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Lycoming College
Department of Nursing
Honors Research Project
Attitudes of Registered Nurses and Student Nurses
Toward the Geriatric Client and the
Relationship of Attitudes and
Ego Defensiveness and Selected Demographic Variables.

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**Ego Defensiveness and Attitudes
of Registered and Student Nurses
Toward the Geriatric Client**

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Running head: EGO DEFENSIVENESS AND ATTITUDE

Abstract

The purpose of this study was to explore registered nurses' and student nurses' attitudes towards the geriatric client and subsequently, to determine if a relationship exists between attitudes and ego defensiveness and attitudes and selected demographic variables of these individuals.

The hypotheses were three-fold. First there will be no difference in attitudes toward the geriatric client when registered nurses are compared to student nurses. Second there will be no relationship between attitudes toward the geriatric client and ego defensiveness in either group, registered nurses and student nurses. Third there will be no relationship between attitudes toward the geriatric client and selected demographic variables (such as age, group, gerontologic education, and time spent taking care of persons 65 or older weekly) in either group, registered nurses or student nurses.

A survey design which used random and convenience sampling techniques was employed.

Participants in this study were registered nurses (n=108) and student nurses (n=48). The registered nurses were from three medical facilities in northcentral and northeast Pennsylvania. The student nurses were obtained from junior and senior level baccalaureate nursing programs located at two private colleges in northcentral and southern Pennsylvania.

Data analysis was based on the responses of 156 subjects. Each subject completed three questionnaires: a demographic assessment questionnaire, Kogan's Attitude Toward Old People Scale, and The Marlowe-Crowne Social Desirability Scale.

Statistical analysis in the form of a two tailed t-test, Pearson product moment correlation, and Multiple linear regression was used to analyze the data.

Results indicated that both the registered nurses and student nurses hold positive attitudes toward the geriatric client. There was not a significant relationship between attitudes toward the geriatric client and ego defensiveness. Age was found to be a significant predictor of attitudes toward the geriatric client for both the registered nurses and student nurses.

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Chapter I

Introduction

At the beginning of this century one in 25 Americans were over 65, in 1984 one in 9 were over 65. It is projected that by the year 2050 one in five Americans will be 65 (Schick, 1986). In the past two decades the 65 plus population has increased twice as fast as the less than 65 population (Schick, 1986). Nornhold (1990) predicts that by the year 2000, 15 percent of the United States population will be 65 or older, more than 3 million will be 85 or older, and 100,000 will be 100 or older.

Society's negative attitude toward the elderly has impacted greatly on the elderly population. Society places little value on the elderly; emphasis is on the young and productive members. Society's attitude impacts on the self-image, behaviors, living conditions, and daily life circumstances of the geriatric client. When the geriatric person is in contact with the healthcare delivery system, how much of his/her behavior is related to the attitudes of the healthcare provider?

With this in mind, determination of the attitudes of registered nurses and student nurses towards the

geriatric person is essential.

One dimension of attitudes which can be measured is ego defensiveness. Identifying the presence of ego defensiveness is important since the degree of ego defensiveness held by the registered nurse or student nurse can affect the quality of care provided to the geriatric client.

How does the aging population impact on health care? Data compiled by Schick (1986) shows that the average person visits a physician five times per year, but between 65-74, 7.4 visits are made per year. Hospitalization for this age group occurs twice as often as the general population, with the length of stay being twice as long (Schick, 1986). In 1983, the elderly accounted for 12 percent of the general population, but accounted for one-third of all personal health care expenditures (Schick, 1986).

Pennsylvania is one of eight states in which half of the elderly population resides (Schick, 1986). This results in healthcare providers in this state providing care to an increasing number of geriatric clients. With the elderly comprising such a large portion of hospital censuses, health care providers must care for a population with its own unique needs. These needs are related to environmental factors, support

resources, maximizing health potential, promoting elements of safety, and client advocacy. Most importantly, these needs are age related and often overlooked by health care providers, who may have little to no gerontological training, who try and adapt medical surgical information to aged clients (Grey-Vickrey, 1987).

Since student nurses are the healthcare providers of tomorrow, determining their attitudes, (as well as registered nurses'), toward the geriatric client will provide information that can be used as a basis for gerontologic education. Additionally, student nurses and registered nurses attitudes may be used to indicate their willingness to specialize in gerontological nursing.

Purpose and Hypotheses

The purpose of this study was to explore the attitudes of registered nurses and student nurses toward the geriatric client and, subsequently, to determine if a relationship exists between the attitudes, ego defensiveness (as a personality trait), and other selected demographic variables of these same individuals.

The hypotheses for this study were three-fold.

I. There will be no difference in attitudes toward

the geriatric client when registered nurses are compared to student nurses.

II. There will be no relationship between attitudes toward the geriatric client and ego defensiveness in either group, registered nurses or student nurses.

III. There will be no relationship between attitudes toward the geriatric client and selected demographic variables (such as age, group, gerontologic education, and weekly time spent taking care of persons 65 or older) in either group, registered nurses or student nurses.

Assumptions and Limitations

It was assumed that the subjects would respond honestly and not base their answers on what they thought might be correct. An additional assumption was that the subjects would not collaborate when answering the questionnaires.

Operational Definitions

The terms used in this study were defined as follows:

Geriatric, elderly, aged, or old person: person 65 or older.

Student nurse: person at the sophomore, junior, or

senior level in a four year collegiate baccalaureate nursing program.

Registered nurse: person who is licensed in the state of Pennsylvania to practice professional nursing.

Attitude: theoretically a component of all behavior, overt or covert (Remmers, 1954); the end products of the socialization process, significantly influencing man's responses to cultural products, to other persons, and to groups of people, can be used to predict and explain reactions of the person to a class of objects (Shaw and Wright, 1967).

Attitude toward the elderly: organization of beliefs by which an individual expresses ways of looking at people 65 years of age and over (Sedhom, 1982). These attitudes can be either positive or negative as determined by Kogan's Attitude Toward Old People Scale.

