

8-1-1984

A Survey To Determine The Relationship Between The Elderly'S And The Family'S Perception Of Aging

Paula M. Brubaker

Follow this and additional works at: <https://athenacommons.muw.edu/msn-projects>



Part of the [Nursing Commons](#)

Recommended Citation

Brubaker, Paula M., "A Survey To Determine The Relationship Between The Elderly'S And The Family'S Perception Of Aging" (1984). *MSN Research Projects*. 256.
<https://athenacommons.muw.edu/msn-projects/256>

This Thesis is brought to you for free and open access by the MSN Research at ATHENA COMMONS. It has been accepted for inclusion in MSN Research Projects by an authorized administrator of ATHENA COMMONS. For more information, please contact acpowers@muw.edu.

A SURVEY TO DETERMINE THE RELATIONSHIP
BETWEEN THE ELDERLY'S AND THE
FAMILY'S PERCEPTION OF AGING

by

Paula M. Brubaker

A Thesis
Submitted to the Faculty of
Mississippi University for Women
in Partial Fulfillment of the Requirements
for the degree of Master of Science in Nursing
in the Department of Nursing
Mississippi University for Women

August 1984

ProQuest Number: 27924583

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent on the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 27924583

Published by ProQuest LLC (2020). Copyright of the Dissertation is held by the Author.

All Rights Reserved.

This work is protected against unauthorized copying under Title 17, United States Code
Microform Edition © ProQuest LLC.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

A SURVEY TO DETERMINE THE RELATIONSHIP
BETWEEN THE ELDERLY'S AND THE
FAMILY'S PERCEPTION OF AGING

by

Paula M. Brubaker

Mary Patricia Curtis
Assistant Professor of Nursing
Director of Thesis

Phyllis W. Werner
Professor of Nursing
Member of Committee

B. Maudie
Assistant Professor of Nursing
Member of Committee

Rae M. Ellett
Director of the Graduate School

Table of Contents

	Page
Acknowledgements	iv
List of Tables	v
Abstract	1
Chapter	
I. The Research Problem	2
II. Theoretical Basis of the Study	9
III. Hypothesis	12
Theoretical Null Hypothesis	12
Theoretical Definitions	12
Operational Hypothesis	12
IV. Review of the Literature	14
Perceptions of Aging Among the Elderly and the General Population	15
Self-Concept and Life Satisfaction Among the Elderly	16
Family as a Role Model	22
Summary	24
V. Research Design and Methodology	26
Research Design	26
Variables	26
Setting, Population, and Sample	26
Data-Gathering Process	28

Procedure	29
Statistical Analysis	31
Assumptions	31
Limitations	31
VI. Analysis of Data	33
Hypothesis	34
Additional Findings	37
VII. Summary, Conclusions, Implications, and	
Recommendations	40
Summary	40
Conclusions and Implications	40
Recommendations	42
Appendices	44
A. Agency Cover Letter	45
B. Agency Consent Form	47
C. Informed Subject Consent Form	49
D. Demographic Questionnaire	51
E. "Perceptions about Aging" Survey	55
References	58

Acknowledgements

I wish to extend my sincere appreciation to my advisor, Maripat Curtis, and to Dr. Phyllis Werner, Dean of the Graduate Program at Mississippi University for Women, for their constant encouragement, guidance, and patience which enabled me to complete this thesis on time;

To Mrs. Jerry Pittman, Director of Nursing Education, Matty Hersee School of Nursing, for her support and understanding during my graduate studies;

To my parents, Mr. and Mrs. Paul Levesque, for their never-ending support and faith in me, and for being just a phone call away when I needed to share my frustrations or experiences;

To my beloved children, Michael, Steven, and Kathy, for their understanding and cooperation, that someday they may understand what it means to be a "graduate student;"

And most of all, to my loving husband, Bob, I extend my deepest appreciation for always being there for me; for functioning as both "mother" and "father" while I was pursuing my studies; and without whose love, encouragement, and support this dream could not have been realized.

List of Tables

Table	Page
1. Raw Subject Data Including Demographic and Test Scores	35
2. A <u>t</u> -test Comparison of Elderly's and Family's "Perception about Aging" Scores	37
3. A <u>t</u> -test Comparison of Elderly's Perception of Self and Peers	38
4. Pearson's Product Moment Correlation of Demographic Variables	38

Abstract

The purpose of this study was to determine the relationship between the elderly's and family's perceptions of aging. The null hypothesis stated that when the elderly's and family's perceptions of aging were compared, as determined by scores on the "Perceptions about Aging" survey, there would be no significant difference at the .05 level.

Data were collected from 60 subjects. Thirty were individuals age 65 and above, and 30 were non-elderly family members, one for each participant, who had had contact with the elderly subject at least once a week. All subjects were administered the "Perceptions about Aging" survey. The scores of the elderly and family member were then compared utilizing the t-test at the .05 level of significance.

The results demonstrated a significant difference between the elderly's and family's perceptions of aging. Thus, the researcher rejected the null hypothesis.

CHAPTER I

The Research Problem

Interest in and research about the aged and the aging process came to the forefront in the early 1960's when a greater percentage of the United States population was found to be 65 years and older. Ward (1978) reported that "the number of people 65 and over has risen from 3 million in 1900 to over 22 million currently, and is expected to reach 30 million by the year 2000" (p. 365). Recently, it has been found that one in nine persons (11%) is over 65 years of age (Avorn, 1982). Preliminary figures from the 1980 census demonstrate that the elderly population will reach 20% by the year 2000 (Caserta, 1983).

One significant area of research in aging concerns itself with the existence and acceptance of aging stereotypes in the United States. Defined, stereotypes are "perceptions that can be positive or negative, but which generally are factually incorrect and are produced by illogical reasoning. . . . These impressions are typifications that, despite inconsistencies, help structure everyday situations for individuals" (Brubaker & Powers, 1973, p. 441).

Most studies have demonstrated that negative stereotypes of aging exist among all age groups in American society (Tuckman & Lorge, 1953; Kogan & Shelton, 1962; Beverly, 1975). This has resulted in the general assumption that the elderly in American society are devalued (Kogan, 1961). This devaluation and negative stereotyping of older people has been given its own label--ageism. Coined by Butler in 1977, it includes the attitude that the old are "impotent, asexual, senile, confused, forgetful, useless, unproductive, helpless, childlike, perverted, unathletic, stooped, and slow" (Jensen & Oakley, 1982-83, p. 20).

Unfortunately, many of these widely-held but inaccurate images are reported through the mass media from social workers who serve the poor and from physicians and psychiatrists who see the physically and mentally ill. Thus, many of the current stereotypes are based on characteristics of the needy rather than the picture of the typical older person (Neugarten, 1971; Hogstel, 1981). Since only 5% of the elderly population reside in nursing homes and institutions at any one time, it is important that these negative images of the elderly be identified and corrected.

