

NURSING STUDENTS' PERCEPTIONS OF OLDER PEOPLE: CONTINUING SOCIETY'S MYTHS

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ABSTRACT

This study aimed to identify student nurses' views of older people as a means of offering insight into how these perceptions might influence where students choose to work and the care they might provide to older people. A structured questionnaire comprising of eight questions and demographic data was used to survey undergraduate nursing students (n=103). Findings indicate that nursing students are continuing society's myths of older people being frail and declining in health. There is a need to challenge society's attitudes so older people become valued and the aged care working environment also becomes a desirable place in which to work. Changes needed in nursing education are also suggested.

INTRODUCTION

Countries throughout the developed world are experiencing an increase in their aged population. In Australia in 1999 there were 2.3 million people aged 65 years and over (Australian Bureau of Statistics [ABS] 1999). The number of older people in Australia is expected to increase rapidly to about 4.2 million in 2021 and around 6.8 million in 2051 (ABS 2000). Such growth may result in increased pressure on community and health services to plan for the needs of this population. For example, people over the age of 65 years have been found to be the major consumers of hospital services (Australian Institute of Health and Welfare [AIHW] 2000). Furthermore patients in the 75 years and older group account for the greatest number of hospital bed days and along with the very young account for the longest average length of hospital stay (AIHW 2000). Thus, aged care can no longer be seen as being confined to residential aged care settings. It is, therefore, important that the nursing profession prepares nurses to look after older people in all care situations.

Approximately 9% of the over 70-year population are in residential care (Percival 1999). This number is expected to increase proportionate to the increase in the aged population (Commonwealth Department of Health and Family Services 1997). Although older people may not necessarily be dependent on others, ageing brings with it an increase in disease processes (Walker 2001). Thus, it is anticipated that nursing services will continue to be required in community and hospital care programs, as well as residential care settings.

Ageing has significant impact on society and cannot be ignored. However, an ageing population brings with it a number of challenges. For the nursing profession the increased proportion of older people requiring nursing services and the reluctance of nurses to work in aged care produces major challenges in the light of the current

shortage of nurses to provide care for this group (Percival 1999). Over the last decade a number of studies have investigated how health care professionals feel about caring for older people with the majority of these studies focusing on nursing students' knowledge and attitudes towards this age group. Nursing students' attitudes to older people have frequently been found to be negative (Dellasega and Curriero 1991; Fagerberg and Ekman 1998/1997; Martell 1999; Murray and Chambers 1991; Stevens and Crouch 1992). However, it is important to keep in perspective that without an international definition of what constitutes 'attitude' and 'knowledge' there is little consistency between such studies (Parker 1999). Many studies measuring attitude and knowledge have used standard measurement tools such as Kogan's Attitude to Old People Scale (Kogan 1961) or the Oberleder Attitude Scale (Oberleder 1962). Such scales may be useful for measurement of knowledge and attitudes to identify the effectiveness of education programs. However, it has been argued that these scales may not be useful for measuring attitudes and knowledge outside the classroom environment (McCabe 1989).

Despite recommendations for the inclusion of more gerontology in nursing curricula (Markstrom 1991) there is little evidence that factors influencing positive attitude formation toward older people have been investigated. Instead, many individuals and organisations have recognised these challenges and have set up recruitment and retention taskforces with an emphasis on aged care nursing. The United Kingdom (UK) has been preparing to fill the shortages in aged care for much longer than Australia. The Health Advisory Service (HAS) 2000 report (1998) argued that to attract practitioners to work with older people and to encourage them to stay within this area of practice a philosophy of care that is attractive to nurses is required. Nolan (1996) argued that one of the major problems of making aged care attractive to nurses is that gerontological nursing has difficulty in describing its mission and that nurses fail to recognise the potential of gerontological nursing (Nolan and Tolson 2000).

