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2009

ABSTRACT

Factors Related to Attitudes to Caring for the Elderly Among Three Generations of Nurses.

by

JoAnna Fairley

MSN, University of Southern Mississippi, 2001

BSN, University of Southern Mississippi, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education

Walden University

August 2009

ABSTRACT

Three generations of registered nurses make up the current nursing workforce: Baby boomers, Gen X, and Gen Y. Each generation brings its own values, behaviors, and beliefs to the workplace. The generational diversity among nurses needs to be assessed along with other factors, such as social values of the elderly, anxiety toward aging, and practice settings, to examine how each factor impacts registered nurses' attitudes toward caring for the elderly. An exploration of these factors is significant to nurse leaders, since nurses have been known to display negative attitudes toward the elderly. The theoretical foundation for this study was based upon Rosenberg's three-component view of attitudes. The bias scores from Palmore's Facts on Aging Quiz (FAQ I) was used to indirectly measure the dependent variable, registered nurses' attitudes toward caring for the elderly. The independent variables were anxiety toward aging, social values of the elderly, generations, and practice settings. Kafer's Aging Opinion Survey was used to measure anxiety toward aging, and social values of the elderly. Practice settings and generations were identified by a demographic profile. The survey data were collected from 265 registered nurses. An Analysis of Variance (ANOVA) was used to compare mean attitude scores between each generation and practice setting. Pearson's correlation coefficient examined the relationship between nurses' attitudes toward caring for the elderly, social value of the age, and anxiety toward aging. A multiple linear regression analyzed each independent variables prediction of nurses' attitude scores. Findings indicated a statistically significant association between the dependent and independent variables. Findings suggest the need to evaluate these variables prior to job placement to ensure quality healthcare provision to the elderly. Such action positively impact social change because nursing practices may be inspired to develop programs that encourage more favorable attitudes toward the elderly.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

The demand for health care of the individuals 65 years of age and older requires registered nurses to interact with or care for older people in different practice settings. Currently, older Americans occupy 50% of hospital beds; take up 60% of ambulatory adult primary care visits; 70% of home care visits and 85% of nursing home residency (National Center for Health Statistics, 2007). According to Roberts, Hearn, and Holman (2003) , not only do registered nurses need to be knowledgeable about elderly patients but the attitudes registered nurses have toward the elderly is significant to the well-being of their elderly patients.

Since nurses will care for elderly patients in a variety of health care settings (Wendt, 2003). Welford (2006) suggested nurse leaders and educators needed to explore today's registered nurses' perceptions toward the aged to avoid negative outcomes in the nursing care of the elderly (Hamilton & Mahoney, 2003). Registered nurses' attitudes toward the aged are not a new phenomenon and have been investigated in the past.

Previous studies found that registered nurses working with the elderly in general described their work unpleasant and viewed the elderly as an unattractive group to work with (Courtney, Tong , & Walsh, 2000 ; Crogan & Schultz, 2000 ; Hertzberg & Ekman, 2000 ; Joy, Carter, & Smith, 2000 ; Myers, Nikoletti, & Hill, 2001). In a more recent study, Roberts et al. (2003) claimed that registered nurses working on a geriatric ward failed to assess older patients' mental capacity because registered nurses believed all older patients had memory problems. In addition to registered nurses neglecting assessments of the elderly, older patients have

demonstrated concerns about how they are perceived by registered nurses and the care registered nurses provided to them (Gallagher, Bennett, & Halford, 2006).

Chang, Chenoweth, and Hancock (2003) claimed older patients reported experiencing negative reactions and feelings of disregard from registered nurses. Studies have found that attitudes of registered nurses toward the aging working in different practice settings are influenced by biases and stereotypes of the elderly that are held by society (Chang, Chenoweth, Glasson, Gradidge, & Graham, 2003; Courtney et al., 2000; Fagerberg & Kihlgreen, 2000). Other studies have suggested that a relationship may exist among registered nurses' experience, education, age, clinical practice areas, and the attitudes they hold toward the elderly (Ersek, Kraybill, & Hansberry, 2000 ; Looklinland, Linton, & Lavender, 2002 ; Söderhamn, Lindencrona, & Gustavsson, 2001). Many of the studies above do not reflect the different generations of today's registered nurses. According to Whitehead, Weiss, & Tappen (2007), the nursing workforce is aging with more than 35% of RN workforce between the ages 40 to 49 years of age. Hart (2006) posited by 2016 50% of the current aging nurses will retire, leaving a void in the workforce to meet the growing health needs of the elderly.