The pervasiveness of these derogatory views of older people have become evident in American society in a

variety of ways. One such view is the belief that aging and chronic disease are synonymous. This has resulted from the sharp rise in the prevalence of chronic disease from middle-age upward and the view that these are inevitable and untreatable (Tibbits, 1979). As well, many legislative proposals funded by the government have perpetuated this negative concept of aging. One such example is the Social Security program. This was originally instituted to support the large numbers of older workers unemployed during the Depression. Outnumbering the younger workers 3:1, it was assumed that this group was cost-ineffective and would never again qualify for participation in the labor force (Tibbits, 1979).

One final legislative action that has reinforced this negative image has been the regulation regarding mandatory retirement (Shomaker & Furukawa, 1982). Here, the elderly is often relegated to a new status, "old," and with this comes a loss of responsibility and function. Since one's integration and place in society is determined by one's role, the elderly's social identity is undermined. With no defined role, the person's expectation of attitudes and behaviors are, therefore, vague. The belief that older people have

little to offer the family or community has led to the invention of the concept of "roleless role" by social scientists (Mancini, 1979).

Just as these negative stereotypes have adversely affected society, they have also provided the impetus for a change in society's attitudes. One consequence of this change was the 1971 White House Conference on Aging. In addition to placing strong emphasis on active participation, independence, and role choices, this conference also resulted in mounting criticism of stereotypes and in positive attitudes toward older people (Tibbits, 1979).

The elderly are very aware of ageism and the negative stereotypes that exist in society (Murray, Huelskoetter, & O'Driscoll, 1980). Whether or not the elderly subscribe to these attitudes has not been documented conclusively. It has been found that the way a person, group, or object is perceived often affects one's attitude and, in turn, influences subsequent behavior in relation to it (Shomaker & Furukawa, 1982). This can be applied to younger age groups as well as to the elderly. That is, the character of the stereotype of old age influences the elderly's perception of self and the subsequent behavior of that person. It further

affects the manner in which the younger person perceives and interacts with the aged individual (Brubaker & Powers, 1973; Green, 1981).

Intertwined in this concept of aging perceptions are some of the variables that affect life satisfaction and resultant self-concept. Some of these are: perceived health, socioeconomic status, financial adequacy, sex, age, race, education, and social participation. Positive self-perceptions of health, perceived financial adequacy, employment in non-manual occupations, higher education, and greater social participation have all been correlated positively with increased life satisfaction (Spreitzer & Synder, 1974; Edwards & Klemmack, 1973; Beverly, 1975). In regard to race, it has been documented that black males have a lower self-concept and reports of life satisfaction, but these may be due more to income status rather than race (Beverly, 1975). The lack of available studies regarding race and life satisfaction suggests a need for more research regarding the influence of race on attitudes and perceptions about the elderly (Green, 1981).

Because perceptions are shaped by one's past, i.e. childhood, adolescence, and adulthood, the family functions as the primary role model in the development

of attitudes, values, prescribed roles, authority, and age gradation. Additionally, it must be assumed that the family's values and attitudes can impinge positively or negatively on the individual (King, 1971).

The researcher became interested in the area of perceptions of aging while working as a Family Nurse Clinician (FNC) student in a local clinic. Among the large majority of elderly clients seen, the researcher observed a difference in attitudes regarding willingness to actively participate in their care. Despite frequent health problems, some elderly appeared more motivated to participate in their health care. It appeared that the client's self-concept, or perceptions about self, influenced their desire to participate. Additionally, there appeared to be a relationship between the elderly's view of himself and the family's attitude toward that elderly person.

From the researcher's observations, it appears that the FNC should be concerned with the family's and the elderly's perception of the aged and the aging process. With this information, the FNC can add to the body of knowledge regarding the existence and/or acceptance of aging stereotypes. Research could also determine whether there exists a difference between the elderly's and the

family's perceptions. Hopefully, with the information, the FNC can work with families to identify positive perceptions and to redirect any misconceptions about aging. In that the family plays a large part in the development of attitudes and values for its members, the FNC has the opportunity to strengthen family relationships in this way.

The purpose of this research then was to determine the relationship between the elderly's and the family's perceptions of aging. The question this researcher sought to answer was "How do the aged person's perceptions of aging and the family's perceptions of aging compare?"

CHAPTER II

Theoretical Basis for Study

King's (1971) theory of nursing is used as the theoretical framework for this research study. Her theory is based on four key concepts relevant to health care practice: social systems, interpersonal relationships, perceptions, and health. Specifically, King clarifies her four concepts by stating, "Man functions in social systems through interpersonal relationships in terms of his perceptions which influence his life and his health" (p. 22).

In her specific definition of health, King emphasizes that individuals function within the cultural pattern into which they are born and to which they attempt to conform. The individual's perception of health will depend upon his past experiences, the environment in which he has lived, and his concept of health (King, 1971).

Social systems are comprised of groups of individuals uniting in a system of social relationships. The family is one such social system. It provides both structural and functional characteristics for its members: attitudes, values, customs, behavior patterns, prescribed roles, status, authority, and age gradation.

Inherent in this concept is an assumption that the family can impinge positively or negatively on the individual in connection with these imposed values and prescribed roles (King, 1971). The FNC should strive to gain some insight into family behaviors and the differential perceptions and role expectations of each member. Differing expectations on the part of the individual family member can lead to conflict and resultant stress and anxiety within the family. The FNC can utilize this information to intervene with appropriate counseling and teaching.

Perception is defined as "each individual representation or image of reality; an awareness of objects, persons, and events" (King, 1971, p. 22). Perceptions are often influenced by factors such as past experiences, biological inheritance, self-concept, and status. Membership in a family structure often provides these factors. The individual's perceptions often influence his behavior, his social interaction, and his health (King, 1971).

Interpersonal relationship is the final key concept. This is defined as "two or more individuals interacting to achieve some goal or purpose" (King, 1971, p. 23). When a goal has been attained as a result of an

interaction, a transaction is said to have occurred (King, 1983, p. 180). In King's definition of nursing, she states that nurses assist people in meeting their basic needs through a process of action, reaction, interaction, and transaction (King, 1971). It is best understood as an active participation of both client and nurse that is directed toward achieving a mutually established goal. More precisely, King states that "nurses provide a service that meets a social need" (1971, p. 119). This service includes giving care, guiding, and counseling.

In applying King's (1971) theory to this study, the elderly individual and the family members may be viewed as a social system, each with a prescribed set of perceptions about themselves and about each other. Each individual member has a corresponding set of attitudes and prescribed roles ingrained that have resulted from past experiences in that social system. These attitudes and perceptions were measured in this study in order to understand elements in interactive relationships that influence behavior in health and illness.

