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# Knowledge and attitudes of public guardians toward the elderly

Deborah Gennette  
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Gennette, Deborah Ann, M.S.

San Jose State University, 1992

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**KNOWLEDGE AND ATTITUDES OF  
PUBLIC GUARDIANS 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**

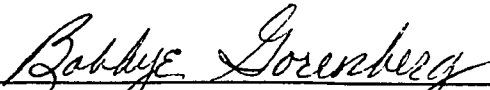
**Deborah Gennette**

**May, 1992**

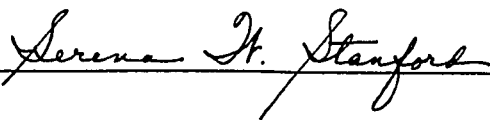
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**ABSTRACT**  
**KNOWLEDGE AND ATTITUDES OF PUBLIC GUARDIANS**  
**TOWARD THE ELDERLY**

by Deborah Gennette

This exploratory survey study was conducted to determine if there is a relationship between knowledge and attitudes regarding the elderly and certain selected variables. The sample consisted of 33 public guardians in two county health departments. The data collection instrument consisted of: Facts on Aging Quiz, Attitudes Toward Old People Scale, and demographic questions.

Correlational analysis of the data indicates a significant relationship exists between knowledge and attitudes. A moderate relationship was found between a guardian's age and knowledge. A weak relationship was found between experience and knowledge. No other significant relationships were found.

These findings indicate need for increased contact between public health nurses, guardians, and their elderly conservatees. Public health nurses can provide medical knowledge that can affect placement and health care decisions. They can also act as advocates of the elderly when decisions are not based on appropriate knowledge.



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## Chapter 1

### INTRODUCTION

The population of persons in the United States aged 65 and over numbered 29.8 million in 1987. They represented 12.3% of the population. By the year 2000, this group is expected to represent 13.0% of the population. It is estimated that 30% of all non-institutionalized elderly persons lived alone in 1987. California has over two million elderly persons (American Association of Retired Persons, 1988). For many elderly individuals across this nation, health problems lead to their inability to care for themselves and/or their estates. When this inability or incompetence is brought to the attention of the court system, the individual is made a conservatee and placed under the care of a guardian or conservator (Sortet, 1990). The guardian may be a relative, friend, attorney, or county official (public guardian). In the United States, an estimated 300,000 individuals are currently under some form of court mandated conservatorship (Bayles & McCartney, 1987).

#### The Problem

The nation's 51 jurisdictions have statutes that provide for the appointment of conservators/guardians. In California, the Penal Code requires that the County Board of Supervisors appoint a Public Guardian to be responsible for conservatorships ordered by the Superior Court. An individual who is gravely disabled and unable to provide food, shelter, and clothing due to mental incompetency, can be placed under temporary conservatorship. The Court determines permanent appointments based

upon the recommendations of the probate investigator, court investigator, and physician. Permanent conservators can be family members, a friend, an attorney, or the Office of the Public Guardian.

The conservator (public guardian) is responsible for providing the conservatee with the best and most independent living environment possible within the conservator's means and resources (Public Administrator, 1981). As with all conservatees, especially the elderly, professional medical advice may require that the conservatee be placed in a state hospital, convalescent hospital, nursing home, or residential care home.

Public guardians are not required to have any medical background or special training related to the care of the elderly population. Public guardians across the country have been criticized for neglecting their conservatees or inappropriately placing them in nursing homes. A grand jury in northern California, 1985, blamed a public guardian for the starvation death of a 79 year old man. The public guardian had not seen the conservatee in two years (Bayles & McCartney, 1987). The same Public Guardian Office was charged with malfeasance by two lawyers in the public defender's office. An 82 year old woman was found dying of breast cancer that should have been diagnosed and treated. The Public Guardian Office had received court permission four years earlier for a breast biopsy and surgery if deemed necessary. The biopsy and treatment was delayed for some unknown reason (Pope, 1985).

An Elder Care Project was funded for one year (1989) in a northern California county to provide nursing services to elderly conservatees. Unmet needs and gaps in services to this population were identified by the Public Guardian Office and the Public Health Nursing Department. The goals of the project were to develop a partnership between the two departments to assess the health status of conserved elders, provide health care plans, propose interventions for health problems and train public guardians in the areas of health, aging, and related community resources (Moehrli, 1989).

#### Research Questions

The purpose of this study was to determine if there is a relationship between selected variables and public guardians' knowledge about and attitudes toward the elderly. More specifically, this study addressed the following questions:

1. Is there a relationship between the number and type of educational seminars or training programs that guardians receive concerning the elderly and their knowledge and attitudes toward the elderly?
2. Is there a relationship between the number of years of experience guardians have working with the elderly and their knowledge and attitudes toward the elderly?
3. Is there a relationship between the number of contacts guardians have with public health nurses and their knowledge and attitudes toward the elderly?



### Assumptions

Several basic assumptions were made in this research study:

1. Individuals' knowledge and attitudes affect their behavior.
2. Public guardians knowledge, attitudes, and behavior impact upon the care they provide to their conservatees.

### Purpose and Need

Conservatees rely on their court appointed guardians to handle their estates, their living situations, and medical care. The knowledge and attitudes public guardians hold regarding the elderly can influence the decisions that they make regarding their conservatees' need for medical care and their proper placement in a domicile/nursing care facility. A review of randomly selected guardianship court files across the nation indicated that guardianship of the elderly increased dependency and the number of inappropriate health facility placements (Bayles & McCartney, 1987).

A Task Force on Probate Conservatorship found unmet medical needs among elderly conservatees in a northern California Public Guardian Office (Moehrlin, 1989). Public guardians are not trained to deal with medication management, nutrition problems, management of chronic medical conditions, or to assess the level of personal care needed by the conservatees. An examination of public guardians' attitudes and knowledge toward the elderly, and how they acquire their knowledge could provide the basis for the development of a program to meet their needs in providing services to elderly conservatees.

### Definition of Terms

For the purpose of this study the following definitions were used:

1. Knowledge: the result of specific and general facts that involve the recall of patterns, structures, or settings. Recall involves bringing to mind the appropriate material or information (Krathwohl, Bloom, & Masia, 1964, p. 186).
2. Attitude: an enduring response with a cognitive component consisting of beliefs, an affective component consisting of emotional feelings, and a behavioral tendency to respond in a particular way (Freedman, Sears, & Carlsmith, 1981, p. 351).
3. Public Guardian: public official that is affiliated with the court to serve as a surrogate or substitute decision-maker for matters of both person and/or estate (Peters, Schmidt, & Miller, 1985).
4. Elderly: a person aged 65 years and older (Burnside, 1988, p. 41).
5. Conservatee: a person deemed incompetent by the court and placed under the care of a guardian (Sortet, 1990, p. 37).
6. Guardianship: grants an individual or agency the right and legal authority to make decisions for the conservatee regarding financial matters and personal affairs (Iris, 1988).

### Research Design

The study used an exploratory survey design composed of a three part questionnaire to determine the current knowledge and attitudes of active public

guardians toward their elderly conservatees. The targeted sample consisted of 41 public guardians employed by two northern California counties. The larger county had an estimated population of 224,000 individuals over the age of 60 in 1989 (County Steering Committee, 1990). The smaller county had an estimated population of 177,000 individuals over the age of 60 in 1990 (M. Wong, County Statistics Office, personal communication, April, 1991).