In addition, as older nurses reach retirement age, generational diversity will become even more evitable with Generation X and Generation Y making up the majority of the workforce (Ray, Turkel, & Marino, 2002). As diversity takes place in the nursing workforce, the elderly population is rapidly growing and will more likely be cared for by different generations of nurses (Smith-Trudeau, 2001). A nursing workforce with a diverse group of nurses can enhance the nursing profession by bringing about new and innovative ideas (Best & Thurston, 2004). However, a generation gap in the nursing profession may lead to unfavorable disturbances in patient care, nurse dissatisfaction, and an increase in nursing turnover rates (Hatfield, 2002).

Currently, there are three different generations of RNs in the nursing workforce: (a) those known as Baby boomers who were born between 1946 and 1964, (b) those known as Generation X who were born between 1965 and 1976, and (c) those known as Generation Y who were born between 1977 and 1997 (Whitehead et al., 2007).

Research studies related to nursing generations (Swearingen & Liberman, 2004; Zemke, Raines, & Filipczak, 2002) have focused on registered nurses' working relationships; instead of nursing generations' attitudes, social values of the aged, and anxiety toward the aging. As previously mentioned, past research studies (Ersek et al., 2000 ; Looklinland et al., 2002 ; Söderhamn et al., 2001) investigated registered nurses' age, knowledge, experience, work settings, and negative attitudes toward aging. Past studies failed to analyze the relationship among generational differences regarding social values of the elderly, anxiety toward aging, and practice settings. Wendt (2003) reported that 63% of newly licensed registered nurses claimed that older adults make up the majority of their patient load in a variety of practice settings.

Being that registered nurses will care for and be in contact with the elderly in a numerous settings places even more emphasis on the nursing care and attitudes nurses have toward the elderly (Zerekh & Claborn, 2006). Hweidi and Al-Hassan (2005) claimed generational diversity and nurses' attitudes can both have an impact on the nursing care of the elderly. For instance, the researchers implemented a descriptive correlational design study using Kogan Attitudes Toward Old People Scale to assess the attitudes nurses of different age groups displayed toward the elderly. The studies findings revealed that younger nurses had more negative attitudes toward the elderly than the older nurses. The researchers contributed the variances in the nurses' attitudes to the older nurses' maturity levels and experience. This current research explored the relationship among registered nurses' attitudes toward caring for the elderly by analyzing nurses' social

values of the elderly, anxiety toward aging, and practice settings among three generations of registered nurses working in medical-surgical, long-term care, and community agencies.

The over-arching research question for this study is: What is the relationship among different generations of registered nurses' social values toward the elderly, anxiety toward aging, practice settings, and attitudes toward caring for the elderly? An argument could be made based upon the literature review (Cooper & Mitchell, 2004; Hamilton & Mahoney, 2003); that older generations have more positive attitudes toward caring for the elderly than younger nurses. However, it is also possible to argue, based on the literature review (Hamilton & Mahoney, 2003; McLafferty, 2005) that younger generations have more positive attitudes toward caring for the elderly than older nurses. Since, different generations of registered nurses' perceptions vary to some degree toward the elderly (Swearingen & Liberman, 2004; Zemke et al., 2002). The goals of assessment for the current study addressed five research questions and Hypotheses.