CHAPTER III

Hypothesis

Theoretical Null Hypothesis

1. When non-institutionalized elderly persons and their family members are surveyed regarding perceptions about aging, and the results are compared, there will be no significant difference.

Theoretical Definitions

1. Non-institutionalized: living in the community setting.

2. Elderly persons: individuals who are 65 years of age or older.

3. Family members: persons closely related by blood or marriage between the ages of 21-64 who have had contact with the elderly at least once a week.

4. Are surveyed regarding perceptions about aging: the participants are administered the "Perceptions about Aging" survey.

5. Are compared: utilizing the t-test.

6. No significant difference: as determined by the .05 level of significance.

Operational Hypothesis

When the "Perceptions about Aging" survey is administered to non-institutionalized persons 65 years

of age or older and to persons closely related by blood or marriage between the ages of 21-64 who have had contact with the elderly at least once a week, and the results are compared using the t-test at the .05 level of significance, there will be no significant difference.

CHAPTER IV

Review of Literature

A review of literature generally indicates that society has negative stereotypes and myths about the aged population and the aging process. The ramifications of these negative perceptions for the elderly as well as for the younger age groups have been alluded to by many authors (Tuckman & Lorge, 1953; Beverly, 1975; Gross, Gross, & Seidman, 1978; Green, 1981).

Research, though, has not substantiated conclusively the belief that the elderly and the general population subscribe to these perceptions of aging. As background for this study then, three areas were examined: (1) perceptions of aging among the elderly and the general population, (2) self-concept and life satisfaction among the elderly, and (3) role of the family as a model for the development of perceptions of aging among its members.

There is a scarcity of recent studies relating to perceptions of aging among the elderly and the family members. This proved a major limitation in conducting the review of literature.

Perceptions of Aging Among the Elderly and the General Population

Studies exploring attitudes toward aging have found that the process of growing old is viewed negatively by young and old alike (Tuckman & Lorge, 1952; Kogan & Shelton, 1962; Bennett & Eckman, 1973; Beverly, 1975). Support for this view was found by Perry & Slempp (1980), who investigated the attitudes of young adults, middle-aged, and elderly persons toward themselves and towards others in each age group. In the study, 90 persons were divided into 3 groups (n = 30 per group): 19-25 years, 35-55 years, and 65 and older. The majority of these persons were white, Protestant, and middle-class.

The elderly persons were non-institutionalized, some living in their own homes and some living in a retirement community. All of the elderly had average to above-average incomes. All 3 groups had a minimum of a high school diploma.

A questionnaire was administered to all participants and was used to assess attitudes towards themselves as well as towards members of each of the 3 groups. The hypothesis was stated that the elderly age groups would be rated more negatively than persons

of all other ages. Results showed that both the younger groups tended to rate the elderly less favorably than they did their own age group, while at the same time rating the over 65 group more favorably than the elderly rated themselves. The researchers concluded that negative stereotypes portraying old age as an unhappy time has been accepted by young and old alike.

Self-Concept and Life Satisfaction Among the Elderly

The elderly's self-concept may greatly influence relationships with others. A number of variables have been found that influence the manner in which the individual views himself. Preston and Gudiksen (1966) interviewed 120 people over 65 years of age regarding their attitudes about their current and past lives. From these interviews, a questionnaire was devised for measuring self-perception. This true/false questionnaire was then completed by 242 subjects over 65 years of age who represented a wide range of socioeconomic conditions. Of the subjects, 175 were female and 67 were male, and all of them lived in retirement homes, participated in recreational activity clubs for senior citizens, or were outpatients at a county hospital which provided medical care for indigent people in the area. The researchers reported that the self-concept in the elderly was

significantly affected by his socioeconomic condition, i.e. indigent older people endorsed significantly more negative and fewer positive questionnaire statements than middle- or upper-class elderly.

Aiken (1978) reported that successful or unsuccessful dealings with the environment will affect the manner in which the individual perceives himself. On the other hand, Neuman and Neuman (1975) have postulated that variations in self-esteem reflect the person's awareness of developmental tasks that pose difficult challenges to his/her abilities. They have pointed out that one's ability to sustain a feeling of self-worth is dependent upon the presence of a supportive social environment and the ability to integrate past life events.

The concept of being "old" and the individual's perception of old age was addressed by Zola (1962). This study consisted of 219 non-institutionalized, older people who were members of the urban middle-class and who were concerned in some way about aging. The subjects were asked a number of questions regarding their feelings about aging. The researcher, in studying these feelings, found no significant relationship between chronological age and "felt age," i.e. thinking and feeling old can occur long before age 65 and long after 75.

In another attempt to study possible correlates between "felt age" and chronological age, Bell (1967), using 55 residents of 3 homes for the aged, studied the relationship between social involvement and feeling old. Each participant responded to the question, "Do you feel yourself to be old?" This was then measured against the individual's level of social involvement. The hypothesis was that a significant relationship existed between disengagement, as measured by social involvement, and self-perception of being old. The data gathered supported this hypothesis. It was found that "individuals who are highly involved tend to conceive of themselves as not old, whereas those less socially involved are prone to classify themselves as old" (p. 21).

Because the United States is dominated by a youth-oriented attitude, aging, by definition, has negative connotations. As such, when one internalizes this concept of "old," he/she becomes part of that negativeness. This view has been supported by authors (Kreps, 1979; Harris 1977). A study by the National Council on Aging sought to determine the public's attitude toward aging and to document older Americans' views and attitudes about themselves and their personal

experiences with old age. The survey consisted of 4000 interviews conducted with respondents 18 years or older. Subjects were selected at random so that every household in the United States was guaranteed an equal chance of being drawn into the survey (Harris, 1977).

A number of findings in the survey were significant and illustrated many myths and stereotypes of aging that are widely held to be truths by the general population. Kreps (1979) reported that "both the young and the old saw old as a period of severe loneliness, characterized by poor health, inadequate income, and numerous hardships" (p. 18).

Yet, there were wide differences between this public view of old people and the elderly's perception of their own personal well-being. Some of these discrepancies are noteworthy. Fifty-one percent of the public (including the older people surveyed) considered the elderly to be in poor health, but only 21% of the people 65 and over found themselves with health problems. Where 50% of the public thought old people were lonely, only 12% in that category identified that they actually felt lonely. Income of the elderly was classified as too low to live on by 62% of the sample, but only 15% of the aged felt they actually had this problem. Crime was

thought to be a very serious problem for the elderly by 50% of the sample, whereas only 23% of the elderly thought themselves to be threatened. In each instance, the elderly viewed the general population with the same stereotype as others, but they exempted themselves from the stereotype. It appears that the elderly have been able to set aside the negative image for themselves but are unable to change their views of old age in general (Kreps, 1979).