#### Scope and Limitations

This study used an exploratory, rather than an experimental design, thus could not establish definitive causal relationships. However, its purpose was to suggest future avenues of nursing research related to the impact of nursing intervention and advocacy on the general health and welfare of elderly conservatees.

The researcher did not randomly select subjects for this study due to the small number of guardians in the targeted population. Participants were volunteers from two large urban public guardian offices. The sample self-selection created volunteer bias. Thus, research findings based upon this sample of less than 50 public guardians is significantly limited in its generalizability.

## Chapter 2

### CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

This chapter presents the conceptual framework and literature review. The first section contains the conceptual framework. The second section reviews the related literature. The literature section is divided into three parts:

1. Guardianship/conservatorship.
2. Knowledge and attitudes toward the elderly.
3. Impact of education on attitudes toward the elderly.

#### Conceptual Framework

The conceptual framework of this study was derived from two different theoretical models, the Functional Psychological View of Attitudes Model and the Health Belief Model.

#### Functional Psychology Approach to Attitudes

According to Katz (1960), attitudes serve the following four functions: (a) adjustment, (b) ego defense, (c) value expression, and (d) knowledge. Each of these will be described briefly below.

The adjustment function is a recognition of the fact that people strive to maximize the potential of achieving the rewards available in their external environment and to minimize the penalties. Favorable attitudes are developed toward objects that are associated with satisfactions of needs, whereas unfavorable attitudes

are associated with punishment. Attitudes are changed when new needs develop, or there is a shift in the rewards or punishments (Katz, 1960).

Katz (1960) describes the ego defense function as a means of protecting our self-image against internal conflicts and external dangers. Feelings of inferiority may be projected onto a minority group. This acts to raise the ego by employing attitudes of superiority toward an underprivileged group. A change in attitudes toward the same group maybe brought about as a result of gaining new self-insights, or by the removal of threats that lead to the development of the original attitude (Katz, 1960).

Attitudes are a function and expression of values. Attitudes change as our values change. Attitudes express who we are and who we want to be. Attitudes change as our perceptions of desired self change.

The knowledge function serves to give meaning to the universe. New information (knowledge) and/or alterations in the environment may cause changes in attitudes. Attitudes provide standards or frames of reference for understanding the world (Katz, 1960).

#### Health Belief Model

The Health Belief Model was developed in the early 1950s to provide a paradigm for exploring the actions individuals take toward preventive screening programs (Rosenstock, 1974). The dimensions of the model were expanded by Pender (1982) to include: (a) individual perceptions, (b) modifying factors, and (c) decision making under uncertainty.

The Health Belief Model has two phases: Decision-Making and Action. The first phase evaluates an individual's attitudes toward preventive health care. The second phase predicts an individual's likelihood of taking preventive action.

Decision-making can be broken down into an individual's perceptions of: (a) health, (b) susceptibility to disease, (c) benefits from early detection, and (d) benefits from taking action (see Figure 1). Kegeles (1963) found that the higher an

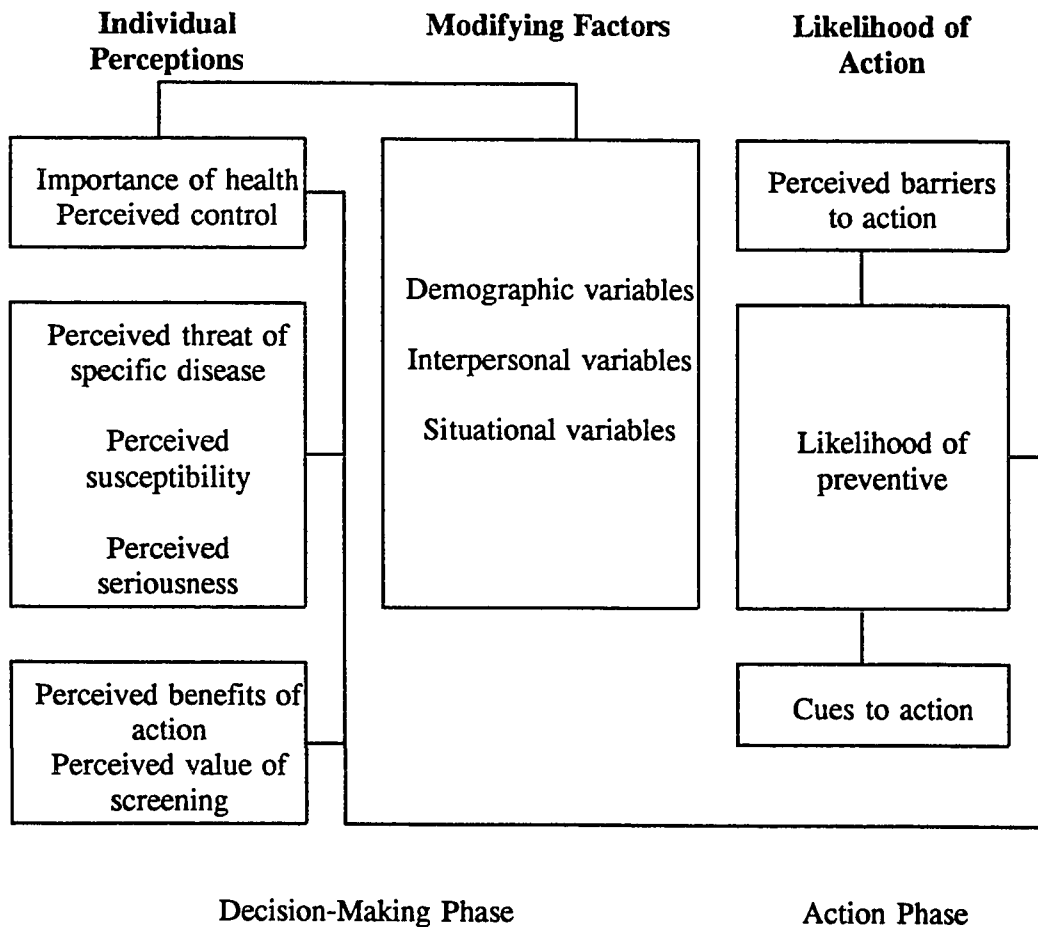


Figure 1. Pender's (1982) Health Belief Model

individual's perceived susceptibility to a disease, the more likely that person was to take preventive health actions. Therefore, it can be concluded that a perceived susceptibility to an acute or chronic illness will precipitate preventive action.

Returning to the model, demographic variables include age, sex, income and education. These have been shown to correlate with the use of health services (Pender, 1982). Family patterns with health care and interactions with health professionals are examples of interpersonal variables. Situational variables consist of cultural acceptance of health behaviors and knowledge about the target disease. Pender (1982) believes that having perceptions of the benefits and value of early detection are important considerations influencing the decision-making phase.

The second phase pertains to the likelihood of an individual taking action. Barriers to taking action may be lack of financial resources, lack of accessibility to health care, and the fear of medical procedures. Action may be prompted by education, increased awareness, or related life experiences.