Increases in an aged population also create the need for nurses to have an understanding of the experience of ageing and to have appropriate education at both undergraduate (pre-registration) and postgraduate levels to prepare them to work with older people. The need to place a greater emphasis on aged care within undergraduate nursing programs has received little support to date (Nay and Closs 1999). The reason given for this is an argument that an undergraduate nursing program should not encourage specialisation. The UK has recognised the need for changes to undergraduate nursing. A separate branch for the care of older people and community to encourage an adequate number of aged care practitioners within nursing practice has been included within the undergraduate curriculum. Particular emphasis is placed on aged care to cope with the growth

in this population (United Kingdom Central Council [UKCC] 2001).

Although a lack of educational preparation for working with older people can be partly to blame for the declining numbers of registered nurses (RNs) moving into aged care, it is argued that there are other more substantial influences, such as society's poor image of ageing. As a society we value the young and scorn the older people through media and discrimination in areas such as employment opportunities (Whitfield 2001). There is a general view that ageing is a period of inevitable decline accompanied by illness, dependence, confusion, helplessness and loneliness. Media advertise products they insist will help to erase wrinkles, stop balding and greying hair and generally make us young again. While for some individuals, ageing may mean a decline in health, the media and health professionals' attitudes toward ageing continue the myths of ageing by maintaining the falsehood that illness and disability are inevitable accompaniments to growing old.

As individuals we interpret what we see within our personal construct of the world as this allows us to make sense of what we see and the way we deal with issues. However, our interpretations are often coloured by such things as the attitudes of society and by the media. Such images also encourage stereotyping of groups such as the aged (Whitfield 2001) and may result in ageism.

Ageism refers to 'the process of systematic stereotyping and discrimination against people because they are old' (Stevens 1999, p.151). Stevens and Herbert (1997) explored ageism in nursing practice and identified many examples. They argued nurses and other health professionals have a significant role to play in the production and reproduction of ageism. Moreover they have been socialised to be unaware of ageism and their role in it.

New gerontological nurse practitioners will be drawn from the undergraduate nursing population. Given the need for greater numbers of gerontological nurses it is important to understand nursing students' views of older people. The present study aimed to identify student nurses' perceptions of older people as a means of offering insight into how these perceptions might influence where students choose to work and the care that they might provide to older people.

METHOD

Sample

A convenience sample of students in an undergraduate bachelor of nursing program in Brisbane, Australia, was surveyed. The inclusion criteria for students required that participants were: 1. at least 18 years of age; and, 2. they were enrolled in the Bachelor of Nursing (pre-registration) degree.

Questionnaire development

A questionnaire was developed following a review of the literature to identify major issues related to ageism and nursing practice. These issues formed the basis of the questions developed. The questionnaire consists of eight questions to which participants responded. The questions were intended to elicit students' perceptions and related to age, attributes, employment, what an older person looks like, media portrayal and whether students planned to work with older people. In addition to set questions, participants were also requested to provide socio-demographic information on their age, education level and personal and professional experience with older people.

A pilot study was undertaken with six postgraduate and 12 undergraduate students enrolled in a gerontology course. These students were considered to be a similar age and gender to the potential participant sample. The pilot sample was asked to comment on their understanding and ease of completing the questionnaire. There were no problems identified in relation to the questions and their intent. The pilot group did however suggest additional space for answering the questions. Following the addition of extra question space the original 12 undergraduate students retested the questionnaire to ensure face and content validity.

Data collection

Following university ethics approval, information about the study was placed on student noticeboards. Interested students were asked to access a questionnaire from outside the investigator's office. Written instructions requested that participants complete the questionnaire honestly, without help from others and upon completion return it to the investigator's mailbox. Participation in the survey was anonymous and completion of the questionnaire implied informed consent. Students were assured that non-participation would not bear any consequence to their course progression. The data collection took place over a two week time period in the middle of semester where the questionnaires were openly available for student access.

Data analysis

Responses to the questions were collated. Descriptive statistics (range and mean) were used to describe the characteristics of participants and the questionnaire ratings. Qualitative data were used to support the positions indicated by the participants.