This inability of the elderly to view their own generation as positive contributes to the general stereotype of aging as an unhappy and unproductive time of life. Additionally, exaggerations of the problem of old age may instill in the young a fear of growing old that may inhibit planning for their later years (Gross, Gross, & Seidman, 1978).

The general perception of aging appears to develop at an early age (Bekker & Taylor, 1966). Although there are more older people in communities, children often have little contact with them because of mobility and contemporary lifestyles. Chitwood and Bigner (1980) studied a group of 35 preschool-age children to determine the relationship between the amount of time spent by the child with an elderly person and the frequency of positive word assignments toward old people.

Prior to contact with the children, a questionnaire was administered to the parents to collect data on the amount of time their children spent in contact with elderly individuals, such as grandparents, babysitters, and neighbors. The children were then tested individually. All were Caucasian and came from middle-class socioeconomic backgrounds. As part of the study, each child was asked to examine three drawings of persons in different age groups. Sixteen different adjectives were used, and each child was asked to point to the picture that best fit the adjective description. Both negative and positive word assignments (i.e. old, pretty) were utilized. Findings demonstrated a significant association between the time spent with an elderly person and the frequency of the children's positive word assignments to old people.

Once negative attitudes toward the elderly have begun, it appears that these become progressive and more marked with each older age group (Tuckman, Lorge, & Spooner, 1953). Using the Tuckman-Lorge questionnaire, researchers studied students' perceptions of aging in relation to whether or not their own grandparents and great-grandparents were living. Among a sample of 50 undergraduate students, those who had living

great-grandparents perceived their grandparents as having fewer characteristics of old age than those students having no great-grandparents. The perception of aging seemed to be achieved within a "frame of reference" (Bekker & Taylor, 1966). This suggests that the more interaction with the elderly the more positive the perception.

Family as a Role Model

One final area examined as background for this study is the role of the family in the United States. An American myth is that old people are isolated from their families. Shanas (1973) conducted a study comparing the family situation of old people in the United States (U.S.) with four countries outside the U.S. The data demonstrated that, irrespective of country, old people who have children are not isolated from their children, either physically or socially, and that contacts with siblings are maintained in old age. More specifically, the following data were found. In the U.S., four out of five people have at least one living child. Additionally, most married old people live apart from their children and relatives and prefer this independence. These married elderly desire to be near their children but not live with them. Although they do not want to

live with them, at least one child was found to live in the immediate vicinity, often next door or only a short distance away. Finally, it was found that when there were no children, siblings and relatives often took the place in helping old people remain integrated within society. This, indeed, does demonstrate that the family continues to function as a social support system for the elderly person.

Studies which deal with the effect of family environment on attitudes are limited. The researcher was able to document only one study in this area. Conducted by Tuckman, Lorge, and Spooner (1953), the purpose of the study was to determine the relationship between the beliefs of the parents and those of their children toward old people. Fifty sophomore students (20 male and 30 female) and both parents of these students were the subjects of the study. Students ranged in age from 18-42 years with a mean age of 20.4 years, fathers from 37-80 years with a mean age of 52.4 years, and mothers from 36-71 years with a mean age of 48.3 years.

The majority of the fathers were employed, chiefly in skilled and semi-skilled occupations. About 25% of the mothers were employed, primarily in semi-skilled and

low-level clerical occupations. Previous education varied widely. A questionnaire consisting of 137 statements about old age was administered to both groups. Findings were that only 5 out of 137 statements showed a significant difference between fathers and mothers; but in comparing parents and children, there were 34 statements that showed a significant difference between fathers and children and 30 between mothers and children. This study suggests that there is substantial acceptance of the cultural stereotypes about aging. It also indicates that the home environment contributes considerably to the similarity in attitudes between parents and between parents and their children.

Summary

In summary, although negative stereotypes exist in American society, not all groups of people or individuals subscribe to them. Studies have shown that the elderly individual, particularly, rates himself much more positively than he does his peer group. Additional studies demonstrated that multiple variables exist which influence the individual's perception of aging. Correlates between aging and race are scant, though, and additional research is needed in this area. Finally, studies in regard to the effect of family

environment on the development of perceptions are few and outdated.

CHAPTER V

Research Design and Methodology

Research Design

The research design employed in this study was descriptive. According to Abdellah and Levine (1979), descriptive research is "primarily concerned with obtaining accurate and meaningful descriptions of the phenomena under study (p. 703). This study sought to compare the elderly's and the family's perceptions of aging.

Variables

The dependent variable in this study was the subject's perception of aging as determined by the scores on the "Perceptions about Aging" survey. The controlled variables were age, race, and the environment. The intervening variables included truthfulness in answering the questionnaire and the physical and mental state of the respondent at the time of testing.

Setting, Population, and Sample

The setting for this research study was a county located in Central Mississippi. The population is 77,285, consisting of 67.8% white, 31.3% black, and 1.9% other races. Persons 65 and older constitute 12.4% of the total population. The socioeconomic classes and

educational backgrounds vary with the median income being \$6,831 per year. There are 22.9% of the families in the county with an income less than poverty level (U.S. Bureau of Census, 1983).

The population was drawn from four community centers which provide services to the elderly. These centers were: Tuxedo Nutritional Center, Wechsler Nutritional Center, East-End Nutritional Center, and the Retired Senior Volunteer Program (R.S.V.P.). Tuxedo supplies meals to approximately 75-100 white elderly persons each day. These elderly are primarily from the lower socioeconomic class. Wechsler provides meals to approximately 30-40 black elderly daily. The majority of persons represent the lower socioeconomic class. East-End provides daily meals to approximately 30 black elderly. Again, most persons represent the lower socioeconomic class. The R.S.V.P. Center employs approximately 300 persons who participate in some way in various community projects. The lower and middle socioeconomic strata are represented by this group.

The sample consisted of 60 subjects: 30 of the subjects were age 65 and above, and 30 were non-elderly family members. The subjects were evenly divided between the black and white races. The elderly

individuals and the family members who met the criteria, who were available during the period of data collection, and who agreed to participate were included in the sample for the study.

Data-Gathering Process

The researcher initially contacted the directors of each center to explain the purpose and methodology of the study. Permission was obtained to conduct the study (Appendices A and B).

On a pre-arranged day, the researcher visited each center, explained the research project to those present, and requested volunteers who met the criteria. Each volunteer was then approached to further clarify the study. Anonymity was stressed. The participant was asked to sign an informed consent form before participating in the study (Appendix C). A demographic questionnaire and the "Perceptions about Aging" survey were then given to the participants to complete (Appendices D and E). The researcher was available to help administer the survey in the event the participant was unable to read the questionnaire. After completion of the survey, the researcher asked each elderly subject for the name of a family member to be contacted for participation in the study. The elderly person was asked to avoid discussion

of the survey with the family member to prevent possible bias of the study.