The Functional Psychological Model and the Health Belief Model may be used to explain how a person develops attitudes and beliefs. Knowledge plays an important role in both the models. From them one might predict that attitudes and beliefs regarding the need to take preventive health care action may be changed by acquiring knowledge of its benefits.

Public guardians are responsible for all aspects of care for their conservatees, including health. Guardians' knowledge, attitudes, and beliefs regarding the elderly,

along with their perception of the elderly's susceptibility to acute or chronic diseases, will determine which, if any, actions they take for preventive health care. It will also determine what living arrangements they make for their conservatees. This study examined selected variables that the literature and the conceptual framework suggested might influence a guardians' knowledge and attitudes and, therefore, the decisions they make regarding the elderly.

### Literature Review

A review of the literature indicates that serious problems exist for the conservatee in relationship to establishing the accountability of their guardian for financial and personal care. Current literature explores knowledge and attitudes of nurses and students toward the elderly. However, no published studies could be found exploring how the knowledge and attitudes of guardians toward the elderly affected their actions and accountability.

### Guardianship/conservatorship

Iris (1988) completed a 6 month study examining the decision-making process used by families, attorneys, physicians, and judges for determining guardianship of the elderly. Iris (1988) found a consistent pattern in the granting of guardianships nationally. The process does not vary directly with the respondent's age. Age, however, was shown to be a factor in the attitudes of the decision-makers. Such attitudes were reflected in the reasons for the petition, the diagnoses of disability, and the determination of incompetence.



Peters, Schmidt, and Miller (1985) observed 8 court hearings and reviewed 42 of Florida's probate court records dating between the years of 1977 to 1982. The authors found that the average age for individuals being considered incompetent and needing guardianship was 73 years. Two-thirds of the conservatees were females and the majority lived in their own homes. In approximately 70% of these cases, relatives were willing and able to serve as guardians, thus were so appointed by the court.

Morrissey (1982) reviewed an educational manual in Virginia that was used to educate attorneys about the elderly, and on how to create court proceedings that are formal and adversarial. According to Morrissey, in 1980, the Virginia guardianship statute was strengthened to help differentiate between limited and plenary guardianship. A finding of incompetency results in full guardianship (person and estate), while a finding of incapacity results in a limited guardianship (person or estate).

The Virginia manual explains the aging process and corrects the assumption that anyone who lives long enough will become senile. It also guides attorneys in the screening process of potential conservatees, and emphasizes the importance of having a multidisciplinary evaluation of the individual.

Morrissey (1982) states that the development of this manual was the first step in developing an atmosphere where the rights of the elderly are recognized and respected. In many states, guardianship lacks the safeguards of sufficient due process.

Bayles and McCartney (1987) wrote a series of newspaper articles reporting the finding of the Associated Press in an examination of more than 2,200 randomly selected guardianship court files across the nation. The investigation revealed an overburdened system that places the lives of the elderly in the hands of others with little or no evidence indicating the necessity for doing so. The system fails to protect the conservatees against abuse, theft, and neglect. The end result of granting a guardianship tends to be increased dependency on the part of the elderly person and placement in a domicile/nursing care facility, whether the individual's medical condition warrants it or not.

#### Knowledge and Attitudes Toward the Aged

Wolk and Wolk (1971) surveyed the attitudes of selected professional workers (social service workers, psychologists, nurses) toward the aged to determine the nature of their prejudices. The authors also wanted to determine if any attitudinal differences existed between younger and older professional workers, and between those working with as compared to those not working with the elderly. The first part of the questionnaire requested demographic information. The second part asked three open-ended questions regarding attitudes toward the elderly. A total of 300 questionnaires were submitted to nurses, social workers, and the staff of a graduate psychology department. Two hundred twenty questionnaires were returned.

The findings of the study suggested that respondents' age was the most significant source of differentiation in attitudes toward the elderly. Older

professionals tended to accept that elderly persons can care for themselves. The stereotype of failing physical functions leading to dependency was rejected by older professionals. However, they did accept the stereotype that aged persons suffer from intellectual deterioration and senility. Younger professionals accepted the stereotype that older persons are physically deteriorated and have impaired intellectual functioning to some degree. They rejected the stereotype of isolation of the older person.

Based on their findings, Wolk and Wolk (1971) concluded that professionals working with the elderly in regards to their physical health or environment improved their attitudes toward the elderly. However, both younger and older professionals held inaccurate stereotypes.

Devine (1980) conducted a study using two geriatric nursing settings to examine the degree of stereotyping of the elderly by the nursing staff. A questionnaire, developed by the Ontario Welfare Council measuring opinions toward the elderly, was given to 97 nursing staff members. There was no statistically significant difference in opinions about the elderly held by nurses in both settings in this study. The scores indicated that the majority of the respondents were uncertain as to the social desirability of traits found in the elderly. Devine acknowledges that the respondents may have had difficulty with the semantics of the instrument. She further acknowledges that attitude research in general has had difficulty determining

whether respondents actually give their own opinions or whether they give opinions that are considered to be socially acceptable.

Williams, Lusk, and Kline (1986) examined 322 baccalaureate nursing students in their junior and senior years to determine the extent to which selected factors contribute to their factual knowledge concerning the aging process and their attitudes toward the elderly. The results on Palmore's Facts On Aging Quiz indicated these students were significantly more knowledgeable about the elderly as compared to previous studies done on undergraduate students. A significant correlation was found between the grade point average of the respondents and their knowledge of the aging process. Experience with the elderly did not predict a students' knowledge level. The majority of positively held biases were due to misconceptions concerning physical and cognitive changes that occur during the aging process.

Chandler, Rachal, and Kazelskis (1986) did an experimental study to assess the attitudes of long-term care nursing personnel toward the elderly, and to evaluate the impact of an education program on the attitudes of nursing personnel employed in two skilled nursing facilities. One facility served as an experimental group and the other facility served as the control group.

The educational training program objectives were aimed at increasing participants' consciousness about their attitudes toward the elderly and to make them realize what they might expect in their own eventual aging. The results of the study indicated that there were no significant differences between the experimental group

and the control group on Palmore's Facts On Aging Quiz or Kogan's Attitudes Toward Old People Scale.

Glasspoole and Aman (1990) studied nurses' knowledge, attitudes, and conceptualization of old age, their degree of happiness in gerontological nursing, and their reasons for working with the elderly. Five hundred ninety-two nurses were surveyed with 378 nurses completing the questionnaire. The results indicated 88% of the respondents felt satisfied working with the elderly. The issues that most troubled the nurses caring for the elderly were problems of behavior, rather than problems pertaining to physical care. Sixty-four (64) percent defined old age as "unable to function as one wishes due to age," thus equating old age with a negative stereotype.

The conclusion of this study was that these nurses generally had a positive attitude toward the elderly and their roles as gerontological nurses. However, the authors expressed surprise that the nurses did not score higher (67% accuracy) on Palmore's quiz measuring knowledge of the elderly.

#### Educational Impact on Knowledge and Attitudes

Almquist, Stein, Weiner, and Linn (1981) developed an educational program for licensed practical nurses (LPNs) and nursing aides (NAs) working in long-term care facilities with the elderly. They also did a study to evaluate whether a significant change would occur in the trainees' knowledge and/or attitudes toward the elderly upon the completion of a training program. A total of 83 LPNs and 115 NAs voluntarily participated in the study.

