITY AND EFFICACY

Documentation of Feasibility and Efficacy: Participation Log

Participant ID	Intervention Participation									Total Meeting Attendance	Total Interviews Completed
	Student Meeting 1	Student Meeting 2	Student Meeting 3	Student Meeting 4	Interview 1	Interview 2	Interview 3	Ethnodrama Performance	Panel Discussion		

Documentation of Feasibility and Efficacy: Participation Log

Older Adults		Students						Attrition		
Pre-test Completion	Post-test Completion	T1	T2	T3	T4	T5	T6	Dropped	Reason for Dropping	Notes/Comments

Documentation of Feasibility and Efficacy:
Intervention Length and Frequency Log

	Date	Length
Student Meeting 1		
Student Meeting 2		
Student Meeting 3		
Student Meeting 4		
Ethnodrama Performance		
Panel Discussion		

Documentation of Feasibility and Efficacy:
Self-Reflexive Journal Submissions Log

	Total Submitted	Date
Journal 1		
Journal 2		
Journal 3		
Journal 4		

APPENDIX C

POSSIBLE SELVES ETHNODRAMA

POSSIBLE SELVES

An Ethnodrama

by

Jacqueline Eaton

CHARACTERS

NORA:	A 75-year-old female. This character also portrays Granddaughter, Kid, Worker #1 and Woman #1.
BETTY:	A female between the ages of 70 and 80. This character also portrays Daughter, and Miriam.
MELVIN:	Melvin is a seventy-five year old male resident of the assisted living facility. This character also portrays Son-In-Law, Kid, Dad and Worker #2.
GRANDDAUGHTER:	Betty's Granddaughter
DAUGHTER:	Nora's Daughter
SON-IN-LAW:	Married to Betty's daughter
MIRIAM:	Older female resident of the assisted living facility. She loves to sing.
KIDS:	Betty's children
DAD:	Betty's dad
WORKER #1:	Works with Betty driving trucks
WORKER #2:	Works with Betty driving trucks
WOMAN #1:	Melvin's boss

SCENE

Open space allowing for multiple settings.

TIME

Fall. The present.

(A sitting area in an assisted living facility. Nora and Betty enter.)

NORA

I like the way the seasons run here.

BETTY

The leaves are starting to change.

NORA

Yes. They change earlier here and that's one reason I like it here.

BETTY

You get the four seasons.

MELVIN

I'm not afraid. I didn't ask to be born. The time comes. That's the end of life, what can you do? When you are young you don't think about it and it's good. Life is not easy. To be old is not easy. You hope that everybody around you will be okay and…what hopes do I have for myself?

BETTY

You could be sitting here, just as charming as you can and looking forward to a lot of things but you don't know what the Lord's going to bring next week.

NORA

I'm not that ambitious right at this time. I've got twenty-five years before I get into a hundred. Well how much can a person do at a hundred? You know. But I've known people that have reached one hundred and they're still sweeping the floor outside or washing their little cars; going on trips; on cruises.

BETTY

But we have all kinds of capacities.

NORA

Yeah, we get the four distinct seasons here.

MELVIN

My daughter came to me a couple of weeks ago and says there's a possibility I might have Alzheimer's disease. I don't want that.

NORA

And there are a few winters in Texas when you don't get any snow except a flurry. And I miss that. Missed the snow when I lived in Texas. I mean they haven't very much out, I mean they have very little of it.

BETTY

Yeah. You like winter to feel like winter.

MELVIN

I don't want to live over one hundred. I would hate to have the sicknesses that my brothers and sisters have. Leukemia, stroke-

NORA

And snowy.

MELVIN

- and um, where you shoot yourself in the stomach?

NORA

And I like spring and fall. I like the summers here now. You know I can get colder easier and I like… The summers are dry and I like the ninety degree weather we get.

MELVIN

In the mornings it's hell. Pardon my language, but it's pure hell trying to get up.

BETTY

What motivates me is that I've seen other people my age give up. They give up and they have no will to live on anymore.

NORA

Yes, but what crazy things have you ever wanted to do? Or hope you could do?

BETTY

It'd be fun to win the lottery.

MELVIN

When you are old you don't have hopes.

NORA

Yes! Money to buy me another house. Maybe not. And have a lawn with flowers; garden out there in the yard, with flowers around.

BETTY

I would like to go to Hawaii.

