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THE EFFECT OF A SENSITIZATION INSERVICE ON NURSES' AIDES' ATTITUDES TOWARD AND PERCEPTIONS ABOUT THE ELDERLY

A Thesis

Presented for the

Master of Science in Nursing

Degree

The University of Tennessee, Knoxville

Gayle Denham Massie

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DEDICATION

This thesis is dedicated to the memory of my elderly uncle, Sam Love. Inspite of his multiple chronic health problems, he refused to take on a sick role. Instead he repatterned his life to accommodate the changes he experienced. As a farmer, he was active in politics, farming issues, church, and social reform. Not only was he energetic, but he also possessed a good sense of humor and a "storehouse" of knowledge regarding farming. His advice regarding crops and livestock was sought by many.

However, when hospitalized, Sam was expected by the staff to assume a dependent role in his care. They failed to view him as a respected individual who possessed a wealth of life. Instead, he was viewed as being in a progressive state of decline. Unfortunately, this view became a self-fulfilling prophecy. As he struggled to maintain independence, he encountered a barrage of negative stereotypes from the staff. For Sam, this led to frustration, despair, and eventual resignation.

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ABSTRACT

In this country there is an increasing number of older citizens, each possessing a complexity of needs. Many of the elderly require institutionalization during their later years, for a variety of reasons. It is nurses' aides, largely untrained, who give the majority of nursing care to elderly residents of long-term care facilities. Yet, studies identify that nurses' aides possess attitudes toward the elderly which reflect negative stereotyped opinions. Staff attitudes, especially those of nursing assistants, have a major impact on the quality of daily life for residents of a long-term care facility. However, instructors of nurses' aides and inservice directors in nursing homes often neglect the affective domain and focus only on the teaching of theory and skills. This study evaluated the effect of a sensitization inservice upon nurses' aides' attitudes toward and perceptions about older persons. Vicarious experiences were utilized to help them achieve awareness and understanding of the elderly clients' needs. Also, common stereotypical myths regarding the elderly were challenged by the presentation of facts and the showing of slides that depict the emotional aspects of loss encountered by the elderly. The dependent variables were nurses' aides' attitudes toward and perceptions about older

persons as measured by the Kogan Old People Scale (KOPS) and the Palmore Facts on Aging Quiz, Miller-Dodder Revision (FAQ). Inservice programs are mandatory at the nursing home where the study was conducted. A method of random selection placed subjects in either the pretest group (control) or the posttest group (experimental). A modification of the "posttest-only" experimental design was utilized as all subjects participated in the treatment. While the pretest group completed the measurement tools, the posttest group answered demographic data along with a bogus quiz on job satisfaction. Following the treatment, the procedure was reversed. Computation of the t-test revealed that the groups differed significantly ($p = 0.004$). An increase in the following variables appeared to influence positive attitudes: (a) educational background, (b) years employed, and (c) formal job training. Nursing homes should utilize effective teaching techniques such as the sensitization inservice for the formation of more positive attitudes and perceptions regarding the elderly among nurses' aides. Further studies are indicated to expand the knowledge in this area.

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CHAPTER I

INTRODUCTION

There has been a dramatic change in the age distribution of the population of the United States since the turn of the century. The elderly currently make up the fastest growing segment of the American population. In 1900, 4.1% of the population in the United States was over 65 years of age. On July 1, 1983, individuals over 65 years of age outnumbered those under age 25 (Dychtwald, 1986 p. 6). The U.S. Census Bureau predicts that by the year 2000, 12.2% of the population will be over 65 (U.S. Department of Congress, 1981). By 2020, every fourth American could be over 65 years old. This phenomenon is attributed to increased longevity and decreased birth rate.

The above mentioned demographic upheaval is particularly significant because chronic disease, long-term illness, and disability comprise the bulk of health problems in older age. More than five out of six persons over age 65 have at least one chronic condition and more than one out of five with chronic ailments have limitations in activities (Heller & Walsh, 1976). These limitations greatly affect their ability to function independently. Also, most of the causes of death are related to chronic disease developed over the years (Dychtwald, 1986).

As life expectancy increases, so does the population of the elderly, ages 80 to 100, who are in need of a wide range of support services. One in seven elderly will spend at least six months in a nursing home during their last years of life (Ediopoulos, 1987). Less than five percent of the elderly presently reside in long-term care facilities with most residents having four or more chronic diseases or crippling disabilities.

Background

Chronic conditions are by nature irreversible, and health professionals as well as society tend to view them with "despair and nihilism" (Butler, 1975). Geriatric medicine has not yet been recognized as a specialty in the United States, although 40% of the average internist's patients are sixty-five years old and over. Also, 60% of his or her time is spent with them (Butler, 1975). In addition, current federal regulations allow nurses' aides to deliver all resident care in intermediate care facilities without the supervision of a registered, licensed, or vocational nurse from 3 P.M. to 7 A.M. each day. In most states, these nurses' aides have no experience or training to prepare them for their positions. Yet, they provide as much as 90% of the care for residents in long-term facilities and comprise over 70% of nursing personnel

employed in nursing homes (Institute of Medicine Committee on Nursing Home Regulation, 1986).

Nurses' aides, according to Campbell (1971), possess a multitude of stereotypes regarding the elderly. Such stereotypes are generated by the entropic philosophy regarding the aged that prevails in today's society. This theory presents aging as a uniform winding down process that is closed, one dimensional, and in a progressive state of decline. It categorizes all older people into a group known as "aged", making generalizations and predictions about them as a group. This negative image of aging limits the opportunities inherent in the full lifespan and stifles expectations regarding the elderly (Strumff, 1978). The elderly pick up and internalize these negative messages and signals. As a result, resignation, low self-esteem and anomie are seen in the elderly.

Conceptual Framework

Martha Rogers' (1970) conceptual framework accommodates a negentropic view of aging which presents a more positive view toward the developmental process of growing old. Rogers views aging not as a winding down of life, but a speeding up. A human being is defined as becoming more complex, increasing in diversity, increasing in heterogenity and more enriched. As a human being progresses along the life cycle, there are various interactions with the

environment; these interactions become more complex as the individual ages (Rogers, 1980). When a caregiver develops this view of the elderly, it is logical to infer that the delivery of health care to the aged is geared toward higher expectations of the client, and a more positive interaction occurs between the client and the caregiver. This in turn would enhance the quality of care received by the client. Rogers' concepts are expounded upon in the review of literature (pp. 27-31).

Purpose

The purpose of this study was to determine if more positive attitudes toward the elderly could be fostered among nurses' aides through their participation in a sensitization inservice. "Sensitization refers to an awareness of the newness or difference from past experience, causing a response of increased alertness and greater attention in the individual (Van Ort & Putt, 1984, p. 48)." This population was of paramount interest as nurses' aides provide an overwhelming portion of care in long-term care facilities and thus, directly affect the quality of life experienced by those confined elderly. Yet, relatively few studies have focused on or included this population of caregivers.

Problem

Attitudes of the staff, especially those of the nurses' aides, are an important factor in creating a good nursing home environment. Their attitudes have a major impact on the elderly residents' quality of daily life. However, inservice directors in nursing homes often neglect the affective domain in teaching. Instead, they emphasize theory and psychomotor skills to nurses' aides. The purpose of this research is to determine if attitudes toward and perceptions about the elderly can be modified through an inservice education program which utilizes teaching techniques that address the affective domain.

Research Questions

Questions investigated in this study regarding the effect of a sensitization inservice were:

1. Can a sensitization inservice improve attitudes toward the elderly among nurses' aides in a long-term care facility?

2. Can a sensitization inservice change perceptions about the elderly among nurses' aides in a long-term care facility?

Definition of Terms

For the purpose of this study, the definition of terms were as follows:

Elderly and Older Adults	individuals 65 years of age and older.
Long-term Care Facility	a licensed nursing home which provides regular or continuous assistance to older adults with some limitation in self-care capacity whose therapeutic needs require 24 hour supervision.
Nurses' Aides	individuals who have either received on-the-job training or completed nurses' aide and/or medication aide training.
Attitude Toward the Elderly	the sum total of an individual's feelings, beliefs, and actions toward older adults, as scored by the instrument entitled "Kogan's Attitude Toward Old People Scale" (Kogan, 1961).
Perception of the Elderly	an individual's ideas or stereotypes regarding older adults, measured by the Miller-Dodder (1980) revision

	of Palmore's (1977) Facts on Aging Quiz.
Sensitization Inservice	a one hour educational program which utilizes vicarious experiences such as games and role playing, open discussion and audiovisuals that focus on a better understanding of the elderly.

Significance

Educators in the geriatric setting have the task of designing a program of learning that will bring about a change in nurses' aides' cognitive abilities, value systems, and emotions. A sensitization inservice which implements teaching techniques that address the affective domain and provide vicarious experiences in the aging process may help nurses' aides to achieve awareness and understanding of the elderly. This in turn may promote attitudes and perceptions that will positively influence their behavior with the elderly. A positive view of the aging process will promote the maximum quality of a meaningful life process, and a meaningful passage from life to death for those elderly confined to long-term care facilities.

Summary

The purpose of this study was to determine the effect of a sensitization inservice on nurses' aides' attitudes toward and perceptions about the elderly. This chapter has presented background information as well as stating the purpose and problem, defining terms, and relating the significance of the research problem. The following chapter presents a review of relevant literature which establishes the foundation and rationale for the conduct of the research study as well as the theoretical framework for the study.

CHAPTER II

REVIEW OF RELATED LITERATURE

A survey of the literature revealed that extremely little research has been reported regarding nurses' aides caring for elderly clients. The following is a synopsis of literature related to the present study. It covers six areas: (a) need for caregivers to have positive attitudes toward the elderly, (b) description of nursing personnel with positive attitudes toward the elderly, (c) nurses' aides caring for the elderly, (d) approaches to attitude change, (e) attitudinal structure, and (f) theoretical framework.

Need for Caregivers to Have Positive Attitudes Toward Aging

In the past 15 years, more emphasis has been placed on meeting the needs of the elderly and improving the quality of the care they receive. One particular area that has emerged as the major focus of attention is the need for health caregivers to foster positive attitudes, especially those who provide direct care to aged persons. Of all age groups, the elderly are the most stereotyped. Variables that can be correlated with attitudes toward the elderly are: (a) age, (b) educational level, (c) years employed, and (d) experiential background (Heller, Bausell, & Ninos, 1984).