The LPNs attended a one day seminar focused on cerebrovascular accidents in the acute and rehabilitative phases. The NAs attended one and a half hour sessions twice a week for 6 weeks. Their program focused on anatomy, physiology of the aging process, physical and psychosocial problems of the elderly, attitudes, and communication skills. The results indicated the NAs had significant gains in knowledge and improved attitudes toward the elderly. The Life Satisfaction Scale showed no significant change. The LPNs showed an increase in knowledge, some improvement in their attitudes toward the elderly, and no significant change in life satisfaction.

Robb (1979) developed instruments that would reliably measure belief and behavioral predispositions toward the elderly. She wanted to evaluate the impact of a gerontology training program on nursing students beliefs and behavioral predispositions toward the elderly. The sample included 153 female, nursing students at various levels of progression through a baccalaureate program.

Three groups of students were tested. These groups were tested immediately after completing the gerontology course, 1 year later, and again 2 years after completion of the course. A fourth group was pretested and post-tested immediately following the gerontology course.

The impact of the course showed a significant difference on the mean behavioral predisposition scores, which increased in the positive direction immediately following the program. However, the beliefs of the students regarding the elderly

were not significantly changed. Robb stated these results supported her hypothesis that beliefs, behavioral predispositions, and socially desirable responses remain constant for up to 2 years following exposure to a gerontology course.

Beliefs measured by a behavioral predisposition instrument were significantly positive immediately following the gerontology course, and then became slightly less positive over time. However, 2 years following the course, no significant difference in beliefs remained.

Wilhite and Johnson (1976) conducted a study to determine if beginning baccalaureate students' stereotyped attitudes toward the elderly would diminish after an 8 week course in gerontology that included practicum hours at a nursing home. Kogan's Attitudes Toward Old People Questionnaire was administered as a pretest and a post-test to the students. The results indicated the students' attitudes were less stereotypic than prior to the course.

In summary, the literature review indicates that guardianships have been inappropriately granted when the professionals involved had a lack of knowledge and awareness of the normal aging process. This lack of knowledge has also led to inappropriate placement of the elderly in institutions. When examining demographic characteristics, research has shown that professionals of all age groups viewed the elderly inappropriately. The literature and conceptual framework suggested several variables that might affect the knowledge and attitudes of Public Guardians which in turn affects the decisions they make regarding the elderly. Educational programs that

have focused on increasing knowledge about the elderly have shown significant gain in participants' knowledge and improved positive attitudes toward this population.

The literature indicates that individuals who are knowledgeable regarding the aging process and special needs of the elderly are better equipped to determine the needs of elderly clients and to take the appropriate actions needed to best serve this client population. The researcher has identified a need to measure the knowledge and attitudes of the public guardians toward the elderly, and identify the factors that contribute to positive attitudes and behaviors toward the elderly. This professional group has the responsibility for determining the living situation and the health care needs of their elderly clients. The knowledge and attitudes public guardians have toward this population affect the decisions and actions they make in the case management of their clients.



## Chapter 3

### METHODOLOGY

This chapter describes the research design and methodology used in this study. The chapter is broken down into the following categories: (a) the setting and sample, (b) data instruments, (c) collection of the data, and (d) data analysis.

#### Research Design

The study utilized an exploratory survey design. This approach was chosen because it allows a researcher to examine the existence of relationships between knowledge, attitudes, and practices in a single social setting (Polit & Hungler, 1984).

#### Setting and Sample

The targeted sample consisted of the 41 public guardians employed in two northern California county health departments. The larger of the two counties, with a population of 1,517,700 in 1990, employs 35 guardians, which includes investigators, case managers, and administrators (F. Kretz, personal communication, February, 1991). The smaller county with a population of 727,400 in 1989, employs 6 guardians. Of these, 4 are case managers and 2 are administrators (M. McCabe, personal communication, April, 1991).

The structure and titles of employees performing public guardian tasks vary between each county. The 35 public guardians employed by the larger of the two health departments are divided between the Probate Unit and Literman-Petre-Short (LPS) Unit. The Probate Unit deals with elderly and other individuals that are unable

to care for themselves due to mental incompetencies. They are placed under permanent guardianship by the Court. The LPS Unit only deals with mentally ill individuals that are unable to care for themselves due to mental disorders. They are placed under guardianship for a limited period of time, and their status is regularly re-evaluated by the Court. These two units consist of investigators, case managers and administrators. The job description from the Personnel Department (1990) states the investigators and case managers are required to have the following:

a California driver's license and sufficient education and experience which demonstrates the possession and application of the following knowledge and abilities. Knowledge should include community health, welfare and legal support services; principles of household budget planning and management: social and psychological problems peculiar to emotionally disturbed, mentally ill, or physically handicapped person. Should be able to communicate in oral and written form: read, interpret and apply provisions of codes, laws, and regulations; work with minimal guidance and supervision; plan and monitor household budget; locate and arrange delivery of community health and welfare services; gather, organize and present factual information in reports and letters (Code: V49).

Public guardians do not have a professional licensing procedure. Prospective employees are rated by the Personnel Department on their application, and then

appear before an oral interview board for an appraisal of their training and experience.

Educational training is provided for public guardians as it becomes available in the community through workshops and seminars. Case management review is scheduled when deemed necessary by the guardian or supervisor.

The smaller health department employs five people with the job titles of Social Worker (case managers) and Public Guardian (administrators). It is structured differently from the larger county with 35 employees. In this county, the LPS Unit has been placed in the Mental Health Department, which is housed in a separate building with its own administrative staff. This leaves the Probate Unit separate, and it uses attorneys to investigate incoming cases to the unit. The job description and requirements are very similar to the larger county. Educational training for the employees is provided through workshops and seminars available in the community. Case management review is scheduled when deemed necessary by case manager or supervisor.

#### Data Instruments

The data collection instrument consisted of the Facts On Aging Quiz (Palmore, 1977), the Attitudes Toward Old People Scale (Kogan, 1961), and demographic questions. The purpose of the instrument was to determine guardians' knowledge and attitudes regarding the elderly, and to obtain certain relevant demographic information.

Part one of the survey questionnaire uses Palmore's Facts On Aging Quiz [FAQ] (see Appendix A). Permission to use this tool was obtained from Springer Book Company (see Appendix B). This instrument consists of 25 true/false questions that measure knowledge toward the elderly (Palmore, 1977). Validity of this instrument has been established through documentation of the factual statements that are used in the quiz (Palmore, 1988, p.56). Item to total score reliability is relatively low with a score of .47 (Palmore, 1980). The total score is heavily dependent upon the population being studied. For example, the mean test score for Duke University undergraduate students on the FAQ was 65%. Graduate students in human development at Duke University and Pennsylvania State University had a mean score of 80%, and the faculty in human development had a mean score of 90% (Palmore, 1977). A review of 25 studies using the FAQ has demonstrated that sex, race, and age of subjects are not significantly related to test scores (Palmore, 1980).