Ego defensiveness: the mechanism by which the individual protects his/her ego from unacceptable impulses, from the knowledge of threatening forces from without, and the methods by which he/she reduces the anxieties created by such problems (Katz, 1960, cited in Bonaparte, 1979).

Summary: Chapter one has identified the basis for this research; ego defensiveness and attitudes toward the

geriatric client. Determination of attitude toward the elderly is important in assuring these individuals receive high quality healthcare.

Chapter two will serve as the theoretical framework for the study. It will discuss the concepts of attitude and ego defensiveness. The review of literature contained within this chapter will provide the reader with the current research studies regarding healthcare workers attitudes toward the geriatric client and related ego defensiveness.

Research methodology (design, sample, instrumentation, and pilot study) will be discussed in chapter three. Chapters four and five will discuss the research results and significant findings in relation to the hypotheses, review of literature, and future research areas.

Chapter II

The gerontological population of the near future will consist of many individuals who have lived through an era very different from those individuals who will be providing health care. This will make the geriatric client part of a culture with different needs and expectations. This population will be homogeneous yet, heterogeneous. As a whole, the geriatric population have similar aspects, but individually, they each have separate personalities and endeavors (Knapp, Bahr, and Strumpf, 1987). With this in mind the theoretical framework was developed.

Theoretical Framework

Attitudes. Cultural and behavior theories can be used to explain attitude development and subsequent ego defensiveness. Cultural theory states that cultural patterns are learned and are expressions of the way of life of a group of people which unconsciously influence their behavior (Bonaparte, 1979).

Attitudes are formed in relation to objects, persons, and values which may or may not have motivational appeal at first. When particular likes or dislikes are more or less fixed, an individual is said

to have formed attitudes in relation to these particular objects. Attitudes are formed as a result of the individual's contact with his/her environment, thus an attitude is learned or conditioned. Therefore, attitudes form in relation to social values or norms. Many attitudes prescribe the individual's relationship, status, or role with respect to other individual's or groups (Sherif and Cantril, 1947).

Bonaparte (1979) postulates that if attitudes are learned, nurses also learn attitudes about clients with different cultural backgrounds which could affect acceptance or rejection of such persons.

"Attitudes develop out of parental and group influences and from innate personality characteristics, but they are manifested within the limits set by culture" (Bonaparte, 1979, p. 167). "Early experiences about the social environment help to establish basic predispositions toward one's own group and toward others. These beliefs and attitudes stay with an individual throughout life" (Morse and Allport, 1952, in Bonaparte, 1979, p. 167).

Staats and Staats (1967) termed attitude as an implicit response which is considered socially significant in the individual's society. Fishbein (1967) placed attitude formation within the framework

of behavior theory. Therefore, attitudes can also be conceptualized as learned predispositions to respond to an object or class of objects in a consistently favorable or unfavorable way, and beliefs about an object were viewed in conjunction as to the nature of the object and the relationship to the other object (Fishbein, 1967, p. 389). "Therefore every point in semantic space has an evaluative component. Thus with respect to any object, an individual has a positive, negative, or neutral attitude" (Fishbein, 1967, p. 389). Attitudes have various motivational attributes. Four functions which attitudes perform for the personality are: the adjustive function of satisfying utilitarian needs; the ego defensive function of handling internal conflicts; the value expressive function of maintaining self identity and of enhancing the self image and the knowledge function of giving understanding and meaning to the ambiguities of the world about us (Fishbein, 1967). Ego defensiveness is the most motivating aspect to an attitude.

Ego defensiveness. Ego defensiveness is the "mechanisms by which the individual protects his ego from his own unacceptable impulses and from the knowledge of threatening forces from without, and the

methods by which he reduces his anxieties created by such problems" (Fishbein, 1967, p. 462). Ego defensiveness includes devices the individual uses to avoid facing either the inner reality of the kind of person he is or the outer reality of the dangers the world holds for him (Fishbein, 1967). Fishbein (1967) holds that ego defensiveness stems from internal conflict with its resulting insecurities. "Mechanisms of defense are adaptive in temporarily removing the sharp edges of conflict and in saving the individual from complete disaster. They are not adaptive if they handicap the individual in his social adjustment and in obtaining the maximum satisfactions available to him from the world in which he lives" (Fishbein, 1967, p. 462).

Fishbein (1967) classified ego defensive mechanisms into two families on the basis of the more or less primitive nature of the devices employed. The first family, also known as primitive defenses or more socially handicapping defenses, include denial and avoidance. The second family, or less primitive defenses, are those of rationalization, projection, and displacement.

Bonaparte (1979) terms anxiety as an activity which the ego uses to protect the self. Therefore,

which ego defenses are used depends on the individual's need to protect against overt or covert anxiety.

Many attitudes have the function of defending self image when one cannot admit that there are deep feelings of inferiority. Those feelings may be projected onto some convenient minority group, (such as the geriatric client), and bolster egos by attitudes of superiority toward this group (Fishbein, 1967).

Fishbein (1967) concludes that attitudes are not created by the target, but by the individual's emotional conflicts, and when no convenient target exists, the individual will create one. Therefore, when confronted with an object or situation perceived as threatening, the person may respond with a defensive behavior (Bonaparte, 1967).

"Defensiveness is a way of coping with anxiety or perceived threat" (Bonaparte, 1979, p. 170). "Anxiety is an activity which the ego uses to protect the self" (Bonaparte, 1979, p. 170).

A healthcare provider's use of ego defense mechanisms will depend on his/her individual perceptions of the geriatric clients. The degree of ego defensiveness expressed by healthcare providers may be related to their individual fears: fear of becoming old, increasing dependence, and of eventual death (Gow,

1982).