Initially, the researcher hoped to contact the family member and make arrangements to meet them at a center or in their home to administer the survey. This was not a convenient arrangement for most members, so a phone survey was ultimately conducted. Permission to participate was also obtained verbally (Appendix C). The demographic survey and the "Perceptions about Aging" survey were then administered and recorded by the researcher (Appendices D and E). Completion of the combined demographic sheet and the "Perceptions about Aging" survey took approximately 30 minutes. The data were collected from June 1 to July 1, 1984.

Procedure

The "Perceptions about Aging" survey was designed by the researcher utilizing modifications of two previous tools. The first tool was developed by Perry and Slemper (1980) and is a modified version of the "Attitudes about Old People" survey developed by Tuckman and Lorge (1952). This survey has been utilized in numerous studies, so it was considered by the researcher to have face validity and reliability within the confines of this research project.

The second tool, entitled the "Lohmann Life Satisfaction Scale" (Lohmann, 1977), was incorporated without modifications into the researcher-designed tool. Construct validity has been demonstrated with this tool, and a reliability of .88 has been established (Lohmann, 1980).

The demographic questionnaire was a researcher-designed tool. Consisting of 20 questions, its purpose was to elicit personal data about the participant.

The testing tool consisted of 30 positively- or negatively-worded statements about the elderly and the aging process. The participant was asked to respond either true or false to these statements. Statements #1, 2, 4, 5, 6, 11, 12, 13, 17, 18, 19, 22, 23, 25, 26, 27, and 28 were considered negative statements. Statements #3, 7, 8, 9, 10, 14, 15, 16, 20, 21, 24, 29, and 30 were considered positive statements. Two (2) points were assigned to statements when the participant agreed with a positive statement or disagreed with a negative statement. Zero (0) points were assigned to statements when the participant agreed with a negative statement or disagreed with a positive statement. Total points ranged from 0 to 60 points; 0 indicating the most negative perception of aging and 60 indicating the most positive perception of aging.

Statistical Analysis

The results obtained were analyzed using the t-test. This was employed to determine if any differences existed between the two groups. The t-test was chosen because of its appropriateness in analyzing small sample sizes with 30 or less participants in a group. The level of significance was set at the .05 level.

Assumptions

1. Elderly persons and their family members will participate in this study.
2. Stereotypes of aging exist.
3. Attitudes about aging held by the elderly and their family members will influence their behavior.
4. If the FNC had information about attitudes toward aging, he/she would incorporate it into her care of families.
5. The tool used to measure attitudes is valid and reliable within this research study.
6. The participants will answer truthfully on the questionnaire.

Limitations

1. Limitation of study to urban area may limit generalization to rural or other areas.
2. Small sample size limits generalization.

3. Limitation of study to black and white persons prevents generalization to other cultural or racial groups.

4. Sample drawn from voluntary subjects may bias study.

5. Limitation of sample to elderly and family participants in the South prohibits generalization to other sectors of the United States.

6. Limitation of study to non-institutionalized elderly prevents generalization to institutionalized elderly.

7. Limitation of study to persons 21 years and older prevents generalization to younger age groups.

CHAPTER VI
Analysis of Data

The purpose of this study was to determine the relationship between the elderly's and the family's perception of aging. Data were collected from subjects who completed a demographic questionnaire and a researcher-designed survey entitled, "Perceptions about Aging." The tool assessed perceptions about the elderly and the aging process and was designed utilizing modifications of two previous tools.

A total of 60 subjects were included in the study. Thirty of the subjects were 65 years or older, and 30 were non-elderly family members (between 21-64 years) who had contact with the elderly person at least once a week.

The 30 elderly subjects were selected from four community centers in a city in Mississippi. These centers provide various services to the elderly. The sample included 8 males and 22 females. The racial distribution was 15 blacks and 15 white. Of these, 10 were married and 20 were widowed. The average educational level was 7th to 12th grade, with an average income between \$4,000 and \$6,000 per year.

The 30 family members included 3 males and 27 females. The average educational level was 12th grade or higher.

The elderly's scores on the "Perceptions about Aging" survey ranged from 16-58 with a mean of 46. The family members' scores rating the elderly person ranged from 22-56 with a mean of 42. These data along with the scores on the survey can be found in Table 1.

Hypothesis

The researcher hypothesized that when the elderly's scores and the family members' scores on the "Perceptions about Aging" survey were compared, there would be no significant difference. To test this hypothesis, data were subjected to the t-test at the .05 level of significance. Comparisons of the scores revealed a t-value of 2.08 which was significant. Therefore, the researcher rejected the null hypothesis. These data can be found in Table 2.

Table 1

Raw Subject Data Including Demographic and Test Scores

Subject	Age	Sex	Race	M/S	Ed	Inc	Test Score
E1	65+	M	B	W	1-6	2-4	44
E2	65+	F	B	W	7-9	4-6	40
E3	65+	F	B	W	> 12	2-4	22
E4	65+	F	B	W	10-12	4-6	58
E5	65+	M	B	M	7-9	4-6	56
E6	65+	M	B	W	> 12	6-10	56
E7	65+	F	B	W	7-9	2-4	54
E8	65+	F	B	W	10-12	2-4	56
E9	65+	M	B	M	10-12	4-6	52
E10	65+	F	B	W	1-6	4-6	54
E11	65+	F	B	M	1-6	4-6	56
E12	65+	F	B	M	7-9	0-2	44
E13	65+	F	B	W	1-6	4-6	44
E14	65+	F	B	M	10-12	6-10	24
E15	65+	F	B	W	7-9	4-6	48
E16	65+	F	W	W	> 12	4-6	52
E17	65+	F	W	W	10-12	4-6	52
E18	65+	F	W	W	10-12	4-6	48
E19	65+	F	W	W	7-9	6-10	48
E20	65+	F	W	W	7-9	2-4	50
E21	65+	M	W	M	1-6	4-6	22
E22	65+	F	W	M	10-12	> 10	48
E23	65+	M	W	M	> 12	> 10	54
E24	65+	F	W	M	10-12	4-6	54
E25	65+	F	W	W	1-6	0-2	18
E26	65+	M	W	W	10-12	6-10	16
E27	65+	M	W	W	10-12	4-6	50
E28	65+	F	W	W	7-9	2-4	58
E29	65+	F	W	W	7-9	2-4	56
E30	65+	F	W	M	10-12	2-4	42

E = elderly person

M/S = marital status

Ed = education expressed in years

Inc = income expressed in thousands per year

Table 1 (continued)