Part two of the survey questionnaire utilizes the Attitudes Toward Old People [OP] Scale (see Appendix C). Permission to use this tool was obtained from Dr. Nathan Kogan (see Appendix D). It was developed by Kogan (1961), using 3 groups of psychology students with 401 males and 81 females from Northeastern University and Boston University. It consists of 34 questions and uses a Likert scale to measure attitudes toward the elderly. The scale is scored as follows: 1, indicating strongly disagree; 2, disagree; 3, slightly disagree; 4, no response; 5, slightly agree; 6, agree,

and 7, strongly agree. The 34 questions are 17 pairs of matched positive and negative statements about elderly people.

The test mean scores between the three psychology student samples were strongly correlated and significant beyond the .01 level. There was no significant difference between male and female test scores. Within these three samples, the correlations between the positively and negatively stated items ranged from .46 to .52, indicating significance beyond the .01 level. Among the 50 positive-negative paired correlations found between the 3 groups, 47 were significant at the .05 level (Kogan, 1961).

The negatively stated OP items were found to be significantly related to the Authoritarianism Personality (F) Scale developed by Adorno, Frenkel-Brunswik, Levinson and Sanford in 1950, and Srole's Anomie (A) Scale developed in 1956 (Kogan, 1961). Subjects found to be negatively disposed toward older people also held unfavorable attitudes toward ethnic, physical disabled, and mentally ill minorities (Kogan, 1961).

Part three of the survey questionnaire consists of 11 demographic questions developed by the researcher (see Appendix E). These questions include recommendations found in related literature, as well as suggestions from the San Jose State University faculty and professional peers.

The demographic parts of the survey questionnaire ask for the following information: (a) respondent's age, (b) years of college education, (c) number of

educational programs attended regarding the elderly in an 18 month period of time, (d) years of experience working with the elderly, (e) number of contacts with elderly clients in a 1 week period of time, (f) number of elderly clients living independently, (g) average number of contacts with elderly individuals outside the job in a 1 week period of time, (h) average number of contacts with a public health nurse in regards to an elderly client in a 1 month period of time, (h) average number of contacts with a social worker in regards to an elderly client in a 1 month period of time, (i) number of books or journal articles read regarding the elderly in an 18 month period of time, and (j) how the majority of knowledge regarding the elderly population is acquired.

The 11 demographic questions were then field tested to determine clarity and response set. Slight changes were made in the wording of some questions as recommended. The questions were field tested a second time using five public health nurses and two public health assistants. The questions were found to be clear.

## Methodology

### Collection of the Data

Prior to administering the survey questionnaire, the researcher obtained approval from two Northern California county health departments to conduct the study in their facilities (see Appendix F). It was made clear, both verbally and in writing, that participation in the study was voluntary and that the anonymity of the participants would be guaranteed. Permission was obtained from the San Jose State University

Institutional Review Board—Human Subjects to proceed with the study (see Appendix G).

The researcher visited both county work sites in March and May, 1991 to administer the survey questionnaire at group staff meetings. A consent form was given to each participant stating the purpose of the study and the potential risks and benefits involved (see Appendix H). Each consenting participant was provided with a direction sheet explaining how to complete the three parts of the questionnaire (see Appendix I). The consent form and questionnaires were completed in approximately 30 minutes. The investigator collected the questionnaires upon their completion.

#### Data Analysis

This was a non-experimental, correlational study of public guardians' knowledge and attitudes toward the elderly. Data from the Facts on Aging Quiz, Attitudes Toward Old People Scale and demographic information were used to analyze the data for existence of relationships between the variables. Permission was obtained to use these instruments (see Appendix E). Pearson product moment coefficients and Cramer's V statistics were used to determine the existence of relationships between the variables.

### Strengths and Limitations

There are several strengths and limitations of this study. The strengths of the study are as follows:

1. This design was practical and appropriate for gathering data in a social setting, which then could be used to determine the existence of possible relationships between variables.
2. Validity and reliability of the instruments have been established.
3. Data collection could be conveniently collected at staff meetings, with the researcher present to answer questions.
4. The questionnaire was short and could be answered in 30 minute time period.

The limitations of the study were identified as follows:

1. The sample size was small restricting the researcher's ability to generalize the findings beyond the participating group.
2. The sample was nonrandom and may not be representative of the total population of guardians.
3. Approximately one-third of the sample of guardians had little or no contact with the elderly. This may have had a negative or positive bias effect on their knowledge and attitudes.
4. Low frequency of contact of guardians with elderly clients made it difficult to determine if a significant relationship existed between contact with public health



nurses regarding the health care needs of elderly clients and guardians knowledge and attitudes.

5. No comparison was made between public guardians who did, with those who did not, work with elderly in regards to possible differences in knowledge and attitudes about the elderly.

## Chapter 4

### ANALYSIS AND INTERPRETATION OF THE DATA

This chapter presents the analysis and interpretation of data obtained from the survey of public guardians concerning their knowledge of and attitudes toward the elderly. The sample consisted of 33 public guardians (8 refused to participate), who completed a 3 part questionnaire: (a) demographic information, (b) Palmore's Facts on Aging Quiz, and (c) Kogan's Attitudes Toward Old People. Statistical analyses were performed to determine if any significant relationship existed between knowledge about and attitudes toward the elderly and selected demographic variables.

#### Description of the Sample

The sample consisted of 33 public guardians from two Northern California counties. The demographic characteristics studied were: (a) age, (b) years of college education, (c) number of trainings/seminars on gerontology issues, (d) number of years of experience working with the elderly population, (e) number of elderly clients in caseload, (f) number of elderly clients living independently (noninstitutionalized), (g) number of contacts with a public health nurse regarding an elderly client, (i) number of contacts with a social worker regarding an elderly client, (j) number of books/journals read regarding the elderly, and (k) how knowledge is acquired regarding the elderly. The demographic characteristics of public guardians are summarized in Appendix J.

The age of the guardians in the sample ranged from 30 to 64 years, with a mean age of 43.7 years. Years of college education among the participants ranged from 2 to 18 years, the mean was 5.88 years. (A few of the participants may have misread this question thinking it meant number of school years, instead of college years. College degrees were not asked for in the questionnaire.) The number of seminars/trainings sessions attended on gerontology issues during 1990-91 (18 months) ranged from 0 to 7, with a mean of 2.48. The sample's number of years of experience working with the elderly population ranged from 0 to 30 years, with a mean of 10.18 years. The number of elderly clients in a guardian's caseload ranged from 0 to 120 clients, with a mean of 15.42. The number of elderly clients living independently in the guardians' caseloads ranged from 0 to 40, with a mean of 4.94. The number of contacts per week with elderly person outside of the job ranged from 0 to 40, with a mean of 4.64. The average number of contacts guardians had with public health nurses regarding elderly clients in one month ranged from 0 to 20, with a mean of 2.36 contacts. The average number of monthly contacts with social workers ranged from 0 to 99 contacts with a mean of 9.12. The number of books/journals read on gerontological issues during 1990-91 (18 month period) ranged from 0 to 72, with a mean of 7.06. Respondents were asked how they acquired the majority of their knowledge about the elderly. Respondents stated the following as the source of their knowledge: (a) 60.6% experience, (b) 18.2% on the job

training, (c) 9.1% college education, (d) 6.1% seminars, and (e) 6.1% reading books/journals.