Review of Literature

Increasing attention is being paid to nurses' attitudes toward elderly clients. This is for two primary reasons. First, the rise in the number of geriatric clients requiring nursing services has been accompanied by a decline in the number of nurses interested in working with this client population. Second, studies of nurses actually working with elderly clients suggest that nurses hold negative attitudes toward them engage in behaviors which may be detrimental to the best interests of these clients (Penner, Ludenia, and Mead, 1984).

Penner and others, (1984) explain this through two social psychological theories of prejudice. Negative attitudes toward the elderly are the result of general stereotypes about older people rather than a result of negative direct experiences or as a result of the nurses' experiences in caring for the elderly. The study conducted by Penner and others, (1984), found that nursing staff saw their own clients as more active and powerful than other classes of elderly. This strongly suggests that nursing staff's experiences with elderly clients, rather than the staff's general feelings about the elderly, are the primary determinant

of their attitudes toward the elderly client. Taylor and Harned (1978), found that nurses with less than ten years of nursing experience; less than ten years experience with elderly; nurses under 40; nurses who worked in teaching and in hospitals; and nurses who lived in neighborhoods that did not contain old people had more positive attitudes towards old people and achieved scores that were below the group mean, with no one expressing negative attitudes.

Campbell (1971), completed a study in which she compared registered nurses, licensed practical nurses, and nurse assistants attitudes toward the geriatric client. She found that licensed practical nurses and nurse assistants preferred working with old people more than the registered nurses. Her study found that registered nurses spent the least amount of time caring for the elderly. A further instance of the lack of desire on the part of the nursing care personnel to work with the aging was demonstrated in the force choice situations which indicated that salary increase or shift preference did not significantly increase the willingness of the subject to work with the nonpreferred client (majority of cases the nonpreferred client was elderly). Campbell (1971), found that the level of education was a variable in that as the level

increased the stereotype acceptance decreased.

Brower (1985) in her study found that nurses who spend a high percentage of their working time with older clients had less favorable attitudes than those who spent a low percentage of time.

The proportion of nursing personnel who wish to engage in geriatric practice is rising very slowly and sporadically. In general, American society places a high value on youth, activity, beauty, and wealth. Old age is less valued (Gunter, 1971). Prevailing stereotypes of old age are negative and are often even stronger among health personnel who work closely with the older client (Gunter, 1971). Gunter's (1971) study revealed that nursing students had a considerable number of stereotypes regarding the aged, but after taking a gerontological course fewer students expressed a strong interest in working with the aged and admitted they would avoid work with the aged client. Likewise, Kayser and Minnigerade (1975), found that baccalaureate nursing students showed minimal interest in working in nursing homes; they preferred to work with child and adult clients. Their study indicated that the more stereotypical the students' thoughts were about the aged, the greater their interest in working with elderly clients. Gunter (1971), had previously found

baccalaureate students at all levels and registered nurses working on their degree showed minimal interest in working in nursing homes.

In 1982, Heller and Walsh found that nursing students' attitudes toward the aged and their preference for working with the aged could be positively influenced by a program of study that would emphasize the appropriate professional nurse's attitudes toward old people and provision of a series of positive experiences with the elderly.

In 1981, Buschman, Burns, and Jones conducted a research study involving junior level students in a baccalaureate nursing program. The purpose of their research was to determine attitudes of nursing students toward the elderly and area of specialization expressed by student nurses regarding their future employment. The research findings indicated that over 50% of the sample held a positive attitude toward the elderly, but only 4% indicated gerontological nursing as a future employment specialty.

Robb's (1979) research involved nursing students at various levels of progression in a baccalaureate program. The Marlowe-Crowne scale was used to evaluate whether the subjects responded in a socially desirable manner. Socially desirable was defined as the tendency

of individuals to try to appear in a favorable light by endorsing favorable words, phrases, or statements when describing a target object.

The subjects in Robb's (1979) study were divided into three groups. The groups were assessed prior to taking a gerontologic nursing course. Two of the groups were assessed at various intervals after course completion. All the groups were assessed for attitudes toward the elderly and social desirability. The findings indicated a positive attitude before and after the gerontologic course; however, the subject's social desirability varied. Robb (1979) explained this by relating various independent variables such as: age, family values, relation to elderly person within the family, and economic status.

Robb (1979) ascertained that clinical experiences could permit development of positive attitudes. Thereby insuring an adequate supply of healthcare professionals to meet the health related needs of the elderly.

There is limited published research available correlating attitudes and ego defensiveness. Bonaparte's (1979) research delved into ego defensiveness, open-closed mindedness, and registered nurses' attitude toward culturally different clients.

Her study revealed that low ego defensiveness correlated with positive attitude and high ego defensiveness correlated with a negative attitude toward culturally different clients (Bonaparte, 1979, p. 170).

McCabe (1989) found that there was a significant positive relationship between ego defensiveness and attitudes of registered nurses toward older people. McCabe first determined that registered nurses (n=255) had a positive attitude toward the elderly. Independent variables age, education, position, relationship with elderly person, and the denial score on the Marlowe-Crowne Scale (ego defensiveness) were linear regressed to obtain the positive correlation between attitude and the independent variables. This study was different than previous studies in that it indicated a positive attitude toward the elderly rather than a negative one as had been reported by other researchers (McCabe, 1989).

Previous research studies have yielded mixed results of attitudes held by registered nurses and student nurses. McCabe's (1989) research is the most recent and analyzed other variables, including ego defensiveness, that may be influencing registered nurses attitudes toward the geriatric client. The

study described herein was designed similar to McCabe's (1989) study, except for the inclusion of the student nurse population as a comparison group.

Thus began the process of design selection, consent for utilization of instruments, medical and collegiate, as well as subject consent.

Chapter III

Methodology

Design. A survey design using random and convenience sampling techniques was employed. Two groups were sampled: registered nurses and student nurses. Each group was assessed for: attitude, ego defensiveness, and personal/demographic characteristics.

Participating institutions were randomly selected from the American Hospital Association listings for Pennsylvania. Participating educational institutions were randomly selected from the Pennsylvania Higher Education in Nursing roster.