Beliefs influence attitudes, and attitudes in turn, influence feelings. Such a statement is illustrated by the following passage: "Negative presentation of the elderly in literature, on television, and in jokes all contribute to negative beliefs. Fear of changes associated with aging such as wrinkles, loss of muscle tone, slowness, dependence, and approaching death also contributes to negative attitudes. Poor parental relationships or negative childhood experiences with elderly persons also may influence beliefs." (Gioiella and Bevil, 1985 p. 22).

Campbell (1971) ascertained that stereotyped attitudes concerning the elderly do exist among nursing personnel. She discovered that registered nurses, though least willing of all nursing personnel to accept stereotypes regarding aging, also spent the least time with older patients. On the other hand, licensed practical nurses and nursing assistants readily accepted stereotypes regarding older patients but were more willing to provide care and preferred working with them.

A study, which was based on the premise that behaviors are determined by attitudes, was conducted by Hatton (1977) to determine if the tendency to stereotype the aged as dependent, isolated, inactive, unproductive, and unhappy, was related to a decreased response by the nurse in meeting the elderly individual's needs. She observed each of seven nurses for a two hour period while they performed their

nursing functions at a skilled nursing care facility. She coded the data collected into positive and negative interactions. Following her observations, she had each nurse answer the Kogan (1961) Old People Scale (KOPS). Hatton (1977) acknowledged some difficulties in scoring the interactions, for example, the hurried collection of data, lack of differentiation between technical and social interactions, and the possibility of the Hawthorne effect on the nurses' behavior by the presence of the recorder/observer.

A comparison was made by plotting the data of each nurse's percentage of positive interactions with clients and her positive score on KOPS and each nurse's percentage of negative KOPS score. When referring to the chart, Hatton reported the data as not being statistically significant, but did not reveal the name of the test utilized. A definite relationship was demonstrated between attitude and positive interaction for five of the seven nurses in the study as demonstrated by the chart. This result supported the general assumption that the nurse with a more favorable attitude exhibits a high percentage of positive interactions. The KOPS contains sets of statements, negative and positive. Hatton found that there was a relationship between attitude and behavior as the positive scale appeared to predict. However, this did not hold true for the negative scale. The results of this study are

questionable as the KOPS was not the appropriate tool to use because Kogan designed the scale as an indicator of a group attitude -- not a measure of an individual's attitude.

Another study that related positive attitudes with appropriate gerontological nursing practice was by Heller et al. (1984). They queried 300 registered nurses (RNs) and licensed practical nurses (LPNs) who were employed in three nonprofit, sectarian homes for the aged in three Eastern states. Sixty percent responded to the KOPS and the Kosberg Rehabilitation Perception Questionaire. A significant percentage (40%) of the variations in respondents' perceptions of aged patients' potential for rehabilitation was explained in terms of respondents' attitudes toward the aged. The Pearson correlation coefficient computed between these two variables resulted in a highly significant ($p < .001$) r of .636. "Negative attitudes toward the aged were found to be more often associated with perceptions of custodial care. Positive attitudes were found to be associated with more positive perceptions of the rehabilitation potential of institutionalized elderly residents" (Heller et al., 1984, p. 25).

Research supports the premise that positive attitudes toward aging are necessary for nurses who are interacting with older clients in order to ensure high quality gerontological nursing. The next question to ask is, what

characteristics do nursing personnel possess who favor working with the elderly?

Description of Nursing Personnel with Positive Attitudes Toward the Elderly

In a study by Gillis (1973), nurses' aides, licensed practical nurses, and registered nurses were surveyed in a general hospital and five nursing homes. The subjects were randomly selected. To determine differences in attitudes toward the aged based on four selected variables -- age, education, length of employment, and type of agency -- the subjects completed the Lowy (1968) instrument which Gillis revised. The revised instrument consisted of 48 opinion statements rated on a four-point scale, ranging from strongly agree to strongly disagree.

A one-way analysis of variance was used to test for differences in attitudes toward the elderly. No significant difference was demonstrated between the attitudes toward the elderly of older nursing personnel and those of younger personnel, as hypothesized. Significant difference in attitudes toward the aged, based on the nursing personnel's level of educational preparation, was found. Associate degree and diploma nurses were the most positive in their attitudes toward the aged while the nurses' aides demonstrated the least favorable attitudes. Baccalaureate nurses were rated directly above the nurses' aides. There

were no significant differences in attitudes based on the number of years that nursing personnel were employed in nursing services for the aged. However, there was an observed decrease in positive attitudes toward the aged after two years of employment. Yet, those that remained in nursing homes beyond the first few years had maintained their positive attitudes. The final variable tested was the type of employing agency. No significant difference was found between differences in attitudes toward the aged based on the type of employing agency (hospital versus nursing home).

There were implications for nursing service based on the reported decrease in positive attitudes toward the aged after two years of employment. Gillis suggested that a longitudinal study might show whether the nurses' attitudes changed over the years, or if those who possessed positive attitudes maintained them while those with less positive attitudes left the facility after a year or so.

A study completed by Robb and Malinzak (1981) analyzed 200 self-administered questionaires completed by nursing personnel at a Veterans Administration Medical Center. The researchers utilized their own 84 question, paper and pencil test instrument which consisted of a 75 cognitive item test of gerontological nursing and nine variables of interest. Only eight of these variables were discussed in the study: (a) division, acute or long-term care, (b) nursing position

level, (c) academic preparation for nursing, (d) length of time since completion of formal education, (e) completion of a formal course in gerontological nursing, (f) amount of time since completion of a continuing education program in gerontological nursing, and (h) age group. The cognitive items included 10 sexual status items, 10 sensory status items, 15 elimination status items, 20 mental status items, and 20 mobility status items. The personnel were stratified to include RNs, LPNs, and nursing assistants.

Using one-way analysis of variance, significant differences between groups were found for five variables at the .05 level of significance. The findings revealed that RNs with associate or higher degrees who were 20 to 30 years of age, had earned academic credit for one or more courses in gerontological nursing, had completed their formal educational preparation for nursing within the past 10 years, and were assigned to acute care settings, scored the highest, therefore demonstrating their knowledge of gerontological nursing. In contrast, nurses' assistants 30 to 40 years of age and having a high school education or less and who were assigned to chronic care settings scored the lowest.

Because of the low scores of the baccalaureate prepared nurses, the study by Gillis (1973) did not indicate that positive attitudes toward the elderly increased with more formal education. Yet, Robb and Malinzak (1981) found that

nursing personnels' knowledge levels relating to gerontology appeared the greatest among those who had completed academic courses in gerontological nursing and had completed post-secondary education within 10 years of the study. It should not be inferred that an increase of knowledge does not facilitate a more positive attitude toward the elderly for two main reasons. First of all, the study by Gillis was published eight years prior to the one conducted by Robb and Malinzak. Also, Gillis did not query her subjects regarding the amount of gerontological curriculum completed as did Robb and Malinzak. Gillis expressed the possibility that the baccalaureate nurses had a curriculum that focused on acute care and did not contain specific gerontological content.

Nurses' Aides Caring for the Elderly

Only three studies were found that exclusively used nurses' aides as subjects, despite the fact that thousands of aides are the primary caregivers for the institutionalized elderly of this country. The first study was done by Handschu (1973) and involved the development of an index to determine how well nursing home aides knew their residents. She found that aides who tended to know residents best are those who worked in small homes with relatively few residents on public pay, had relatively long

tenure, had more formal schooling, and were paid a higher salary.

Another study (Fiske, 1984) investigated nurses' aides' perceptions of their role with the elderly. The data were collected utilizing volunteer aide subjects in two skilled nursing facilities of a large midwestern city. Private interviews were conducted, utilizing a 24-item interview guide developed by the author. The first section of the guide elicited basic demographic data from each subject. The remaining three sections contained a total of sixteen open-ended questions.

The results of this study demonstrated nurses' aides' confusion over basic nursing care and revealed that most aides had received little or no formal education for their nursing home role. Most subjects identified that interaction with nursing home residents was the most satisfying part of their job, while the most common frustration was that of interpersonal conflict involving other staff or residents' families. Insight was provided into aides' feelings about elderly nursing home residents.

Based on the study's findings, Fiske recognized a great need for nursing homes to provide inservice or other educational opportunities to their aides enabling them to give safe, proper, effective, and consistent care to residents. As the quality of nurses' aide education can only be as good as the nurses' in leadership positions, she

identified a "desperate need" for professional leaders in nursing homes to be persons with education and experience in gerontological nursing. Also, it was recommended that more studies exclusively using nurses' aides as subjects be conducted to investigate additional characteristics of this segment of caregivers.

Elliot and Hybertson (1982) conducted a preliminary study to examine systematically the relationship between the expressed attitudes of nursing personnel toward individual geriatric patients and objectively assessed characteristics of these patients. The researchers randomly selected 50 residents from a 100 bed skilled nursing home in Pennsylvania. Data analysis was restricted to those patients who elicited consistent attitudinal ratings by the nursing personel. An instrument was designed for objective measurement of characteristics and functional levels of the patients. Patient coordinators, registered nurses, completed the forms with reliability checks of the instrument performed by having licensed practical nurses assess 25% of the sample. The interassessor rate was 94%; there was a 98% agreement on assessments within one level of functioning. All day and evening shift nursing assistants then subjectively rated individual geriatric patients using a seven-point, Likert-like attitudinal scale.

The subject ratings of the patients by the nursing assistants were analyzed separately for each shift. Median

ratings were calculated for each of the 33 patients. A correlational analysis (the name of the test used was omitted) was performed to examine the relationship between the day and evening shift nursing assistants' subjective ratings of their feelings for the patients and the patients' characteristics and functional levels as objectively assessed by the registered nurses serving as patient-care coordinators. The findings indicated that personal and social behaviors of geriatric patients and the degrees of functional independence are related significantly to the feelings nursing personnel express about providing care. Those patients who were independent in self-care or exhibited pleasing social behavior were associated with more favorable attitudes while those patients who were extremely dependent or exhibited displeasing social behavior were related to more unfavorable attitudes.

Elliot and Hybertson inferred that those patients who were viewed in a negative context were the least preferred and therefore, not as likely to receive the same level of nursing care. With the assumption that the attitude of the caregiver affects the quality of care given to the resident, recommendations were made for two types of inservice training for nurses' assistants. The first was education concerning aging and pathology. The second type of inservice that needed to be available was one which would concentrate on attitudes and their relationship to patient

care. The researchers inferred that both types of educational programs would serve to improve attitudes, resulting in a higher quality of care for patients and a greater job satisfaction for nursing assistants.