### Analysis of Public Guardians' Knowledge

#### Regarding the Elderly

Facts on Aging Quiz (FAQ) consists of 25 questions measuring knowledge. The respondents were asked to answer true/false or don't know to each question. Within the 25 questions, there are 13 false items and 12 true items. An analysis of the samples' responses to the FAQ are in Table 1. Twenty-five was the highest score obtained on the quiz, and eleven was the lowest. The mean was 16.97, and the standard deviation was 3.34.

---

**Table 1**

Scores of Public Guardians on the Facts on Aging Quiz (N = 33)

---

	Score
Total score possible	25
Highest score obtained	25
Lowest score obtained	11
Mean	16.97
Standard deviation	3.34

---

The most frequently missed questions were: (a) "the majority of old people say they are seldom irritated or angry," and (b) "the health and economic status of

old people will be about the same or worse in the years 2000 (compared to younger people).”

### Analysis of Public Guardians' Attitudes

#### Toward the Elderly

Attitudes Toward Old People Scale (OP) consists of 34 questions designed to measure attitudes. The respondents were asked to choose their response from: (a) strongly disagree, (b) disagree, (c) slightly disagree, (d) slightly agree, (e) agree, or (f) strongly agree. To score the OP Scale, the first step is to assign the response categories the numbers 1 through 7. The number 4 is given for no response to a question. The second step is to obtain the means for the positive and negative items. The third step is to reverse the negative mean by subtracting it from 8.0. The last step is to add the reverse negative mean to the positive mean to obtain the score for the OP Scale (see Figure 2).

---

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
* 1	2	3	5	6	7
7	6	5	3	2	1

---

Note: \* for scoring positive items.

---

**Figure 2.** Kogan's (1961) Scoring for OP Scale

The highest possible score on the scale is 14. The highest score obtained was 13.94, and lowest score was 7.11. The mean was 10.73, and standard deviation was 1.23. An analysis of the sample's responses to the OP is in Table 2.

---

**Table 2**

Scores of Public Guardians on the Attitudes Towards Old People Scale (N = 33)

---

	Score
Highest possible score	14
Highest score obtained	13.94
Lowest score obtained	7.11
Mean	10.73
Standard deviation	1.23

---

Analysis of Research Questions

Pearson product moment coefficients were used to answer the following research questions. The level of significance was set at  $p \leq .05$ .

Question 1: Is there a relationship between the number and type of educational seminars or training concerning the elderly population that guardians have received and their knowledge and attitudes toward the elderly?

The correlation between the number of seminars/workshops on gerontological issues and FAQ score was .1326, which is not a significant relationship. The number

of seminars/workshops attended and OP score was .0622, also indicating no significant relationship.

Question 2: Is there a relationship between the number of years of experience guardians have working with the elderly and their knowledge and attitudes toward the elderly?

The relationship between guardians' years of experience working with the elderly and their FAQ score was .3049 ( $p = .042$ ), which indicates a definite but weak relationship. Years of experience and OP score was .1413, indicating no significant relationship.

Question 3: Is there a relationship between the number of contacts guardians have with public health nurses and their knowledge and attitudes toward the elderly?

The average number of contacts with a public health nurse in regards to an elderly client in a 1 month period and FAQ score was - .1777, indicating no significant relationship. The correlation between contacts with a public health nurse and OP score was - .1244, indicating no significant relationship.

#### Additional Correlations Between Variables

Correlations were done between all the demographic variables and the Facts On Aging Quiz. The results are presented in Table 3. The only significant finding was a moderate relationship between age and FAQ score.

**Table 3**

Pearson-Product-Moment Coefficients Correlations of Dependent Variables with Facts on Aging Quiz (N = 33)

Variable	Pearson $r$	$p$
Age	.4040	.010
College education	.1321	.232
Elderly in caseload	-.0584	.373
Independent living	-.0034	.493
Contacts outside job	-.0391	.415
Contacts with S. W.	.0352	.423

Correlations were also computed between the demographic information and Attitudes Toward Old People score. The results are presented in Table 4. The only significant findings were weak relationships shown between the number of elderly clients in guardians' caseloads and their contact with a social worker regarding elderly clients.

#### Relationship of Knowledge and Attitudes

Knowledge of the elderly, as measured by Facts On Aging Quiz, was found to have a definite and substantial relationship with attitudes toward the elderly, as measured by the Attitudes Toward Old People Scale. The correlation coefficient was .4919 ( $p = .002$ ), indicating the more knowledge an individual has, the more positive are the attitudes.



**Table 4**

Pearson-Product-Moment Coefficients Correlations of Dependent Variables with Attitudes Towards Old People Scale (N = 33)

Variable	Pearson $r$	$p$
Age	-.0160	.465
College education	.1223	.249
Elderly in caseload	.2170	.113
Independent living	.1965	.137
Contacts outside job	.1168	.259
Contacts with S. W.	.2942	.048

### Summary

Three significant findings resulted from this study. First, there is a weak relationship between age, experience, and knowledge regarding the elderly. It appears that the older and the more experienced a guardian is, the greater the acquired knowledge about the elderly. Second, the more knowledge that a guardian has regarding the elderly, the more positive the attitudes. Lastly, there was a significant relationship between the number of contacts the public guardians had with social workers and the guardians' attitudes toward the elderly.

## Chapter 5

### CONCLUSIONS AND IMPLICATIONS

This chapter summarizes the findings and presents conclusions and implications. The last section presents recommendations for further research.

#### Summary of Findings

This exploratory survey study was conducted at two northern California County Health Departments. Its purpose was to determine if public guardians' knowledge and attitudes toward the elderly (dependent variables) were related to: (a) educational seminars/trainings, (b) years of experience, and (c) contacts with public health nurses (the independent variables).

Katz's Functional Psychology Approach to Attitudes (1960) and Pender's Health Belief Model (1982) were used to develop the conceptual framework used in for this research study. These two models examine how a person acquires knowledge and develops attitudes.

The survey questionnaire consisted of three parts: (a) demographic questions, (b) Palmore's Facts on Aging Quiz (1977) and, (c) Kogan's Attitudes Toward Old People Scale (1961). The literature review indicated the following variables have a significant influence on knowledge and attitudes toward the elderly: age of respondent, experience, and education regarding the elderly. Contact with public health nurses regarding health issues provides an opportunity to increase knowledge and affect attitudes toward elderly conservatees. Questions pertaining to these

variables were included in the demographic portion of the survey. A total of 33 subjects from 2 counties volunteered to participate in the study. All of the participants perform public guardian duties at two County Health Departments. Survey questionnaires were completed at the two work sites during the staff meetings. The data were analyzed using correlational statistics. A review of the findings of this study is presented in two sections: demographic, and correlational.

#### Demographic Findings

On the demographic part of the questionnaire, the participants gave personal information such as age, years of experience, number of trainings, and number of contacts with public health nurses. The mean age was 43.7 years. The mean for the number of educational trainings/seminars attended during an 18 month period was 2.48. The mean for the number of contacts with public health nurses was 2.36 per month.

#### Correlational Findings

Pearson product moment coefficients were used to determine if a relationship existed between guardians knowledge and attitudes and the following: (a) age, (b) number and type of educational seminars or trainings the guardians had received, (c) years of experience, and (d) number of contacts with public health nurses. The analysis of data indicated at the .05 level of significance that there was a moderate relationship between age and knowledge. No significant relationship was found between age and attitudes. The analysis indicated no significant relationship between

knowledge and attitudes and the number of seminars/trainings attended. The analysis between knowledge and years of experience indicated a weak relationship,  $r = .1413$  ( $p = .216$ ). However, no significant relationship was found between attitudes and years of experience. The analysis of knowledge and attitudes and number of contacts with public health nurses indicated no significant relationship.