From the ten randomly selected hospitals, three consented to participate. The medical facilities which elected to participate were sent fifty questionnaire packets for distribution among the registered nurses employed within that facility. The participating registered nurses were chosen by the patient care managers on various units. Only those Registered nurses holding staff positions on medical surgical units were invited to participate. Registered nurses employed as managers and those who worked on obstetrical or pediatric units were excluded.

From the educational institutions randomly selected, only two agreed to participate. All student nurses who had completed at least one clinical course and had not participated in the pilot study were eligible to participate. After receiving a general overview of the research study, the student nurses at a college in southern Pennsylvania, who wanted to participate, sent their names and addresses to the researcher. A questionnaires packet containing a stamped return envelope was then sent to those students. They were requested to return the questionnaire within one week of receipt.

Additional student nurse participants were obtained from a college in northcentral Pennsylvania, after receiving a brief overview of the project, questionnaire packets were distributed to all the students present in two nursing classes.

After randomly selecting both groups, registered nurses and student nurses, each subject received a packet containing three questionnaires, demographic assessment, Kogan's Old People Scale, and the Marlowe-Crowne Social Desirability Scale. This packet required approximately 30 minutes to complete.

Sample. Registered nurse participants (n=108)

were from three acute care hospitals, two in northcentral and one in southern Pennsylvania. The registered nurse sample consisted of 106 females and two males, ranging in age from 20 to 60 years old. All nurses were employed full or part time on medical surgical, surgical, telemetry, emergency, cardiopulmonary, coronary care, or intensive care units. Educational levels were represented by 62 diploma graduates; 22 baccalaureate graduates; and 5 associate degree graduates.

The student nurses (n=48) were from baccalaureate programs in two private liberal art colleges located in northcentral and southern Pennsylvania. The students were all females ranging in age from 19 to 49, with 80 percent of the sample in the age range of 20 to 25 years.

Thirty five of the students were in the junior level of a baccalaureate nursing program and thirteen were at the senior level. The students reported having had clinical rotations on a medical surgical unit and in a nursing home setting. Eighty percent of the students spent ten or less hours weekly taking care of persons 65 or older.

Seventy-two percent of the combined sample (n=156, registered and student nurses) had had no

gerontological education. Additionally, 85% of the same group (n=156) had grown up with an elderly person in the home or within close proximity.

Instrumentation. Two instruments were utilized, Kogan's Old People Scale and The Marlowe-Crowne Social Desirability Scale.

Kogan's Old People Scale: Consent was obtained from the American Psychological Association to use Kogan's Attitudes Toward Old People Scale (see Appendix D). This scale was used to determine attitudes of registered nurses and student nurses toward old people.

"The Kogan Old People Scale is a Likert type scale consisting of 17 matched positive and negative item pairs which assess attitudes toward old people" (McCabe, 1989, p. 86). "The matched item pairs were constructed as connotative logical opposites rather than opposites retaining identical wording" (Kogan, 1961, p. 53). Kogan (1961) gave consideration to both norms, individual differences, stereotypes, and misconceptions commonly attributed to old people (cited in McCabe, 1989, p. 87).

When compared to the Tuckman-Lorge Attitude Scale Kogan's scale: is much shorter, reflects attitude rather than stereotype, and allows for computation of

both positive and negative scale scores (Palmore, 1982).

McCabe (1989) noted that in 1961 Kogan reported odd-even Spearman-Brown coefficients ranging from .66 to .83. The reliability coefficients from the negative items were reported to range from .73 to .83. The range for positive items was .66 to .77. Interscale item correlations ranged from .46 to .52. Concurrent validity was demonstrated with measures of Authoritarianism, Anomie, and Antiminority attitudes" (p. 86).

The Kogan Scale was reduced to three mean values: total old people scale positive (totopsp), total old people scale negative (totopsn), and total old people scale after reverse scoring of the negative scale (totops).

A midpoint of 68 was calculated for the positive and negative scales. A more positive attitude is indicated on the positive scale if the scores were above 68, whereas scores below 68 indicate a less positive attitude. Conversely, scores above 68 on the negative scale indicate a more negative attitude, whereas, scores below 68 indicate a less negative attitude.

A midpoint of 136 for the overall scale was

calculated. A score less than or equal to 136 will indicate a negative attitude towards the elderly, whereas, scores greater than or equal to 137 will indicate a positive attitude toward the elderly. This modality of scoring is opposite of the original scoring described by Kogan (1961). He reversed scored the positive scale rather than the negative, resulting in lower mean values, but the same results.

Marlowe-Crowne Social Desirability Scale: Verbal consent for the use of the Marlowe-Crowne Scale was obtained (see Appendix E). The Marlowe-Crowne Social Desirability Scale (MC-SDS), was used to measure ego defensiveness. "The 33 item scale represents behaviors that are culturally sanctioned and approved but not always consistently adhered to by individuals. Eighteen of the items represent culturally acceptable but probably untrue statements and fifteen represent socially undesirable but probably true statements" (McCabe, 1989, p. 87).

Crowne and Marlowe (1961) conceptualized the need for approval as a need by individuals to be viewed positively by others. To meet this need the individual either engages in behaviors that are met with social approval or avoids those behaviors that are not

socially approved, the defensive portion of the scale. The denial (defensive) motivated factor is measured by the fifteen false keyed items (McCabe, 1989).

The internal consistency of the MC-SDS based on the Kuder-Richardson Formula 20 was reported to be .88. A test-retest reliability of .88 over a one month interval was reported for this scale.

The construct validity of the MC-SDS was demonstrated in a series of experiments described by Crowne and Marlowe (1964). The differential validity of the approval and defensiveness components of the scale was demonstrated in a series of studies by Evans (1979), Jackson and Ford (1966), Milham (1974), and Ramaniah, Schill, and Leung (1977). This was achieved through scores on the Lie scale, the K scale, and the Repression-Sensitization scale.