RESULTS

Demographics

A total of 103 of 260 nursing students completed the questionnaire (40%). Female participants made up 88% and males 12%. Participants ages ranged from 18 to 48 years, with a mean age of 28. There were 42 first year, 35

second year and 26 third year students. The majority of students (n=93, 90%) only worked with older people when they were on undergraduate field placement. A small group of students (10%) worked in residential aged care as nursing assistants while they were undertaking their university course. However, just over half (53%) of the participants stated that they had contact with older people through visits with grandparents, neighbours or other relatives.

Questions

To establish students' perceptions of age they were asked to identify: *What age do you see people as aged?* Students were open to identify their perceptions of age. Sixty five per cent (n=67) indicated a person was aged once they were between 50 and 65 years. Students who indicated 50 years were young adults between 18 to 20 years of age. Thirty three per cent (n=35) of students identified with the broad consensus of western society when they indicated that people were aged once they were over 70. The problem with this is that it promotes a view of people over 70 which is not necessarily reflected in individuals. That is, everyone is seen as old at these ages whether they are physically or mentally old.

Two students (1.94%) identified with the theory of subjective age identity as distinct from chronological age (Victor 1994). They indicated that it was not appropriate to indicate an age to determine when people became aged. They believed that physical attributes and mental attitude indicated whether people were aged. Both of these students indicated that they had undertaken an elective subject in ageing and liked working with older people.

Table 1: Students' perceptions of when people are aged

Age in years identified as aged	n (%) participants
50	8 (7.7)
55	10 (9.7)
60	15 (14.5)
65	33 (32)
70+	35 (33.9)
Inappropriate to identify an age	2 (1.94)
Total	n=103

Students were also asked to respond to the question: *What attributes help to convince you that people are aged?* In response to this students generally indicated the following physical attributes: frailty created by disease processes such as arthritis; declining health and disabilities; tiredness; requiring help with activities of daily living; reduced fitness; a 'stooped' appearance, reduced mental functioning; slow speech patterns, incontinence; loss of memory; dementia; and, mental delusions. These findings are supported by other studies

investigating factors identifying the transition to old age (Thompson et al 1990; University of the Third Age 1984; Ward 1984). It could be argued that any of the above (physical) attributes could be equated to someone with a major physical illness such as multiple sclerosis that might be technically 'young' in age. Thus, physical attributes alone are not appropriate indicators of age.

Forty per cent (n=42) of students indicated other attributes they believe made people look old. These were: hair colour (generally grey), 'bad hair perms', clothing, walking and hearing aids, wrinkles, watery eyes, and odour from things such as mothballs. These students linked health and age identification through a declining body image which perpetuates the myth that to age is to enter decline. Such ageist attitudes can impact on the health potential of older people where nurses may 'neglect' to place any focus on health promotion activities for the aged in the belief that there is no benefit when their health is in decline. The main goals of health promotion with older people of maintaining independence, delaying dependency and disability and improving quality of life (Cattan 2001) may have little importance when ageism prevails.

Students also indicated emotional factors as indicators of being aged. For example, people's attitudes about themselves and others were considered to be the most convincing emotional attributes to indicate ageing with 70% (n=72) of students indicating that age was a state of mind. A small number of students (10%) commented on the negative impact of adopting ageist attitudes and beliefs and behaviours. Finally, five students indicated retirement as an attribute indicating age. This perception is of concern given the current economic climate where people are often 'forced' into retirement through redundancy and little prospect for employment. People of any age may fit into this category and commonly they may be 'middle-aged' or in their forties. Given the increase in length of life there is the likelihood that some people will be in 'retirement' for half of their lifespan. However, the responses to the next question indicate that this was not a common belief amongst this student group.

The students were asked: *Do you believe that people should stop employment at age 65?* Ninety one per cent (n=94) of students indicated that people should not stop employment at age 65. They qualified their answers with the justification that if people were fit and enjoyed work, and they and their employer believed they were capable of completing the work then they should not be forced into retirement.