Problem Statement

Since earlier research studies addressed registered nurses' negative attitudes toward the elderly, the nursing profession has become more diverse with three different generations of nurses existing in the workforce (Courtney et al., 2000; Ersek et al., 2000 Myers et al., 2001; Söderhamn et al., 2001). In addition, the elderly population is steadily growing and will likely utilize more health care services in the future (Robinson & Street, 2004). Research has distinguished generational differences among registered nurses in the workplace, but failed to analyze different nursing generations' attitudes toward caring for the elderly (McNeese-Smith & Crook, 2003; Swearingen & Liberman, 2004; Zemke et al., 2002). Studies have shown registered nurses exhibiting negative attitudes toward the elderly. Researchers have used other factors such as age,

education, practice settings, and experience to explain the variances in nurses' attitudes toward the elderly (Bowles, et al., 2001 ; Happell, 2002 ; Vukie & Keddy, 2002 ; Werret et al., 2001) However, it is not known whether nurses' attitudes toward the elderly are related to generational differences.

According to Tabloski (2006), all registered nurses are viewed by patients to have commonalities in their behaviors. These commonalities include nurses' perceptions of the elderly, as well as their behavior toward caring for the elderly. Registered nurses' generational differences toward the elderly are significant because registered nurses are likely to care for the elderly more than any other group of patients (Hamilton & Mahoney, 2003).

This survey design study examined variables that might influence nurses' attitudes working with the elderly, such as social values of the elderly, anxiety toward aging, generation cohorts, and attitudes toward caring for the elderly. The findings from this study illustrated how different nursing generations' social values of the elderly, anxiety toward aging, and practice settings influence their attitudes toward caring for the elderly. The study's findings may be used to assist nurse leaders and educators to better prepare the present and future generations of registered nurses to work with the elderly.

The Nature of the Study

This study utilized a quantitative survey design approach employing descriptive statistics using the mean, standard deviation, and range for continuous scaled variables and frequency and percent for the categorical scaled variables. A quantitative survey design approach provides insight about variables that might influence a specific outcome (Creswell, 2003), such as examining the relationship of different generations of registered nurses' social values of the

elderly, anxiety toward aging, practice settings and nurses' attitudes toward caring for the elderly. In a quantitative survey design study the relationship and differences of two or more variables can be tested to determine whether there is a statistically significant difference in the dependent variables relationship as attributed to the independent variables. If there are significant differences in nurses' attitudes toward caring for the elderly a multiple linear regression model can be used to determine the amount of unique variances explained in the dependent variable by each independent variable (Cohen, 1988).

A survey design approach was chosen for this study to allow the researcher to examine several variables that might impact registered nurses attitude to care for the elderly. The survey method provided the researcher the best approach to explore the dependent and independent variables in a large cohort of nurses. Other approaches such as a qualitative or experimental design would be costly and time consuming. The qualitative method would be difficult for the researcher to implement because of the cohort of nurses used in this survey design. A survey design allowed the researcher to reach a large number of participants by mail.

Research Questions and Hypotheses

1) Is there a difference in the Attitude Toward Caring for the Elderly score among three generations?

H_0: The average Attitude Toward Caring for the Elderly score (ACE) is the same for all three generational groups (GEN).

H_a: The average Attitude Toward Caring for the Elderly score (ACE) is not the same for all three generational groups (GEN).

2) What is the relationship among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE)?

H_0: There is no correlation among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE).

H_a: There is a correlation among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE).

3) What is the relationship among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly Score?

H_0: There is no correlation among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly score (ACE).

H_a: There is a correlation among Anxiety Toward Aging Score (ATA) and the Attitude Toward Caring for the Elderly score (ACE)?

4) Is there a difference in the Attitude Toward Caring for the Elderly score (ACE) among three practice settings?

H_0: The average Attitude Toward Caring for the Elderly score (ACE) is the same for all three practice settings (PS).

H_a: The average Attitude Toward Caring for the Elderly score (ACE) is not the same for all three practice settings (PS).

5) Do generations (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) add independent information in predicting the Attitude Toward Caring for the Elderly Score (ACE).

H_0: Generation (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) do not add independent information in predicting the Attitude Toward Caring for the Elderly score (ACE).

H_a: Generation (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) add independent information in predicting the Attitude Toward Caring for the Elderly score (ACE).