Approaches to Attitude Change

La Monica (1979) addressed the problem of promoting positive attitudes among caregivers by focusing on the need to explore and develop a personal understanding of one's own attitudes. She also offered a conceptual model, existentially based, for this process and a learning experience by which to carry it out. In her article, she maintained that attitudinal development involves internal processes and includes an awareness and understanding of self. Therefore, she maintained that the concept of existentialism facilitated such a learning experience.

The learning experience suggested involved participation in a simulation, "Aging: A Dimension of the Life Cycle of Man." Participants are to utilize a variation of transcendental meditation at the beginning to clear their mind of extraneous thoughts. Then they are to concentrate on "A parable of Life" as a narrator reads it and fantasize themselves as the flower the parable describes. Participants are then requested to share their reactions and feelings. La Monica reported using this experience in various settings with the results being consistently

positive as "All participants reported heightened sensitivity, myths and fears of aging were verbalized, explored and positively reformed."

Clarissa P. Green (1981) described a guided fantasy used with four small groups of RNs, 20 - 48 years of age, in the third year of a BSN program. The students were given a handout with these following headings listed on it: (a) Age and Year, (b) Significant Relationships, (c) Health Status and Health Behaviors, (d) Financial Situation, (e) Living Situation, (f) Daily Activities, (g) Sexuality, (h) Feelings about Self and Life, (i) Age and Cause of Death, and (j) Picture. Space was provided under each heading for their response to specific open-ended questions read by the leader. They were told that all their fantasies would not have to be shared with the group during the discussion that would follow. It would be their decision regarding what they chose to disclose in that discussion. The discussion focused on contributions from the fantasies, known facts and current research about the elderly, and the implications for health care of negative or stereotypic attitudes toward the elderly.

Some interesting trends were revealed in the sharing of fantasies. Students were limited in their ability to see potentially satisfying relationships and possessed strong familial attitudes about how the elderly should live and who should be important to them. The topic of health was found

threatening, as no student saw anything more serious than a bit of arthritis. Surprisingly, no one saw herself as poor in old age and discussion brought forth fear about use of money and ways of maintaining financial independence in old age. A conflict in values about achievement and accomplishment versus inactivity, unstructured leisure time and mental activities surfaced in most groups. They were very supportive of sexual expression among oldsters within institutions to help maintain previously enjoyed intimacies. Several expected to be depressed if they saw themselves as incapacitated or approaching death. No one projected suffering or an unpleasant death. Frequently during the discussion, participants were asked to extrapolate their current feelings about themselves and life and to consider future experiences that might positively or negatively affect their current attitudes.

Student evaluations rated the experience as extremely useful in their clinical work with elderly families. Because of the impact this experience had upon the students, Green perceived this teaching strategy as being easily tailored and used with with other groups such as nurses' aides.

A third and more recent article by Goodwin and Trocchio (1987) was directed specifically to "Cultivating Positive Attitudes in Nursing Home Staff." They identified the importance of kind and respectful treatment from

caregivers. Also, neglect of the affective domain in the instruction of nurses' aides was addressed.

In an effort to improve attitudes toward the elderly, they recommended training techniques such as use of simulation games, living in a nursing home, use of skills checklists, group meetings, and involving residents. Simulation games could provide an enjoyable way for staff to explore their feelings and promote discussion regarding their experience with the game and the influence it could have on their work with residents. The second technique, living in a nursing home, was seen as a successful approach since staff members are invited to act as nursing home residents for a few hours or a few days. Thus, the caregiver could experience first hand what it is like to be the recipient of care. Skills checklists that assess the application of theory to the clinical setting could be modified to include an attitude column. Such a method would place an emphasis on affective skills as well as cognitive-behavior skills.

Structured group meetings on a regularly scheduled basis for the purpose of focusing on staff's attitudes and feelings regarding the residents and their jobs was viewed as another effective method. This process would convey to the staff members that their opinions are important and that dealing with attitudes and feelings are part of being on staff. The final suggestion, involving residents, viewed

residents as valuable teachers in the affective domain. This could be done via a resident panel to discuss such topics as quality care, what they valued in staff members, or what made a good or bad day in the nursing home. Also, new staff members could be assigned to interview individual residents using open ended questions and listen to what residents had to say about nursing home life.

In closing, the authors emphasized the importance of role models for nurses' aides and the need to be appreciated. It was ascertained that professional nurses could promote positive attitudes and behavior by setting an example for nursing assistants. Also, nurses should demonstrate respect for one another and all nursing assistants. Positive behavior should be reinforced and praise given whenever it is due. These are behaviors identified with a supportive environment which promotes positive attitudes.

Janis and Mann (1965) utilized role playing in their research involving attitude change. A role playing situation in which subjects played the role of medical patients beginning to suffer from the harmful consequences of cigarette smoking. All of the subjects were young women who had expressed no intention of cutting down on their smoking. In the experimental group each subject was told that in playing the role of the patient she should express her spontaneous personal reactions. The experimenter in the

role of the physician wore a white coat and used various props, for instance, X-ray photographs of the lungs. Five different scenes were played, including one in which the patient waits for the physician to arrange for her hospitalization on the surgical ward. This procedure proved effective in arousing emotion.

The results showed that there was marked attitude change in the experimental group and even change in smoking habits. Mann and Janis (1968) asked the subjects to report on their cigarette smoking 18 months later and found that the subjects in the experimental group were consuming fewer cigarettes than those who were in a control group which had only listened to a taped recording of an authentic session that had been conducted by one of the subjects in the experimental group. The mean of cigarettes smoked per day prior to the role play by the experimental group was 24.5 and the mean for the control group was 22. One month after the study, the mean for the experimental group was 14 while the control group was higher at 17.5. After 18 months the experimental group had a mean of 13.5 cigarettes per day and the control group, 16. These numbers indicated that the role playing had a greater effect than passive exposure to information.

Attitudinal Structure

Many definitions for attitude have been given by various social psychologists. However, the following definition is one cited by Fishbein and Ajzen (1975, p. 6) as one with which most attitude researchers would agree: "a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object." This is consistant with the definition set forth by Campbell (cited in Triandis, 1971, p. 2). He described a social attitude as a syndrome of response consistency toward social objects. Asch conceived through his investigations, that attitudes were perceptual sets formulated in past experiences (Fishbein & Ajzen, 1975). All of these definitions portray an attitude as a response toward a person, idea, or object which leads to a certain behavior.

Attitude has been broken down into three highly correlated components by social psychologists: affective, cognitive, and behavioral (Triandis, 1971). The affective component was viewed by Thurstone (Insko, 1967) as being bipolar in nature. For each positive extreme of a belief exists a negative extreme. He perceived individuals as possessing a wide variety of beliefs pertinent to any particular attitude object. These beliefs could be logically compatible with one another, distortions of reality, or even incompatible with each other. Thurstone postulated that the best estimate of the individual's

attitudinal affect was the average of affective distribution of his personal beliefs. It is the affective portion of attitude that provides motivational energy for behavior (Katz & Stotland, 1959).

Heider (cited in Fishbein & Ajzen, 1975) postulates that one must understand the individual's cognitive representation of the environment, his life space, in order to understand the operation of attitudes and their impact on behavior. He perceived people, objects, and events as being related to one another within a dynamic cognitive system. Having primary significance in the life space are the attribution of causality, the existence of sentiments, the degree of belongingness characterizing pairs of elements, and the extent to which a person ought or ought not to engage in a particular activity. A person is likely to see himself in a unit formation with another person or object under conditions of frequent interactions, high degree of familiarity, ownership, similarity of beliefs and goals, and when he is personally instrumental in causing a good outcome for the other. All sentiment and unit relations fall into two classes: either positive or negative. Positive sentiment relations are illustrated by liking and approval, and negative relations by rejection and condemnation; a positive unit denotes the presence of a cognitive unit between two entities, whereas a negative unit indicates segregation of the two entities.

An important aspect of his model is the motive or need to maintain balanced and harmonious relations between cognitive elements. Thus, a basis is provided upon which predictions could be made of the association among cognitve elements and their relationship to the object.

The third dimension of attitudinal structure, behavioral, is perceived by Fishbein & Ajzen (1975) as the response predisposition of an attitude. Attitude is typically viewed as an underlying variable that is assumed to guide or influence behavior with the strength of this aspect directly correlated to elicit responses. They cite a study by Nemeth (Fishbein & Ajzen, 1975, p. 290) which reported a statistically significant relationship between liking for a person and volunteering to distribute questionaires for him.

Theoretical Framework

The focus of Martha Rogers' conceptual model is man, whom she refers to as a "unitary human being" (Rogers, 1984). The definition of unitary human beings is based on five assumptions and serves as a basis for the conceptual framework developed by Rogers. These five assumptions include the concepts that (a) the individual is a unified whole, who is more than and different from the sum of his parts; (b) the individual's life patterns and organizations are constantly exchanging energy and matter with the

environment; (c) the individual's wholeness can be reflected by his or her rhythmic, dynamic, and self-regulatory life patterns; (d) the individual's life processes continue unidirectionally and are irreversible; and (e) the individual is a sensing, thinking being like no other (Rogers, 1970).

Based on these assumptions are the four building blocks Rogers identifies: energy fields, open systems, pattern and organization, and four dimensionality (Rogers, 1970). Energy fields is a unifying concept for both animate and inanimate environments. Unitary human beings do not have energy fields but rather are energy fields as are environments. Energy fields have no boundaries as they are indivisible and extend to infinity. Thus, these fields are characterized by openness which allows for energy exchange with the environment and all living organisms. An open system is a negative entropic system that does not run down, increases in complexity, and is a contradiction of steady state. The interchange between and among energy fields has pattern. It is pattern and organization that identify a human being and reflect his wholeness. These patterns are not fixed but change as situations require. The interchange occurs at different points in the four-dimensionality of space-time, a domain that is nonlinear without spatial or temporal qualities (Rogers, 1980, pp. 331-332).