The 15 false keyed items (denial portion) were the only portion of the MC-SDS for which a total score was calculated. The score range is 15-30, with 15 indicating low levels of ego defensiveness and 30 indicating that the individual possess all of the traits or has a high degree of ego defensiveness.

Treatment of Data. Individual subject data was numerically coded. Missing data was given a value of

nine for the demographic and Marlowe-Crowne Scale. Missing data for the Kogan Scale was assigned the value of four. The data was reduced to four variables, total old people scale positive (totopsp), total old people scale negative (totopsn), total old people scale (totops), and total denial component of the Marlowe-Crowne Scale (totegof).

These variables were treated as interval level data. Parametric statistics in the forms of a two tailed t-test and Pearson product moment correlation were used for initial data analysis.

Multiple linear regression was then utilized to determine if there was any significant relationship between the total old people scale score and various independent demographic variables.

Pilot Study. A pilot study was conducted to ascertain the adequacy of the methodology. The pilot sample consisted of registered nurses (n=8) and student nurses (n=8), these participants reflected 80% participation. These participants were randomly selected from a baccalaureate nursing program at a private college and an employee roster of a 350 bed medical center, both located in northcentral Pennsylvania.

All nursing students were at the sophomore level of the baccalaureate nursing program. The registered nurses represented several units within the medical center except for the obstetrical and pediatric units. These nurses were either diploma or baccalaureate graduates, who had been employed in the nursing field from one to twenty-five years. Both, the student and registered nurses had close contact with an elderly relative or neighbor.

Kogan's Old People Scale, The Marlowe-Crowne Social Desirability Scale, and a demographic data tool were administered to both groups of participants.

The pilot results were used to answer four research questions, that for ease have been converted into hypotheses. The results were statistically analyzed with the assistance of the BMDP statistical program. Significant findings were not obtained. This may have been due to the small sample size (n=16).

The results indicated that both student and registered nurses hold positive attitudes toward the geriatric client (see Table 1), with no statistically significant differences between groups.

Table 1

Pilot Study Mean Responses for Registered Nurses and Student Nurses and t-Test p-Values

	MEAN		STD DEV		t-TEST
	RN	SN	RN	SN	p-Value
totopsn	40.500	49.428	12.409	9.360	0.138
totopsp	87.625	78.125	9.738	8.080	0.052*
totops	183.125	163.427	19.795	15.915	0.056*
totehof	22.750	21.000	2.915	2.619	0.229

*APPROACHES SIGNIFICANCE $P < .05$

Correlation of attitude and ego defensiveness yielded results to support the second hypotheses, but a difference between the registered and student nurse samples (see Table 2).

Due to the small sample size independent demographic variables were not regressed to determine if there was a relationship between them and the overall score on the Kogan Old Person Scale.

Table 2

Pilot Study Correlation of Attitude and Ego

Defensiveness with the use of Pearson Product Moment

Coefficient

RN	totopsn	totopsp	totops	totegef
totopsn	1.000			
totopsp	-0.5916	1.000		
totops	-0.9180	0.8629	1.000	
totegef	0.2527	-0.0340	-0.1751	1.000

SN	totopsn	totopsp	totops	totegef
totopsn	1.000			
totopsp	-0.6398	1.000		
totops	-0.9390	0.8166	1.000	
totegef	0.8220	-0.3511	-0.6384*	1.000

*APPROACHES SIGNIFICANCE P<.05

As a result of the pilot study the sample sizes were increased, and the demographic variables were all converted into numerical values where possible. Data was then collected and statistically analyzed to yield the following results.

Chapter IV

Results

The purpose of this study was to explore registered nurses' and student nurses' attitudes toward the geriatric client and subsequently, to determine if a relationship exists between those attitudes and ego defensiveness and selected demographic variables. Relationships among attitude, ego defensiveness, and demographic variables were evaluated from statistical analysis utilizing the a two-sample T-test and multiple linear regression methods.

The hypotheses for this study were three-fold.

- I. There will be no difference in attitudes toward the geriatric client when registered nurses are compared to student nurses.
- II. There will be no relationship between attitudes toward the geriatric client and ego defensiveness in either group, registered nurses or student nurses.
- III. There will be no relationship between attitudes toward the geriatric client and selected demographic variables (such as age, group, gerontologic education, and weekly time spent taking care of persons 65 or older) in either group, registered nurses or student nurses.

Parametric analysis (see Table 3) in the form of a two sample T-test yielded an over all positive attitude for both groups, ($.01 > p > .001$), with the student nurses having a significantly more positive attitude toward the geriatric client than the registered nurses.

Table 3

Mean Responses for Registered Nurses (RN)
and Student Nurses (SN) with t-test and P-values

	MEAN		STD DEV		t-Test
	RN	SN	RN	SN	P-value
totopsn	42.213	38.174	9.269	9.576	0.015
totopsp	81.462	85.204	8.978	8.831	0.011
totops	174.942	183.488	14.988	16.036	0.002
totegof	22.425	21.976	3.509	3.174	0.469

Significance level $p < .05$

Both registered nurses and student nurses were found to be lacking the ego defensive trait (see Table 3). Correlation analysis of the three total scores on the Kogan Scale with the total false scale on the Marlowe-Crowne Scale yielded insignificant results at $p > .05$ (see Table 4).

Table 4

Correlation of Attitude and Ego defensiveness with the use of Pearson Product Moment Coefficient

Registered Nurses (RN)

	totopsn	totopsp	totops	totegef
totopsn	1.0000			
totopsp	-0.3388	1.0000		
totops	-0.7809	0.8188	1.0000	
totegef	-0.0421	-0.0429	-0.0119	1.0000

Student Nurses (SN)

	totopsn	totopsp	totops	totegef
totopsn	1.0000			
totopsp	-0.5364	1.0000		
totops	-0.8992	0.7972	1.0000	
totegef	-0.2442	0.0143	0.1842	1.0000

However, available results indicates that the relationship is negative, meaning that as the attitude goes up or becomes positive the ego defensive trait goes down. A multiple linear regression was performed to determine if there were any relationships between attitude and the selected demographic variables of age, group, gerontologic education, and weekly time spent taking care of a person 65 or older. Ego defensiveness

was also added to see if there was a relationship when other variables were considered.

