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# Baccalaureate student nurses' attitudes toward the elderly

Carol M. Lacey  
*San Jose State University*

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Lacey, Carol M., M.S.

San Jose State University, 1990

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BACCALAUREATE STUDENT NURSES' ATTITUDES  
TOWARD THE ELDERLY

A Thesis

Presented to

The Faculty of the Department of Nursing  
San Jose State University

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science

By

Carol M. Lacey

August, 1990



APPROVED FOR THE DEPARTMENT OF NURSING

Bobbie Gorenberg

Bobbie Gorenberg, D.N.Sc., R.N.

Jean M Sullivan

Jean Sullivan, Ed.D., R.N.

Sharon Hogan

Sharon Hogan, M.S., R.N.

APPROVED FOR THE UNIVERSITY

M. Lou Lewandowski

## ABSTRACT

### BACCALAUREATE STUDENT NURSES' ATTITUDES TOWARD THE ELDERLY

by Carol M. Lacey

The purpose of this quasi-experimental study was to determine if gerontologic coursework and clinical experiences in a baccalaureate nursing program would influence students' attitudes toward the elderly. An experimental group participated in a long term care clinical experience, while a control group participated in the traditional clinical experience, a well-elderly visitation program. The Tuckman-Lorge Attitude Toward Old People Scale and a career goals questionnaire measured attitudes before and after these experiences.

Although there were no significant changes in attitudes, positive attitudes of both groups increased slightly after the coursework and clinical experiences. Nonetheless, the majority still indicated they would not choose gerontology as a career. This study suggests that nursing educators must explore ways to encourage students to work with the elderly so that the health care needs of this growing group can be met.

## ACKNOWLEDGEMENT

To my husband, sister,  
children, friends, and  
faculty who helped and  
supported me in the  
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## Chapter 1

### INTRODUCTION

Numerous studies regarding student nurses' attitudes toward the elderly have documented a lack of gerontologic content in Bachelor of Science in Nursing (BSN) and other basic nursing programs. Negative attitudes towards and stereotyping of the elderly also have been frequently documented (Campbell, 1971; Edel, 1986; Gunter, 1971; Hogstel, 1988; Kayser & Minnigerode, 1975; Ross, 1983; Stanley & Burggraf, 1986). This has serious implications for nursing service in light of the rapidly growing elderly population.

Because of the increasing number of persons over age 65 in this country, there is a need for nurses with a specialty in gerontologic nursing. There is an even more pressing need for these specialists to work in the long-term care (LTC) setting where the majority of the ill elderly are found (American Association of Retired Persons, 1986; U.S. Bureau of Census, 1985-86; Uris, 1987). To fulfill this increasing demand, nurse educators must increase gerontologic content in basic programs.

Gerontologic content is neglected in basic nursing programs. In a recent study of BSN programs in the United States (Edel, 1986), only 12% indicated their curriculum contained courses with major emphasis on gerontologic nursing. The lack of gerontologic content may deemphasize the

importance of this specialty. Therefore, nursing students may not pursue vocations in gerontology. At present only 11% of LTC nurses hold a bachelor's degree in nursing (Wilhite & Johnson, 1976). These authors proposed that 50% of nurses in LTC should hold a BSN degree which includes gerontological training. But many BSN nurses do not choose to work in LTC. Researchers (Benson, 1982; De Witt & Matre, 1988; Edel, 1986; Fielding, 1986; Hawkins, 1987; Hogstel, 1988; Shimamoto & Rose, 1987; Snape, 1986) cite the probable reasons as negative attitudes, lack of gerontologic content in nursing schools, and lack of prepared faculty who can act as role models.

A number of nurse researchers (Eddy, 1986; Edel, 1986; Farabaugh, 1986) have documented specific negative stereotypes and attitudes towards the aged held by nursing students as well as by society in general. These stereotypes depict the elderly as grouchy, self-pitying, physically uncoordinated, and diminished in intelligence and cognitive abilities. The elderly are also viewed by nurses as mentally ill, ugly, dirty, unable to change, generally miserable, and difficult to help. They also conclude that nursing educators have a responsibility to encourage a more positive attitude toward the elderly in their students.

As the population ages in the United States and the incidence of chronic illness increases, more nurses will be

needed to provide health care to the elderly. Nursing educators must provide student nurses with gerontologic curricula to help them empathize with the elderly in America. Nursing educators must also provide learning experiences which decrease negative attitudes and stereotypes.

This study measured student nurses' attitudes toward the aged before and after specific coursework in gerontology to see if attitudes became more positive. The specific coursework took place in a long term care facility and was added to the curricula of a BSN program. This study used King's (1981) theoretical framework for nursing practice. King asserts that care and outcomes of care are strongly influenced by the perceptions that the nurse and the client bring to their special relationship. Because knowledge, perceptions, and attitudes influence each other, it follows that congruency of these crucial elements is most likely to foster goal attainment or positive outcomes of care. This study attempted to identify a method for nursing educators to increase students' knowledge and perception of the aging process and to promote students' positive attitudes toward the aged.

#### Problem

The specific problem studied was whether specific gerontologic course content and clinical experiences with the aged would encourage more positive attitudes in BSN students

toward the aged than they held previously. The researcher identified three areas related to the problem: (a) changing demographics require more nurses to work with the elderly; (b) many Bachelor of Science Nursing programs lack specific, comprehensive gerontologic content and experiences; and (c) many nurses hold negative attitudes toward the elderly and therefore choose other specialties than gerontology.

#### Research Questions

Five research questions were posed in this study:

1. What is the personal history of the students?
2. What are the attitudes of student nurses enrolled in a baccalaureate nursing program toward the elderly prior to specific coursework in gerontology?
3. Will student nurses' attitudes become more positive after gerontologic content and clinical experiences with the elderly?
4. Will the student nurses' career goals change after gerontologic coursework and clinical experiences?
5. Will the attitudes of students who participated in a clinical experience in a long-term care facility differ from those who participated in a well elderly visitation program in the community?

#### Purpose and Need

The purpose of this study was to determine what content and clinical experiences concerning the elderly could be

offered in a BSN program to produce positive attitudes' of student nurses towards the aged. While studies (Baer & Lowery, 1987; Benson, 1982; Eddy, 1986; Farabaugh, 1986; Feldbaum & Feldbaum, 1981; Fielding, 1986; Hogstel, 1988; Lubkin & Chenitz, 1985; Shimamoto & Rose, 1987; Snape, 1986) have clearly documented that students' attitudes are negative, there is no consensus on how to improve these attitudes. More studies need to be conducted comparing types of geriatric coursework and its impact on the students' attitudes.

The goal of this study was to identify which clinical experiences with the elderly would foster more positive attitudes. By influencing attitudes to be more positive, it may be possible to encourage nurses to choose work in settings that provide care predominantly to the elderly. If nurse educators are able to do this, then nursing can begin to meet the growing health care needs of the elderly population. The late U.S. Representative Claude Pepper stated, "Long term care must be made a more attractive field for nurses..." (cited in the American Nurse, 1989, p. 4).

It is imperative that nurse educators address this need. This can best be done by offering coursework on aging and clinical experiences with the aged that encourage and influence nursing students to work effectively with this growing segment of the population.

### Definition of Terms

The following are definitions of key terms used in this study:

1. Attitude is a response toward a person, idea, or object that leads to a certain behavior (La Monica, 1979).
2. Student Nurses' Attitudes Towards the Elderly are the opinions expressed about the elderly by the student nurses' as operationalized by their scores on the Tuckman-Lorge Attitudes Towards Old People Scale (1953).
3. A Student Nurse is a nursing student during the first semester of designated nursing courses in a baccalaureate program in nursing.
4. Content on Aging consists of information concerning normal aging, risk factors, and health maintenance of the elderly.
5. Clinical Experiences with the Elderly consist of student nurses providing care to the elderly in community and long-term care settings.
6. Old People, Elderly, Aged are persons 65 years of age and older who exhibit varying degrees of health and illness.
7. A Bachelor of Science Nursing Program is a 4 year nursing program in a university which is accredited by the State Board of Nursing and the National League for Nursing.
8. Gerontology is "The scientific study of the process

of aging and of the problems of the aged" (Nodhturft, Banks, & Macmullen, 1986, p. 27).

9. A Long-Term Care Facility is a nursing home, extended care facility, or skilled nursing facility that provides institutionalized care to physically ill or mentally handicapped individuals.

#### Setting and Sample

The setting of this study was a small four year school of nursing in a state university in northwestern Nevada. The study proposal was approved by the Institutional Review Board for Human Subjects at both San Jose State University where the researcher is a student (see Appendix A) and at the University of Nevada, Reno where the study took place (see Appendix B). The sample consisted of 41 nursing students enrolled in the first semester of the BSN program.

#### Research Design

The study was quasi-experimental, using a nonequivalent two group pretest/posttest format (LoBiondo-Wood & Haber, 1986). For the pretest the student nurses were given the personal history form (see Appendix C), the career choice instrument (see Appendix D), and attitudes toward old people scale (see Appendix E). These tools were given prior to the students receiving content in gerontology and participating in clinical experiences with the elderly. All of the students received the content on aging. Half of the students

participated in a well elderly visitation program in the community and the other half participated in a skilled nursing facility experience which was the experimental treatment.

At the end of the semester, all students were again tested with the same tools except the personal history form. Pretest and posttest scores on the questionnaires were compared for changes in career choices and attitudes toward the aged. Descriptive statistics were used to describe the results of the personal history and career choice questionnaires. Inferential statistics were used to compare attitudes before and after the gerontologic content and clinical experiences. A Single Sample Chi-Square Test was used to compute differences between answers on the career choice questionnaire. A Repeated-Measures Analysis of Variance Test (ANOVA) was used to calculate differences in scores between groups on the attitude scale.

#### Tools

The tool used to obtain personal history data was developed by the researcher after reviewing demographic tools in the literature and determining which questions would best answer the questions of this study. The career choice questionnaire was based on a similar questionnaire obtained with permission from a researcher studying students' career choices concerning the elderly (A. Zeiss, personal



communication, April 27, 1989). The attitude questionnaire, titled "Attitudes Toward Old People" (ATOP), was developed by Psychologists Irving Tuckman and Jacob Lorge (1953) and has been used in numerous studies concerning attitudes toward the elderly. It was used with permission of Heldref Publications (see Appendix F).

To establish the reliability and validity of the Personal History Form, similar tools from the literature were reviewed and several nursing educators and clinicians were asked for an opinion on its contents. The questions on the form ask the students' prior nursing experience, age, sex, prior experience with the elderly, how they rated these experiences, how they feel about growing old, and how they feel about working with the elderly. Respondents indicated whether they rated their feelings as "positive," "slightly more positive than negative," "slightly more negative than positive," or "negative." Thus, this form was not purely demographic but attempted to elicit other information that may impact on the students' attitudes toward aging and the elderly. The nursing educators and clinicians consulted agreed that the questions would help to describe characteristics of the study sample that may affect their attitudes toward the elderly.

Reliability and validity of the Career Goals tool had to be established because it was modified for use in this

study. The second question on the career goal tool was changed to reflect career choices in nursing rather than in the health care field in general. The third question asked students to rate their preferences and expectations for working with the elderly, working in a hospital, and working in community health on a scale from one to five. A response of "one" indicated they definitely did not want or expect to do this, "three" indicated they were undecided, and "five" indicated they definitely did want and expect to do this. The career categories and questions on the tool were believed to be ones that would accurately elicit career choice information by the nurse educators and clinicians who reviewed it.

Evidence of the reliability and validity of the Tuckman-Lorge Attitude Toward the Elderly Scale come from reports of research using the scale. In several studies, correlations of the ATOP scale with other scales measuring attitudes toward the elderly ranged from .75 to .86 which demonstrated acceptable content validity. Test-retest reliabilities were .96 for the "yes-no" response mode (Shaw & Wright, 1967).

#### Scope and Limitations

The scope of this study encompassed student nurses' attitudes in one BSN program towards the elderly before and after coursework in gerontology. The researcher recognized

that many variables influence attitudes over a lifetime of experiences. Therefore, it was impossible to control all variables. Also, student nurses in the university and nursing program studied are not representative of all nursing students and nursing programs. In addition, the characteristics of the elderly clients in the community and in the long-term care setting may not be representative of other elderly clients in other cities or areas of the country. The attitudes and educational preparation of the faculty in the program studied may not be representative of faculty in other BSN programs. However, the researcher believes that enough commonalities exist nationwide among nursing students, among BSN nursing faculty, and among well and institutionalized elderly clients to make the findings of this study interesting and instructive to other nursing students and instructors.

## Chapter 2

### CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

The conceptual framework and review of related literature for this study will be discussed in this chapter. Both support the need for baccalaureate nursing programs to foster positive attitudes toward the elderly in nursing students so that the health care needs of this growing population can be met.