Derived from the four building blocks are the principles of homeodynamics, which are composed of three separate principles; integrality, resonancy, and helicy (Rogers, 1984). Integrality refers to the inseparability of human beings and their environment with constant simultaneous interaction between these energy fields (Rogers, 1984). The change in pattern takes place by means of wave phenomena. These increase in complexity and diversity. The development process of growth is an example of this principle. The final principle, helicy, is suggestive of the way in which human and environmental change takes place. The mutual simultaneous interaction of human being and the environment is never repeating; further, the interaction increases in complexity. The process of negentropic evolution is part of this principle (Rogers, 1970). These principles serve as tools in order to translate Roger's model into nursing practice and "have validity only within the context of this conceptual system of unitary man" (Rogers, 1980, pp. 333).

Health and illness are not differentiated within this conceptual model, but are perceived as expressions of the life process and value terms imposed by society. Their meanings are derived out of an understanding of the life process in its totality (Rogers, 1970, p. 85). Health and illness are viewed as "part of the same continuum (Rogers,

1970, p. 125)" and therefore, can not be viewed as discrete entities.

The focus of nursing intervention is the person in his entirety, the unitary human being, and upon reestablishment of conditions of equilibrium between his energy field and that of his immediate and potential environment (Rogers, 1970, pp. 124-125). Rogers suggests that to respond in a holistic way the nurse may need to be imaginative and innovative in her application of nursing knowledge to practice. She may use the energy field of the environment or her own body (which is an energy field) to interact with that of the patient or she may need to involve the patient in a re-patterning of his activities of daily living in order to coordinate and match rather than conflict with the environmental energy field.

Based on Rogers' paradigm, the life process in human beings becomes a phenomenon of wholeness, of continuity, of dynamic and creative change (Rogers, 1970, p. 84). It possesses its own unity. It is inseparable from the environment and occurs in four dimensionality. Since the individual is the recipient of nursing services, nursing revolves around the life process of humanity. According to Rogers, the science of nursing is directed toward describing the life process of humanity, and toward explaining and predicting the nature and direction of its development (Rogers, 1970).

Utilizing Martha Rogers' framework of unitary human beings in the clinical area of gerontology provides a more positive view of aging. The human field of aging is more than the sum of its parts. The energy field is in mutual, simultaneous interaction with the energy field of the nurse. No one pattern identifies the aging field. This conceptionalization provides a marked contrast to the prevailing entropic view, in which the aged see themselves as parts, the bowels having priority. The nurse must extend her energy field into the human field of the aged and try to effect a change within the pattern of the individual. Information, touching, and caring are forms of energy, and the repatterning of the aged field is accomplished through the exchange of these energies.

Not only does Rogers' conceptual framework facilitate a more positive attitude toward aging, it also provides a basis on which to promote attitudinal changes among nurses' aides toward the elderly. In applying Rogers' five assumptions of unitary beings to nurses' aides, it could be conceived that nurses' aides possess attitudes which are integral parts of their being and reflect their life patterns and organizations. These rhythmic, dynamic, and self regulatory life patterns reflect unique individual wholeness. As their attitudes are part of their life processes, those attitudes cannot be negated, but can be affected by the exchange of energy and matter with the

environment. Drawing upon the fifth assumption, the creativity and sensitivity of unitary man, a modality for attitude change is realized, which would address both the cognitive and affective domain of learning, a sensitization inservice. During such an inservice, the environment would be manipulated by the exchange of energy to promote a positive attitude toward the elderly. Thus, more postive attitudes would be formed via the homeodynamic principle of Helicy.

Summary

A search of literature revealed that among nursing personnel, nurses' aides are the most likely to accept stereotypes regarding the elderly (Campbell, 1971; Robb & Malinzak, 1981). Behaviors in providing nursing care were shown to be determined by attitudes (Hatton, 1977) and positive attitudes were deemed essential for the provision of high quality gerontological nursing (Heller et al., 1984). Yet, it was the nurses' aides who were the most willing to provide care for the elderly (Campbell, 1971). A strong need has been shown for education and training of the nurses' aides in long-term care facilities (Campbell, 1971 & Fiske, 1984). The use of vicarious experiences in inservice education has been suggested for the formation of more positive attitudes toward the elderly (La Monica, 1979; Goodwin & Trocchio, 1987; Green, 1981) and role playing has

proven an effective method in changing behavior (Janis & Mann, 1965).

In addition to the review of current literature about attitudes toward the elderly, this chapter presented information on attitudinal structure and a theoretical framework for the study. The following chapters will present a strategy used by this nurse educator/researcher to effect a growth in positive attitudes toward the elderly among nurses' aides in a long-term care facility.

CHAPTER III

DESIGN AND METHODOLOGY

The major thrust of this chapter is to convey descriptive information regarding the type of study, the design, the setting, sample selection, operational definitions of the independent variables, data collection procedures, and data analysis procedures used to test the stated hypothesis.

Hypothesis

The working hypothesis tested in this study was as follows:

A sensitization inservice can improve attitudes toward and perceptions about the elderly among nurses' aides in a long-term care facility.

Type of Study

A true experimental study was conducted by utilizing a pretest-posttest nonequivalent group design. The subjects were nurses' aides employed at a long-term care facility. The nurses' aides were randomly selected to take either the pretest or posttest, as all subjects participated in the one hour sensitization inservice. Those aides who took the pretest served as the control group since they had not been exposed to the experimental treatment, the sensitization inservice, prior to completing the questionaires.

The independent variable was a sensitization inservice program presented by the researcher. Dependent variables were nurses' aides' attitudes toward and perceptions about the elderly.

Design

The pretest-posttest nonequivalent group design used in this study is represented in Figure 1. This design is

Group		Pretest	Treatment	Posttest
Control	R	$O_{1,2}$	X	----
Experimental	R	----	X	$O_{1,2}$

R = Randomization
O_1 = Observation of measurement, Kogan's (1961) Attitude Scale
O_2 = Observation of measurement, Palmore's (1977) Facts on Aging Quiz (Miller-Dodder [1980] revision)
X = Participation in the one hour sensitization inservice

Figure 1. Pretest-Posttest Nonequivalent Group Design.

essentially the same as the "posttest only control group design" recommended by Campbell (cited in Insko, 1966, p. 5) for research in the field of attitude change. The "posttest only control group design" is represented in Figure 2. Since all subjects in this study received the treatment, it appeared more appropriate to recognize this fact in the design.

Group		Pretest	Treatment	Posttest
Control	R	$O_{p\,T}$	----	----
Experimental	R	----	X	$O_{p\,T}$

R = Randomization
$O_{p\,T}$ = Observation of measurement, posttest
X = Manipulation or treatment

Figure 2. Posttest-Only Control Group Design (Campbell, cited in Insco, 1967, p.5).

The similarity of the subjects' background made this design feasible, as one major concern with such a design is that the two groups would not be similar in composition. Random selection in part reduced the possibility of such an error. In addition, the sample was a homogeneous one in which over 90% of the subjects were white, Protestant, married, and lifelong residents of the rural area where the facility is located.

Setting

The setting for the study was a long-term care facility located in a rural Northeastern Kentucky community. This facility is privately owned by a national corporation and is licensed by the Commonwealth of Kentucky for 16 personal care (PC) beds and 94 intermediate care (IC) beds. PC patients are ambulatory and require only minimal assistance with personal care. IC patients require more than minimal assistance with personal care, but do not require skilled nursing care, such as I.V.'s or tube feedings, that must be

directly administered by a licensed nurse. Approximately, 42% of the residents are nonambulatory and require total care. Less than 3% of the patients are private pay with the remaining 97% of the patients covered by Kentucky Medical Assistance.

The corporation which operates the home is the largest interstate proprietary nursing home chain in the United States and has an internal quality assurance program headed by a full-time executive (Institute of Medicine Committee on Nursing Home Regulations, 1987 p. 187). For the past three consecutive years, the facility utilized in this study has received the "Excellent Award" from the corporation in recognition for the high standards of care provided.

Population and Sampling

Nurses' aides employed at the Vanceburg Health Care Center served as the population for the study. Inservices are mandatory at the facility with exceptions made for those working the previous night shift or at the time of the inservice. Out of 36 nurses' aides, 29 attended. However, two aides arrived late and one left before completing the posttest. Therefore, 26 subjects, 9 male and 17 female aides, participated in the study. Regarding job preparation, 34.6% had received on the job training while 65.4% completed nurses' aide and/or medication aide training. The majority of subjects were 20 to 29 years of

age. The nurses' aides were identified by code numbers which were assigned as they were randomly selected for either the pretest or posttest groups. They were told that nurses' aides portray an important role in the care of the elderly and the inservice would provide them an opportunity to experience problems faced by the elderly and understand the importance of nurses' aides' roles in the care of the aged resident. Each nurses' aide indicated his/her intent to participate by completing a consent form (see Appendix C) at the close of the inservice.

Operational Definitions of Variables

Independent variables. The independent variable was a gerontological sensitization inservice. The one hour inservice consisted of the following components given in order: (a) an audiovisual presentation of the poem, "Look Closer" (McCormick, 1976), followed by an open discussion regarding dehumanization of the elderly through institutionalization; (b) short lecture and visual presentation of the normal reaction to loss, followed by a game and discussion; and (c) role playing utilizing props, followed by discussion and debriefing.

Slides and audiotape were developed by the researcher to characterize the "crabbit old woman" in the poem, "Look Closer" (see Appendix D). A resident in the long-term care facility eagerly volunteered to enact the "crabbit old

woman" in the slide presentation, while her sister narrated the poem. Pictures of another elderly woman's lifespan were used to depict the life events addressed in the poem. "Pavane for a Dead Princess," sad orchestra music written by Ravel, served as the background music. Examples of questions discussed after viewing the five minute presentation were as follows: (a) What responses by this elderly lady reflected decreased self-esteem? (b) How did the "nurse" contribute to these feelings? (c) Can you recall incidents in your life when you were not given choices or others talked down to you? How did you feel? and (d) What can we do as caregivers to help the residents experience a more satisfying life and to feel good about themselves?