MELVIN

I do want to get to where I can walk.

BETTY

And have my poem published.

NORA

I'm doing a handmade Christmas for 20 to 24 families this Christmas, so I've been doing lot's of painting.

BETTY

I'd love to learn how to swim. And I'd like to know how to golf.

MELVIN

I want to be mentally and physically well. Have a mind that's clear enough that I can keep on remembering the, the from the back because my childhood forward is very precious.

BETTY

Cause my, my daughter's family, all four of them, golf.

BETTY & NORA

That's what my sister, my daughter, and my son-in-law do a lot.

BETTY

And then my granddaughter says,

BETTY

Yeah grandma, it makes you slim.

GRANDDAUGHTER

Yeah grandma, it makes you slim.

MELVIN

I was in police school in Nebraska. And I was there for, I think 13 weeks.

(Betty and Nora become trainees with Melvin).

MELVIN

But I was standing up on the balcony, the building where we were staying. It was called Monarch's Pass. But I looked up there and saw a tornado coming right straight at us.

(All three trainees look towards the tornado approaching).

MELVIN

And we spent about 8 or 10 hours looking for bodies. (Trainees are looking). And the, three or four guys were with me and we found three.

NORA

One.

BETTY

Two.

NORA

Three.

MELVIN

Three of the ten.

NORA

Hope is not to be dependent.

MELVIN

One of my selves that I can't quite think about anymore.

NORA

Hope is not to be dependent and to be independent. And to be able to be independent is the most important thing.

BETTY

I would like to travel, but right now that's kind of…I still could travel. Couldn't I. Go to Israel. I'd like a good tour guide. Someone who would travel with me.

MELVIN

I want to not sit around and wait for people to do things for me. I want to be on the go. Have another car so I would drive it. Where I want to go and not have to keep charge of anybody.

NORA

One year I decided that a lot of the people were gonna go out dancing and what not. And my daughter and her husband and the whole family was gonna go. Well they wanted to take me with them.

DAUGHTER

Come on Mom! It's time to go.

SON-IN-LAW

We haven't danced in a year!

NORA

Uh-uh. (A clear no). I went one time and I learned my lesson.

(Daughter and Son-in-Law dance, sing, and party in the background).

NORA

By midnight you were dancing on the tables and singing.

(Daughter and Son-in-Law pull Nora in to a dance and begin singing out of tune.)

NORA
Nobody could carry a tune, but you were singing.

DAUGHTER & SON-IN-LAW
(Singing Out of Tune)

NORA
At seventy-five to go to one of those parties like that? Just leave me home. So we decided we'd have our own party here.

(Betty and Melvin whoop and laugh, and add excitement and energy to preparing for the party.)

NORA
So we saved all those little rolls of, from the toilet paper?

BETTY
(Pulling out a garland of toilet paper holders)
I've got the garland!

NORA
We painted them. And then we made our own tassels. (Holding up tassels.)

NORA
The hats-

MELVIN
(Holding out hats for all to put on.)

Hats for all!

NORA
- we made from the paper cups at the water fountain. And we cut paper plates and then we'd just tie them with a string.

(All three join in decorating and creating a party-like atmosphere.)

NORA
We wore whatever dress we could find. The oldest and longest dress that we could find.

(Betty appears wearing the hat, paper plate, and any form of thrown together dress, perhaps a table cloth. She now represents Miriam.)

MIRIAM
(Singing *Remember Me (When the Candle Lights are Gleaming*)

NORA
Miriam sang I Remember.

MIRIAM
(Continues singing *Remember Me (When the Candle Lights are Gleaming*)

NORA
She used to have real pretty long nails and I'd polish her nails. We had her on the floor dancing.

MIRIAM & MELVIN
(Melvin joins Miriam singing and dancing to *Remember Me (When the Candle Lights are Gleaming*)

NORA
The director told us that we could order our cake or whatever we wanted. We made popcorn and one of the girls bought a beautiful cake so we had popcorn and a cake and punch.

MELVIN
(Pulling Nora to the dance floor.)
Get up and dance!

MIRIAM
She had fun. And I did too.

NORA
I have a lot of memories. In twelve years I have a lot of memories.

MELVIN, BETTY, & NORA
This is home to me now.

NORA
I like the way the seasons run here.

BETTY
Looks like the leaves are starting to change.