#### Conceptual Framework

If positive attitudes toward the elderly can influence nurses to work in settings with predominantly elderly patients, the health care needs of this growing segment of the population will be more effectively met. More positive attitudes towards the elderly may also provide for more positive interactions between nurse and client. According to King's (1981) concepts for nursing, these interactions are important in fostering goal attainment for both nurse and client. Perception as it relates to the nurse-client relationship is a key concept in King's (1981) theory for nursing. Attitudes developed by student nurses are influenced by their perceptions and knowledge regarding specific populations. Thus, it is more likely that attitudes will be positive if students have accurate, specific elderly content and positive clinical experiences with the elderly (Hawkins, 1987; Hogstel, 1988; LaMonica, 1979; Lubkin & Chenitz, 1985;

Stanley & Burggraf, 1986; Taylor & Harned, 1978). King's (1981) concept of perception as it relates to interactions and transactions and goal attainment is central to the conceptual framework of this study. King (1981) proposes that care and outcomes of care are strongly influenced by the perceptions that the nurse and the client bring to their special relationship. King states that there are three spheres of interaction for nurses and health care clients: the personal, the interpersonal, and the social system. Interactions which take place within and among these spheres influence goal attainment, or a positive outcome of care. This is more likely to occur when the nurse's and the client's perceptions of each other and of each others' needs are congruent. Since attitudes and perceptions influence each other, it is believed that more positive attitudes are most likely to lead to goal attainment. Thus, this study attempted to identify the attitudes of students toward the elderly prior to coursework in gerontology and then to demonstrate whether such coursework would influence the attitudes to become more positive.

For this study King's (1981) concepts were related to student nurses' attitudinal change within the social system of the BSN program and to the provision of health care within the personal, interpersonal, and social systems. Accordingly, within the social system of nursing education,

student nurses' attitudes could be influenced by specific gerontologic learning experiences. Whether these experiences will lead to more positive perceptions and attitudes of student nurses was investigated. King (1981) believes that more positive perceptions and attitudes will foster more positive interactions between nurse and client, leading to goal attainment, a desired outcome in King's (1981) theory.

#### Nursing Education as a Social System

An exploration of the BSN program as a social system is necessary to demonstrate how King's conceptual framework guides this study. King (1981) defines a social system as "an organized boundary system of social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate the practices and rules" (p. 115). The educational system is a social system which influences students as they grow and develop. Their behavior develops from their learning experiences. Change in their behavior occurs when they gain new knowledge and form new insights. The educational system provides them with a framework for social and professional interaction; it defines social and professional relationships and establishes rules of behavior. Beliefs, attitudes, and values are learned in the educational system. Clients and nurses learn from the social systems to which they belong; however, nurses have specialized knowledge, skills, and professional behaviors

and values that distinguish them from their clients.

The social system of nursing education has three major characteristics which are common to all systems (Rilling, 1983). These characteristics are (a) an ultimate goal, (b) organization of a series of actions or operations directed towards accomplishing that goal, and (c) ongoing adaptability in a rapidly changing society. Within this social system, student nurses are socialized into the nursing role and expected to use the nursing process in all aspects of the nursing care they deliver. The ultimate goal of nursing education is to prepare the nurse to care for all types of patients as individuals, as members of groups, and as members of larger social systems (Gordon, 1987; Kozier & Erb, 1987; Stanhope & Lancaster, 1988).

Providing content and clinical experiences that accurately represent situations student nurses will encounter in nursing practice is the means to accomplish the goal of preparing them effectively. The social system of nursing education must continuously adapt to the changing health care system and provide education on the health care of aggregates who need it the most. Relevant educational experiences will promote behaviors in student nurses that will achieve effective nursing care. King (1981) believes that behaviors are affected by the perceptions that the nurse and client bring to their interactions.

According to King (1981), the process of perceiving the individual and the environment in a health care setting leads to certain behaviors in the nurse and the client. The accuracy of these perceptions influences whether mutual goals are set and attained. Goals are important in this process because they are one way to measure the effectiveness of care and, thus, quality of care. King (1981) stated: "The delivery of quality care in health care systems is expected by the public" (p. 142). Thus, King linked perception to the delivery of quality nursing care. Nursing education has a responsibility to foster and encourage accurate perceptions in student nurses so that they can provide effective care to individuals and groups within the health care system.

Perceptions cannot be measured directly according to King (1981). Bunting (1988) proposed that while perception has been discussed by many nurse theorists, there is not a consistent or clear definition that has encouraged critical examination of this key concept. La Monica (1979), a nursing researcher, and Rokeach (1960) and Tannenbaum (1966), socio-psychological researchers, suggest that perceptions help to produce attitudes and that attitudes influence behavior. Nursing researchers, Wilhite and Johnson (1976), also theorize that perceptions are related to quality of nursing care. They state that "decreased stereotypic



attitudes toward patients lead to increased accuracy of perception of patient behavior" (p. 432), thus linking perception, attitudes, and behavior. Another socio-psychological researcher, Triandis (1971), also linked perception, attitude, and behavior with the postulation that attitudes and behavior can be changed by new information. Dye (1979) states that, while attitudes are very resistant to change, it is important to explore them because of the link between attitudes, perceptions, and quality of nursing care to the elderly. There is little research on direct measurement of perceptions. While there exists literature that supports the link between perception, attitude, and behavior, there is very little literature that attempts to measure perceptions as they relate to attitudes and behavior. However, there are several tools available to measure attitudes.

Because attitudes and perceptions influence each other, it is reasonable to measure attitudes with the goal of identifying ways to influence them to be more positive toward the elderly. Nurses' care of the elderly may then be more effective. It is within the realm of nursing education as a social system to study and measure students' attitudes toward a specific population group so that effective curriculum can be designed to promote accurate perceptions of the elderly.

King (1981) provides a conceptual framework which encourages the development of accurate perceptions between nurse and client so that progress towards goals is fostered. King views perception as "a vital link between client and nurse...that is necessary for reaction, interaction, and transaction" (Bunting, 1988, p. 171). Nurses act and react according to their perceptions of each client. Perceptual accuracy helps the nurse toward an increased understanding of each client's experiences. "It is the client's perception of the world that nurses negotiate, rather than with some objective reality" (Bunting, 1988, p. 174). Transactions are nurse-client interactions leading to goal attainment and, thus, to effective nursing care (Marriner, 1986).

#### Effective Nursing Care

To determine how nursing educators can best promote effective care, it is important to understand how King views the nurse and nursing. King (1981) defines nursing as interactions which occur between the nurse and the client. These interactions are characterized by communication in some form, which leads to identification of problems, concerns, and goals. Nurses interact with clients to obtain data to plan and implement care directed toward meeting mutually agreed upon goals that maintain or restore health.

King (1981) holds that the overall goal of nursing is to assist individuals or groups to maintain health in order

to function in society. The effectiveness of nursing is judged by the goals that are attained. King concludes that goal attainment will not occur if the client's and the nurse's perceptions of each other are not accurate. For the purposes of this study, the goal of nursing education is to prepare nurses to effectively provide care within this conceptual framework.

### Health

To prepare student nurses to assist clients in maintenance and promotion of health, one must have an understanding of King's concept of health. King (1981) defines health as dynamic life experiences which cause the individual constantly to adapt to change and still function at maximum potential. The individual's capacity to adapt to change internally and externally lessens with increased age. Function declines in almost all body systems and the ability and reserve capacity to return to former levels of functioning takes longer in the older adult (Andresen, 1989). Therefore, elderly clients in need of health care may be viewed as needing the help of nurses to assist in attainment of goals. These goals include improvement in health and the ability to adapt to change and to function at maximum potentials.

### Human Beings as Open Systems

King (1981) proposed that a conceptual framework for

nursing must delineate the concept that human beings are open systems interacting with the environment. The following three systems within the environment are specified: the personal or individual system, the interpersonal or group system, and the social system or society. The concept of interactions occurring dynamically within and between these systems requires nurses to be knowledgeable regarding the client's personal, interpersonal, and social systems. This knowledge is necessary to achieve effective transactions which lead to goal achievement with respect to maintenance or restoration of health. King (1981) described her theory for nursing as a model that can be used to guide nursing practice in any setting.

#### The Importance of Perceptual Accuracy

The use of King's (1981) nursing model requires nurses to strive toward accurate perceptions between themselves and clients to ensure transactions and goal attainment. In the same sense, the model implies that nursing education as a social system must facilitate the development of accurate perceptions about, must promote knowledge concerning, and must foster positive attitudes toward the elderly population in need of health care. Nurses are expected to apply knowledge in concrete situations. This is obtained from natural and behavioral sciences and translated into perception, beliefs, and attitudes. Assessment and communication skills

must all be learned to apply the nursing process.

In summary, the conceptual framework for this study suggests the need for student nurses to know and perceive their clients' health perceptions and health care needs. Student nurses must be able to set mutually agreed upon goals that maintain or improve the client's health. These goals may address how the client functions independently, in groups, and within the larger social system. The effectiveness of nursing care will be judged by the goals attained. In order to interact effectively with the elderly client on any or all of these three levels, the nurse must have knowledge and understanding of what it means to be elderly. Nursing educators have a responsibility to teach students about the health of the elderly and to structure clinical experiences which allow students to practice caring for the elderly. Only with such practice can student nurses form perceptions and develop attitudes which ensure effective care of the elderly.

#### Review of Literature

The elderly represent a ratio of approximately 1:8 Americans or 12% of the U.S. population. It is projected that persons over the age of 65 will increase approximately 2% in the next 20 years and then continue to increase 3% per decade for the next four decades, reaching approximately 22% by the year 2050 (American Association of Retired Persons

[AARP], 1986; Eddy, 1986; Uris, 1987; U.S. Bureau of Census, 1985-86).

The rapidly growing over 85 age group comprises 1% of the population. This percentage will double by 2020 and quadruple by 2050 (AARP, 1986; Bureau of Census, 1985-86). The elderly population as a whole uses a large percentage of health care resources. Lubkin and Chenitz (1985) reported that persons over the age of 65 spend approximately 30% of the U.S. health care dollars.

Data indicate that 19% of those 65 years of age and older have some impairment of health which requires intervention from health care providers. Four out of five elders have at least one chronic illness, which results in more frequent hospitalization, longer length of stays, more readmissions per year and per diagnosis than persons under the age of 65 (De Witt & Matre, 1988). At this time, 1.6 million elderly reside in long term care facilities. By 2040 it is projected that the population residing in long term care facilities will reach 4.4 million (Eddy, 1986; Mezey, Lynaugh, & Cartier 1989; Uris, 1987; U.S. Bureau of Census, 1985-86). This age group has a higher incidence and prevalence of chronic illness and a higher need for health and social services (U.S. Bureau of Census, 1985-86).

Nurse educators recognize and are concerned about this need for an increased number of nurses skilled in geriatric

nursing and realize that they have a responsibility to provide geriatric content to student nurses. Studies have shown that there is a lack of such content in many baccalaureate (BSN) programs (Benson, 1982; Edel, 1986). Some of these studies hypothesized that the lack of factual information on and clinical experiences with the elderly emphasizes to student nurses that care of the elderly by nurses is not viewed as important and geriatrics is not an attractive or rewarding career choice (Delora & Moses, 1969; Feldbaum & Feldbaum, 1981; Rose, 1984).

For the purpose of this study, nursing education was viewed as a social system which influences the individual's perceptions, beliefs, attitudes, and behavior. Therefore, it was important to investigate how nursing education can influence student nurses' attitudes toward the elderly. Consequently, a selective review of the literature is presented to (a) document student nurses' negative attitudes toward the aged upon entry into nursing schools, (b) identify and describe reasons for this phenomena, (c) describe studies that document interventions aimed at influencing attitudes to be more positive, (d) examine the results of such studies, and (e) review the rationale for the intervention chosen in this research study.

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### Negative Attitudes of Student Nurses

The literature has indicated that student nurses have negative attitudes towards the elderly (Benson, 1982; Eddy, 1986; Edel, 1986; Farabaugh, 1986; Hogstel, 1988; Lubkin & Chenitz, 1985). The literature included studies that used documentation from other researchers to support the prevalence of these negative attitudes among nursing students and that tested students using an attitude measurement scale. The following scales have been used to measure students' attitudes regarding the elderly: (a) the Tuckman-Lorge Scale (1953), (b) Palmore's Facts on Aging (1977), and (c) Kogan's Attitudes Toward Old People Scale (1961). A number of studies measuring student nurse attitudes with these tools found negative attitudes toward and stereotyping of the aged among students in nursing programs (Delora & Moses, 1969; Eddy, 1986; Gillis, 1973; Gunter, 1971; Snape, 1986; Wilhite & Johnson, 1976).

Several other researchers tested attitudes of nurses already working with the elderly and found variable results. Campbell (1971) found stereotyping and negative attitudes, while several others (Chandler, Rachal, & Kazelskis, 1986; Taylor & Harned, 1978) found that the nurses' attitudes were not negative although they held a number of stereotyped beliefs regarding the elderly. Two recent researchers (De Witt & Matre, 1988; Downe-Wamboldt & Melanson, 1985)



found that student nurses' attitudes were neutral or positive toward the elderly in two BSN programs.

It is not difficult to understand why there is disagreement among nursing researchers regarding these attitudes. Society at large has been ambivalent towards the aged and has ignored their need for specialized health care until recently (Benson, 1982; Dye, 1979; Feldbaum & Feldbaum, 1981; Williams, Lusk, & Kline, 1986). This has been reflected in BSN programs' lack of curricula and inconsistent content regarding the elderly (Benson, 1982; Eddy, 1986; Rose, 1984).