The over all score on the Kogan Scale (totops) was regressed with no variables in the model (see Table 5).

Table 5

Stepwise Regression with Dependent variable totops

Step 1 (No variables in the model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(1,123)</u>	<u>P-value</u>
Age	-0.34127	13.18	p<.001
Group(RN/SN)	-0.25828	7.14	.01>p>.001
Gerontological Education	-0.10158	1.04	p>.10
Time taking care of person 65 or older	-0.14783	2.23	p>.10
totegof	0.04166	0.17	p>.10

Step 2 (with Age in the model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(2,122)</u>	<u>P-value</u>
Group(RN/SN)	-0.12285	1.52	p>.10
Gerontologic Education	-0.09946	0.99	p>.10
totegof	0.09483	0.90	p>.10
Time taking care of person 65 or older	-0.04327	0.19	p>.10

Age ($p < .001$) and group (RN/SN) ($.01 > p > .001$) were both significant for predicting attitude with no variables in the model, but once age was added to the model no other variable is significant at $p < .05$ level in predicting attitude. The lack of a relationship between attitude and ego defensiveness is once again verified to be insignificant at $p < .05$ (see Table 5).

Further multiple regression was completed on the individual components of the Kogan Scale were found not to be significant therefore will not be discussed in relation to the hypotheses (see Appendix for those results).

The first hypothesis predicted that there would be no difference in attitudes toward the geriatric client in either group, registered nurses or student nurses. This hypothesis was rejected as there was a difference in attitudes toward the geriatric client, with both groups having a strong positive attitude, with the student nurse group having a significantly more positive attitude than the registered nurses.

The second hypothesis stated that there would be no relationship between attitudes toward the geriatric client and ego defensiveness in either group, registered nurses and student nurses. This hypothesis was also not rejected as a significant relationship was

not found between attitude toward the geriatric client and ego defensiveness in either group, registered nurses or student nurses. This may be related to the Marlowe-Crowne Social Desirability Scale not being an adequate measure of ego defensiveness due to the narrow focus. Participants may have responded as to what they perceived to be correct rather than what they actually felt was correct. The sample size may still be too small for the scale to reveal significant findings. Lastly, the hypothesis itself may be invalid, there might not be any relationship between ego defensiveness and attitude.

The third hypothesis stated that there would be no relationship between selected demographic variables and attitude toward the geriatric client by either group, registered nurses and student nurses. Multiple linear regression of variables that had been mentioned in other research studies such as age, group, gerontologic education, and time spent taking care of persons 65 or older resulted in the null hypothesis being rejected. The regression of overall attitude with age in the model found that age was the only variable having a significant relationship with the attitudes of registered nurses and student nurses toward the geriatric client. Although there was a statistically

significant relationship between attitude and age (as age increases attitude becomes less positive) there was not a pronounced change in attitudes with age. Therefore the practical significance of this finding may be minimal.

The results of this study are comparable with Campbell (1971) and McCabe (1989) as both of their studies found that registered nurses had positive attitudes toward the elderly. Buschman, Burns, and Jones (1981) and Robb (1979) findings regarding student nurses attitudes toward the geriatric client correlate with the findings of this study as the students in those studies also held positive attitudes toward the geriatric client.

The results of this study have shown that the registered nurses and student nurses in this study have positive attitudes toward the geriatric client, with the student nurse sample having a significantly more positive attitude than the registered nurses.

No significant relationship was found to exist between attitude and ego defensiveness. After stepwise regression, age was the only significant predictor of attitude toward the geriatric client. The practical implications of this may be minimal.

Chapter V

Conclusions and Implications

The purpose of this study was to explore the attitudes of registered nurses and student nurses toward the geriatric client and subsequently, to determine if a relationship exists between attitudes, ego defensiveness, age, gerontologic education, and time spent taking care of person 65 or older of these individuals. Results indicated that both, registered nurses and student nurses, hold positive attitudes toward the geriatric client.

While this study did not show a significant relationship between attitudes and ego defensiveness, the findings of this study can be used by nurse educators as a basis for continuance of gerontologic education that will foster further development and nurturance of positive attitudes toward the geriatric client. One way to achieve this may be by having students care for the geriatric client in a nonnursing home setting. With the already large number of geriatric clients being seen in acute care settings, this is a very real alternative.

Nursing practice can foster and nurture registered nurses positive attitudes toward the geriatric client by increasing the value of registered nurses who

provide care for the geriatric client in acute and nonacute settings. Positive attitudes toward the geriatric client in an acute care setting could be fostered by allowing registered nurses caring for the geriatric client to function in a more creative way.

Further research utilizing alternative data collecting techniques such as direct observation of registered and student nurses interacting with geriatric clients may provide a more accurate interpretation of attitudes relating to the geriatric client. An interview assessment of the geriatric client's perception of the registered nurses' and or student nurses' attitude toward him/her might also provide data that may be related positively or negatively to the nurse's expressed attitude.

This study has determined that the participants, registered nurses and student nurses, have a strong positive attitude toward the geriatric client. This is a favorable boost to the healthcare delivery system as more and more geriatric clients are being provided care daily. Positive attitudes toward the geriatric client will be reflected in the high quality of care provided to these individuals.

Appendices

Appendix A
Institutional Consent

Consent from the other participating health care institutions was given verbally and through the institution itself distributing the questionnaires.

Appendix B

Subject Consent

Greetings Fellow Healthcare Provider:

As a senior BSN candidate at Lycoming College, Williamsport, Pennsylvania, I am conducting research to explore attitudes of healthcare providers towards geriatric clients.