Raw Subject Data Including Demographic and Test Scores

Subject	Age	Sex	Race	M/S	Ed	Inc	Test Score
F1	21-34	F	B	M	10-12	>10	36
F2	35-64	F	B	M	>12	>10	40
F3	21-34	F	B	M	>12	6-10	50
F4	35-64	F	B	M	>12	4-6	44
F5	21-34	F	B	S	>12	2-4	42
F6	35-64	F	B	D	7-9	4-6	44
F7	21-34	F	B	S	10-12	0-2	50
F8	21-34	F	B	S	10-12	6-10	50
F9	21-34	F	B	M	>12	>10	44
F10	35-64	F	B	W	>12	>10	46
F11	21-34	F	B	M	>12	6-10	48
F12	21-34	F	B	M	10-12	6-10	24
F13	35-64	F	B	M	1-6	2-4	30
F14	35-64	M	B	M	>12	>10	42
F15	21-34	F	B	S	>12	0-2	50
F16	35-64	F	W	M	10-12	>10	46
F17	21-34	F	W	M	>12	>10	40
F18	21-34	F	W	M	>12	>10	48
F19	35-64	F	W	S	10-12	>10	52
F20	35-64	M	W	M	>12	>10	32
F21	35-64	F	W	M	>12	>10	22
F22	21-34	F	W	M	>12	>10	40
F23	35-64	M	W	D	>12	>10	50
F24	21-34	F	W	M	10-12	>10	42
F25	35-64	F	W	S	10-12	>10	28
F26	35-64	F	W	M	>12	>10	22
F27	35-64	F	W	M	>12	6-10	42
F28	21-34	F	W	M	>12	>10	50
F29	35-64	F	W	M	7-9	>10	46
F30	21-34	F	W	M	>12	>10	54

F = family member

M/S = marital status

Ed = education expressed in years

Inc = income expressed in thousands per year

Table 2

A t-test Comparison of Elderly's and Family's
"Perception about Aging" Scores

Variable	N	\bar{M}	\bar{SD}	t-value
Elderly's perception of self	30	45.8667	12.572	2.08*
Family's perception of the elderly	30	41.8667	9.005	

* $p \leq .05$

Additional Findings

In an effort to examine the relationship between the elderly's perception of self and peers, the researcher administered the "Perceptions about Aging" survey twice to the elderly. They were asked first to consider themselves when responding to the statements and next to respond considering their peers. The data was analyzed utilizing the t-test. Findings indicated a t-value of -7.25, which was significant at the .001 level. This suggests that the elderly view themselves much more positively than they view their peers. The t-test analysis is presented in Table 3.

Table 3

A t-test Comparison of Elderly's Perception of Self
and Peers

Variable	N	\bar{M}	\overline{SD}	t-value
Elderly's perception of self	30	45.8667	12.572	-7.25*
Elderly's perception of peers	30	31.2667	12.074	

* $p \leq .001$

The demographic variables were correlated using the Pearson's Product Correlation at the .05 level of significance. When the elderly's perception of self was correlated with their scores on the "Perceptions about Aging" survey, an r value of .3332 was obtained. This was significant. Additionally, the education and income levels of the elderly were positively correlated with the elderly's perception of health. These demonstrated r values of .3917 and .3174 respectively. Table 4 presents these findings.

These findings suggest that the elderly's perception of health positively influences his/her perception of self. Additionally, the elderly's education and income levels may seem to affect their perception of health.

Table 4

Pearson's Product Moment Correlation of Demographic Variables

Variable	r	p
Perc Hlth/Eld w/E.S.	.3332*	.036
Ed/Eld w/Perc Hlth	.3917*	.016
Inc/Eld w/Perc Hlth	.3174*	.044

* $p \leq .05$

Ed = education

Eld = elderly

Perc Hlth = perception of health

Inc = income

E.S. = elderly's scores

The researcher observed weaknesses in the tool. Participants expressed confusion in some of the terminology, such as "useful" and "meaningful," and further clarification was needed by the researcher. Limitation of responses to only "true" or "false" created some indecision for participants as well.

CHAPTER VII

Summary, Conclusions, Implications, and Recommendations

Summary

This descriptive study was designed to compare the elderly's and the family's perception of aging. The null hypothesis stated that when the elderly's and the family's perception of aging, as determined by scores on the "Perceptions about Aging" survey were compared, there would be no significant difference at the .05 level.

Data were collected from 60 subjects. Thirty were individuals aged 65 and above, and 30 were non-elderly family members who had had contact with the elderly at least once a week. All subjects were administered the "Perceptions about Aging" survey. The scores of the elderly and family member were then compared utilizing the t-test at the .05 level of significance.

The results demonstrated a significant difference between the elderly's and the family's perceptions of aging. Thus, the researcher rejected the null hypothesis.

Conclusions and Implications

The data from the study indicate that a significant difference exists between the elderly's and the family's perception of aging in that the elderly generally perceive

themselves more positively than the family members. This finding fails to support Tuckman, Lorge, and Spooner (1953) who found similarities between the parents' and children's perceptions of aging. These data have implications for the FNC in primary health care. If differences exist between the elderly's and family's perception of aging, additional education about the aging process is indicated for all family members.

Significant differences were found between the elderly's perception of self and his/her peers in that the elderly viewed themselves much more positively than their peers. These data support the research findings of Harris (1977). Despite the elderly's positive view of self, they appear unable to detach themselves from the general attitude that the aged are living in an unhappy time. Implications for the FNC are that the elderly, again, need more education about the aging process to redirect and eliminate misconceptions about aging.

A significant correlation was found between the elderly's perception of health and their perception of self. These findings suggest intervention by the FNC in the area of health promotion and disease prevention.

Possibly, the FNC could indirectly effect an improvement in self-perception by maximizing the elderly's potential for wellness.

Perception of health was positively correlated with the elderly's income and educational levels. The FNC should be aware of this in caring for the elderly client. It is recommended that this information be incorporated into the FNC's data base.

This researcher would like to note an observed weakness in the "Perceptions about Aging" tool utilized in this study. Terminology was confusing to many of the participants. Use of words such as "useful" and "meaningful" needed further explanation by the researcher. Limiting the response to "true" and "false" made answering the statements difficult for many participants. This researcher suggests that the tool be restructured utilizing a range of responses rather than an absolute scale. Additionally, more extensive pretesting is needed to validate these changes.

Recommendations

Based upon the findings of this study, the following recommendations are made:

1. Revision of tool to include a range of responses and different terminology.

2. Replication of the study utilizing the revised tool.

3. Replication of the study using a larger sample size.

4. Replication of the study using a different testing pool.

5. Conduction of a longitudinal study with elderly persons to see if perceptions of self change over time.

6. Conduction of a study that would compare perceptions of aging among races.

7. Conduction of a correlational study between self-perception and sex.

8. More education is needed with the elderly and their family members to redirect misconceptions about aging.

9. Health providers need to be aware that the elderly view their peers more negatively than themselves. The FNC can utilize this information in correcting misconceptions about aging.