This neglect, in turn, has caused students to feel geriatric nursing is not an important nursing specialty (Stanley & Burggraf, 1986). While nurse researchers (Lubkin & Chenitz, 1985) documented variability in students' attitudes toward the aged, studies (Delora & Moses, 1969; Eddy, 1986; Feldbaum & Feldbaum, 1981; Gunter, 1971; Rose, 1984; Shimamoto & Rose, 1987; Stanley & Burggraf, 1986; Williams, Lusk, & Kline, 1986) consistently showed that students did not plan to work with the elderly after graduation. These researchers stated that this outcome was not realistic in light of the increasingly elderly population and the increasing number of nurses that will be needed to work in settings with predominantly old persons. It was proposed that this information made an even stronger case for

increasing content and experiences with the aged in BSN programs (Campbell, 1971; De Witt & Matre, 1988; Feldbaum & Feldbaum, 1981; Gunter, 1971; Kayser & Minnigerode, 1975).

Two interesting findings documented by several researchers (Brower, 1981; Feldbaum & Feldbaum, 1981; Hogstel, 1988; Snape, 1986; Stanley & Burggraf, 1986; Wilhite & Johnson, 1976) pointed out that while gerontologic curricula in BSN programs needed to be increased, attitudes of faculty and staff nurses already working with the aged also had important influence on students' attitudes towards the aged. It was proposed that faculty who teach gerontologic content should be chosen carefully for their knowledge, skills, and positive attitudes toward old persons. There was no consensus on how to overcome the effect of the staff nurses' negative attitudes on the students, although many researchers suggested that the location of clinical experiences should be chosen carefully (Edel, 1986; Fielding, 1986; Snape, 1986; Wilhite & Johnson, 1976).

In addition to testing students' attitudes towards the elderly, some researchers also administered a number of tools designed to elicit information from students regarding reasons they did not want to work with the elderly (Eddy, 1986; Greenhill & Baker, 1986; Snape, 1986; Stanley & Burggraf, 1986; Tank-Buschmann, Burns, & Jones, 1981). Demographic tools and career choice tools were administered in

an attempt to identify other variables that might affect the students' choice of jobs.

#### Reasons for Student Nurses' Negative Attitudes Toward the Elderly

Researchers concerned with student nurses' attitudes toward the elderly describe a variety of reasons students hold negative attitudes and stereotypic views toward the elderly as well as for not choosing to work with the elderly. The most common reason cited was the way in which the elderly are viewed in the United States society in general. Eddy (1986) stated that a number of nursing researchers have proposed that "the United States is a youth-oriented culture," and that this orientation implies "a negative view of the elderly" (p. 31). Other researchers (Caltabiano & Westcott, 1988; Feldbaum & Feldbaum, 1981; Gunter, 1971) agreed that older persons suffer low status and priority and proposed that a higher value is placed on youth, activity, beauty, and wealth in this society. Old age connotes loss of health, income, and status so that the old are devalued. Although some researchers (Caltabiano & Westcott, 1988; Chandler, Rachal, & Kazelskis, 1986; Eddy, 1986; Greenhill & Baker, 1986) cautiously proposed that these views are changing and will change more as the population of the United States ages, it was stated that nursing educators must begin immediately to offer curricula on aging which addresses the

realities of aging and the health care needs of the aged (Edel, 1986; Feldbaum & Feldbaum, 1981; Hawkins, 1987; Hogstel, 1988).

The second most common reason for student nurses' negative attitudes toward the elderly was lack of gerontologic curricula in BSN programs (Benson, 1982; Campbell, 1971; Chandler, Rachal, & Kazelskis, 1986; De Witt & Matre, 1988; Edel, 1986; Farabaugh, 1986; Feldbaum & Feldbaum, 1981; Hawkins, 1987; Hogstel, 1988; Lubkin & Chenitz, 1985; Melanson & Downe-Wamboldt, 1985; Nodhturft, Banks, & Macmullen, 1986). Lack of interest and preparation of faculty were cited together with lack of content by several researchers (Benson, 1982; Farabaugh, 1986; Hawkins, 1987). This deficiency caused students to think geriatric nursing was not an important specialty. Other specialties, such as maternal child nursing, are addressed in depth in BSN programs. Lack of gerontologic content decreases students understanding of the aging process. They do not learn how to promote health maintenance, assess risk factors of the elderly, or communicate effectively with them (Chandler, Rachal, & Kazelskis, 1986; Edel, 1986). In addition to lack of emphasis on gerontology in BSN programs, the status and image of health care settings where the elderly predominate were also implicated as negatively influencing students' attitudes toward the aged.

The poor image of skilled nursing facilities was cited by researchers (Brower, 1981; De Witt & Matre, 1988; Feldbaum & Feldbaum, 1981; Olson & Logan, 1986; Rose, 1984; Shimamoto & Rose, 1987; Snape, 1986) as a factor in the poor image of geriatric nursing. Depersonalization of the elderly and lack of attention to grief work were documented by several researchers. In addition, they also documented poor standards of care and work environments with few benefits and low pay, workloads of heavy proportions, and the negative attitudes of peers in these facilities (Feldbaum & Feldbaum, 1981; Ross, 1983; Snape, 1986; Wilhite & Johnson, 1976).

The characteristics of elderly persons as perceived by nurses may also create negative attitudes toward the aged. Elderly persons have been described as dull, depressing, and slow. They are viewed as resistant to care, unresponsive to treatment, unmotivated and unappreciative of help, and intolerant of change. Nurse researchers (Baer & Lowery, 1987; Brower, 1981; Caltabiano & Westcott, 1988; Delora & Moses, 1969; Gunter, 1971) have proposed that nurses do not like to care for patients with these attributes. They prefer to care for people who get well, who appreciate them, and who have positive attitudes and the motivation to try health care interventions. Several researchers also suggested that young nursing students may have difficulty empathizing with

the elderly because of their lack of experience with them and because this society does not usually require the young to care for the elderly (Baer & Lowery, 1986; Brower, 1981). The variety of reasons for student nurses' negative attitudes towards the elderly does not prevent a consensus among nursing researchers that an increase in gerontologic content would help to dispel stereotypes and decrease negative attitudes (Caltabiano & Westcott, 1988; Farabaugh, 1986; Hawkins, 1987; Hogstel, 1988; Melanson & Downe-Wamboldt, 1985; Robertson, 1988; Shimamoto & Rose, 1987; Stanley & Burggraf, 1986; Williams, Lusk, & Kline, 1986). To achieve these goals BSN programs have examined existing curricula and introduced new learning experiences in an attempt to influence students' attitudes. Edel's (1986) study described the current status of gerontologic nursing curricula in BSN programs. Findings demonstrated an increase of content in gerontology but not enough adequately prepared faculty in gerontology. Edel concluded that because of the increased need for nurses to work with the elderly, it was the responsibility of BSN programs to provide gerontologic coursework.

Several studies (Chandler, Rachal, & Kazelskis, 1986; De Witt & Matre, 1988; Nodhturft, Banks, & MacMullen, 1986; Tank-Buschmann, Burns, & Jones, 1981) have documented different variables affecting negative attitudes of student

nurses towards the elderly. Chandler et al. (1986) concluded that nurses already working in long term care did not have negative attitudes towards the elderly. In this study, nurses were tested with an attitude scale after content on normal aging was given and no significant change in attitudes was found. Chandler et al. (1986) concluded that more such studies needed to be conducted with an effort to correct prior deficiencies such as the lack of control groups, the lack of pretests and posttests, the small sample size and the lack of random samples. Nodhturft et al. (1986) demonstrated positive attitudes of Veteran's Hospital nurses toward elderly patients in a one group pretest and posttest design. After a two-day multidisciplinary team-training program in gerontology, the nurses' attitudes became more positive.

Tank-Buschmann et al. (1981) and De Witt and Matre (1988) reported that a majority of students in two BSN programs had positive attitudes toward old people, but that only a small percentage of the students stated they would choose to work with the elderly. Contradictory to the majority of findings in earlier studies, these recent findings seemed to indicate that attitudes toward old people may be positive in some work situations and in some BSN programs. The variety of findings that exist in studies may be due to the difficulty in controlling variables. These

variables include, but are not limited to, differences in individual life experiences with the elderly, socio-economic and ethno-cultural differences among nurses, and differences in quality of gerontologic content and instruction (Brower, 1981; De Witt & Matre, 1988; Feldbaum & Feldbaum, 1981; Stanley & Burggraf, 1986).

In contrast to other findings, several researchers (Caltabiano & Westcott, 1988; Chandler et al., 1986; Gomez, Otto, Blattstein, & Gomez, 1985; Greenhill & Baker, 1986) stated that student nurses' attitudes towards the elderly may not be dependent on learning experiences. They also proposed that attitudes may not predict willingness to work with the elderly. They and others (Brower, 1981; De Witt & Matre, 1988; Feldbaum & Feldbaum, 1981; Fielding, 1986; Hogstel, 1988; Langland, Raithel, Benjamin, Benson, Crim, & Kunz, 1986; Lubkin & Chenitz, 1985; Shimamoto & Rose, 1987; Snape, 1986; Stanley & Burggraf, 1986; Wilhite & Johnson, 1976; Williams, Lusk, & Kline, 1986) cited the following variables that influence students to hold negative attitudes towards the elderly: (a) the perceived poor quality of working conditions in settings with predominantly geriatric patients; (b) negative attitudes of role models such as peers, staff nurses, and faculty; (c) the quality of previous experiences with the elderly in health care settings and personal life; (d) the data indicating that white ethnic



groups preferred to work with the elderly the least; (e) the fact that society has a negative view of the elderly; (f) the view that care of the elderly is primarily custodial; (g) the age and marital status of the nurse; and (h) the personality characteristics of the nurse, such as open-mindedness. Although these researchers identified other variables in addition to learning experiences, the majority still proposed that it was imperative for basic nursing programs to increase the variety and amount of gerontologic content and clinical experiences.

#### Interventions Aimed at Decreasing Negative Attitudes

In a number of studies (Benson, 1982; De Witt & Matre, 1988; Edel, 1986; Farabaugh, 1986; Hawkins, 1987; Hogstel, 1988; Kraft & Nelson, 1988; Olson & Logan, 1986; Robertson, 1988; Ross, 1985) one or more of the following interventions aimed at influencing students' attitudes toward the elderly were reported: (a) lecture content on normal aging changes and chronic illness, (b) skilled nursing facility (SNF) experiences, and (c) well elderly visits in the community. Some researchers (Dye, 1979; La Monica, 1979; Lubkin & Chenitz, 1985) proposed that coursework designed to help students understand and analyze their attitudes was also important. Discussions were conducted concerning awareness of self, feelings about aging and dying, and anxieties and fears related to aging. No statistical testing was done

before and after such coursework alone; therefore, it is difficult to evaluate the effectiveness of such interventions.

To document the effects of gerontologic curricula more accurately, a number of researchers (Dyck & McLeod, 1986; Eddy, 1986; Gomez, et al., 1985; Greenhill & Baker, 1986; Heller & Walsh, 1976; Kayser & Minnigerode, 1975; Langland et al., 1986; Rose, 1984; Ross, 1983; Ross, 1985; Wilhite & Johnson, 1976) began to test student nurses' attitudes before and after content and clinical experiences with the elderly. They conducted pretests and posttests on students using attitude scales to determine if changes in attitudes were statistically significant. Results were not consistent; most researchers proposed that the lack of control groups and the presence of many other variables influencing attitudes were contributing factors. Nevertheless, results of these quasi-experimental studies provide the most useful data in formulating the design for this study.

One of the earlier studies (Gunter, 1971) tested students' attitudes before and after specific coursework in gerontology. Paradoxically, negative attitudes increased and the desire to work with the elderly decreased after the coursework. The researcher concluded that the material was presented too late in the BSN program to convince students that the content was important. Gunter (1971) also proposed

that if a clinical component had accompanied the course, the result may have been different.

Successive studies tested students before and after lecture content in gerontology and clinical experiences with the well elderly in the community (Eddy, 1986; Heller & Walsh, 1976; Kayser & Minnigerode, 1975; Rose, 1984; Ross, 1983; Ross, 1985). While these did demonstrate that there were changes toward more positive attitudes in the students, none were able to show that these changes were statistically significant. Rose (1984) and Ross (1985) used control groups who did not have a clinical experience with the well elderly. These researchers concluded that the experimental groups who did have a clinical experience with the well elderly had more positive attitudes. In contrast to Gunter's (1971) study, these studies agreed that the added attention to geriatric nursing in the BSN curricula was the real cause of increased knowledge and increased positive attitudes towards the elderly.

Other researchers (Burke & Donley, 1987; Dyck & McLeod, 1986; Gomez et al., 1985; Greenhill & Baker; Kraft & Nelson, 1988; Langland et al., 1986; Olson & Logan, 1986; Robertson, 1988; Wilhite & Johnson, 1976) introduced coursework and clinical experiences with the ill elderly and measured changes in students' attitudes. Several reasons were proposed for having a clinical experience with the ill

elderly in skilled nursing facilities (SNF). These reasons were (a) that nursing care to long term care residents was less demanding and threatening to beginning nursing students than in the acute setting, (b) that SNF clients welcomed the attention and that the atmosphere was more accepting and relaxed for beginning student nurses, and (c) that SNFs were appropriate places to learn basic nursing care.

Five of these studies (Dyck & McLeod, 1986; Gomez et al., 1985; Greenhill & Baker, 1986; Langland et al., 1986; Wilhite & Johnson, 1976) provided students with gerontological content and clinical experiences in SNFs and tested them with attitude scales at the beginning and end of the coursework. They reported that attitudes became more positive and that the changes were statistically significant. In only one of these studies (Greenhill & Baker, 1986) were students divided into control and experimental groups. Reasons for not dividing students into control and experimental groups were not discussed in the other studies. It may be unrealistic to think that research studies can be structured to strictly control variables in basic nursing programs.