I am inviting you as a healthcare provider to participate in this study.

As a participant you will be expected to fill out a demographic fact questionnaire, a geriatric questionnaire, and a personality characteristics questionnaire. The three will take approximately 30 minutes of your time.

Privacy and confidentiality will be maintained through the use of subject coding and by reporting only group data. There are no foreseen risks to you as a participant. No information will be available to the hospital in the form of individual responses. Results of the study will be available to you in May 1990.

Your signature on the line below indicates your willingness to participate. If you chose not to participate please return the questionnaire packet as soon as possible so that another participant may be selected.

Please return the questionnaire packet as soon as possible.

Sincerely,

Debra A. Brown

Participant's Signature
Date _____

Researcher's Signature

Greetings Fellow Nursing Students:

As a senior BSN candidate at Lycoming College, Williamsport, Pennsylvania, I am conducting research to explore attitudes of nursing students toward geriatric clients.

I am inviting you as a nursing student to participate in this study.

As a participant you will be expected to fill out a demographic fact questionnaire, a geriatric questionnaire, and a personality characteristics questionnaire. The three will take approximately 30 minutes of your time.

Privacy and confidentiality will be maintained through the use of subject coding and by reporting only group data. There are no foreseen risks to you as a participant. No information will be available to the college in the form of individual responses. Results of the study will be available to you in May 1990.

Your signature on the line below indicates your willingness to participate. If you chose not to participate please return the questionnaire packet as soon as possible so that another participant may be selected.

Please return the questionnaire packet as soon as possible.

Sincerely,

Debra A. Brown

Participant's Signature
Date _____

Researcher's Signature

Appendix C
Demographic Personal Data Tool

Demographic Data Collection Tool

Directions: Complete the following demographic questions by selecting the answer for the multiple choice questions which best describes you, or by supplying the information asked for in the space provided. This information is being used for research purposes only and is completely anonymous.

1. Age _____

2. Sex

___ 1. female

___ 2. male

3. Marital Status

___ 1. married

___ 2. single

___ 3. divorced

___ 4. other (e.g. widowed; shared residence)

Explain: _____

4. Educational Level

___ 1. nursing student

___ 2. diploma registered nurse

___ 3. B.S.N. registered nurse (Baccalaureate degree)

___ 4. M.S.N. registered nurse (Master's degree)

___ 5. other Specify: _____

5. Name of the school graduated from which prepared you for your present job: _____

6. Number of years since graduated from school in number 5? _____

7. Have you had any formal geriatric or gerontological education?

___1. yes

___2. no

If yes specify: collegiate or continuing education or in

8. Number of years employed in the nursing field:_____

9a. Employment Status

___1. full-time

___2. part-time

9b. Number of hours worked per week. _____

10. Shift presently working

___1. 6:45 a.m.- 3:15 p.m.

___2. 2:45 p.m.-11:15 p.m.

___3. 11:00 p.m.-7:00 a.m.

___4. other specify:_____

11. Work Setting

___1. IMC/CCU

___2. ICU

___3. med-surg

___4. Rehab

___5. other specify:_____

12. Estimated amount of hours per week spent taking care of persons over 65 years old:

13a. As a child did you grow up with elderly person(s) living

___1. in your home

___2. within close proximity

___3. neither a or b

13b. Briefly explain your answer_____

Demographic Data Collection Tool

Directions: Complete the following demographic questions by selecting the answer for the multiple choice questions which best describes you, or by supplying the information asked for in the space provided. This information is being used for research purposes only and is completely anonymous.

1. Age _____

2. Sex

____ 1. female

____ 2. male

3. Marital Status

____ 1. married

____ 2. single

____ 3. divorced

____ 4. other (e.g. widowed; shared residence)

Explain: _____

4. Educational Level

____ 1. sophomore

____ 2. junior

____ 3. senior

____ 4. other _____

5. Name of the school attending. _____

6. Clinical setting:

____ 1. med-surg

____ 2. nursing home

____ 3. other _____

7. Type of facility for clinical experience. _____
8. Have you had any formal geriatric or gerontological education?
____1. yes specify: collegiate or continuing education
____2. no
9. Estimated amount of hours per week spent taking care of persons over 65 years old:
- 10a. As a child did you grow up with elderly person(s) living
____1. in your home
____2. within close proximity
____3. neither a or b
- 10b. Briefly explain your answer_____

Appendix D

Kogan's Attitude Towards Old People Scale

Old People (OP) Scales

Directions: On the following pages, you will find a number of statements expressing opinions with which you may or may not agree. Following each statement are six spaces labelled as follows:

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

You are to indicate the degree to which you agree or disagree with each statement by circling the appropriate number.

Please consider each statement carefully, but do not spend too much time on any one statement. Do not skip any items.

There are no "right" or "wrong" answers -- the only responses are those that are true for you. THIS INVENTORY IS BEING USED FOR RESEARCH PURPOSES ONLY AND IS COMPLETELY ANONYMOUS.

1. It would probably be better if most old people lived in residential units with people their own age. 1 2 3 5 6 7
2. Most old people need no more love and reassurance than anyone else. 1 2 3 5 6 7
3. It would probably be better if most old people lived in residential units that also housed younger people. 1 2 3 5 6 7

4. Most old people get set in their ways and are unable to change. 1 2 3 5 6 7
5. Most old people are very relaxing to be with. 1 2 3 5 6 7
6. Most old people spend too much time prying into affairs of others and in giving unsought advice. 1 2 3 5 6 7
7. Most old people can generally be counted on to maintain a clean, attractive home. 1 2 3 5 6 7
8. Most old people would prefer to quit work as soon as pensions or their children can support them. 1 2 3 5 6 7
9. Most old people should be more concerned with their personal appearance; they are too untidy. 1 2 3 5 6 7
10. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it. 1 2 3 5 6 7
11. Most old people are irritable grouchy, and unpleasant. 1 2 3 5 6 7
12. Most old people respect others privacy and give advice only when asked. 1 2 3 5 6 7