10. Health providers need to be aware that a positive correlation exists between perception of self and perception of health. Implications for health teaching to improve quality of life among the elderly is suggested.

APPENDICES

Appendix A

Agency Cover Letter

My name is Paula Brubaker, and I am a graduate student working towards my Master of Science degree in Nursing at Mississippi University for Women. As part of my course requirements, I must conduct a research project. I have chosen perceptions of aging as my area of interest. More specifically, I am looking at the relationship between the elderly's and the family's perception of aging. I am interested in gathering part of my sample population from your center. This will involve selecting interested elderly participants and administering a questionnaire to each of them.

The criteria for participation in the study are that the persons be 65 years of age or older, and they must live with a family member or be in contact with their family at least once a week. Additionally, I hope to contact the family members of each elderly person participating and obtain their consent to participate as well.

I will be contacting you by phone to make an appointment to further explain my study and seek your permission to conduct this study at the center. I

would appreciate at that time any information you might share with me regarding sample selection.

Thank you,

Paula M. Brubaker
Graduate Student
Family Nurse Clinician
Mississippi University for
Women
School of Nursing

Appendix B

Agency Consent FormTitle of Study: A Survey to Determine the
Relationship Between the Elderly's and
the Family's Perception of Aging

My name is Paula Brubaker. I am a registered nurse and a graduate nursing student at Mississippi University for Women. I am conducting a research study that evaluates the elderly's perceptions about aging and whether this perception affects the family's perception toward aging. Data from this study will improve health care to senior citizens. Additionally, it will help in educating nurses about the needs of senior citizens and their family members.

I am seeking to administer a questionnaire to those elderly persons interested in the study. This questionnaire will take approximately 30 minutes to complete. Each elderly client will be given an informed consent form that will explain the purpose of the study and their right to anonymity.

The agency's anonymity will be protected. No one except the researcher will have access to the names of the participants and the results of the questionnaires.

The study has been discussed with and explained to me. I will permit the clients of this agency to participate in this research study.

Comments concerning agreement:

Date

Name of Institution or
Agency

Agency Director's
Signature

I explained the study to the agency representative on the date given.

Date

Researcher's Signature

Appendix C

Informed Subject Consent FormTitle of Study: A Survey to Determine the
Relationship Between the Elderly's and
the Family's Perception of Aging

My name is Paula Brubaker. I am a registered nurse and a graduate student at Mississippi University for Women. I am conducting a research study involving senior citizens and their families and their feelings about aging.

I would like you to complete two questionnaires. This will take about 30 minutes. I will be glad to answer any questions you may have. Answering these questions will improve health care to senior citizens. Additionally, it will help in educating nurses about the needs of senior citizens and their family members.

The information given on the questionnaires will be kept confidential. No one other than myself will have this information. If, at any time, you decide not to be part of this study, you may withdraw and no questions will be asked.

I understand the explanation given to me. I understand that I have the right to withdraw from the study at any time. I understand that no names will be

used in the study and that all information will be kept confidential.

Date

Subject's Signature

I explained the study to the client on the date given.

Date

Researcher's Signature

Appendix D
Perceptions about Aging Survey
Demographic Questionnaire

Directions: Please check the answers below that apply to you.

Marital Status: S _____ M _____ D _____ W _____

Sex: M _____ F _____

Age:

65 and over _____

35-64 years _____

21-34 years _____

Race:

Black _____

White _____

Other _____

Religion:

Baptist _____

Protestant _____

Jewish _____

Catholic _____

Other _____

Highest grade completed in school:

Grades 1-6 _____

Grades 7-9 _____

Grades 10-12 _____

Other _____

Income/year:

\$0 - \$2,000/yr _____

\$2,001 - \$4,000/yr _____

\$4,001 - \$6,000/yr _____

\$6,001 - \$10,000/yr _____

Over \$10,000/yr _____

Where do you live now?

House _____

Apartment _____

Retirement Community _____

Other _____

With whom do you live now?

Family _____

Spouse _____

Friend _____

Alone _____

Other _____

Do you have any children? Yes _____ No _____

If so, how many? _____

Do you have any children still at home? Yes _____ No _____

If so, how many? _____

Do you have any grandchildren living at home?

Yes _____ No _____ If so, how many? _____

How often do you have contact with family members?

Once a day _____

Once a week _____

Twice a month _____

Monthly _____

Never _____

Do you have any grandchildren? Yes _____ No _____

If so, how many? _____

Did you ever have a parent, grandparent, or other person
over 65 living with you for six months or more?

Yes _____ No _____ If so, who? _____

Do you now have a parent or grandparent over 65 who is
living? Yes _____ No _____

How do you consider your health?

Poor _____

Fair _____

Good _____

Excellent _____

Do you have any chronic health problems? Yes _____ No _____

If so, what are they?

Arthritis _____

Diabetes _____

Heart Disease _____

High Blood Pressure _____

Other _____

Do you take any medicines daily? Yes _____ No _____

If so, what are they for?

Blood Pressure Pill _____

Sugar Pill or Insulin _____

Pain Pill _____

Heart Pill _____

Water Pill _____

Other _____

How often do you go to the doctor?

Once a week _____

Once every 2 weeks _____

Once a month _____

Once every 6 months _____

Other _____

How do you handle your medical expenses?

Medicare _____

Medicaid _____

Private Insurance _____

Self-Pay _____

Other _____

Appendix E

Perceptions about Aging Survey

Directions: Check True or False after each of the following statements.

Your responses will be kept confidential.