Pearson product moment coefficients were also used to determine if there was a relationship between knowledge and attitudes. The analysis indicated a significant relationship at the .05 level existed between these two variables. This finding is supported by two studies in the literature. Wilhite (1976) found that education lead to decreased stereo-typing of attitudes toward the elderly. Another study by Almquist, et al (1981) found that continuing education for nursing personnel influences knowledge and attitudes toward the elderly.

### Conclusions

A significant relationship was found between knowledge and attitudes, indicating the more knowledge an individual has, the more positive are the attitudes. This ties in with Katz's Functional Psychology Theory that knowledge gives meaning to the universe, and directly effects attitudes that are developed or altered by new information. The participants indicated on the survey questionnaire that the majority of their knowledge was acquired through "on the job training." They did not indicate whether the training they received was formal, or acquired informally through experience or discussion with supervisors and other staff.

A moderate relationship was found between age and knowledge of the elderly. A weak relationship was found between years of experience working with the elderly and knowledge. This can be explained by the proposition in Pender's Health Belief Model that life experiences increase awareness and knowledge.

No significant relationship was found between the number of educational trainings attended and knowledge or attitudes. This finding maybe attributed to insensitivity in the instruments used, or perhaps the wrong questions were asked.

The data indicate the public guardians have less than two educational training sessions per year. The administrators in the Public Guardian Office have stated that the heavy work load for each guardian makes it difficult to find time for educational training.

No significant relationship was found between contact with public health nurses, and knowledge and attitudes. The existence or non-existence of a relationship was difficult to measure due to the limited contact the participants had with public health nurses. The findings indicated a mean of two contacts per month with public health nurses regarding elderly clients. Approximately two-thirds of the participants have less than three elderly clients in their caseload. Therefore, the need for consultation with public health nurses regarding needs of the elderly would be small.

### Implications for Nursing

Based on the findings in this study, the recommendations are as follows:

1. Public Health Nurses need to continue to act as advocates for clients to insure that health care needs are met and to prevent inappropriate placement in residential care facilities.
2. A better utilization of public health nurses by guardians may be facilitated by having a liaison between the two departments. Communication between guardians and nurses regarding health issues would facilitate a team approach to the care of conservatees.
3. Recognition should be given to age and years of experience when recruiting for public guardian positions and public health nurses working with the elderly. Both can build on knowledge they have acquired through life experiences.
4. Inservice training by public health nurses could be included with the regularly scheduled case management meetings, which could be made relevant to current issues with conservatees.

Public guardians have the responsibility to provide for the health care needs and living arrangements for their conservatees. The literature has shown that attitudes and knowledge impact the decisions made for seeking or not seeking health care. By working collaboratively with public health nurses and by regularly updating their knowledge regarding the elderly population, guardians can provide the comprehensive and appropriate care the conserved elderly need.

### Recommendations for Future Research

1. Obtain a larger sample of public guardians from several counties, both urban and rural, to determine strengths and limitations in their knowledge and attitudes toward the elderly.
2. Compare the differences in how knowledge and attitudes between public guardians who work and who do not work with the elderly, to determine what they do in regards to health care decisions.
3. Assess a sample of guardians from the private sector (attorneys, friends and family members) to determine their level of knowledge and attitudes.

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**APPENDIX A**

**Palmore's Facts On Aging Quiz**

## FACTS ON AGING QUIZ

by E.B. Palmore

Directions: Circle "T" for true, "F" for false, or "?" for don't know.

- T F ? 1. The majority of old people (age 65+) are senile (have defective memory, are disoriented, or demented).
- T F ? 2. The five senses (sight, hearing, taste, touch, and smell) all tend to weaken in old age.
- T F ? 3. The majority of old people have no interest in, nor capacity for, sexual relations.
- T F ? 4. Lung vital capacity tends to decline in old age.
- T F ? 5. The majority of old people feel miserable most of the time.
- T F ? 6. Physical strength tends to decline in old age.
- T F ? 7. At least one-tenth of the aged are living in long-stay institutions (such as nursing homes, mental hospitals, homes for the aged, etc.).
- T F ? 8. Aged drivers have fewer accidents per driver than those under age 65.
- T F ? 9. Older workers usually cannot work as effectively as younger workers.
- T F ? 10. Over three-fourths of the aged are healthy enough to carry out their normal activities.
- T F ? 11. The majority of older people are unable to adapt to change.
- T F ? 12. Old people usually take longer to learn something new.

- T F ? 13. It is almost impossible for the average old person to learn something new.
- T F ? 14. Older people tend to react slower than younger people.
- T F ? 15. In general, old people tend to be pretty much alike.
- T F ? 16. The majority of old people say they are seldom bored.
- T F ? 17. The majority of old people are socially isolated.
- T F ? 18. Older workers have fewer accidents than younger workers.
- T F ? 19. Over 15% of the population are now age 65 or over.
- T F ? 20. The majority of medical practitioners tend to give low priority to the aged.
- T F ? 21. The majority of old people have incomes below the poverty line (as defined by the federal government).
- T F ? 22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).
- T F ? 23. Old people tend to become more religious as they age.
- T F ? 24. The majority of old people say they are seldom irritated or angry.
- T F ? 25. The health and economic status of old people will be about the same or worse in the year 2000 (compared to younger people).

**APPENDIX B**

**Permission Letter—Facts On Aging Quiz**

# Springer publishing company

536 Broadway, New York, N.Y. 10012-3955

Tel. (212) 431-4370

Fax: (212) 941-7842

Ms. Deborah Gennette  
340 Henderson Drive  
San Jose, CA 95123

PLEASE REFER TO THIS  
NUMBER IN FUTURE  
CORRESPONDENCE :

PL 90 - 123

Dear Ms. Gennette:

Thank you for your request of 13 October 1990 to reprint from our publication

THE FACTS ON AGING QUIZ, by Erdman B. Palmore, Ph.D.; 1988

the following material :

The Facts on Aging Quiz, pp. 3-10

Your reprint is requested for inclusion in: (Title, Author, Publisher, Date)

Thesis "that will measure the knowledge and attitudes of Public Guardians toward the elderly," D. Gennette; San Jose St. Univ., 1991

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29 October 1990

(Date)



**APPENDIX C**

**Attitudes Toward Old People Scale**













- |     |   | Strongly<br>Disagree     | Disagree                 | Slightly<br>Disagree     | Slightly<br>Agree        | Agree                    | Strongly<br>Agree        |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 33. | Most old people make<br>excessive demands for love and<br>reassurance.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | Most old people need no more<br>love and reassurance than<br>anyone else. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**APPENDIX D**  
**Permission Letter—OP Scale**

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DEPARTMENT OF PSYCHOLOGY

January 30, 1991

Ms. Deborah Genette, RN, PHN  
340 Henderson Drive  
San Jose, CA 95123

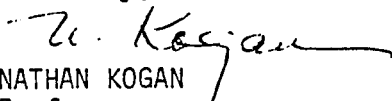
Dear Ms. Gennette:

In response to your recent request, I hereby grant you permission to use my OP Scale in your proposed research project. My supply of copies of the Scale is exhausted, but please note that it has been reproduced in the following volume: Shaw, M.; & Wright, J. (1967) Scales for the Measurement of Attitudes, McGraw-Hill, pp. 468-471.