13. One seldom hears old people complaining about the behavior of the younger generation. 1 2 3 5 6 7
14. Most old people seem to be quite clean and neat in their personal appearance. 1 2 3 5 6 7
15. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it. 1 2 3 5 6 7
16. Most old people make excessive demands for love and reassurance. 1 2 3 5 6 7
17. There is something different about most old people: it's hard to figure out what makes them tick. 1 2 3 5 6 7
18. Most old people are capable of new adjustments when the situation demands it. 1 2 3 5 6 7
19. One of the most interesting qualities of old people is their accounts of their past experiences. 1 2 3 5 6 7
20. Old people have too little power in business and politics. 1 2 3 5 6 7
21. People grow wiser with the coming of old age. 1 2 3 5 6 7

22. Most old people tend to let their homes become shabby and unattractive. 1 2 3 5 6 7
23. Most old people are constantly complaining about the behavior of the younger generations. 1 2 3 5 6 7
24. There are a few exceptions, but in general most old people are pretty much alike. 1 2 3 5 6 7
25. When you think about it, old people have the same faults as anybody else. 1 2 3 5 6 7
26. Most old people are cheerful, agreeable, and good humored. 1 2 3 5 6 7
27. Most old people bore others by their insistence on talking about the "good old days". 1 2 3 5 6 7
28. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody. 1 2 3 5 6 7
29. Most old people are really no different from anybody else: They're as easy to understand as younger people. 1 2 3 5 6 7
30. If old people expect to be liked, their first step is to try to get rid of their irritating faults. 1 2 3 5 6 7

31. It is evident that most old people
are very different from one
another. 1 2 3 5 6 7
32. Most old people make one feel ill
at ease. 1 2 3 5 6 7
33. It is foolish to claim that
wisdom comes with old age. 1 2 3 5 6 7
34. Old people have too much power
in business and politics. 1 2 3 5 6 7

CODE _____

Appendix E

The Marlowe-Crowne Social Desirability Scale and Consent

Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Read each item and circle whether the statement is true or false as it pertains to you personally.

- T F 1. Before voting I thoroughly investigate the qualifications of all the candidates.
- T F 2. I never hesitate to go out of my way to help someone in trouble
- T F 3. It is sometimes hard for me to go on with my work if I am not encouraged.
- T F 4. I have never intensely disliked anyone.
- T F 5. On occasion I have had doubts about my ability to succeed in life.
- T F 6. I sometimes feel resentful when I don't get my way.
- T F 7. I am always careful about my manner of dress.
- T F 8. My table manners at home are as good as when I eat out in a restaurant.
- T F 9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
- T F 10. On a few occasions, I have given up doing something because I thought too little of my ability.
- T F 11. I like to gossip at times.
- T F 12. There have been times when I felt like rebelling against people in authority even though I knew they were right.

- T F 13. No matter who I'm talking to, I'm always a good listener.
- T F 14. I can remember "playing sick" to get out of something.
- T F 15. There have been occasions when I took advantage of someone.
- T F 16. I'm always willing to admit it when I make a mistake.
- T F 17. I always try to practice what I preach.
- T F 18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.
- T F 19. I sometimes try to get even rather than forgive and forget.
- T F 20. When I don't know something I don't at all mind admitting it.
- T F 21. I am always courteous, even to people who are disagreeable.
- T F 22. At times I have really insisted on having things my own way.
- T F 23. There have been occasions when I felt like smashing things.
- T F 24. I would never think of letting someone else be punished for my wrong doings.
- T F 25. I never resent being asked to return a favor.
- T F 26. I have never been irked when people expressed ideas very different from my own.
- T F 27. I never make a long trip without checking the safety of my car.

CODE_____

- T F 28. There have been times when I was quite jealous of the good fortune of others.
- T F 29. I have almost never felt the urge to tell someone off.
- T F 30. I am sometimes irritated by people who ask favors of me.
- T F 31. I have never felt that I was punished without cause.
- T F 32. I sometimes think when people have a misfortune they only got what they deserved.
- T F 33. I have never deliberately said something that hurt someone's feelings.

CODE_____

Appendix F

Nonsignificant Results from Stepwise Regression with dependent
variables totosp, totopsn, and toegof

Stepwise Regression with Dependent Variable totopsnStep 1 (No variables in the Model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(1,103)</u>	<u>P-value</u>
Age	0.37435	16.79	p<.001
Group (RN/SN)	0.16656	2.94	.05<p<.10
Gerontologic Education (gered)	0.13524	1.92	p>.10
totegof	-0.11238	1.32	p>.10
Time taking care of person 65 or older (yrs65)	0.08095	0.68	p>.10

Step 2 (with age in the Model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(2,102)</u>	<u>P-value</u>
totegof	-0.17792	3.33	.05<p<.10
Gerontologic Education (gered)	0.12978	1.75	p>.10
Time taking care of person 65 or older (yrs65)	-0.04610		
Group (RN/SN)	-0.00677	0.00	p>.10

CODE _____

Stepwise Regression with Dependent Variable totogof

Step 1 (No variables in the model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(1,105)</u>	<u>P-value</u>
Age	0.13297		

All remaining variables to be entered have $p > .10$ significance level.

Stepwise Regression with Dependent Variable totopspStep 1 (No variables in the model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(1,101)</u>	<u>P-value</u>
Group (RN/SN)	-0.24462	6.43	.05>p>.01
Age	-0.20283	4.33	.05>p>.01
Time taking care of person 65 or older (yrs65)	-0.15556	2.50	.05<p<.10
Gerontologic Education (gered)	-0.06290	0.40	p>.10
totegef	-0.03824	0.15	p>.10

Step 2 (with group in the model)

<u>Predictor</u>	<u>Correlation</u>	<u>f(2,100)</u>	<u>P-value</u>
Age	-0.10612	1.14	p>.10

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