Nine students (9%) indicated an ageist perspective about the rights of different age groups to employment when they argued that people over 65 should be forced into retirement so that positions were available for younger people. One student indicated that, although she

believed that people were capable of working until they were 70, that it was very selfish of them if they did this. Perceptions such as this reinforce myths that older people are somehow less desirable than the young and are perceived as being less efficient, with declining mental and physical capabilities. They are also seen to be unworthy of occupations that younger people should be in, irrespective of their capabilities.

Students were asked to: *Describe the picture you have in your head of an old person?* They qualified their earlier descriptions of frailty with descriptions of people with grey hair and wrinkles, stooped over, walking with mobility aids and using devices such as glasses and hearing aids. Once again these responses suggest that students equate age with declining health. However, this is not a true picture of older people, as only a small number are in residential care or receiving home help and the majority lead an active healthy life (Cattan 2001; Percival 1999; Gibson 1998).

Students were asked: *Is the image you have of older people the same for both genders?* Sixty per cent (n=63) of students confirmed that the image they had of being old is the same for both genders. Thirty nine per cent (n=40) stated their image differed on the basis of gender. Reasons offered suggest they perceived that men generally seem to, or are allowed by society, to keep their youth longer than women.

Two exemplary comments in this section of the questionnaire were:

I generally never think of males as being old. I think perhaps because the majority of older people in nursing homes are women (25 year old female working in a nursing home as an enrolled nurse).

Another student stated:

Women age faster because they adopt changed behaviours/attitudes and are less empowered by society and culture (30 year old female, no aged care experience).

This myth seems dominant among all age groups in society. For example, in *The Beauty Myth*, Naomi Wolf (1991, p.92) argued that women believe their bodies are inferior to males - 'second rate matter that ages faster'. Furthermore, Wolf stated that men do not age any better than women. It is only in terms of social status that our eyes have been conditioned to see 'time as a flaw on women's faces where it is a mark of character on men's' (Wolf 1991, p.94).

Students were asked: *Do you believe a 'love story' movie featuring older people, as the main stars would be a hit movie?* Respondents were divided on this question with 50% stating no and 50% stating yes to the question. Justification for not accepting this type of story line was generally given that society is not interested in older people and that society encourages the belief that they are 'asexual'. The literature suggests that more than any other

functional area the sexual functioning of older adults is influenced by personal and societal attitudes (Nay and Gorman 1999; Kaplan 1996). Sexuality is typically associated with physical attractiveness, such as thin, adequately endowed women and tall, tanned and muscular men oozing images of youthfulness. These sensual images are not consistent with evidence of fat deposits, wrinkles, and greying or balding hair.

Some comments in response to this question were:

Modern day society is interested in seeing sexy and vibrant people. The aged would not fit this description (34 year old female, limited age care experience).

People would say its disgusting seeing old people in these roles (18 year old female, no age care experience and no contact with grandparents).

Students who responded positively to the idea of a movie featuring older people as the main stars referred to two movies, *On Golden Pond* and *Bridges of Madison County* as providing positive images of older movie stars. They favoured such movies. However, this was because they perceived older people would enjoy these movies but also perceived the younger generation would not be interested in them.

Students were asked: *Do you want to work in aged care?* Ninety seven per cent (n=100) of respondents admitted they had no intention of working in aged care. The majority of respondents indicated they did not want to work in aged care because they saw it as a depressing area where everyone was dying. Three students who indicated they wanted to work in aged care wrote of enjoying the company of older people and the idea of talking with them and helping them. Of the three students, two females, aged 29 and 32, and one male aged 36, only one student had any hands on experience of aged care. She had been working in aged care as an assistant-nursing for six months.

Finally students were asked: *What would help to change your mind about working in aged care?* Respondents to this question indicated that a more favourable view of aged care would entice them to consider working in the area. Further comments related to having a greater understanding of aged care and improving working conditions, in particular reducing the amount of heavy lifting and repetitive work.