#### Outcomes of Clinical Experiences for Nursing Students

Several studies (De Witt & Matre, 1988; Greenhill & Baker, 1986; Strumpf & Mezey, 1980; Wilhite & Johnson, 1976) suggested that the type of clinical experiences provided for students was not as important in influencing positive

attitudes toward the elderly as simply including such experiences in the curricula. It was proposed that clinical experiences with the elderly of all types gave the students a clear message that gerontologic nursing was an important specialty. These researchers suggested that the attitudes and knowledge of the instructors who taught the gerontology courses were also important in influencing students' attitudes.

Hogstel (1988) proposed that, in addition to influencing attitudes towards old people, clinical experiences substantively influenced students' career choices. This study suggested that nursing instructors need to identify clinical experiences that influence students' attitudes to become more positive and which would result in their choosing gerontology as a specialty.

#### The Skilled Nursing Facility as a Clinical Experience for Beginning Nursing Students

A prediction has been made that one in four nurses will work in a Skilled Nursing Facility (SNF) at some point in their nursing careers. At any point in time, only 5% of persons over 60 years of age reside in SNFs, but 24% of those over age 85 reside in such settings. In 1939, there were 1200 long term facilities with 25,000 beds. As of 1980, there were 18,000 such facilities with 1.5 million beds (Burke & Donley, 1987; Gambert & Gupta, 1989).

Federal and nationwide state financial support of SNFs is increasing due to increased numbers and political power of older persons. The owners and administrators of SNFs have not responded as dramatically. Only 24% of SNFs have 24 hour staffing by registered nurses. Burke and Donley (1987) proposed, "...professional inattention is a major obstacle to adding life to years rather than merely adding years to life for the nation's 1.5 million nursing home residents" (p. 36).

In response, the Robert Wood Johnson (RWJ) Foundation has awarded grants to university schools of nursing to implement "the teaching nursing home programs" (Burke & Donley, 1987). The purpose of these grants is for faculty (a) to demonstrate the value of such collaboration, (b) to improve quality of care to SNF residents, (c) to expand SNF's participation with other health care institutions, and (d) to educate nurses in geriatric nursing and develop a model of gerontologic nursing. The university faculties are to place emphasis on risk reduction, self care, clinical decision making, and collaboration with other health care providers (Burke & Donley, 1987).

Experiences for community health nurses in SNFs are proposed "as an appropriate alternative clinical setting for learning basic nursing skills" (Robertson, 1988, p. 112). Documentation of the SNF as a clinical site was found as

early as the 1960's with use increasing in the 1980's. One of the major reasons for this increase is changing demographics. The elderly will be 20% of the United States population by 2020. In addition, the philosophy of community health nursing (CHN) practice is to address the needs of individuals and groups within a community. SNFs are viewed as communities where a growing number of elderly reside, and it is appropriate for student nurses to develop skills to work within these communities (Burke & Donley, 1987).

The SNF clinical experience provides student nurses with opportunities to use a system's theory such as King's (1981) in practicing nursing. Those elders residing in SNFs have gone through significant life changes. They are no longer able to function independently in one social system and must move to another. This very traumatic impact reflects on their personal and interpersonal systems in physical, emotional, and social ways.

SNFs can be viewed as communities within the larger communities from which the client has come. Factors such as boundaries, environment, culture, relationships, communication, religion, politics, recreation, economics, and health care can all be assessed within this milieu. SNFs can provide student nurses with excellent learning experiences with a rapidly growing segment of the elderly population (Burke & Donley, 1987; Olson & Logan, 1986; Robertson, 1988).

SNFs are ideal sites for promoting health and increasing quality of life for residents. In Hogstel's (1988) study, 71% of beginning student nurses who had clinical experiences in a SNF rated it "good" to "excellent" and 57% of the student nurses stated they would choose a clinical experience in a SNF again. SNFs can increase the student's awareness of social, economic, and cultural factors that influence health and health behaviors. The student nurse can foster residents' autonomy and self-reliance, provide health education and opportunities for self-care, and help increase the problem-solving capabilities of the residents. Wellness can be the goal regardless of age and chronic illness (Boynton, 1989; Burke & Donley, 1987; Gambert & Gupta, 1989; Robertson, 1988).

In conclusion, there is strong support in the literature for increased gerontologic content in baccalaureate nursing programs. The curricula should include lecture content specific to the health care status and needs of the elderly and clinical experiences in all settings where elderly persons predominate. The skilled nursing facility can be a particularly effective clinical learning experience because of the richness of experiences that are available there. Attitude testing of students before and after such content is valuable to assess the impact and influence of such content on student nurses' attitudes toward the



elderly. The need for more nurses to work in long term care settings requires nursing educators to develop and evaluate ways to influence students to choose careers in geriatric nursing.

To determine if attitudes of student nurses in a baccalaureate (BSN) program can be influenced by specific coursework in geriatrics is an important research focus. While it has not been conclusively documented in the literature that attitudes toward the elderly can predict a commitment to work with the elderly, positive attitudes may improve the quality of care to the elderly (Caltabiano & Westcott, 1988; DeLora & Moses, 1969; Feldbaum & Feldbaum, 1981; Hogstel, 1988; Rose, 1984).

Some researchers have proposed that nurse educators have a responsibility to influence student nurses' attitudes toward the elderly to be more positive. Ross (1985) stated, "Nurse educators face the challenge of preparing nurses who are not only interested in working with the elderly but who can do so in a knowledgeable, caring and health promoting way" (p. 567). LaMonica (1979) suggested that the students' attitudes influence their responses and behaviors towards the elderly. Other nurse researchers (Farabaugh, 1986; Hawkins, 1987; Ross, 1983; Stanley & Burggraf, 1986) proposed that it was important for student nurses to understand their attitudes toward the elderly so they would be better

able to understand their responses towards them in health care situations. These researchers agreed that it was important for nurse educators to attempt to foster positive attitudes towards this segment of the population.

The elderly population is growing rapidly in the United States, and with it an increased need for nursing care. More baccalaureate nurses will be needed not only to keep pace with the growing demand, but also to expand and improve the quality of care delivered to aging patients with complex health care needs (DeWitt & Matre, 1988; Eddy, 1986; Edel, 1986; Gomez et al, 1985; Nodhturft, Banks & Macmullen, 1986; Shimamoto & Rose, 1987; Williams, Lusk, & Kline, 1986).

## Chapter 3

### METHODS

The purpose of this research was to determine if gerontologic coursework and clinical experiences in a Bachelor of Science Nursing Program would influence student nurses' attitudes toward the elderly. The primary concerns of this study were the students' attitudes prior to such course content and any change in these attitudes after an experimental treatment. The students work-specialty choices were also examined before and after the treatment. These research concerns were determined through pretesting and posttesting students who were divided into an experimental and a control group for purposes of administering the experimental treatment.

#### Research Design

This quasi-experimental study investigated the effect of clinical work in a gerontologic setting on student nurses' attitudes toward the elderly. Using a nonequivalent control group pretest/posttest format, data on attitudes and work specialty preferences before and after the experimental treatment were compared. Personal history data were compiled on the students to determine homogeneity of the subject pool. Permission to use the students as subjects was granted by the Institutional Review Board-Human Subjects at both the university where the study took place (see Appendix B)

and the university attended by the researcher (see Appendix A). The Dean of the nursing program where the study was conducted also gave permission for the researcher to use the students as subjects (see Appendix G).

#### Setting and Sample

The setting of this study was a school of nursing offering the BSN in a state university in northwestern Nevada. The nursing curriculum consists of four levels of coursework: (a) one semester of community health nursing focusing on health promotion and health maintenance across the lifespan, (b) one semester of medical surgical nursing, (c) one semester of obstetrical-pediatric nursing and mental health nursing, and (d) one semester of leadership in a community or acute setting focusing on chronic health problems. This study was conducted during the first semester of coursework with community health and health promotion and maintenance.

In this first semester, coursework and clinical experiences include three credits of nursing theory on community health and wellness across the lifespan, six credits of clinical experiences with the well elderly in the community, three credits of a basic nursing skills laboratory, and three credits of pharmacology. All students take all of the courses concurrently. The six credit clinical course is taught by four instructors, each with 10 students. Each clinical group has some latitude in the choice of clinical

experiences, but traditionally, the groups have visited well elderly in the community. Caseloads are obtained from the county district health department and other community clinics or agencies that have a high elderly population.

All first semester student nurses were asked to participate in the study, and all 41 consented to participate. The subjects were assigned to clinical groups alphabetically; thus, this was a convenience sample.

#### Intervention

Although instructors in the study school have the option of placing students in a long term care facility with the ill elderly, they rarely do so since traditionally, health maintenance and promotion among the well elderly have been the focus of the clinical experience. Faculty believe that this type of experience best meets the course objectives and also is more likely to promote positive attitudes toward the elderly than a skilled nursing facility experience. However, no research has been done to validate this view. Therefore, in this study half of the nursing class (21 students) were designated the experimental group, and placed in a long-term care setting with a reputation for innovative and quality care to the chronically ill elderly. The remaining half of the class (20 students) were designated the control group, and had the traditional well-elderly visitation experience.

The long-term care facility chosen for the experimental treatment is licensed and certified by the federal and state governments. It has 150 beds of which approximately half are for unstable, subacutely ill patients, while the rest are for stable, chronically ill patients. The facility employs a larger number of nursing care personnel for the number of patients than the norm in the area. The policies of the facility are largely determined by nurse administrators and clinicians who have experience and education in management of the elderly with chronic and acute health problems. Thus, many of the staff nurses provide desirable role models for the students. In addition, rehabilitative services of some type are ordered for a large majority of the patients and emphasis is placed on promoting maximum health and function in all residents. Because of its progressive approach to long-term care, this facility was selected to provide students with a positive experience in learning about and caring for the elderly. The focus of the clinical experience was on identifying the strengths of the aged patients, promoting wellness, and maintaining function. The goal of the intervention was not to evaluate what the students learned, but to measure any change in their attitudes toward the elderly after the experiment.

Twenty-one students spent 4 hours a week for 4 weeks in the facility. There were four aspects of the experience:

(a) assessment, (b) planning of care, (c) implementation of selected interventions, and (d) evaluation of outcomes. Students practiced basic nursing skills and used data collection tools to complete health and risk factor assessments for one to two patients. They used the data collected to plan care and implement interventions. The students also evaluated the outcome of their interventions and reformulated their plans. Written care plans, progress notes after each clinical week, a written summary of the experience, and an ongoing log detailing feelings and thoughts were completed by all students.

To control for biased attitudes as much as possible before the intervention (clinical placement), students in both the control and experimental groups were given the same information concerning the elderly. A 3-hour lecture on normal aging changes, risk factors of the elderly, and health maintenance and promotion strategies for nurses was presented 1 week prior to the gerontologic clinical experience, as part of the theory course accompanying the clinical course. In addition, articles on skilled nursing facilities and community health programs with emphasis on health promotion strategies were required reading.

During the intervention (clinical placement), participation in a 2-hour seminar each week discussing and using problem solving techniques to review events that occurred

during the clinical experience was required of all students. Knowledge regarding health problems of the elderly patients that was gained during the clinical experience was reinforced during seminars. Students were encouraged to identify and explore feelings associated with their clinical settings. It was believed that such introspection would help the students gain insight into the attitudes toward the elderly that they were forming from their clinical experiences.

While the experimental group received the intervention, the control group participated in the traditional visitation program to well elderly in the community. The requirements for and evaluation of the control group's visitation program were the same as for the experimental group's skilled nursing facility experience. The major differences between the two clinical experiences were the settings and the condition of the patients in the settings. The control group assessed a more functional aggregate of patients in their community environment and determined what nursing interventions would be helpful in promoting health and decreasing risk factors. The experimental group assessed a more dependent and less functional group and assessed the skilled nursing facility as a community. The experimental group also cared for patients who had severe chronic health problems that prevented them from performing self-care activities. Thus, these



students had more exposure to illness and pathology than those students in the control group.

#### Data Collection Instruments

Personal history data were obtained using a form developed by the researcher (see Appendix C). The dependent variables, the student nurses' career goals and their attitudes toward the elderly were measured by the Career Goals questionnaire, and the Tuckman-Lorge Attitudes Toward Old People Scale (see Appendixes D and E, respectively). The Career Goals questionnaire was obtained from Antonette Zeiss, Ph.D, of the Palo Alto Veterans' Hospital. Dr. Zeiss gave verbal permission and written endorsement (see Appendix H) for its use and modification. The Tuckman-Lorge Attitudes Toward Old People Scale (Tuckman & Lorge, 1953) was used with permission from Heldref Publications (see Appendix F). Both of these tools were administered as pretests and posttests during the nursing theory class (N314). The independent variable, the skilled nursing facility clinical experience, was the intervention administered to the experimental group between the pretests and posttests.

The Attitudes Toward Old People scale (ATOP) consists of 137 "yes" or "no" questions that explore beliefs and opinions concerning aging and the elderly. The number of "yes" answers is used to compute the attitude score; a high score indicates an unfavorable attitude toward old people.

The questionnaire examines attitudes about the elderly in areas such as physical change, personality characteristics including personality disintegration and adjustment, and resistance to change, family relationships, activities and interests. The tool takes approximately 30 minutes to complete.