Purpose of the Study

Research suggest the elderly will spend most of their older years receiving some type of health care service from health care professionals, especially registered nurses (Foreman, Hamilton & Mahoney, 2003 ; Gething & Petralia, 2004 ; Welford, 2006 ; Wells, 2004). However, not all elderly individuals will be in need of hospitalization (Eliopoulos, 2001). Some may receive care in an outpatient clinic setting others may receive care in the emergency room setting. Because of the elderly patients diverse health care needs their care will be rendered by registered nurses in a variety of health care settings (Zerwekh & Claborn, 2006). The aim of this quantitative survey research design was to identify which independent variables (generations, social values of the elderly, anxiety toward aging and practice settings) determined registered nurses attitudes toward caring for the elderly. By examining the impact of generation on social values of the aged, levels of anxiety toward aged, practice settings, and nurses' attitude toward caring for the elderly, this study offers nurse leaders and educators valuable information for understanding variations in attitudes among registered nurses.

Theoretical Framework

The theoretical framework for this study was derived from Rosenberg, Hovland, McGuire, Abelson, and Brehm's (1960) three-component view of attitudes. The three-component

view builds from attitude theories by Ajzen & Fishbein (1980), Katz (1960), and Halloran (1967). Ajzen and Fishbein (1980) provide a foundation for understanding attitude theory as it identifies relationships between intention attitude and behavior whereas Katz (1960) and Halloran (1967) describes the functions attitudes perform in both attitude formation and functional theories.

According to Katz (1960) and Halloran (1967), attitude formation and functions are individualized and connected by structural components such as knowledge, intentions, feelings, and behaviors causing each person to respond to a stimulus differently. The three-component view defines attitudes by three responses affect, cognition, and behavior. Rosenberg et al. (1960) defined affect as a feeling toward an attitude object, cognition as beliefs about an attitude object, and behavior as an action toward an attitude object. According to Rosenberg et al. (1960), all three of the attitude responses can be measured by verbal or nonverbal statements (p. 3). Rosenberg et al. (1960) three-component view will be applied to this study by extracting the affect and cognitive responses from FAQ I quiz and the AOS. The two components affect and cognition will be used to assess the relationship between generation of nurses' (independent variable) attitudes toward caring for the elderly (dependent variable), social values of the elderly, and anxiety toward aging (independent variables). Further discussion on the application of the three-component view to the dependent and independent variables will be presented later on in chapter two.

Operational Definitions of Terms

The following terms will be operationally defined by the researcher and will be used throughout the study.

Aged: individuals 65 years of age and older (Eliopoulos, 2001, p. 9).

Anxiety toward Aging: the average score computed on items 1-15 of the Aging Opinion Survey. The lower scores indicate less feelings of uneasiness, fear or dread concerning one's aging while higher scores indicate more feelings of uneasiness, fear or dread concerning one's aging (Kafer, William, Lachman, & Hickey, 1980).

Attitude: a state of mind in which registered nurses perceive the elderly or aged. In this study attitude will be analyzed by positive or negative responses by registered nurses as measured by the Palmore FAQI quiz with lower scores indicating a more positive attitude toward caring for the elderly and higher scores indicating a more negative attitude toward caring for the elderly (Palmore, 1980).

Older patients: this term refers to a patient 65 years of age and older (Tabloski, 2006, p. 3).

Nursing Generations: Refers to three different generations of registered nurses Baby boomers born between 1946- 1964, Generation X born between 1965- 1976, and Generation Y born between 1977- 1997 (Zerwekh & Claborn, 2006, p. 213).

Practice Setting: the three areas in which registered nurses practice medical surgical, long-term care, and community agencies (Wendt, 2003, p. 252)

Social Values of the Age: the degree in which the contributions to society of individuals 65 years or older will be computed as the average of questions 16-30 from the AOS questionnaire. Lower scores will indicate a view that older people make a less significant contribution to society while higher scores indicate a view that older people make a more significant contribution to society (Kafer et al., 1980).