The second phase of the inservice consisted of a brief description of the stages of grief as applied to the reacton of loss, a game to experience loss, and discussion. A flip chart was implemented as a visual aid during the short lecture. This was followed with an open discussion regarding the losses the "crabbit old woman" experienced. Those losses were listed on a flip chart as participants recalled them. Next, they were told to make a list of five valued items, such as qualities, people, or objects. Items were systematically removed from their list as the aides were given the following instructions: (a) Cross off the second item on your list. (b) Cross off two items on the

list of the person to your right. and (c) Cross off one item on the list of the person to your left. Discussion began with the following: "There should be only one treasured item remaining on your list. Think what it felt like when you lost your treasured items. Did you experience denial? (This is only on paper, it doesn't count!) Anger? (Don't cross off my children!) Bargaining? (Cross off my dog, not my child!) Depression? (Feel a tinge of sadness?) Acceptance? (Oh well, those are the instructions.) What losses do the elderly experience when they become a resident?" Other questions discussed were: (a) The elderly experience losses, but do we allow them to grieve? (b) How many times is their anger taken personally or their depression ignored? and (c) How can we provide time to listen or let them help themselves?

The final phase of the inservice involved role playing, "Meal Time at the Rendezvous Nursing Home," which was developed by the researcher. The participants sat in groups of eight as directed prior to the inservice. Volunteers distributed props and the leader distributed eight cards to each group. The cards contained descriptions of the roles to be played by each member with two members acting as nurses' aides. One "aide" was instructed to act as a nurturing parent, calling everyone "honey" or "doll baby" and also to apply a mechanical restraint to a grieving "resident." The other "aide" was reminded she had worked

ten consecutive days and was extremely irritable. She was also informed that a particular lonely "resident" was considered a "royal pain." Some of the "residents'" roles involved loss of vision, loss of hearing, loss of independence, loss of speech, and loss of friends. Food was distributed by those playing the roles of nurses' aides and in the background an audiotape blared the sounds of the dining room at mealtime. A debriefing followed, as participants recanted the multitude of feelings experienced in their assigned roles and discussed their experience.

These methods were chosen to provide the subjects with an avenue for exploring beliefs and feelings concerning the aged and the aging process through active participation. Research has shown that active participation is more effective in changing attitudes than is passive exposure to persuasive communications (Janis & Mann, 1965). Furthermore, Gorden as cited in de Tornyay and Thompson (1982, p. 27) states, "Simulation/gaming has its greatest measurable effect in the area of attitudes."

Dependent variables. The dependent variables were nurses' aides' perceptions of and attitudes toward old persons as measured by two separate instruments. The attitude scale, Kogan's (1961) Old People Scale (KOPS), is a measuring instrument consisting of a set of 17 items expressing negative sentiments and a second set of 17 items

of which the items are a reverse of the first set. There are thus 17 matched positive-negative pairs. This scale measures the dependent variable, attitudes toward the aging, by assessing how persons who respond to the items feel about the elderly on such issues as their (a) intellectual capacity, (b) dependence, (c) personality, (d) influence, (e) personal appearance, and (f) living arrangements. There are also other items that reflect the feelings of the respondents and/or their possible discomfort when in the presence of old people. A copy of the instrument may be found in Appendix B.

Reliability of the KOPS was considered moderate at the time of development. Kogan used three samples to test the reliability with odd-even reliability coefficients (Spearman-Brown) reported for the separate scales. They were as follows: For the negatively directed questions $\underline{r}$ = .76, $\underline{N}$ = 168; $\underline{r}$ = .73, $\underline{N}$ = 128; and $\underline{r}$ = .77, $\underline{N}$ = 186. For the positively directed questions $\underline{r}$ = .77, $\underline{N}$ = 168; $\underline{r}$ = .66, $\underline{N}$ = 128; and $\underline{r}$ = .73; $\underline{N}$ = 186. Interscale correlations indicated that the various scales were correlated. The scale was considered easy to score and required a short amount of time to administer it.

The second scale, entitled "Facts on Aging Quiz," was originally published by Erdman Palmore (1977). The quiz was identified by Laner (cited in Palmore) as measuring more than one thing and requiring scoring in sets. Therefore,

the Miller-Dodder (1980) revised Facts on Aging Quiz (FAQ) was used (see Appendix B). Results from the Miller-Dodder research in revising the scale indicated that changing the direction of several statements resulted in a 26.2% increase in correct responses in their sampling population. The FAQ was used in this study because it is short, limited to factual statements, supported by empirical research, and the distinction can be made between factual and attitudinal statements.

Other variables of interest were measured by the researcher's self-designed demographic instrument (see Appendix A). The eight variables investigated were as follows: (a) gender, (b) age, (c) length of employment, (d) educational bckground, (e) job preparation, (f) relationship with grandparents, and (g) age of grandparents living.

Procedure

Two colors of paper slips, blue and yellow, were placed in a box. As nurses' aides' arrived they were instructed to draw a slip of paper from the box. If blue was drawn, a posttest packet was dispensed to the individual and if yellow was drawn, a pretest packet was dispensed. Each packet contained two questionaires which were marked "#1" and "#2" to denote in what order they were to be taken. One questionaire contained the demographic sheet (see Appendix A) and a bogus quiz on job satisfaction, which was not

scored. The other questionaire consisted of the KOPS and FAQ (see appendix B), which were used to measure the dependent variables. The bogus quiz served as a distractor and kept subjects occupied while the appropriate group took either the pretest or the posttest. Both packets contained identical testing material, the only difference being the order in which the questionaires were numbered.

Prior to the inservice, time was allotted for the pretest subjects (control group) to complete the KOPS and FAQ whle the posttest group answered demographic data and completed the bogus quiz. Following the inservice, this procedure was reversed. A debriefing session preceded the signing of consent statements by the subjects. During the debriefing, the nurses' aides were given the opportunity to discuss their experiences during the inservice and what effect it had on them. Also, the consent forms were explained to them, stressing that all information gathered through the study would be kept confidential and a more detailed explanation was given as to the purpose of the study. Return of the consent statements with the questionaire packets indicated voluntary participation.

Data Analysis

The hypothesis was tested by the computation of the *t* -test for independent (Rafferty et al, 1985) samples. The two independent samples were the control group, those given

the pretest, and the experimental group, those given the posttest. The level of significance was set at the .05 level.

Summary

This chapter presented operational procedures employed in the conduction of the study. The hypothesis was stated and followed by explanations regarding the type of study, sample selection, the operational definitions of the independent and dependent variables, data collection procedures and mode of analysis. The subsequent chapters will focus on findings of the study, the scoring procedure used, and the analysis of data.

CHAPTER IV

RESULTS

This chapter contains information on the demographic variables of the 26 nurses' aides included in the study. The hypothesis is presented with the statistical analysis results. Findings of the study are presented in tables. Discussion of the results and limitations follow at the end of the chapter.

Demographics

The subjects were of similar background having lived the majority of their lives in a rural Protestant area that is the fifth largest county, geographically, in Kentucky. Ethnic background was not addressed in the study since only one black individual was employed as an aide. Caucasians comprise 99.93% of the county population

Participating in this study were 17 females and 9 males. The majority (61.5%) of subjects were under age 30. Only 53.8% of the sample had at least a high school education; that number included the 19.2% of subjects who reported completing some college. Additional demographic characteristics of the participants are represented in Table I.

Regarding job preparation, the distribution was relatively even, as 34.6% had received on the job training,

Table I

Demographic and Other Variables
for 26 Nurses' Aides

	Percentages		
	Pretest	Posttest	Total
Gender			
Females	61.5	69.2	65.4
Males	38.5	30.8	34.6
Age			
Under 20 years	15.4		7.7
20-29 years	46.1	61.5	53.8
30-39 years	15.4	38.5	26.9
40-49 years	23.1		11.6
Length of Employment			
Less than 6 months	23.1	15.4	19.2
6-11 months	30.8	15.4	23.1
1-2 years		30.8	15.4
2-3 years	15.4		7.7
3-4 years	7.7	7.7	7.7
4-5 years			
Over 5 years	23.1	30.8	27.0
Education			
1-8 years		30.8	15.4
9-12 years	30.8	15.4	23.1
High school graduate	53.8	15.4	34.6
Some college	15.4	23.1	19.2
Job Preparation			
On the job training	38.5	30.8	34.6
Nurses' aide training	38.5	30.8	34.6
Medication aide training	23.1	38.5	30.8
Relationship with Grandparents			
Very good	53.8	53.8	53.8
Good	23.1	15.4	19.2
Not applicable	23.1	30.8	26.9
Age of Grandparents Living			
Under 65 years	7.7		3.8
65-74 years	30.7	23.1	26.9
75-85 years	15.4	15.4	15.4
Over 85 years		7.7	3.8
No Response	46.2	53.8	50.0

34.6% had completed nurses' aide training, and 30.8% had completed medication aide training (Table I). It was evident in reviewing length of employment, that there had been a large turnover in employees during the past year, as 42.3% of the subjects indicated that they had been employed at the facility for less than a year.

When asked about their relationship with their grandparents 73% reported it as being "very good" or "good" while 26.9% marked not applicable. Half of the subjects did not respond to the question regarding the age of their grandparents living.

Random selection for the control group and experimental group resulted in a fairly even distribution of these variables among the experimental and control groups. Refer to Table I for comparison of variables distributed between the two groups in relation to the total group composition.

Testing of Hypothesis

The working hypothesis for the study was: A sensitization inservice can improve attitudes toward and perceptions about the elderly among nurses' aides in a long-term care facility. The mean score of the control group for the combined KOPS and FAQ was 34.769 and the experimental group, 42.615. The difference of the means were found to be significant (Table II).

Table II
Comparison of Mean Difference for KOPS & FAQ

Group	DF	Mean Square	SD	t	p
Control (pretest)	24	34.769	7.928	-3.154	0.004
Experimental (posttest)	24	42.615	4.194		

To determine if the significance held true for each dependent variable, t-tests were computed for the KOPS scores and the FAQ scores separately. The difference was found to be significant for both the KOPS, the test for attitudes (Table III), and the FAQ, the test for perceptions (Table IV).