The ATOP scale was developed by two psychologists investigating the attitudes of young adults toward old age as measured by their responses to questions consisting of misconceptions and stereotypes about old people (Tuckman & Lorge, 1953). The scale developers formulated the questions based on a review of the literature regarding attitudes toward the elderly and discussions with social workers and directors of agencies working with the elderly. They also used case histories of older clients residing in institutions for the aged and those in the community receiving services of a public agency for the questions.

The tool has been used in numerous social sciences studies since its development in 1951. It has also been used by nursing researchers (Campbell, 1971; Eddy, 1986; Kayser & Minningerode, 1979) to examine student attitudes toward the elderly in basic nursing programs. In each of these nursing studies, the tool was administered before and after an intervention.

The tool's validity has been documented by researchers

who have studied attitudes toward the elderly such as Eddy (1986), Kogan (1961), and Silverman (1966). McTavish (1971) and Strumpf and Mezey (1980) cited the tool's use to determine attitudes of many groups toward the elderly. Shaw and Wright (1967) noted that the Tuckman-Lorge study (1953), which is the basis for the Tuckman-Lorge tool, is quoted frequently in the literature as a benchmark study in the field of attitude measurement toward the elderly. The tool has "reasonably good content validity and reliability" (Shaw & Wright 1967, p. 351). In several studies, correlations of the ATOP scale with other scales measuring attitudes toward the elderly ranged from .75 to .86 which demonstrated acceptable content validity. Test-retest reliabilities were .96 for the "yes-no" response mode (Shaw & Wright, 1967). McTavish (1971) also affirmed the reliability of the Tuckman-Lorge instrument when compared with other scales measuring attitudes toward the elderly.

The career goal questionnaire was developed by a psychologist, Dr. Antonette Zeiss, who conducted research on perceptions of health science master's students toward the elderly. Reliability and validity of this tool have not been documented in the literature to date, although the tool was constructed in collaboration with several psychology researchers who worked with Dr. Zeiss (A. Zeiss, personal communication, April 27, 1989). The tool was modified with

permission from Dr. Zeiss by this researcher to reflect work specialties in nursing rather than specialties in a number of health care environments. Content validity was established by having nursing instructors and administrators review the specialty choices for their relevance to nursing practice.

The career goals tool begins with a "yes" or "no" choice question asking respondents whether they have specific career plans. Then it explores respondents' choice of work specialties. The last question, using a Likert-type scale, asks respondents to rate preference and expectations for working with the elderly, working in a hospital, and working in a community health setting. The career goal questionnaire takes approximately 10 minutes to complete.

The Personal History Form (PHF) was developed by the researcher after reviewing demographic tools used in nursing research studies that examined student nurses' attitudes toward the elderly. One such study (Eddy, 1986) reported that variables in demographic tools included sex, educational level, health care employment experience, and contact with the elderly. The demographic tool used by Eddy (1986) in her study included sex, race, age, and location of clinical experience. The reliability and validity of Eddy's (1986) tool were not specifically documented. However, Eddy (1986)

inferred that demographic tools used in other studies were the basis for the one used in her study.

In this study, respondents were asked their age, sex, their experiences with old people, and their rating of those experiences on the Personal History Form. The rating scale included the categories "positive," "slightly more positive than negative," "slightly more negative than positive," and "negative." Thus, the tool attempted to elicit information about the students' past experiences with the elderly that might affect their attitudes in addition to purely demographic information. Since this is a new tool, reliability and validity have not been established. However, nursing educators and clinicians who worked with students and with the elderly were asked to review the questions and make suggestions in an attempt to establish content validity of the tool. The tool takes approximately 10 minutes to complete.

#### Procedure

Permission to conduct the study was granted by the dean of the nursing program (see Appendix G). Permission to administer pretest and posttest questionnaires during class time was obtained verbally from the basic theory course instructor (see written endorsement, Appendix I).

Students were given the choice to participate in the study during the first lecture class of the semester. They

were informed verbally at that time that the purpose of the study was to explore their attitudes toward the elderly before and after coursework in gerontology. They were also told that the clinical coursework would consist of a 4-week experience in a skilled nursing facility for half of them and the traditional home visit experience for the other half.

They were given a consent form (see Appendix J) and instructed that the decision to participate was voluntary, that it would not affect their grade in the course or their progression through the nursing program in any way, and that they could withdraw from the study at any time.

They were informed that confidentiality would be maintained by the use of a coded numbering system on each questionnaire and no student would be identified by name. They were also told that although students would be identified by clinical group, their privacy would be maintained because the completed questionnaires would be kept in the researcher's locked office. Only the researcher and the statistician would have access to them. In addition, the questionnaires would be destroyed by the researcher after 2 years in compliance with Institutional Review Board-Human Subjects requirements.

The students were informed that there were no identifiable risks or benefits to their participation in the

study. The researcher discussed the possibility, however, that some of them might become psychologically or emotionally upset by having to acknowledge their own aging and mortality. They were told that they would have opportunities to discuss their feelings and concerns about their experiences with their instructors in small group seminars each week. They were also told that there might be benefits to the university nursing program from the study in the form of coursework designed to provide the most positive learning experiences possible with the elderly population.

Access to the setting used for the intervention was gained by proposing the clinical experience to the nursing administration at the facility (see Appendix K). Types of patients and other experiences that the students would have were negotiated with the patient care coordinator and supervising nurses. A contract was developed and approved by the facility administrator and university officials (see Appendix L). The contract addressed the students' learning needs, supervision requirements, and insurance coverage. Orientation to the facility was provided by the facility nurses. Students were given an outline of the objectives, requirements, and time frames of the experience (see Appendix M).

The ATOP, Career Goal, and personal history tools were given to all of the students as a pretest during the first week of the spring 1990 semester, prior to any gerontologic

content. An instructor in the nursing program other than the researcher administered the tools and explained the procedure for completing the questionnaires. The students were told that those who participated should complete the questionnaires and return them to the table at the front of the room when class was over and that those who did not participate could wait and return them at the same time.

The following week in the theory class, all of the students were presented with lecture content on normal aging changes, health risks of the elderly, and nursing interventions to promote, restore, and maintain health and function of the elderly. At the end of this week both the experimental and control groups began their clinical experiences. The experimental group then spent 4 hours a week for 4 weeks in the skilled nursing facility and participated in a 2-hour seminar once a week. The control group participated in the traditional home visitation program to well elderly clients in the community, and in a 2-hour seminar every week.

The ATOP and Career Goal tools were administered again to all students after the clinical experiences. This took place in the classroom during the basic nursing theory course. Instructions for completing the posttests were given by the same instructor who administered the pretests. Students were informed that they would receive a copy of the



results of the study upon request. They were thanked for their participation. The instructor was available to discuss any concerns the students might have about the study. If any students were unable to take both the pretests and posttests, they were dropped from the study.

#### Data Analysis

Frequencies, means, and percentages were used to summarize both the personal history data and data concerning career choices. A qualitative description of reasons students gave for work preferences was compiled. Inferential statistics were used to compare attitudes before and after the gerontologic content and clinical experiences. A Single Sample Chi-Square Test was used to compute differences in attitudes between answers on the career choice questionnaire pretest and posttest. Repeated Measures of Analysis of Variance (ANOVA) was used to calculate differences in scores between the control and experimental groups on the ATOP scale.

## Chapter 4

### ANALYSIS AND INTERPRETATION OF DATA

This study used convenience sampling to obtain subjects for a control group and experimental group from nursing students enrolled in a Baccalaureate Nursing Program (BSN) in a state university in the western United States. All of the students were pretested with three tools prior to the experimental group receiving the treatment, a 4-week clinical experience in a skilled nursing facility (SNF). These tools were the Personal History Form (see Appendix C), the Career Goals questionnaire (see Appendix D), and the Tuckman-Lorge Attitudes Toward Old People Scale (see Appendix E). After the experimental group completed the SNF experience, all of the students were tested again with the Career Goals and Attitudes Toward Old People questionnaires. Forty-one students began the study; 37 completed the Personal History Form and 34 completed both the pretests and posttests.

Frequencies, means, and percentages were used to compile a personal history profile of the students. Repeated-Measures, Analysis of Variance (ANOVA), and a Single Sample Chi-Square Test were used to test for statistical differences in responses on the Attitudes Toward the Elderly (ATOP) and Career Goals questionnaires, respectively, pretest and posttest.

The questions posed in the study were as follows:

1. What is the personal history of the students?
2. What are the attitudes of student nurses enrolled in a BSN program toward the elderly prior to specific coursework and clinical experiences in gerontology?
3. Will the student nurses' attitudes become more positive after gerontologic content and clinical experiences with the elderly?
4. Will the student nurses' career goals change after gerontologic coursework and clinical experiences with the elderly?
5. Will the attitudes of students who participated in a clinical experience in a long term care facility differ from those who participated in a well elderly visitation program in the community?

Personal history data about the sample will be discussed first. Findings for questions two through five will follow.

#### Question 1: Personal History Profile of the Students

The Personal History Form (see Appendix C) was administered to the students during the first week of classes of the Spring 1990, semester. Thirty-seven of the 41 students enrolled in the course completed the questionnaire. Four students were absent from class the day the pretest was given. The timing of the pretest did not permit an attempt

to locate these absent students prior to the beginning of the coursework and clinical experiences. Personal history questions asked of the students were prior nursing experience, age, sex, prior experience with the elderly, and how they rated these experiences.

The categories regarding prior nursing experience consisted of "Licensed Practical Nurse" (LPN) or "Licensed Vocational Nurse" (LVN), "Nurse's Aide", and "no nursing experience". Of the 37 students who completed the pretest 2 (5%) students were LPNs/LVNs, 14 (38%) were nurse's aides, and 21 (57%) had no nursing experience. Although the majority of students in both groups had no nursing experience, the experimental group had more students with prior experience than the control group. Table 1 summarizes distribution of students by group regarding work experience.

The total number of students ( $N = 37$ ) ranged in age from 20 to 51. The mean age was 30 years. The median age was 27 years. Twenty years ( $n = 5$ ) was the most prevalent age. Fifty-seven percent ( $n = 21$ ) of the students were between the ages of 20 and 30. Forty-three percent ( $n = 16$ ) were between the ages of 31 and 51. Of the 37 students, 24% ( $n = 9$ ) were male and 76% ( $n = 28$ ) were female. The distribution of students by age and sex was fairly equal when comparing the control and experimental groups. Slightly more than half of the students in each group were between the

Table 1

Distribution of Student Nurses by Work Experience (N=37)

Work	Groups			
	Control <sup>a</sup>	%	Experimental <sup>b</sup>	%
LPN/LVN	0	0	2	10
Nurses' Aide	4	24	10	50
No Nursing Exp.	13	76	8	40
Total	17	100	20	100

Note. Numbers and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>n=17

<sup>b</sup>n=20

ages of 20 and 30 years while the balance in each group were between the ages of 31 and 51 years. In each group three quarters of the students were female. Table 2 presents the distribution by age and sex of the control and experimental groups.

Although a question on ethnic background of the students was not asked on the Personal History Form, it was known by the researcher that there were 2 Black, 2 Filipino, and 33 Caucasian students who participated in the study. These ethnic data were not correlated with any other data from the study but assisted in developing a profile of the students. Because 89% of the students were Caucasian, it is doubtful that any ethnic background other than Caucasian influenced the results.

Categories on the personal history tool describing students' prior experiences with the elderly included "none," "relationship with elderly family members or close friends," "casual experiences with the elderly in the community," "experiences in working with the elderly in the community," "experiences in working with the elderly in a health care setting," and "other." Analysis of the total number of nursing students' ( $N = 37$ ) experiences with the elderly revealed that the majority or 41% ( $n = 15$ ) had worked in a health care setting with the elderly. The category of experiences with elderly family and friends was the next most

Table 2

Age and Sex Distribution of Student Nurses (N=37)

	Control <sup>a</sup> Group	% of Total	Experimental <sup>b</sup> Group	% of Total
<b>Age</b>				
20-30	10	59	11	55
31-51	7	41	9	45
<b>Total</b>	<b>17</b>	<b>100</b>	<b>20</b>	<b>100</b>
<b>Sex</b>				
Male	4	24	5	25
Female	13	76	15	75
<b>Total</b>	<b>17</b>	<b>100</b>	<b>20</b>	<b>100</b>

Note. Numbers and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>n=17

<sup>b</sup>n=20

prevalent with 30% ( $n = 11$ ). Of the other categories, 16% ( $n = 6$ ) had worked in the community with old people, 11% ( $n = 4$ ) had casual experiences with the elderly in the community, and 3% ( $n = 1$ ) had no experiences with the elderly. These categories were equally represented in both the experimental and control groups except that the experimental group had more students who had worked in a health care setting with the elderly. Table 3 presents the distribution of the student nurses' prior experiences with the elderly by group.

The next question asked the students ( $N = 37$ ) to rate their experiences with the elderly as "positive," "neutral," or "negative." The majority of the total group or 78% ( $n = 29$ ) rated their experiences as "positive." Five students (14%) rated their experiences as "neutral," and 8% ( $n = 3$ ) rated them as negative. When comparing the experimental and control groups, the distribution of students in each rating category was close to equal. Table 4 depicts the distribution of how the students rated their prior experiences with the elderly by group.