Scope and Delimitations

The study included only registered nurses practicing nursing in the state of Mississippi in three different practice settings in a variety of facilities. The study was confined to a survey method. The surveys were mailed to registered nurses working in the state of Mississippi because of time constraints and expense. Only the attitude formation of registered nurses was discussed in the study. The complex methods by which attitudes influence behavior was not be investigated.

Limitations of the Study

The study was not generalized to all areas of nursing. The researcher also acknowledges limitation of the research tools Palmore (FAQ1) quiz and the Aging Opinion scales II and III. The FAQ I quiz is limited to indirect measures of attitudes and documented reports by researchers Miller and Dodder (1984) criticized the language used with the FAQ I quiz. The researchers suggested the language was careless with hidden motives, thus supporting Palmores' own vested interest. The AOS Limitations include the scales inability to highly correlate with other attitudes scales (Kogan, 1961; Tuckerman & Lorge, 1953; Palmore 1980) measuring registered nurses attitudes toward the aging and the limited use of the scale with nursing samples.

The association between nurses' social values of the aged, anxiety toward aging, practice settings, and attitudes toward caring for the elderly should not be generalized beyond the registered nurses in the state of Mississippi who participated in this study. Another limitation maybe the unknown exposure to the three questionnaires used in the study because of the participants position as registered nurses.

Assumptions of the Study

Assumptions

The following assumptions were made by the researcher in preparation for this research study:

1. The participants will respond to the survey questions accurately and honestly.

2. The contact information for the registered nurses was accurate and representative of different generations of registered nurses.

3. The differences in attitudes among the registered nurses will be attributed to their cohort generation with no influences from other resources.

Significance of the Study

A quantitative survey design study is significant for several reasons. First, understanding generational differences among registered nurses can provide nurse leaders and educators insight to implementing nursing programs to help dispel negative perceptions about the growing aging population. Research has indicated that different nursing generations bring forth oppositions in the workplace (Deal, 2007; Gravett & Throckmorton, 2007) differences may carry over to patient care and lead to poor work performance (Cooper & Mitchell, 2004; Dries, 2003). For example, negative perceptions toward older patients have caused registered nurses to neglect performing pertinent assessments on the elderly (Robert et al., 2003). This survey design study can bring forth a social change in the nursing profession by impeding upon unsound practices toward the elderly in the workplace. Secondly, the generational differences seen in registered nurses' social value of the elderly can also play an integral role in patient care. If registered nurses devalue the

elderly they may provide minimal care which could lead to negative outcomes (Haggerty & Patusky, 2003). The values registered nurses project toward the elderly can add to the scholarly research and literature in the nursing profession. The participants in this study were uniquely represented by those nurses who are in practice settings where they are likely to care for the older patients more than any other age group (Tabloski, 2006). Hence, this study can be used to increase nurse leaders' knowledge about the placement of different nursing generations upon employment, and could potentially avoid nursing turnover.

Thirdly, research of this nature that consists of a large number of participants from diverse backgrounds adds to our understanding of registered nurses' attitudes from different dimensions. For example, the analysis of registered nurses' social values toward the aged and anxiety toward aging provides a better understanding of registered nurses' attitude development and their perceptions of older patients. The results of this study provided a significant association between the attitudes registered nurses form toward the elderly and their practice settings.

The study uncovered factors that influence registered nurses' attitudes toward their own personal aging, aging of friends, and others, especially where there are multiple generations of registered nurses providing nursing care for older patients in health care organizations. Lastly, this study can be used to influence local and state policy makers' health care decisions concerning the aging population. In addition, the study can encourage professional management to create policies for health care facilities that validate registered nurses ability to view the elderly in a more holistic manner, as opposed to seeing the old and the young.

According to (Tomey, 2009), the next generation of nurses will have a more difficult time forming relationships with the elderly because nurses will be much younger and thus will have

less appreciation for the elderly. The challenge for nursing will be to develop a profession that not only recognizes the differences in each nursing generation, but places emphasis on the perceptions nurses have toward the elderly patient.