Table III
Comparison of Mean Difference for KOPS

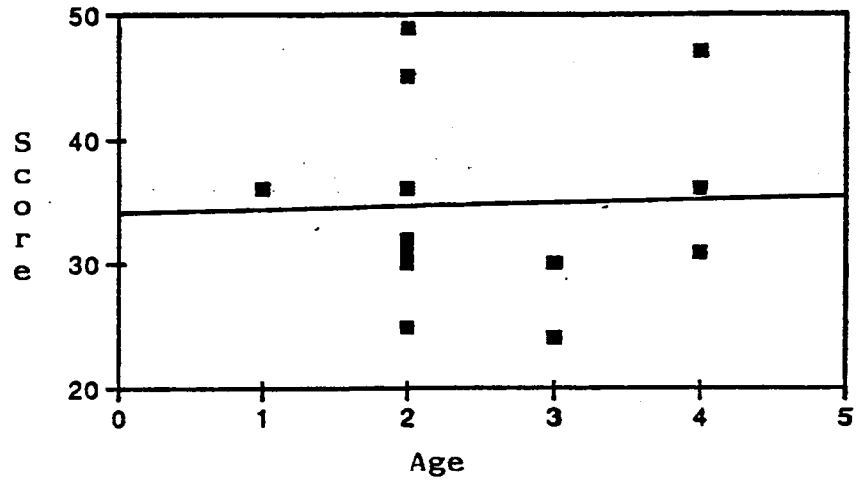
Group	DF	Mean Square	SD	t	p
Control (pretest)	24	23.154	4.981	-2.984	0.006
Experimental (posttest)	24	28.077	3.252		

Table IV
Comparison of Mean Difference for FAQ

Group	DF	Mean Square	SD	t	p
Control (pretest)	24	11.615	3.641	-2.121	0.044
Experimental (posttest)	24	14.538	3.382		

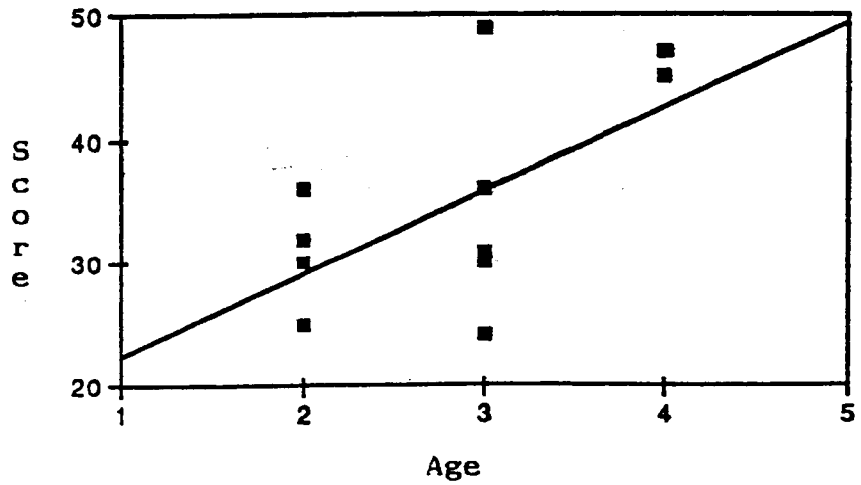
Using the demographic data gathered, regression lines were plotted for both the KOP and FAQ combined scores, according to age range, basic education, years employed, and job preparation (Rafferty et al, 1985). This was done separately for the pretest group and the posttest group, so predictions could be made about the demographic variables. The regression lines for age predicted only a small increase in positive attitudes toward and perceptions about the elderly with increase in age (Figures 3 & 4).

Simple regression computed for educational preparation predicted that positive attitudes and perceptions increase with the amount of education. The increase appeared more dramatic in the pretest group (Figures 5 & 6).



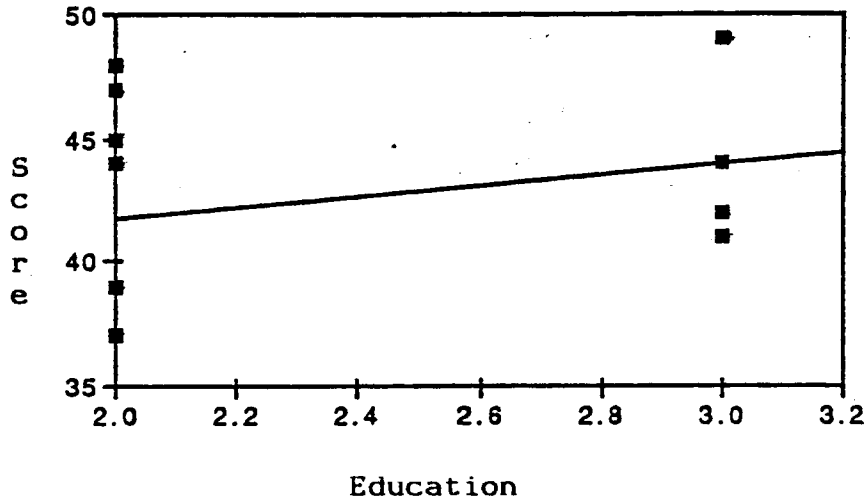
1 = under 20 years
2 = 20-29 years
3 = 30-39 years
4 = 40-49 years

Figure 3. Simple Regression of Age Factor for Pretest Group



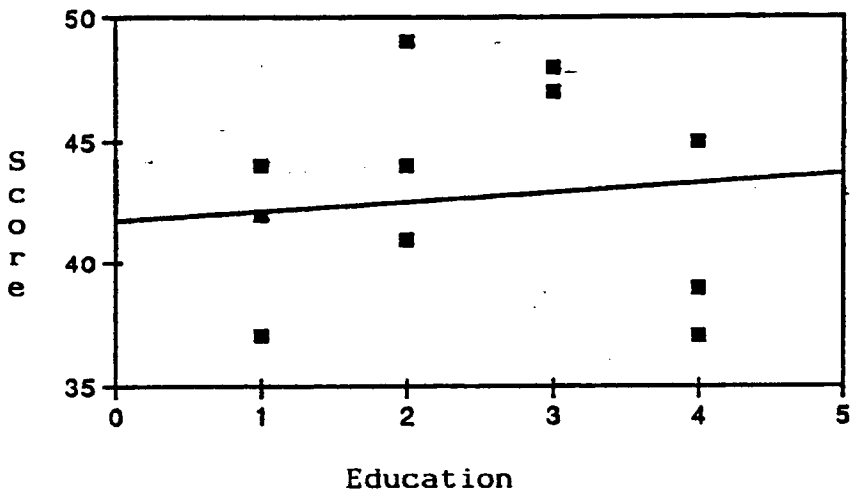
1 = under 20 years
2 = 20-29 years
3 = 30-39 years
4 = 40-49 years

Figure 4. Simple Regression of Age Factor for Posttest Group



1 = 1-8 years of school
2 = 9-12 years of school
3 = high school graduate
4 = some college

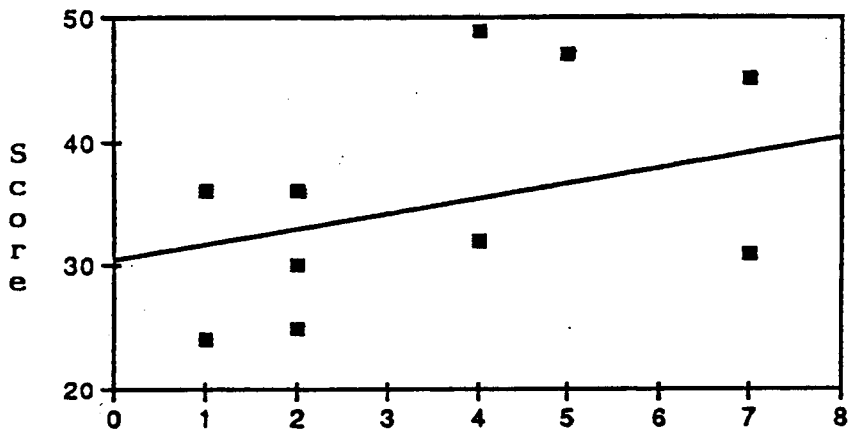
Figure 5. Simple Regression of Educational Background for Pretest Group



1 = 1-8 years of school
2 = 9-12 years of school
3 = high school graduate
4 = some college

Figure 6. Simple Regression of Educational Background for Posttest Group

Years employed, represented by regression lines, implied that the longer the subjects had worked at the long-term care facility, the more positive their attitudes and perceptions would be regarding the elderly. The increase was almost identical in the pretest and posttest groups. However, due to the difference in scale intervals on the left hand side of the graphs, the increase falsely appears to be more dramatic in the posttest group (Figures 7 & 8).



1 = less than 6 months
2 = 6-12 months
3 = 1-2 years
4 = 2-3 years
5 = 3-4 years
6 = 4-5 years
7 = over 5 years

Figure 7. Simple Regression of Years Employed for Pretest Group

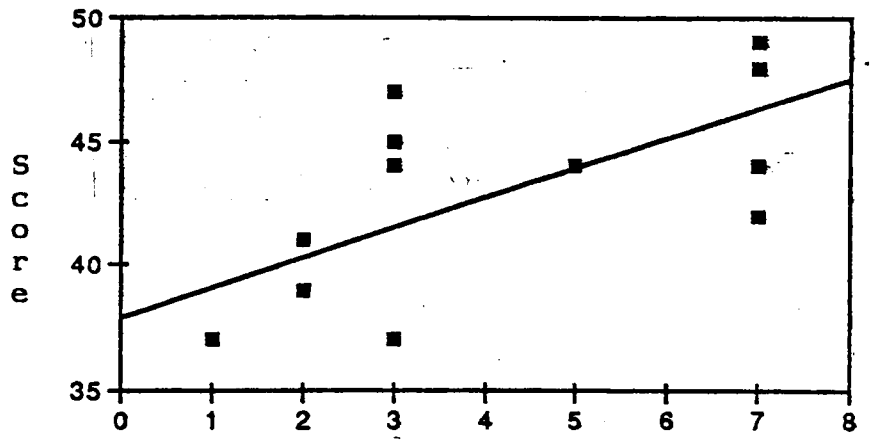


Figure 8. Simple Regression of Years Employed for Posttest Group

The regression line computed according to job preparation indicated that the more formal training provided for nurses' aides, the more positive their attitudes and perceptions would be regarding the elderly. Also, by comparing both the pretest and posttest regression lines, it appeared that the more job preparation, the greater the benefit from educational inservices (Figures 9 & 10).