In summary, the majority of the total number of students were Caucasian, female, between the ages of 20 and 30, and had no prior nursing experience. However, almost half had worked in a health care setting with the elderly. This group rated this prior experience as positive. More felt



Table 3

Student Nurses' Prior Experience with the Elderly (N=37)

Category <sup>a</sup>	Groups			
	Control <sup>b</sup>	%	Experimental <sup>c</sup>	%
1	1	6	0	0
2	6	35	5	25
3	2	12	2	10
4	3	18	3	15
5	5	29	10	50
Total	17	100	20	100

Note. Numbers and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>1 - none

2 - family/friends

3 - casual experience in the community

4 - work in the community

5 - work in a health care setting

<sup>b</sup>n=17

<sup>c</sup>n=20

Table 4

Student Nurses' Rating of Prior Experiences with the Elderly  
(N=37)

Rating	Groups			
	Control <sup>a</sup>	%	Experimental <sup>b</sup>	%
Positive	14	82	15	75
Neutral	2	12	3	15
Negative	1	6	2	10
Total	17	100	20	100

Note. Numbers and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>n=17

<sup>b</sup>n=20

neutral about aging than positive or negative, while more felt positive than negative. Females generally felt more negative about aging than males. The majority felt positive about working with the elderly but rated working in a SNF as more negative than positive. The questions did not distinguish between how many students had worked in such a setting as workers with health care experience, or as other types of workers, or as volunteers.

#### Comparison of Personal History Data by Groups

According to personal history data for each group, control and experimental, the groups were more homogeneous than heterogeneous. The age and sex distribution of students by group was fairly equal. The control group ( $n = 17$ ) ranged in age from 20 to 42 years. Eleven of the students were 31 years old or younger and 6 were between the ages of 32 and 42 years. The experimental group ( $n = 20$ ) ranged in age from 20 to 51 years. Eleven of the students were 31 years old or younger and 9 were between the ages of 32 and 51 years. The control group had 4 males and 13 females. The experimental group had 5 males and 15 females. The majority of both groups rated their experiences with the elderly as positive rather than neutral or negative. More students in both groups felt more neutral about growing old than positive or negative and felt more positive than negative about growing old. A majority of students in both groups felt

more positive about working with the elderly than neutral or negative. A majority in both groups felt more negative than neutral or positive about working in skilled nursing facility. The major differences between the two groups were that the experimental group had more students who had experience in working with the elderly in a health care setting and more students who had prior nursing experience than the control group.

#### Question 2: Pre-Test Attitudes of Student Nurses Toward the Elderly

Prior to coursework and clinical experiences with the elderly, the ATOP tool was used to determine attitudes of student nurses toward the elderly. The tool contains 137 statements that address stereotypes and misconceptions about the elderly. The ATOP score represents the number of misconceptions and stereotypes with which the subject agrees. A high score indicates an unfavorable attitude toward old people (Tuckman & Lorge, 1953). The attitude score is the number of "yes" responses. Subjects either answered "yes" or "no" to a number of questions designed to reflect either negative or positive attitudes. The mean for the total number of "yes" responses was compared to the total number of possible "yes" responses to determine the attitude score. The attitude score was considered positive if the percent of

"yes" responses was less than 50% of the possible "yes" responses.

Out of a possible 137 "yes" responses on each questionnaire, the mean number of "yes" responses for both groups was 44. This figure indicates that 32% of the total possible were "yes" responses. Both the control ( $n = 16$ ) and experimental ( $n = 18$ ) groups had the same mean number of "yes" responses (44). Table 5 depicts the mean number of "yes" answers, the standard deviations, and the percentage of "yes" answers for the control and experimental groups on the pretest. These findings indicate that a smaller mean number of responses were "yes" than were "no" on the ATOP tool and that the percentage of "yes" responses was lower than the percentage of "no" responses. Thus, the students' attitudes were more positive than negative prior to coursework and clinical experiences with the elderly.

There were three questions on the Personal History Form which asked the student nurses to rate their feelings about growing old (#5), working with the elderly (#6), and working in a skilled nursing facility (#7). The answers suggested that the majority (50%) of the students felt neutral about aging, positive (68%) about working with the elderly, and negative (50%) about working in a skilled nursing facility.

Table 6 depicts the distribution of how the students rated their feelings about growing old in both groups.

Table 5

Attitudes of Student Nurses Toward the Elderly on the Pre-test - Mean Number of "Yes" Responses and Percent of Total Number of "Yes" Responses (N=34)

Group	<u>n</u>	<u>M<sup>a</sup></u>	<u>SD</u>	% of Total
Control	16	44	17.08	32
Experimental	18	44	14.81	32

Note. Means and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>Total number of "yes" responses possible = 137

Table 6

Student Nurses' Rating of Feelings About Growing Old (N=37)

Rating	Groups			
	Control <sup>a</sup>	%	Experimental <sup>b</sup>	%
Positive	6	35	6	30
Neutral	7	41	10	50
Negative	4	24	4	20
Total	17	100	20	100

Note. Numbers and percentages are rounded to nearest whole number and percent, respectively.

<sup>a</sup>n=17

<sup>b</sup>n=20

Approximately one-third of the students in each group felt positive about growing old, while close to one-half felt neutral. Of the total number of students ( $N = 37$ ) in both groups who rated how they felt about aging, 32% ( $n = 12$ ) felt positive, 46% ( $n = 17$ ) felt neutral, and 22% ( $n = 8$ ) felt negative.

Interestingly, when comparing the differences between how males and females felt about aging, it was found that no males felt negative, while 29% ( $n = 8$ ) of the females felt negative. Approximately an equal number of males and females (33% [ $n = 3$ ] and 32% [ $n = 9$ ], respectively) felt positive about aging. Two-thirds of the males and one-third of the females felt neutral about aging.

The student nurses in the control and the experimental groups felt similarly about working with the elderly. The majority ( $n = 25$ ) of students in both groups felt positive (68%). Twenty-seven percent ( $n = 10$ ) felt neutral and 5% ( $n = 2$ ) felt negative about working with the elderly. When comparing males with females, 75% ( $n = 21$ ) of the females felt positive, while 56% ( $n = 5$ ) of the males felt positive about working with the elderly. None of the males felt negative while 2 of the females felt negative about working with the elderly. Table 7 presents the distribution of how the students felt about working with the elderly by group. Almost three-quarters of the students in each of the control



and experimental groups felt positive about working with the elderly. Only one student in each group felt negative about working with the elderly. As is shown in Table 8 most of the students in both groups felt negative about working in a Skilled Nursing Facility (SNF). Almost half in each group felt negative, while a quarter of the students in each group felt either positive or neutral about this possibility. The percentage of the total number of students ( $N = 37$ ) who rated working in a SNF as a positive experience was 19% ( $n = 7$ ). Those who rated it as neutral were 32% ( $n = 12$ ), and those who rated it as negative were 49% ( $n = 18$ ) of the total. The percentage of males (22%) who rated it as positive was higher than the percentage of females (18%) who rated it as positive. Of the females 54% ( $n = 15$ ) rated working in a SNF as a negative experience, while 44% ( $n = 4$ ) of the males rated it as negative.

The last question on the personal history tool was qualitative; it asked the students to state why they felt the way they did about working in a SNF. As indicated by the data in Table 8 more responses were negative than positive. The most frequently stated positive responses included the following: (a) "I want or would like to work with old people," (b) "I could give (them) good care," and (c) "It would be a good learning experience." The most frequently stated negative responses included the following:

Table 7

Student Nurses' Rating of Feeling About Working With the  
Elderly (N=37)

Rating	Groups			
	Control <sup>a</sup>	%	Experimental <sup>b</sup>	%
Positive	11	65	14	70
Neutral	5	29	5	25
Negative	1	6	1	5
Total	17	100	20	100

Note. Numbers and percents are rounded to nearest number and percent, respectively.

<sup>a</sup>n=17

<sup>b</sup>n=20

Table 8  
Student Nurses' Ratings of Feelings About Working in a  
 Skilled Nursing Facility (N=37)

Rating	Groups			
	Control <sup>a</sup>	%	Experimental <sup>b</sup>	%
Positive	4	24	3	15
Neutral	4	24	8	40
Negative	9	52	9	45
Total	17	100	20	100

Note. Numbers and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>n=17

<sup>b</sup>n=20

(a) statements about not wanting to work with old people in SNFs because they felt "fearful" or "pitying" of them, or "sorry for" them; (b) statements that the experience would be too "limited," "boring," and "depressing"; and (c) statements that they would not be able to "give good care" in the SNF environment.

These data indicate a positive attitude toward elderly persons in general and a neutral attitude toward the students' own aging. However, they indicate a negative attitude toward working with the elderly in a specific setting such as the Skilled Nursing Facility.

#### Question 3: Student Nurses' Attitudes Toward the Elderly After the Experimental Treatment

The mean number of "yes" responses on the Attitude Toward Old People (ATOP) questionnaire was determined for both groups of students after coursework and clinical experiences with the elderly. The pretest mean was then compared with the posttest mean to see if the mean number of "yes" responses increased or decreased after the gerontologic coursework. An increase in the mean number of "yes" answers indicated that the students' attitudes became more negative, while a decrease indicated the attitudes became more positive. The posttest mean number of "yes" responses for both the control and experimental groups was 39. Thus, the mean number of "yes" responses for both groups decreased from 44

on the pretest to 39 on the posttest, indicating a slight increase in positive attitudes for all students.

A Repeated-Measures Analysis of Variance (ANOVA) test was determined to be the most appropriate method to measure whether the change in scores was statistically significant. Prior to using the ANOVA, a test of the equivalence of variance of the scores of the two groups was done. This was necessary because the two groups did not contain the same number of subjects. A Hartley's F-max test for homogeneity of variance demonstrated that there was not a significant difference between the variances  $F_{max}(4, 15) = 1.80$ . The Repeated-Measures ANOVA was then performed. There was no significant difference between the pretest and posttest means at the  $p .05$  level ( $F = 0.0008$ ,  $df = 1/32$ ). Thus, the students' attitudes did not change significantly, in a positive or negative direction, after coursework and clinical experiences with the elderly.

#### Question 4: Students' Career Goals Before and After Coursework and Clinical Experiences with the Elderly

The answers to two questions from the pretest and posttest "Career Goals" questionnaires were analyzed using frequencies and a Single Sample Chi-Square Test. The first question concerned whether students will choose to work in gerontology. The second question asked about the students'

expectations and preferences regarding working with the elderly.

Career Goals: Question 1. On the pretest, 2 students from the control group chose gerontology while 1 student from the experimental group chose gerontology as a work specialty. On the posttest, 3 students from the control group chose gerontology as a work specialty, while 1 student from the experimental group chose this specialty.

A Single Sample Chi-Square Test was used to determine whether there were significant differences between the control and experimental groups' work specialty choices before and after the coursework and clinical experiences. It was found that there were no significant differences between the work specialty choices from the pretest to the posttest for either group at the  $p$  .05 level. Thus, there was no evidence that the gerontological content and clinical experiences had any effect on the students' career specialty choices. In addition, there was no evidence that the treatment of a clinical experience in a skilled nursing facility had any more effect on the career choices of the experimental group than did the traditional clinical experience of a well elderly visitation program on the career choices of the control group.

Interestingly, in the control group, 2 students chose gerontology on the posttest who had not chosen it on the

pretest, while 1 student chose this specialty on the pretest and did not choose it on the posttest. One student chose gerontology on both the pretest and posttest. In the experimental group, one student chose gerontology on the pretest and did not choose it on the posttest, while one student who had not chosen this work specialty on the pretest chose it on the posttest. No students in either group who abstained from a work specialty choice on the pretest chose gerontology on the posttest.

Career Goals; Question 2. The second question from the Career Choice questionnaire that was analyzed concerned preferences and expectations for working with the elderly. A Single Sample Chi-Square Test was used to test for a statistically significant difference at the  $p$  .05 level between the control and experimental groups in the number of subjects that increased or retained high preference and expectation levels for working with the elderly from the pretest to the posttest. There was no statistical evidence that the experimental group had any increase or retained any higher preference or expectation for working with elderly patients than those of the control group after the gerontologic coursework and clinical experiences. There also was no statistical evidence that the control and the experimental groups were any different in the number of subjects showing increased preference for working with the elderly from the

pretest to the posttest. In addition, there was no statistical evidence that the two groups were any different in the number of subjects showing a decrease in preference or expectation level for working with the elderly from the pretest to the posttest. Thus, neither the experimental treatment nor the traditional clinical experience had any influence on the students' preferences and expectations for working with the elderly.

Question 5: Differences in Attitudes Between the Control and Experimental Groups After the Clinical Experiences

It was important to determine whether there were differences in attitudes toward the elderly for the control and experimental groups after the clinical experiences. Since the two groups participated in two different clinical experiences, it was important to note if either experience would affect the students' attitudes in a negative or positive direction. To answer these questions, a Repeated-Measures Analysis of Variance (ANOVA) was used to test for significant differences. The Hartley's F-max test for homogeneity of variance was performed to see if the subjects were homogeneous enough so that the Repeated Measures ANOVA could be used. There was no significant difference between the variances at the  $p$  .05 level.

A two-factor analysis of variance with repeated measures on the second factor, with unequal replications, was



then performed. The first factor was "Group", control vs. experimental, and the second factor was "Test", pretest vs. posttest. The dependent variable was the mean number of "yes" responses on the Attitude Toward Old People (ATOP) questionnaire. Even with the effects of individual variation taken out of the experimental error in the two-factor repeated measures analysis, there was no significant difference between the control group and the experimental group. Table 9 depicts the mean number of "yes" responses on the ATOP tool for the pretest and posttest by group. Pretest attitude scores for both groups were 44 while posttest scores were 39. These data indicate that there was a small increase in positive attitudes of the students in each group after the coursework and clinical experiences. Although the two groups had different clinical experiences, their scores on the ATOP scale were the same on the posttest.