Martin (2004) argued nurses should be advocates for all patients. Thus, if nurses portray negative attitudes and do not envision the elderly as being worthy to society these actions can lead the elderly to have negative impressions of the health care environment. In addition, negative responses from registered nurses can lead to less than proficient nursing care (Chong et al., 2003).

Summary

Chapter 1 provided a general introduction to the current study, which included the research problem, the theoretical framework, purpose, and significance of the study. The study employed a quantitative survey design method, which was used to examine the characteristics of registered nurses and their attitudes toward the elderly. This study is significant to the nursing profession because in the future, the elderly will be the most dominant population in need of health care services and it will be important to understand the factors that contribute to the quality of their health care.

Because registered nurses are challenged with meeting the needs of the elderly in a variety of settings, understanding nurses' perceptions of the elderly will be vital for nurse leaders and educators in health care institutions. In addition, an investigation of registered nurses' attitudes is needed to determine whether nurses display the sensitivity and attitudes needed to care for the elderly. Research of this nature can help nursing leaders and educators develop strategies that will establish positive and meaningful relationships between the elderly and all generations

of registered nurses. Chapter 2 provides a review of literature and research related to the problem statement in the study.

The following content areas are included in chapter 2: Defining attitudes, application of the theoretical framework, the graying society, aging attitudes and society, nursing care and attitudes, young and old attitudes toward the aged assessment of attitudes, registered nurses' attitudes toward the elderly and intergenerational differences between registered nurses. Subsequently, chapter 3 describes the research methodology, design, and approach. The findings of the data collection and analysis are included in chapter 4. Chapter 5 concludes with a summary of the study, an interpretation of significant findings, conclusions, implications of the study the nursing profession, and recommendations for future research.

CHAPTER 2: THE LITERATURE REVIEW

Introduction

Registered nurses working in settings that have a large number of elderly patients are challenged with the demands of providing quality care to these individuals. Furthermore, the growing aging population has placed constraints on registered nurses choices to care for other age groups (Welford, 2006). Registered nurses working in a variety of health care settings will not only need skills to care for the elderly, but they will also need to have sensitivity toward their elderly patients (Sloane, Zimmerman, & Suchindran, 2002).

Researchers have investigated factors that impact registered nurses' attitudes toward caring for the elderly, but past studies focused on variables such as age, education, experience and knowledge. Despite the past interest in nurses' attitudes toward caring for the elderly, there is a gap in the literature regarding how registered nurses' generational differences, social values, and anxiety toward aging form their attitudes toward the elderly (Bowles et al., 2001; Courtney et al., 2000) Happell, 2002; Söderhamn et al., 2001; Vukie & Keddy, 2002; Werret et al., 2001). Chapter 2 provides a review of literature that explores attitude development, attitude formation, attitudes of aging toward health care professionals, generational differences among registered nurses, and the assessment of attitudes. The theoretical framework for the study will also be discussed in chapter 2. The framework will be derived from Rosenberg, Hovaland, McGuire, Abelson, and Brehm (1960) three-component view of attitudes.

Strategies used for Literature Search

A Literature search was performed in May 2007. The database bases included Academic Search Premier (EBSCO), CINAHL (EBSCO), Health Source Nursing/Academic Edition

(EBSCO); Medline (EBSCO), Educational Resource Information Center (ERIC), PsycINFO (EBSCO), ProQuest Dissertations and Theses, online publications, and numerous books. The following terms were used by the researcher to search the databases: *aged, aging, attitude, anxiety toward aging, elderly, registered nurses, nursing generations, practice settings and nursing values.* The results of the search produced an array of information related to health care professionals' attitudes toward the elderly, factors influencing the attitudes of health care professionals to care for the elderly, personal fear of aging, older patients' perceptions of registered nurses, attitude formation, and attitude components.