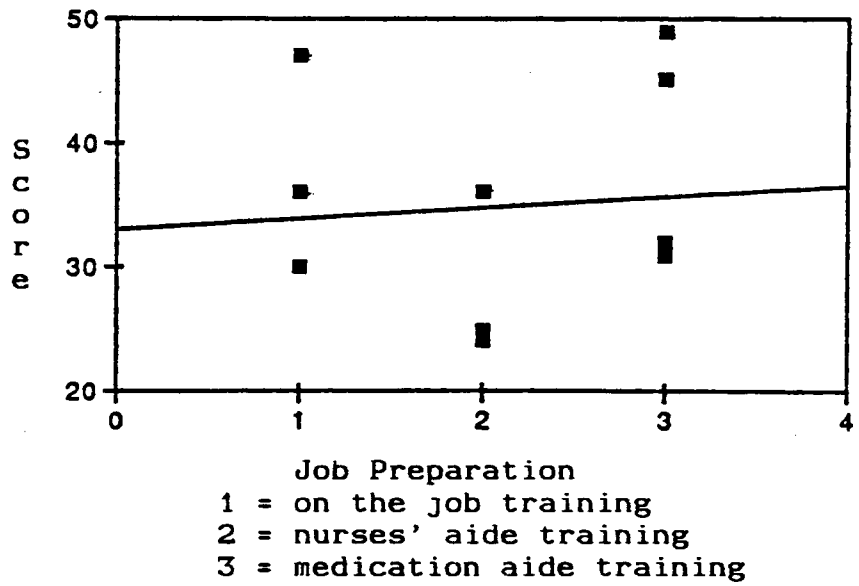


Figure 9. Simple Regression of Job Preparation for Pretest Group

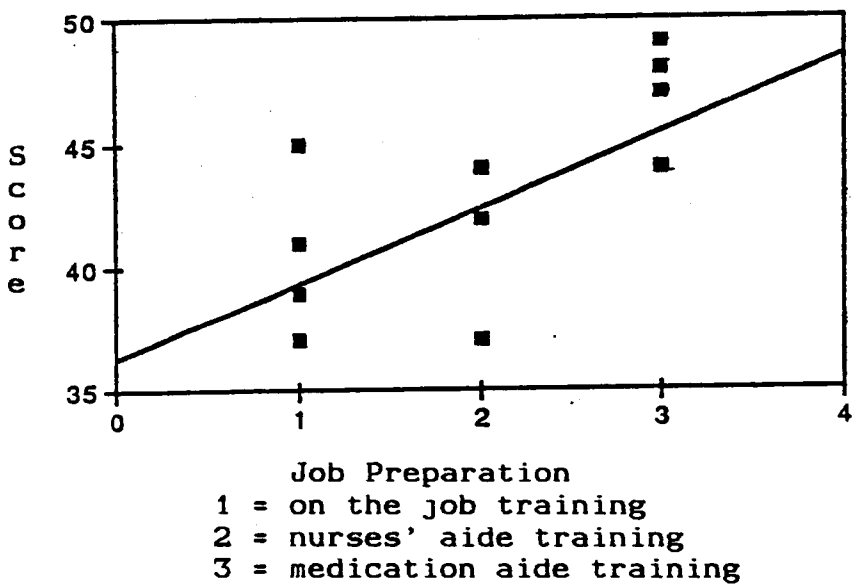


Figure 10. Simple Regression of Job Preparation for Posttest Group

Discussion of Results

One hypothesis was formulated, tested, and accepted. The two dependent variables were tested together and separately. All three t-tests demonstrated that mean scores of the two groups were significantly different.

Simple regression computed for selected demographic variables resulted in predictions about those variables. Those variables which appeared to exert he greatest influence on positive attitude and perception formation were educational background, years employed, and job preparation. It could also be inferred through comparison of the pretest and posttest regression lines, that the more knowledge a person acquired, the more positive his/her attitudes and perceptions would be regarding the elderly. The comparison of Figures 5 and 6 demonstrated a more dramatic increase of scores following the inservice among those with less formal schooling. This supported the prediction that acquired knowledge increases positive attitudes and perceptions about the elderly. By comparing Figures 9 and 10, it could be inferred that the greater an aide's job knowledge base, the more the aide benefited from an inservice.

All subjects either reported a positive relationship with grandparents or indicated "not applicable" on their questionaire. Due to the absence of negative responses, the data were not analyzed. Because of the lack of response

when asked the age of grandparents living, this variable was not analyzed. It was determined that the two questions were not worded properly and therefore were misconstrued by the subjects.

Increase in age did not predict a significant increase in positive attitudes and perceptions regarding the elderly. This appeared incongruent with the prediction that the dependent variables improved with length of employment. In reviewing individual responses to demographic data, among those subjects who had been employed three years or longer, 82% had completed medication aide training and 46% were 20 - 29 years of age while 39% were 30 - 39, leaving only a small percentage of subjects 40 and over. Therefore, the more positive attitudes associated with length of employment could actually be secondary to job preparation. Because the majority of subjects in this category were under 39 years of age, the prediction that attitudes and perceptions become more positive with length of employment might still be valid.

Limitations

The inferences and conclusions are limited in scope of application due to the homogeneous population (white, Protestant, rural residents) used in the study. Although a strong research methodology, true experimental, was used in testing the sample, there were inherent weaknesses.

Some extraneous variables were controlled by the fact it was a homogeneous group and randomization was used for additional control. However, a more powerful statistical control mechanism, analysis of covariance, would have permitted better control of extraneous subject characteristics after the fact.

Pretest interaction was avoided by using two separate groups for comparison. This indirect method of measurement may have allowed for error variance. On the other hand, perhaps the group's homogeneity and size were great enough to prevent the occurrence.

Summary

Demographic data, testing of the hypothesis, results, and limitations have been discussed. The following chapter presents the conclusions and recommendations that evolved from this study.

CHAPTER V

CONCLUSIONS

The hypothesis has been supported by the results of this study. This chapter contains a summary of the study, conclusions, implications, and recommendations for further research and staff education.

Summary

Due to the increasing population of older people in the United States, it is imperative that healthcare workers develop more positive attitudes and perceptions regarding the elderly. Nurses' aides provide the majority of care for patients in long-term care facilities, yet many of them have received no training prior to caring for the clients. Most commonly, those that received training were taught skills that focused only on cognitive and psychomotor skills with the affective domain neglected. Attitudes directly influence an individual's behavior. Thus, if a nurses' aide possessed negative attitudes and perceptions regarding the elderly, the patients would in turn receive poor quality of care.

The purpose of this study was to determine the effect of a sensitization inservice, in which vicarious experiences were utilized with nurses' aides to improve attitudes toward and perceptions of older persons. A review of literature

suggested that educational strategies could be used to change attitudes. This study presented the results of a strategy which utilized a modified "posttest-only" design with all subjects participating in the inservice. Random selection determined which individuals would receive the pretest and which ones would be given the posttest. The educational inservice presented some facts on aging by means of a brief lecture, audiovisuals, and open discussion. Also implemented were games and role playing which allowed the subjects to experience part of the aging process and the direct effects of negative attitudes and perceptions.

The dependent variables were nurses' aides' attitudes toward and perceptions of the elderly as measured by the Kogan (1961) Old People Scale and Facts on Aging Quiz, Miller-Dodder (1980) revision. Both of these instruments were given as a pretest to the control group and as a posttest to the experimental group.

Only one hypothesis was tested: "A sensitization inservice can improve attitudes toward and perceptions about the elderly." The *t*-test was used to determine if significant differences existed between the two groups. This hypothesis was supported by the results of data analysis.

By the use of simple regression lines calculated on selected demographic data, several predictions could be made. As the amount of education, years employed, and job

preparation increases, so do positive attitudes and perceptions about the elderly.

List of Conclusions

Conclusions that were made, based on this research include:

1. Attitudes and perceptions can be improved through the use of a sensitization inservice.

2. Positive attitudes can be promoted through the use of vicarious experiences implemented in an educational inservice.

3. Positive perceptions of the elderly can be promoted through educational inservices which focus on the affective domain.

4. Nurses' aides' attitudes and perceptions regarding the elderly tend to become more positive with an increase of education.

5. Length of employment was associated with more positive attitudes and perceptions regarding the elderly.

6. Formal job training completed by nurses' aides was associated with positive attitudes and perceptions regarding the elderly.

7. Job preparation tends to positively influence learning through an educational inservice.

8. Acquired knowledge from an educational inservice tends to be greatest among those of least formal education.

9. Age was not associated with an increase in positive attitudes and perceptions regarding the elderly.

Recommendations and Implications for Additional Research

As a sensitization inservice in this study proved to be effective in the formation of positive attitudes and perceptions regarding the elderly, a longitudinal study to explore the long-term effect of a sensitization inservice would be useful. Such a study would provide insight regarding the lasting effect that such an experience might exert upon the formation of positive attitudes and perceptions. This might also demonstrate whether nurses' aides' attitudes changed over the years or if those who possessed attitudes maintained them while those with the most negative attitudes resigned during the first two years of employment (Gillis, 1973).

In order to provide more definite data in this area, a longitudinal study should be conducted correlating patients' perception of care with nurses' aides' attitudes and perceptions about the elderly before, during, and following a series of sensitization inservices. Who else would be better to evaluate the effect of sensitization inservices, than the recipients of care? This type of study would be useful in determining how often such inservices should be given and how beneficial they actually are in promoting positive attitudes and perceptions regarding the elderly.

An expansion of the study presented in this research paper would be of great benefit. It should include a larger, more diversified sample, including employees of more than one institution. Such a study would provide a larger representation of the population, allowing the results to be applied to a larger group.

Recommendations and Implications for Staff Education

Research validated that nursing assistants readily accepted negative stereotypes regarding the elderly. However, they were more willing than registered nurses or licensed practical nurses to provide care and preferred working with elderly patients (Campbell, 1971). Another study (Hatton, 1977) demonstrated that a definite relationship existed between attitudes and positive interactions with patients. The Institute of Medicine Committee on Nursing Home Regulation (1986) cited personnels' attitudes as being the most important factor in creating a good nursing home environment according to a poll taken of residents in long-term care facilities. Yet, staff attitudes is an area in which nusing homes may be lacking.

Helping nurses' aides to develop positive attitudes and respectful behavior toward the elderly should be an important consideration throughout orientation and educational inservice programs. Teaching techniques that address the affective domain in the training of nurses'

aides should be incorporated and implemented. The affective domain relates not only to value indicators such as attitudes, interest, and beliefs, but also to ethics, moral judgements, and values themselves (Reilly, 1980, p. 54). These are things that are not consciously learned but are the most deeply ingrained aspects of life-long experiential learning. Vicarious experiences provided via role playing and games address the affective domain and serve to bring theory and real-life experiences closer together. Games and role playing help participants and observers gain new perceptions about human relationships since they are forced to thing about the person whose role is assumed.