A one-way analysis of variance with unequal replication was also performed on the dependent variable of mean number of "yes" responses from the pretest to the posttest for the control and experimental groups. The Hartley's F-max test for homogeneity of variance was again performed. No significant differences in the variances at the  $p$  .05 level were found. The results of the analysis of variance indicated that neither group had a significant increase or decrease in the mean number of "yes" responses from the

Table 9

Mean Number of "Yes" Responses on ATOP Questionnaire Pre-test and Posttest (N=34)

Group	<u>M</u> Pretest	<u>M</u> Posttest
Control <sup>a</sup>	44	39
Experimental <sup>b</sup>	44	39

Note. Means and percents are rounded to nearest whole number and percent, respectively.

<sup>a</sup>n=16

<sup>b</sup>n=18

Standard error = 1.85

( $E = 0.0008$ ,  $df = 1/32$ )

pretest to the posttest at the  $p$  .05 level. Thus, neither clinical experience significantly affected the students' attitudes toward the elderly, although both groups showed a slight decrease in "yes" responses, or a slightly more positive attitude toward the elderly.

In summary, there were no significant differences between the attitudes or career choices of the control and the experimental groups from the pretest to the posttest at the  $p$  .05 probability level. The experimental group's clinical experience at a skilled nursing facility had no effect on the student's attitudes toward the elderly. In addition, the control group's traditional clinical experience with elderly in the community had no statistical effect on the students' attitude toward the elderly. The personal history profile indicated that the two groups were homogeneous; the students in both groups were similar in age, sex, prior experiences with the elderly, and attitudes toward the prior experiences.

## Chapter 5

### CONCLUSIONS AND RECOMMENDATIONS

This study was based on a conceptual framework suggested by King (1981) that supports the development of accurate perceptions of and positive attitudes toward the elderly so that the health care needs of the growing elderly population can be met effectively. The related literature supported the need for basic nursing programs to provide students with gerontologic coursework and clinical experiences which accurately depict situations which they will encounter in nursing practice (Benson, 1982; Eddy, 1986; Hawkins, 1987; Hogstel, 1988; Lubkin & Chenitz, 1985; Stanley & Burggraf, 1986). The literature was inconclusive about which types of clinical experiences would influence students' attitudes to be more positive toward the elderly. However, the literature revealed that a growing number of nurses will be needed to care for the elderly in long-term care settings (De Witt & Matre, 1988; Eddy, 1986; Edel, 1986; Williams, Lusk & Kline, 1986). Therefore, this study was designed to measure baccalaureate student nurses' attitudes toward the elderly before and after an experimental treatment of a clinical experience in a skilled nursing facility. The attitudes of a control group which participated in the traditional clinical experience for this baccalaureate program, a well elderly visitation program in the community, were also measured.

The resulting data for each group was then compared to determine if there would be differences in attitudes between groups that participated in different clinical experiences.

#### Conclusions

The 34 student nurses who completed both the pretest and posttest were a convenience sample, divided into a control and an experimental group. Comparison of personal history characteristics of the two groups found homogeneity between them. A Repeated-Measures Analysis of Variance Test and a Single Sample Chi-Square Test determined that no significant difference existed in the students' responses on the ATOP and Career Goals questionnaires from the pretest to the posttest for the total sample and for either group.

The findings of this study did not demonstrate that gerontologic coursework and clinical experiences with the elderly in the first semester of a Baccalaureate of Nursing Science program significantly influenced student nurses' attitudes toward the elderly. Furthermore, the attitudes of the experimental group were not significantly influenced in any direction by the experimental treatment and the control groups' attitudes were not influenced by the traditional coursework. While not statistically significant, both groups' attitudes were more positive than negative on the pretest, and both groups' attitudes became slightly more positive on the posttest. The majority of students chose

not to work in gerontology on the pretest and posttest. Neither groups' choice of career specialty was influenced by the experimental treatment or the traditional clinical experience.

As a result of the analysis of data, it became apparent to the researcher that influencing work choices and attitudes toward the elderly may not occur over such a relatively short time as half a semester of coursework and clinical experiences. This conclusion is supported by other similar studies that also demonstrated no change in attitudes after an experimental treatment (DeWitt & Matre, 1988; Downe-Wamboldt & Melanson, 1985). Possible explanations include (a) the influence of previously held opinions and attitudes formed over a number of years after personal and community experiences with the elderly, (b) the small subject pool, (c) the short length of the experimental treatment, and (d) the timing of the study at the beginning of the students' nursing education which gave them no other experiences to compare with this one. In addition, the instructors of the course and clinical experience may have had some influence on the students' attitudes.

According to both groups' scores on the Attitude Toward Old People scale, students held positive attitudes and accurate perceptions of the elderly prior to and after coursework and clinical experiences with the elderly. This

duplicates the findings of another study which documented positive attitudes of BSN student nurses toward the elderly prior to and after gerontological coursework and clinical experiences (Downe-Wamboldt & Melanson, 1985). This finding may indicate that nursing educators in a BSN program such as the one where the study took place do not have to concern themselves with attempting to influence students' attitudes to be more positive toward the elderly. However, the finding that gerontologic coursework and clinical experiences did not influence or encourage students to choose gerontology as a work specialty directs nursing educators to explore other ways to encourage such career choices. Without such interventions, the health care needs of a growing segment of the population cannot be met.

King (1981) states that nurses must hold accurate perceptions toward clients to provide effective nursing care to them. If students already hold positive attitudes and accurate perceptions toward the elderly and can theoretically demonstrate the ability to provide effective nursing care to this population, then nursing educators must concern themselves with why they do not wish to work with the geriatric population. A finding of this study which supports this assumption was the question on the career choice questionnaire that asked students to state if they would choose to work in a skilled nursing facility and why they would make

this choice. Many students answered that working in such an environment was undesirable for "idealistic" types of reasons such as not being able to provide effective care, and being depressed and bored by such facilities. Lubkin and Chenitz, in a 1985 survey, found that students gave similar reasons for not wanting to work in nursing homes. None of the students mentioned the poor pay, status, and working conditions that are the major complaints of nurses already working in long term care in some capacity (Feldbaum & Feldbaum, 1981; Lubkin & Chenitz, 1985; Snape, 1986).

The finding of this study that student nurses did not choose to work in gerontology was supported by the findings of a number of other similar studies (DeLora & Moses, 1969; Eddy, 1986; Feldbaum & Feldbaum, 1981; Gunter, 1971; Rose, 1984; Shimamoto & Rose, 1987; Stanley & Burgraff, 1986; Williams, Lusk, & Kline, 1986). Strategies that might prove effective in changing student nurses' career choices are questions for further research.

### Implications

While this study did not find that gerontologic coursework and clinical experiences influence students' attitudes toward the elderly, the findings do have important implications. Though the students' attitudes may not be negative upon entry into nursing school, many do not plan to choose gerontology as a work specialty. Registered Nurses are



desperately needed in long term care settings where the elderly predominate. In addition, a large number of elderly with acute illnesses can now be found in acute settings where hospital stays are short. Therefore, nursing educators have a responsibility to educate nurses in gerontologic concepts and care. By performing this study, student nurses were more exposed to elderly clients than they had been previously in this BSN program. This may impact their attitudes toward and the care they provide to the elderly during their successive school experiences and in future work settings. Because data did not demonstrate an influence in a negative direction for either the experimental or control groups, educators may decide that such content should be a viable part of basic nursing school curricula.

#### Recommendations

Future researchers of this subject may want to perform a more intensive personal history analysis to determine if student characteristics influence attitudes toward the elderly. Investigation of other interventions which may influence students' attitudes and career choices are also concerns for future research studies. These include longer and more varied clinical experiences with the elderly and more intensive coverage of gerontologic theory. A longitudinal study that includes students at the beginning and end of their BSN education may provide valuable information

about their attitudes toward gerontology after a number of clinical experiences. Nurse educators may try adding a specific gerontologic clinical rotation as a major part of the basic nursing program curricula. This rotation might convince students that the care of the geriatric patient is an important, distinct nursing specialty requiring specialized knowledge and skills.

#### Limitations

Limitations of this study include the small sample size of the control and experimental groups, the short time frame of the study, and the use of a convenience sample rather than a random sample. The lack of control for extraneous variables is also a limitation. These extraneous variables may include the nursing students' previous knowledge and experiences with the elderly and the influence of the nursing instructors who helped teach the course during the study. It would be difficult to control for students' prior experiences with the elderly. However, it may be possible to assign instructors who specialize in gerontology to teach courses and clinical experiences concerning the elderly, so that students are exposed to positive role models.

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## APPENDICES

APPENDIX A  
Institutional Review Board  
for Human Subjects  
Approval Letter  
San Jose State University

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Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research  
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Carol M. Lacey, Social Work

From: Charles R. Bolz  
Office of Graduate Studies and Research

Date: December 7, 1989

RB.

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Baccalaureate Student Nurses' Attitudes Towards the Elderly"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at 4-2480.

cc: B. Gorenberg, Ph.D.

APPENDIX B  
Institutional Review Board  
for Human Subjects  
Exemption Letter  
School of Study



STATEMENT OF EXEMPTION  
From review by  
Human Subject Committees

The Department of Health and Human Services (DHHS) published in the Federal Register of January 26, 1981 its amended regulations governing research involving human subjects, altering the scope of previous Department regulations by exempting categories of research which present little or no risk of harm to human beings. At UNR, the Human Subject Policy Committee accepted the exempted research categories. Exemption from Human Subject Committee review and approval must be based on the exemptions specified in the Federal Regulations of January 26, 1981. The responsibility for claiming the exemption can rest at the Departmental level, if the Department files a departmental assurance with the Office of the Graduate Dean (option 1). Otherwise the responsibility will rest in the Graduate Dean's Office, either with the Graduate Dean or the Chairman of the appropriate Human Subject Committee (option 2).

Six exemption categories are listed on the back of this form. Select the exempt categories that are appropriate for your research. In questionable cases, investigators and/or Department Chairs are strongly urged to consult the Graduate School. A copy of this completed and signed form is to be retained in the Department. The original of this form must be forwarded to the Graduate Dean's Office, with the informed consent form and instruments, i.e. questionnaire, test, interview transcripts, and stimulus material.

The above stated policy is effective as of January 1, 1982.

Investigator Carol Lacey RN, Clinical Instructor, School of Department or Unit School of Nursing  
Nursing  
Title of Study Baccalaureate Student Nurses' Attitudes Toward the Elderly

Duration of Study 1-17-90 - 2-28-90 Sponsor Thesis for Master's of Science  
in Nursing for Investigator

Citation of exempt category (identify by number as shown on back of page) 1, 3

Description of study and reason for including it in the exempt category cited (attach sheet, if more space is needed): This study proposes to measure School of Nursing students' attitudes toward the elderly using the Tuckman-Lorge Attitude Toward Old People Scale before and after gerontologic coursework and clinical experiences with the elderly. Students will be tested with the tool during the Spring 1990, semester. Statistical measurements will be used to determine attitude changes after the course content. With the elderly population growing rapidly in the U.S., and with it the need for health care services, it is hoped that more nurses can be motivated to work in geriatric nursing. It is also hoped the results of this study can be used to help in curriculum revision at UNR. The study is in the exempt category because it is a survey before and after a special educational strategy of student attitude change. Participation is voluntary and a student's choice not to participate will not affect his or her grade or progression through the semester in any way. Student participants' anonymity will be protected by using a numerical identification system on the questionnaires.

Carol Lacey 8/22/89  
Signature of Investigator Date Signature of Graduate Advisor Date

[Signature] 9-11-89  
Signature of Departmental Representative if Assurance is Filed Date  
of Chairman/Administrator of the Human Subjects Committee

## EXEMPTION CATEGORIES [45 CFR 46.101 (b)]

Research activities in which the only involvement of human subjects will be in one or more of the following categories:

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special educational instructional strategies; or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(2) Research involving the use of educational tests, (cognitive, diagnostic, aptitude, achievement), if information taken from these sources is recorded in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

(3) Research involving survey or interview procedures, except where all of the following conditions exist: (i) responses are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects; (ii) the subject's responses, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability; and (iii) the research deals with sensitive aspects of the subject's own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol. All research involving survey or interview procedure is exempt, without exception, when the respondents are elected or appointed public officials or candidates for public office.

(4) Research involving the observation (including observation by participants) of public behavior, except where all of the following conditions exist: (i) observations are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects; (ii) the observations recorded about the individual, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability; and (iii) the research deals with sensitive aspects of the subject's own behavior such as illegal conduct, drug use, sexual behavior, or use of alcohol.

(5) Research involving the collection or study of existing data, documents, records, pathological specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

(6) The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine: (i) programs under the Social Security Act, or other public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

---

APPENDIX C  
Personal History Form



7. How do you feel about working in a Skilled Nursing Facility? Please circle:

positive	slightly more positive than negative	slightly more negative than positive	negative
----------	--	--	----------

8. Why? Please describe in 1-2 sentences:

APPENDIX D  
Career Goals Questionnaire

I.D. No.