If you are interested in more current reliability and validity information concerning the OP Scale, I would recommend the following source: Mangen, D.J., & Peterson, W.A. (Eds.) (1982) Research Instruments in Social Gerontology, Vol. 1, Clinical and Social Psychology. University of Minnesota Press, pp. 549-556.

You have my best wishes for the success of your project. I should be pleased to learn about the outcomes of your research.

Sincerely,

  
NATHAN KOGAN  
Professor

NK:bb

**APPENDIX E**  
**Demographic Questions**

## DEMOGRAPHIC INFORMATION

Please answer each question. This questionnaire is strictly anonymous. Your identity will not be known.

A. What is your age? \_\_\_\_\_

B. How many years of college education do you have?

\_\_\_\_\_ Major \_\_\_\_\_

C. How many educational programs (workshops, seminars, classes) regarding the elderly (age 65 and older) have you attended in the past 18 months?

Please list and briefly describe them.

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D. How many years of experience do you have working with the elderly?

\_\_\_\_\_

E. How many contacts do you have with elderly individuals in a one week period through your current caseload, during the last month? \_\_\_\_\_

F. How many elderly individuals that live in an independent setting (noninstitutionalized) are currently in your caseload? \_\_\_\_\_

G. What is your average number of contacts with elderly individuals outside the job (relatives, friends, neighbors) in a one week period?

\_\_\_\_\_

H. What has been your average number of contacts (over the phone or in person) with a public health nurse in regards to an elderly client in a one month period, during the last year? \_\_\_\_\_

Briefly describe the nature of these contacts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. What has been your average number of contacts (over the phone or in person) with a social worker in regards to an elderly client in a one month period? \_\_\_\_\_

J. How many books or journal articles have you read regarding the elderly population in the last 18 months? \_\_\_\_\_

K. How have you acquired the majority of your knowledge about the elderly population?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX F**  
**Request for Participation**

To: Deborah Gennette

From: Public Guardian Office

Date: October 10, 1990

You have permission to utilize the Public Guardian's office and staff for your proposed research project. I will inform my staff that participation is on a voluntary basis and that refusal to participate will have no detrimental effect on their job.

**APPENDIX G**

**Institutional Review Board Approval—Human Subjects**



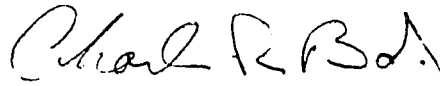
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Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research  
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Deborah Gennette, Nursing  
340 Henderson Drive  
SAN Jose, CA 95123

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

Date: April 9, 1991



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

"Knowledge and Attitudes of Public Guardians  
Toward 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 (408) 924-2480.

cc: Jean M. Sullivan, D.N.Sc.

**APPENDIX H**

**Consent Form**

**AGREEMENT TO PARTICIPATE IN RESEARCH****SAN JOSE STATE UNIVERSITY**

**Responsible investigator: Deborah Gennette**

**Title of protocol:**

**Facts On Aging Quiz. Attitudes Toward Old People Scale and Demographic Information.**

I have been asked to participate in a research study investigating knowledge and attitudes toward the aged. The results of this study should further our understanding of public guardians' knowledge and attitudes toward aged individuals.

I understand that:

1. I will be asked to complete 3 questionnaires that will take approximately 30 minutes to answer at the Public Guardian Office.
2. There are no anticipated risks from participation in this study.
3. The only benefit expected for me from this study, is an awareness of my knowledge and attitudes toward the elderly.
4. The results of this study may be published, but any information from this study that can be identified with me will remain confidential, and will be disclosed only with my permission.
5. There will be no compensation for subject participation.

**CONTINUATION OF AGREEMENT TO PARTICIPATE IN RESEARCH**

6. Any questions about my participation in this study will be answered by Deborah Gennette at (408) 251-2760. Complaints about the procedures may be presented to Dr. Bobbye Gornberg at (408) 924-3151. For questions or complaints about research subject's right, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies & Research) at (408) 924-2480.

7. My consent is given voluntarily without being coerced; I may refuse to participate in this study, and I may withdraw at any time, without prejudice to my relations with SJSU or the Public Guardian Office.

**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.**

\_\_\_\_\_  
DATE

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

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

**APPENDIX I**

**Instructions for Questionnaire**

### GENERAL INSTRUCTIONS

Thank you for your time and assistance with this research project.

1. Please complete the three questionnaires in the order they are presented.

All information will remain anonymous. Please do NOT put your name on the questionnaires.

**PLEASE LEAVE ALL PAGES STAPLED TOGETHER AS THEY ARE.**

2. The first questionnaire is to collect demographic information to see if there is a relationship between the variables and your knowledge and attitudes toward the elderly.

3. The second questionnaire is to measure your current level of knowledge toward the elderly. Please do not use books or any other material to answer the questions.

4. The third questionnaire to measure your attitudes toward the elderly. There are no right or wrong answers.

5. If you wish to receive a copy of the answers for the Facts on Aging Quiz, please contact me after the completion of the questionnaires.

**APPENDIX J**  
**Respondents Demographic Characteristics**

Demographic Characteristics of  
Public Guardians

Variable	Classification	N	Percent
Age	30-39 years	9	27.3%
	40-49 years	22	57.5%
	50-59 years	3	9.1%
	60-65 years	2	6.0%
College Education	2-4 years	14	42.4%
	5-7 years	15	45.4%
	8 or more years	4	12.1%
# Gerontology Trainings	0-3 trainings	21	63.6%
	4-7 trainings	12	36.5%
Experience Working with Elderly	0-5 years	10	30.3%
	6-10 years	10	30.3%
	11-15 years	8	24.2%
	16-20 years	1	3.0%
	21-25 years	3	9.1%
	26-30 years	1	3.0%



## Demographics continued

Variable	Classification	N	Percent
Contacts With Elderly In	0-15/week	26	78.8%
Caseload	16-30/week	3	9.1%
	31 or more/week	4	12.1%
Elderly Client In	0 clients	15	45.5%
Independent Living	1-10 Clients	15	45.5%
	11 or more clients	3	9.0%
# Contacts With Elderly	0-3/week	20	60.7%
Outside Job	4-7/week	10	30.3%
	8 or more/week	3	9.1%
# Contacts With PHN	0/month	10	30.3%
	1-5/month	22	66.8%
	6 or more/month	1	3.0%

## Demographics continued

Variable	Classification	N	Percent
# Contacts With SW	0/month	8	24.2%
	1-5/month	16	48.5%
	6 or more/month	9	18.2%
# Books/Journals Read On Elderly	0 in 1.5 years	7	21.2%
	1-5 in 1.5 years	15	45.5%
	6-10 in 1.5 years	7	21.2%
	11 or more in 1.5 years	4	12.1%
Acquired Knowledge On Elderly	Experience	20	60.6%
	On Job Training	6	18.2%
	College	3	9.1%
	Trainings/Seminars	2	6.1%
	Reading	2	6.1%