DISCUSSION

The insights offered by these findings have implications for the care of older people and nursing education in general. If we are to attract nurses to aged care who have a knowledge and interest in older people, we need to challenge society's attitudes so that older people become valued. Consequently, the aged care working environment is likely to become a desirable place in

which to work. Health professionals can help reshape society's myths about older people by valuing their presence and showing their importance. Older people should be treated as individuals with particular needs rather than as a problem group. Furthermore, an extensive health education campaign may also improve the health status of older people. Thus, later life would become an integral part of a lifelong approach to health education. Such action requires extensive health care resources and raises further the question of how to convince government that putting resources into older people would benefit society? It is imperative that health care professionals keep the government focus upon older people and the importance of renewed health promotion policies for them.

It is imperative nursing curricula are changed to encourage an 'across the life span' approach to health and illness and to ensure students all have the opportunity to undertake age care experience.

It seems that not all degree programs offer students an aged care placement. Furthermore, those in nursing education need to recognise that working with older people requires nurses who are highly skilled particularly in assessment, diagnosis, pharmacology, palliative and rehabilitative care. Thus, residential care is not an appropriate place to send first year students to practise activities of daily living. First year students need to be in clinical placements where wellness has a greater focus and where individuals do not have multiple disease processes that require monitoring and adjustment of care. Thus, a more appropriate first placement for activities of daily living might be maternity, day surgery, or orthopaedics.

Effective aged care requires an ability to respond to complex situations. Students would benefit from undertaking clinical practice during their third year, when they have adequate assessment skills and a more thorough understanding of the impact of ageing on the bodily systems. Thus, the focus can become a more holistic approach to care rather than just the acquisition of skills in activities of daily living and might encourage students to see the positive aspects of working in aged care.

Reed and Clarke (1999) identified that older people with health problems are often talked **about** rather than talked **to**. Dismissing the voice of older people is frequently a result of ageism. Thus, nursing curricula must also include an exploration of the concept of ageism and assist students to recognise and minimise ageism.

A change in society's attitudes to older people will take time. However, some success has been shown with intergenerational programs using one of three models: older people giving a service to children and youth; children and youth serving older people; and, children, youth and older people serving together (Granville 2001). The concept linking such programs is 'the bringing

together of two discriminated groups in our society, who for various reasons have become separated from each other' (Granville 2001, p.42). The exchange between the two groups 'enables positive social exchanges and mutual support between generations, which improves the individual and collective social health' (Granville 2001, p.42).

While society continues to subscribe to the belief that people should retire at a fixed age, and while ageing is constructed as illness, the belief that all older people need care will continue to prevail. We are entering an era where there have never been as many older people in society. However, we are also in an era where people's health and health technology have never been so good. The concerns about the growth in the older population may not prove as difficult as first predicted. To ensure older people do not automatically move towards dependency it is important for society to recognise that not all older people need to be cared for.

Finally, it is important the media improves their representation of older people. At present society is not interested in normal ageing but rather in the more shocking and exceptional aspects of growing old (Victor 1994). This needs to be challenged if we are to promote perceptions of health and wellbeing of older people.

LIMITATIONS

The data collection method is a limitation of this study. Requesting students to access the questionnaire from outside the investigator's office may have limited the number of potential participants. This approach may also have attracted participants who wanted their views known rather than a representative sample of views. Furthermore, the researcher was unable to control the conditions under which participants completed the questionnaire. Data from the study could be used to construct a matrix or grid questionnaire using a tick box and Likert scale that could be tested with a larger sample of nurses.

FUTURE RESEARCH

This study has provided a useful snapshot of perceptions of older people held by student nurses. The study findings support the premise that members of a student health professional group that should be showing concern for all population groups potentially devalue the aged. The study forms the basis for future research efforts aimed at identifying factors in curricula that influence student nurses' perceptions of working with older people so that we can work towards developing in nurses more positive and sensitive views.

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