CAREER GOALS

1. Do you have specific career plans? Yes \_\_\_\_ No \_\_\_\_

2. Please circle the specialty that you would choose:

(a) public health nursing                      (b) school nursing

(c) medical/surgical nursing                  (d) gerontology

(e) maternal-child nursing                    (f) nurse  
practitioner

(g) critical care, emergency room, or operating room  
nursing

(h) nursing administration, teaching or research

(i) undecided

3. I would also like to know about your career preferences (what you would like to do) and your career expectations (what you expect you will do, given the job market, your talents and training, etc.). Please use these scales to report preference and expectation ratings for items 1, 2, and 3 which follow.

Preferences

1	2	3	4	5
I definitely do not want to do this		I'm undecided or don't care		I definitely do want to do this

Expectations

1	2	3	4	5
I definitely do not expect to do this		I'm unsure		I definitely expect to do this

RATE PREFERENCE AND EXPECTATION FOR EACH OF THE FOLLOWING:

Preference rate from 1 to 5)	Expectation (rate from 1 to 5)
------------------------------------	--------------------------------------

1. Work with elderly patients
2. Work in a hospital
3. Work in a community health  
setting

APPENDIX E

Attitudes Toward Old People Scale



**PLEASE NOTE**

**Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.**

**113-115**

**University Microfilms International**

APPENDIX F  
Permission to Use The Attitude  
Toward Old People Scale

Permission is granted for Carol M. Lacey, R.N. to use the Attitude Toward the Elderly Scale developed by Jacob Tuckman and Irving Lorge as printed in the Journal of Abnormal Psychology, in 1953, volume 37, pages 249-260, in her master's thesis.

*M. J. Winokur*

---

Mary Jaine Winokur

Copyright Officer

Heldref Publications

4000 Albemarle St., N.W.

Washington, D.C. 20016

APPENDIX G  
Permission to Include Student Nurses  
from the School of Nursing  
School of Study  
in the Sample Population for This Study

October 9, 1989

Ms. Bobbye Gorenberg, D.N.Sc.,  
Graduate Coordinator,  
Department of Nursing  
San Jose State University  
One Washington Square  
San Jose, CA 95192-0057

Dear Dr. Gorenberg:

I have given Carol Lacey, R.N., graduate student in the Master of Science program, San Jose State University, permission to administer questionnaires to student nurses at School of Nursing, as part of her research study regarding attitudes towards the elderly.

She has also received permission to conduct her study from the Human Subjects Committee at the University of

Should you have any further questions please contact me at the number shown above.

Sincerely,

  
Sydney D. Krampitz, R.N., Ph.D.  
Dean and Professor

SDK:bbb

APPENDIX H

Endorsement of Use of Career Goal Questionnaire

April 29, 1990

Dr. Antonette Zeiss, Director, ITTG Program  
Palo Alto Veterans' Hospital  
3801 Miranda Ave.  
Palo Alto, Ca 94304

Dear Dr. Zeiss:

Following our discussion last April regarding use of the Career Goal questionnaire that you used in the ITTG class, I am writing to request your written endorsement of my use of the tool in the pretests and posttests for my thesis research, "Baccalaureate Student Nurses' Attitudes Toward the Elderly."

I administered the questionnaire to nursing students at the School of Nursing, at the beginning and end of coursework on and clinical experiences with the elderly during their junior year in the nursing program. I modified it to reflect career choices in nursing rather than in the health care field in general. Attached is a copy of the format I used in my study.

If you will endorse in writing my use of the tool as a basis for the career goal questionnaire I administered in my study, please sign and date below. If you have any questions regarding my use of the form or my research study, please do not hesitate to contact me at 702 784 6841 (days) or 702 358 5399 (evenings). Thank you for your assistance in this matter.

Sincerely,

*Carol M. Lacey*  
Carol M. Lacey, R.N.

I endorse the use of the "Career Goals" questionnaire as modified in Carol Lacey's Masters of Science in Nursing thesis research study. "Baccalaureate Student Nurses' Attitudes Toward the Elderly."

*Antonette Zeiss*  
-----  
Dr. Antonette Zeiss, Program Director, ITTG

*5/3/90*  
-----  
Date

APPENDIX I  
Endorsement of Testing of  
Student Nurses in a Classroom  
at Study School



TO: Carol Lacey, B.S.N.  
FROM: Diane C. Hatton <sup>DL</sup> D.N.Sc., R.N.  
Faculty of record, N314  
RE: Data collection

The purpose of this memo is to document that I have endorsed your data collection activities in Nursing 314, Nursing Theory I, during the 1989-1990 academic year. I found your approach to the students to be professional and scholarly and wish you well in the completion of your thesis.

APPENDIX J  
Consent Form

**Participant Consent Form**

I am a candidate for the Master of Science degree in Nursing at San Jose State University. Currently I am doing research for my thesis which concerns student nurses' attitudes towards the elderly. The study will measure the attitudes before and after lecture content on aging and clinical experiences with the elderly.

As a member of the junior class of the School of Nursing, you are invited to participate in this study. Participation will take about one hour of your time in the basic nursing theory class at two points in the Spring, 1990 semester during the first month of school. Participation is voluntary. If you will participate, please sign and date this form and then complete the enclosed questionnaires. If you choose not to participate, please remain seated until class is over and then return the test packet to the faculty member present.

Your decision whether or not to participate will not affect your grade in this course or any other or your progression through the nursing program in any way. There are no identifiable risks or benefits to your participation. However, some of you may become psychologically or emotionally upset when addressing questions that concern aging and some of its perceived unpleasant consequences. You may withdraw from participation at any time during this study. Your responses to all questions will be kept confidential: a numerical system will be used to keep track of answers. No names will be used on any questionnaire. Participants may receive a synopsis of the study after it is completed upon request.

The results from this study may be published, but any information from this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Any questions about your participation in this study will be answered by myself, Carol H. Lacey (702 358 5399). Complaints about the procedures may be presented to Dr. Bobbye Gorenberg, Graduate Coordinator, Department of Nursing, San Jose State University, San Jose, California (408 924 3134). For questions or complaints about research subject's rights, or in the event of research related injury, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies & Research) at 408 924 2480.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE. I have received a copy of this consent form for my file.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUBJECT'S SIGNATURE

\_\_\_\_\_  
INVESTIGATOR'S SIGNATURE

ID#

APPENDIX K

Permission Letter to Use  
Skilled Nursing Facility  
as Clinical Experience Site

August 27, 1989

Ms. Sylvia Smith, Administrator  
Health Care Center

Dear Ms. Smith;

Regarding our earlier conversations concerning Health Care Center ( ) as a clinical placement site for School of Nursing students, I am writing to ask your permission to conduct such a clinical experience at your facility. This experience will be incorporated into a research study I am conducting as part of my Master's of Science in Nursing at San Jose State University, San Jose, California.

I will supervise 21 junior nursing students, 10 on Thursdays and 11 on Fridays, at for four weeks during the first semester of the nursing program. We will arrive at at 8AM and leave at 12 noon each Thursday and Friday. I will organize the clinical activities with assistance from Joanie Moss R.N., Patient Care Coordinator at and Veronique Pond R.N., Inservice Director at In addition to this letter of permission, I will send you the standard contract that UNR uses for agreements with other clinical sites. If you have any questions or if there is any other information that I can provide to you concerning this clinical experience, please do not hesitate to contact me at School of Nursing, Please sign and date and return in the inclosed envelope. Thank you for your assistance in this matter.

Sincerely,

*Carol M. Lacey*  
Carol M. Lacey, R.N., Clinical Instructor  
School of Nursing,

I grant permission to Carol Lacey, R.N., Clinical Instructor, School of Nursing, to conduct a clinical experience with nursing students in the first semester of their junior year at Health Care Center.

*S. Smith, Admin.*  
-----  
Sylvia Smith, Administrator, Health Care Center

*7-28-89*  
-----  
Date

APPENDIX L

Contract with Skilled Nursing Facility

WORKING AGREEMENT BETWEEN  
THE UNIVERSITY OF ~~MISSISSIPPI~~  
AND  
HEALTH CARE CENTER

THIS AGREEMENT, entered into this 1<sup>st</sup> day of OCTOBER, 1989, between the Board of Regents, ~~of the University of Mississippi~~ School of Nursing, hereinafter called "University" and the ~~Health Care Center~~ Health Care Center hereinafter called "Agency."

WHEREAS the parties hereto desire that the University have the use of the clinical facilities for its nursing education program, it is hereby agreed as follows:

I.

The University and the Agency will jointly plan for the organization, administration, and operation of the University nursing education at the Agency. The establishment of standards of education, the University semesters of instruction and of clinical nursing practice, preparation of all instructional schedules and regulations, and instruction and supervision of University students in the nursing education program, shall be the responsibility of the University.

II.

Schedules and other plans for instruction and nursing practice of the individual University student at the Agency shall be prepared by the University faculty with the primary view of obtaining maximum education benefit from the Agency



facilities; however, such schedules and plans shall conform to the rules and regulations of the Agency and shall be subject to the approval of the Agency.

III.

All reasonable efforts will be made to insure that the University students and instruction personnel comply with all applicable rules and regulations of the Agency, and observe professional ethics of the private nature of the Agency and its patients/clients.

IV.

Standards of nursing education shall meet the requirements of the Accrediting Service of the National League for Nursing and the State Board of Nursing.

V.

The Agency shall be responsible for the organization, administration, operating and financing of its services and shall maintain appropriate standards.

VI.

Space adequate for classroom instruction, conferences, and library facilities shall be made available by the Agency.

VII.

The maximum number of students of nursing assigned for a specific period shall be jointly determined after consideration of the facilities and the adequacy, extent and variety of learning experiences available.

**VIII.**

The instruction period for each group of students shall be planned on academic semesters or an equivalent time period and will conform to the University calendar as approved by the Board of Regents.

**IX.**

The students and faculty shall not be compensated by the Agency for any services in connection with this education program.

**X.**

There shall be no payment nor consideration, other than those provided in the agreement, between the University and the Agency in connection with this education program.

**XI.**

Students and faculty will be provided with coverage under the University of \_\_\_\_\_, liability policy.

**XII.**

The University shall carry Workmen's Compensation Insurance covering faculty and all students affiliating with the agency will carry an individual health insurance policy.

**XIII.**

It is agreed that the University and the Agency will derive the greatest benefit from this agreement by promoting the interest of each other, by maximum consultation and cooperation, and by interpreting the provisions of this agreement in that manner which shall best promote the interests of patient care and nursing education.

XIV.

This agreement shall be in effect as of OCT. 1, 1989.

XV.

This agreement shall remain in effect until revoked; provided that it may be revoked at the end of any academic semester by either the University or the Agency upon presentation of written notice not less than thirty (30) days prior to the end of that semester.

Recommended by:

Recommended by:

[Signature]  
Title Dean,

[Signature]  
for President,

WITNESS OUR HAND THIS \_\_\_\_\_ day of \_\_\_\_\_, 1989.

UNIVERSITY OF \_\_\_\_\_ SYSTEM  
Board of Regents on behalf of the

HEALTH CARE CENTER

By [Signature]

By [Signature]

Title Chancellor

Title Administrator

Date 12-1-89, 1989

Date OCTOBER 1, 1989

APPENDIX M  
Clinical Course Outline  
at Skilled Nursing Facility

**COURSE CONTENT OUTLINE****N315 CLINICAL EXPERIENCE  
SKILLED NURSING FACILITY**

**INSTRUCTOR: Carol M. Lacey, R.N.**

**Requirements**

1. Attend clinical experience at 4<sup>o</sup> per week for four weeks (see attached schedule of dates and times per group).
2. Perform a health assessment on one patient using Gordon's Functional Health Patterns and any other appropriate tool such as a depression scale or Mental Status Examination.
3. Assess as the patient's "community environment." Familiarize yourself with resources of this "community."
4. Assess the patient's family, support system, and cultural-ethnic values. Examine factors that precipitated institutionalization and identify obstacles that impede adjustment to the community.
5. Using data from your assessments formulate a nursing care plan identifying health maintenance and health promotion behaviors that would be appropriate for your client's level of function.
6. Perform appropriate teaching.
7. Make appropriate referrals within the community based on available resources.
8. Identify community resources outside the community that might be appropriate for your patient.
9. Maintain communication with your patient's other caregivers of all disciplines.
10. Complete SOAP notes after each clinical session.
11. Keep a written log of your experiences and perceptions of
12. Complete a written summary of your experience after the final clinical day.

**Evaluation**

You will be evaluated by your instructor using the following criteria:

1. Observation of interpersonal communication and assessment skills.
2. One written care plan with 1-2 nursing diagnoses.
3. SOAP notes.
4. Written summary of experience.

Care plans should be started by second clinical day. SOAPs should be turned into instructor after each clinical day.

Summaries are due first week after last clinical day.

Please wear appropriate professional clothing (no levis or sandals), lab coats and name tags. Ladies - please no long polished fingernails.

The goal of this experience is for each of you to develop an understanding of what it means to be old in a nursing home. Please feel free to practice any physical assessment skill such as vital signs, shin assessments, etc. that you have learned in N301 lab. You are not there to "replace" the nursing staff for your client but you may perform nursing "tasks" you are learning about with my supervision.

#### Learning Resources

1. All N314 texts.
2. Articles on reserve at the LHS Library under N315, Instructor Carol Lacey.
3. Articles to be distributed prior to start of the clinical experience.