1. The elderly feel miserable most of the time.
True _____ False _____
2. The elderly have never been as lonely as they are now. True _____ False _____
3. This is the most useful period of the elderly's life.
True _____ False _____
4. The elderly have more free time than they know what to do with. True _____ False _____
5. The elderly's life is meaningless now.
True _____ False _____
6. The elderly feel that sometimes there is no point in living. True _____ False _____
7. The elderly are living in the best years of their lives. True _____ False _____
8. The elderly feel satisfied with their life.
True _____ False _____
9. The elderly would not change anything about their life. True _____ False _____

10. The elderly are happy at this time in their life.
True_____ False_____
11. The elderly have no one to talk to about personal things. True_____ False_____
12. The elderly have so few friends that they are lonely most of the time. True_____ False_____
13. The elderly can no longer do any kind of useful work. True_____ False_____
14. Financial security is very important to the elderly.
True_____ False_____
15. The elderly consider health to be very important in their lives. True_____ False_____
16. The elderly are very interested in their families.
True_____ False_____
17. The elderly often feel that their life is not very useful. True_____ False_____
18. The elderly's life is full of worry.
True_____ False_____
19. This is the dreariest time of the elderly's life.
True_____ False_____
20. The elderly have a strong desire to be needed by others. True_____ False_____
21. The elderly feel it is very important to be involved in activities outside the home. True_____ False_____

22. The elderly seem to have less and less reason to live. True_____ False_____
23. Most of the things the elderly do are boring and monotonous. True_____ False_____
24. The elderly take great pride in their appearance. True_____ False_____
25. Compared to other people, the elderly get down in the dumps too often. True_____ False_____
26. The elderly have a lot to be sad about. True_____ False_____
27. Conforming to what others expect is very important to the elderly. True_____ False_____
28. Life is hard for the elderly most of the time. True_____ False_____
29. The elderly have no difficulty learning new skills. True_____ False_____
30. It is important for the elderly to have some meaning in life. True_____ False_____

Thank you for your cooperation in this study.

References

- Abdellah, F., & Levine, E. (1979). Better patient care through nursing research (2nd ed.). New York: Macmillan.
- Aiken, L. (1978). The psychology of later life. Philadelphia: W. B. Saunders.
- Avorn, J. (1982). Beyond the bedside: The social context of geriatric practice. In J. Rowe & R. Besdine (Eds.), Health and Disease in Old Age. Boston: Little, Brown, & Company.
- Bekker, L., & Taylor, C. (1966). Attitudes toward the aged in a multigenerational sample. Journal of Gerontology, 21, 115-118.
- Bell, T. (1967). The relationship between social involvement and feeling old among residents in homes for the aged. Journal of Gerontology, 22, 17-22.
- Bennett, R., & Eckman, J. (1973). Attitudes toward aging: A critical examination of recent literature and implications for future research. In C. Eisdorfer & M. Lawton (Eds.), The Psychology of Adult Development and Aging. Washington, D.C.: American Psychological Association.
- Beverly, E. (1975). Of wisdom about aging. Geriatrics, 30, 117-128.

- Brubaker, T., & Powers, E. (1973). The stereotype of "old": A review and alternative approach. Journal of Gerontology, 31(4), 441-447.
- Caserta, J. (1983). Public policy for long-term care. Geriatric Nursing, 4(4), 244-248.
- Chitwood, D., & Bigner, J. (1980, May). Young children's perceptions of old people. Home Economics Research Journal, 8(5), 369-374.
- Edwards, J., & Klemmack, D. (1973). Correlates of life satisfaction: A re-examination. Journal of Gerontology, 28(4), 497-502.
- Green, S. (1981). Attitudes and perceptions about the elderly: Current and future perspectives. International Journal of Aging and Human Development, 13(2), 99-115.
- Gross, R., Gross, B., & Seidman, S. (Eds.). (1978). The new old: Struggling for decent aging (Part III, pp. 77-150). Garden City, NY: Anchor Books.
- Harris, L. (1977, June). The myth and reality of aging in America (4th printing). Washington, D.C.: National Council on the Aging.
- Hogstel, M. (1981). Nursing care of the older adult: In the hospital, nursing home and community. New York: John Wiley & Sons.

- Jensen, G., & Oakley, F. (1982-83). Ageism across cultures and in perspective of sociobiologic and psychodynamic theories. International Journal of Aging and Human Development, 15(1), 17-25.
- King, I. (1971). Toward a theory of nursing: General concepts of human behavior. New York: John Wiley & Sons.
- King, I. (1983). King's theory of nursing. In I. Clements & F. Roberts (Eds.), Family Health: A Theoretical Approach to Nursing Care. New York: John Wiley & Sons.
- Kogan, N. (1961). Attitudes toward old people: The development of a scale and an examination of correlates. Journal of Abnormal and Social Psychology, 62(1), 44-54.
- Kogan, N., & Shelton, F. (1962). Images of "old people" and "people in general" in an older sample. The Journal of Genetic Psychology, 100, 3-21.
- Kreps, J. (1979). Human values, economic values, and the elderly. In D. D. Van Tassel (Ed.), Aging, Death, and the Completion of Being. Philadelphia: University of Pennsylvania Press.
- Lohmann, N. (1977). Correlations of life satisfaction, morale and adjustment measures. Journal of Gerontology, 32, 73-75.

- Lohmann, N. (1980). A factor analysis of life satisfaction, adjustment and morale measures with elderly adults. International Journal of Aging and Human Development, 11(1), 35-42.
- Mancini, J. (1979, April). Family relationships and morale among people 65 years of age and older. American Journal of Orthopsychiatry, 49(2), 292-299.
- Murray, R., Huelskoetter, M., & O'Driscoll, D. (1980). The nursing process in later maturity. New Jersey: Prentice-Hall.
- Neugarten, B. (1971). Grow old along with me! The best is yet to be. Psychology Today, 5(7), 45-48.
- Neuman, B., & Neuman, P. (1975). Development through life: A psychosocial approach. Homewood, IL: Dorsey.
- Perry, J., & Slemo, S. (1980). Differences among three adult age groups in their attitudes towards self and others. The Journal of Genetic Psychology, 136, 275-279.
- Preston, C., & Gudiksen, K. (1966). A measure of self-perception among older people. Journal of Gerontology, 21, 63-71.
- Shanas, E. (1973, August). Family-kin networks and aging in cross-cultural perspectives. Journal of Marriage and the Family, pp. 505-510.

- Shomaker, D., & Furukawa, C. (1982). Ambivalence: The stigma of aging, the crippler of attitudes. In D. Shomaker (Ed.), Community Health Services for the Aged (pp. 105-118). Maryland: Aspen Systems.
- Spreitzer, E., & Synder, E. (1974). Correlates of life satisfaction among the aged. Journal of Gerontology, 29, 454-458.
- Tibbitts, C. (1979). Can we invalidate negative stereotypes of aging. Gerontologist, 19, 10-20.
- Tuckman, J., & Lorge, I. (1952). The best years of life: A study in ranking. Journal of Psychology, 34, 137-149.
- Tuckman, J., & Lorge, I. (1953). Attitudes toward old people. The Journal of Social Psychology, 37, 249-260.
- Tuckman, J., Lorge, I., & Spooner, G. (1953). The effect of family environment on attitudes toward old people and the older worker. The Journal of Social Psychology, 38, 207-218.
- U. S. Bureau of Census. (1983). County and city data book (10th ed., p. 298). U. S. Government Printing Office.
- Ward, R. (1978). Limitations of the family as a supportive institution in the lives of the aged. Family Coordinator, 27(4), 365-373.

Zola, I. (1962). Feelings about age in older people.
Journal of Gerontology, 17, 65-68.