Nurses' aides should be encouraged to exhibit behaviors that reflect positive attitudes toward the residents for whom they provide care. On-the-job training does not facilitate such learning as it basically emphasizes rote learning of psychomotor skills. Nurses' aides' training should be mandatory for nurses' aides in long-term care facilities prior to caring for residents to prepare them better for their roles as caregivers and to develop an understanding regarding the importance of their attitude upon the residents' quality of life. Also, nurses' aide training could predispose them to a more positive view of aging, one of negentrophy.

Vicarious experiences should be integrated into regularly scheduled mandatory inservices. These inservices

would enable nurses' aides to develop insight into the impact their attitudes have upon patient care. Elliot and Hybertson (1982) concluded that such inservices would improve attitudes, resulting in a higher quality of care for patients and greater job satisfaction for nurses' aides. Also, such inservices on a regular basis would provide interactions which would assist nurses' aides to view themselves in unit formation with the elderly through the development of familiarity and similarity of beliefs and goals. Heider (cited in Fishbein & Ajzen, 1975) views this as necessary for the development of "positive sentiment."

The importance of addressing the affective domain in the teaching of nurses' aides can be summarized in a quote from Krawthwohl et al (cited in Reilly, 1980, p. 54). This quote refers to the process of affective domain learning to an "opening of Pandora's box:"

> It is in this "box" that the most influential controls are to be found. The affective domain contains forces that determine the nature of an individual's life and ultimately the life of an entire people. To keep the "box" closed is to deny the existence of the powerful motivational forces that shape the life of each of us. To look the other way is to avoid coming to turns with the real.

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APPENDIXES

APPENDIX A

DEMOGRAPHIC QUESTIONAIRE

Please check the appropriate spaces below.

1. Sex
   1. _____ male
   2. _____ female

2. Age
   1. _____ under 20
   2. _____ 20 - 29
   3. _____ 30 - 39
   4. _____ 40 - 49
   5. _____ 50 - 60

3. Length of Employment
   1. _____ less than 6 months
   2. _____ 6 - 11 months
   3. _____ 1 - 2 years
   4. _____ 2 - 3 years
   5. _____ 3 - 4 years
   6. _____ 4 - 5 years
   7. _____ over 5 years

4. Education
   1. _____ 1 - 8 years
   2. _____ 9 - 12 years
   3. _____ high school grad.
   4. _____ some college

5. Job Preparation
   1. _____ on the job training
   2. _____ nurses aide training
   3. _____ medication aide training

6. Relationship with Grandparents
   1. _____ very good
   2. _____ good
   3. _____ fair
   4. _____ poor
   8. _____ not applicable

7. Grandparents Living
   1. _____ under 65
   2. _____ 65 - 74
   3. _____ 75 - 85
   4. _____ over 85

APPENDIX B

INSTRUMENTS

1. Palmore's Revised Facts on Aging Quiz

   Questions 8 - 32

2. Kogan's Old People Scale

   Questions 33 - 66

THE ELDERLY

Instructions: Listed below are a series of statements that represent how people view the elderly. Check a box to indicate whether you agree or disagree with the statement. If you can't decide or have mixed feelings about the statement, check the box marked DK (Don't Know).

	Yes	No	DK.
8. The majority (more than half) of older people are senile (defective memory, disorietated, demented, etc.).			
9. All five senses tend to decline in old age.			
10. The majority (more than half) of older people have no capacity for sexual relations.			
11. Lung capacity tends to decline in old age.			
12. The majority of older people say they are happy most of the time.			
13. Physical strength tends to decline in old age.			
14. At least one-tenth of older persons are living in longstay institutions (nursing homes, mental hospitals, homes for the aged).			
15. Drivers over 65 have more accidents per person than drivers under 65.			
16. Older workers cannot work as effectively as younger workers.			
17. About 80% of older people say they are healthy enough to carry out their normal activities.			
18. The majority of older people are unable to adapt to change.			
19. Older people tend to take longer to learn something new.			
20. It is always impossible for most old people to learn new things.			

	Yes	No	DK.
21. The reaction time of older people tends to be slower than the reaction time of younger people.			
22. In general, older people tend to be pretty much alike.			
23. The majority of older people say they are usually bored.			
24. The majority of older people say they are lonely.			
25. Older workers have more accidents than younger workers.			
26. Over 15% of the U.S. population are now 65 or over.			
27. The majority of medical practitioners give low priority to older people.			
28. The majority of older people have incomes below the poverty level ($3,025 for a person or $3,650 for couples).			
29. The majority of older people say they would like to have some kind of work to do.			
30. Older people tend to become more religious as they age.			
31. The majority of older people say they are usually irritated or angry.			
32. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.			
33. One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.			
34. Most old people spend too much time prying into the affairs of others and giving unsought advice.			

	Yes	No	DK.
35. Most old people tend to keep to themselves and give advice only when asked.			
36. If old people expect to be liked, their first step is to try to get rid of their irritating faults.			
37. When you think about it, old people have the same faults as anybody else.			
38. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.			
39. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.			
40. There are a few exceptions, but in general, most old people are pretty much alike.			
41. It is evident that most old people are very different from one another.			
42. Most old people should be more concerned with their personal appearance; they're too untidy.			
43. Most old people seem to be quite clean and neat in their personal appearance.			
44. Most old people are irritable, grouchy, and unpleasant.			
45. Most old people are cheerful, agreeable, and good humored.			
46. Most old are constantly complaining about the behavior of the younger generation.			
47. One seldom hears old people complaining about the behavior of the younger generation.			
48. Most old people make excessive demands for love and reassurance.			
49. Most old people need no more love and reassurance than anyone else.			

	Yes	No	DK.
50. It would probably be better if most old people lived in residential units with people of their own age.			
51. It would probably be better if most old people lived in residential units that also housed younger people.			
52. There is something different about most old people: it's hard to figure out what makes them tick.			
53. Most old people are really no different from anybody else; they're as easy to understand as younger people.			
54. Most old people get set in their ways and are unable to change.			
55. Most old people are capable of new adjustments when the situation demands it.			
56. Most old people would prefer to quit work as soon as pensions or their children can support them.			
57. Most old people would prefer to continue working just as long as they possibly can rather than to be dependent on anybody.			
58. Most old people tend to let their homes become shabby and unattractive.			
59. Most old people can generally be counted on to maintain a clean, attractive home.			
60. It is foolish to claim that wisdom comes with old age.			
61. People grow wiser with the coming of old age.			
62. Old people have too much power in business and politics.			
63. Old people should have more power in business and politics.			

	Yes	No	DK.
64. Most old people make one feel ill at ease.			
65. Most old people are very relaxing to be with.			
66. Most old people bore others by their insistence on talking about the "good old days."			

APPENDIX C

Informed Consent Statement

Dear Nursing Assistant:

You are invited to participate in a research study designed to determine if attitudes toward the elderly can be affected by inservice training. Your participation will involve responding to a questionaire regarding the elderly. The information obtained from the forms that you complete will not be used in any way which would hinder your employment status. Time will be provided prior to the inservice and after the the inservice for you to complete the forms.

No negative effects are expected to result from your participation in the project. Participation in the study will provide beneficial information to help professionals.

All data will be kept confidential and stored in a locked filing cabinet at the researcher's private residence. The data sheet on each individual will be summarized for any presentations or publications that arise from the research. Only the researcher will be capable of identifying individual participants.

Participation in this project is voluntary and your consent for participation may be withdrawn at any time prior to completion of the data analysis by giving written notice to the researcher listed below. Should you decide to withdraw or choose not to participate, you will not incur any penalty. If you have any questions about your participation in the study, please feel free to contact the researcher listed below.

Gayle Denham Massie
225 Court Street
Vanceburg, Kentucky 41179

I have read and understand the above statements, I freely consent to participate in this project under the above conditions.

Signed _____

Date _____

APPENDIX D

Look Closer

What do you see nurse, what do you see?
What are you thinking when you look at me?
A crabbit old woman, not very wise
Uncertain of habit, with far away eyes,
Who dribbles her food, and makes not reply,
When you say in a loud voice, "I do wish you'd try!"
Who seems not to notice the things that you do,
And forever is loosing a stocking or shoe.
Who, unresisting or not, let you do as you will
With bathing and feeding, the long day to fill.
Is that what you're thinking, is that what you see?
Then open your eyes, you're not looking at me.
I'll tell you who I am as I set here so still,
As I move at your bidding, as I eat at your will.
I am a small child of ten, with a father and mother,
Brothers and sisters who love one another.
A young girl at 16 with wings at her feet
Dreaming that soon now a lover she'll meet.
A bride soon at 20, my heart gives a leap
Remembering the vows that I promised to keep.
At 25 now I have young of my own
Who need me to build a secure happy home.
A women of 30, my young now grow fast,
Bound to each other with ties that should last.
At 40 my young now soon will be gone,
But my man stays beside me to see I don't mourn.
At 50 once more babies play around my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread,
For my young are all busy rearing young of their own.
And I think of the years and the love I have known.
I'm an old lady now and nature is cruel,
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigor depart,
And now there is a stone where I once had a heart.
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I am loving and living life over again.
I think of the years all to few, gone so fast,
And accept the stark fact that nothing can last.
So open your eyes nurse, open and see,
Not a crabbit old woman, look closer, see me.

McCormack, P.M. (1976). Look closer (Crabbit old woman). Journal of Gerontological Nursing, 2. 9.

VITAE

Gayle Denham Massie was born in Vanceburg, Kentucky on May 16, 1947. She attended elementary and secondary schools in that city. Upon graduating from Lewis County High School in 1965, she entered King's Daughters' Hospital School of Nursing in Ashland, Kentucky. She graduated with a diploma and became a registered nurse. Since then, she has obtained a Bachelor's Degree of Nursing from Spalding College in Louisville, Kentucky and most recently, a Master's Degree in Nursing from The University of Tennessee, Knoxville.

She has been employed for the past five years at Shawnee State University as an associate degree nurse educator. During that time, she has remained active in the field of gerontological nursing. Past work experiences have included critical care, home care, and mental health in addition to geriatrics. Professional organizations include Sigma Theta Tau and National Education Association.

Active community involvement has been an important aspect of her professional commitment. Presently, she is Vice Chairman of the Administrative Board for the Lewis County Primary Care Center and is County Health Chairman for the Lewis County Homemakers Club, University of Kentucky's Cooperative Extension. She serves as Chairman for Family Ministries on the Administrative Board of the Vanceburg United Methodist Church.