NORA
Yes. They change earlier here and that's one reason I like it here.

BETTY

You get the four seasons.

NORA

Yeah, we get the four distinct seasons.

MELVIN

I worry somewhat about how other people feel about me.

BETTY

I've been homeless on and off the last 15 years.

MELVIN

And find myself out on the street.

BETTY

And it's not fun living in your truck. But I bought me a dog and he protected me a lot. So.

NORA

I just want to live to watch my kids graduate.

BETTY

I miss him.

NORA

To have my kids happy and have what they want.

BETTY

My dog.

MELVIN

I want to go visit my grandkids.

BETTY

Yeah, being homeless is one of my fears. That I would avoid like the plague.

MELVIN

I haven't seen my grandkids for about 4 or 5 years now and I think that being a grandpa would be one of themselves that I haven't made yet.

BETTY

Right here I'm safe. This is home to me now. I've been here little more than a year and it, it's safe. I'm very grateful for living the way I have. With nothing and hard work.

NORA

I enjoy my family, you know. And not have them to worry about or have to worry about me.

BETTY

That is very, very precious to me. I try to teach my kids how important it is to learn to work and to take care of yourself. I try to do that. I know that kids think

BETTY

Their parents were too hard. That they had to work too much.

KIDS

You're too hard! We have to work too much.

BETTY

So did I! I'll never, not be so grateful that I had to work out in the fields like my dad.

DAD

(Melvin becomes Betty's Dad, working in the field).

Come on Betty, keep pulling.

BETTY

When I was 8 years old. I am so grateful because I raised my children almost myself and I had six.

DAD

It won't get done on its own, stop standing around.

BETTY

(Getting back to work.)

And I, I had to work hard, you know. A sawmill and forest service and drove a truck and it's hard work. I did it and guys respected me because I held my end.

WORKER #1

Alright Betty!

WORKER #2

We've got another run for ya.

BETTY

You know. And, and that to me is pretty wonderful.

BETTY

I don't know how to explain that other than I'm just proud I could work and hold up my end.

MELVIN

When you are young you have hopes. When you are old you don't have hopes. You, you hope like everybody around you will be okay and… What hopes I have for myself? I don't. I have to struggle with what I… Old age is struggle.

NORA

I want to become a counselor.

BETTY

I want to get my architectural degree. Set up in a home with my drafting table and my computer. And design houses, apartment complexes, hospitals, motels. And, and sale my blueprints.

NORA

I know that to be a counselor you can take all kinds of patients. Young, old. Yeah. I would.

BETTY

And work from home being that I can't get out and I, I don't have a vehicle and it's gonna cost me too much to get a vehicle anyway so. I'll just work from home and just get on the phone or the internet and just sale my stuff that way.

MELVIN

Even though I'm 85 I can do what I'm supposed to or what I can do up until that point in my life. The reason I'm not doing it now is because people in certain businesses that I would fit in would say... I had a woman say to me quite some time ago,

WOMAN #1

You're an old man. If you fall in the factory and get hurt it's a big expense for us. So we have to let you go.

MELVIN

That's it. That did it. So while I had my whole life I was in business and did many nice things, uh, this is it.

BETTY

Any other crazy things you've ever wanted to do?

MELVIN

That's the axe.

NORA

Or hope you could do?

MELVIN

I'd just like to be associated with somebody I could say, look Charlie this is… this is what I'd like to do.

NORA

Okay. Let's try it.

MELVIN

And Charlie comes and tells me –

BETTY & MELVIN

Okay. Let's try it

BETTY

I'd like to go to Disneyland. Is that crazy?

MELVIN

So remember you're the young. The young age to live.

NORA

And if you had an option, how long would you stay?

BETTY

How long?

MELVIN

Mm-hm. How long?

BETTY

Forever.

NORA

I'd live. Live.

MELVIN

I'm not the same that I was. I'm much stronger.

BETTY

That's a good plan.

NORA

And live the best and the fullest that I can. I hope that I can help other people however that I could. That would make me feel very good.

MELVIN

Next year? I'll probably still write a lot of poems. I have other ideas for stories. I love to write.

NORA

I like the way the seasons run here.

BETTY

Looks like the leaves are starting to change.

NORA

Yes. They change earlier here and that's one reason I like it here.

MELVIN

You get the four seasons.

NORA

Yeah, we get the four distinct seasons. Here.

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