Defining Attitudes

Attitude Concepts and Components

The term *attitude* was first coined by Allport (1935) as stated by Aiken (2002). Since the discovery of the term research has been extensive on the exploration of attitudes and the concepts that define the meaning of attitudes. Eagly and Chaiken (1993) defined attitudes as "tendencies to evaluate an entity with some degree of favor or disfavor, which is ordinarily expressed by cognitive, affective or behavioral responses" (p. 155). Halloran (1967) claimed Rosenberg et al. (1960) recognized three dynamics of attitudes: affect, cognition, and behavior. Using these three components Rosenberg et al. (1960) developed the three-component view of attitudes. However, controversy has existed as to whether only one or all the components must be present for an individual to demonstrate only one type of attitude response.

Rosenberg et al. (1960) described the affect component as a feeling toward an attitude response and cognition as a belief about an attitude response. Rosenberg et al. stated that the third

component behavior is more of a tendency to act in a certain way rather than the overt behavior itself. The concern here is that behavior may have other determinants than just attitudes.

Similar to Rosenberg et al. (1960), Ajzen (1989) recognized three elements of attitudes which also included the feeling, believing, and acting components, consisting of both verbal and nonverbal responses. In the same vein, Katz (1960) argued attitudes maybe displayed verbally, in the form of opinions, or non-verbally, and are made up of a feeling or affective element and a belief or cognitive element. Katz (1960) argued that a value system makes up the matrix of an individual's attitude formation. The significance of the attitude is related to the strength of its linkage to the value system and in turn connects to the individual's self-concept and his or her personality.

The relationship between attitudes and overt behavior has received little attention in the theoretical work on attitudes. Fishbein and Ajzen (1980) claimed that studies on attitudes and behavior (Cartwright, 1949; Katz & Kuhn, 1952) assumed "that a person brings his attitude in line with his behavior" (p. 477). As a result, behavior is not considered to be a function of attitudes. In contrast, Rosenberg et al. (1960) assumed that the three components affective, cognition, and behavior can affect a person's attitude about an object, issue or person. For the current study, the relationship of the behavior component and attitude will not be explored. However, the affect and cognitive components of the three-component view of attitudes will be utilized to analyze the formation of registered nurses' attitudes formation toward the elderly. According to Rosenberg et al. (1960), the three attitude components can be independent or interdependent of one another.

Application of the Theoretical Framework to the Study

As individuals mature, their beliefs, feelings and actions in regard to objects in their world become organized into attitude systems (Aiken, 2002). When attitudes are analyzed as a system, emphasis can be applied to interrelatedness and interdependence of the three-component view (Rosenberg et al., 1960). As change takes place in one component, one or both of the other components may also be altered. The stimulus or object of an attitude, the independent variable in Rosenberg et al. (1960) three-component view (Figure 1) can be anything in the person's world (Eagly & Chaiken, 1998). The individual formulates attitudes toward his/her physical and social worlds. Thus, attitudes can be formed towards other individuals, groups of individuals, social organizations, political and economic circumstances, and religion. Individuals will have attitudes towards themselves as well (Rosenberg et al., 1960). The number of attitudes an individual can and will hold is restricted because there are limits to each individual's physical, social, and psychological worlds (Eagly & Chaiken; 1998; Eagly & Chaiken, 1993; Wilson, Lindey & Schooler, 2002). Consequently, the stimulus or object must not only exist but exist in the world of the individual being tested.

The interrelated variables that make up the attitude system consist of cognition (believing), affective (feeling) and cognitive (behaving) characteristics of attitude formation. As Rosenberg et al. (1960) asserted, attitudes themselves are not measurable, but the three types of responses in the attitude system as shown (Figure 1) can be used to represent an individual's attitude. The three components: cognition, affect, and behavior allowed researchers to treat attitudes as "internally consistent structures" or as essential distinct components" (Eiser, 1986, p. 54). The first component of the intervening variable is the feeling or affective aspect of the

attitude response. The affect component is an emotional response to an object, a situation, or a group of people and is the one most often measured by the attitude scales (Aiken, 2002; Kafer et al., 1980). Wilson et al. (2000) argued that feeling components have been identified by earlier researchers (Krech, Crutchfield, & Ballachey, 1962) to have physiological manifestations. In Figure 1, the second component is cognition. One of the most significant parts of this component is the evaluative beliefs about objects or people. Individual beliefs are separate from the views of the person or object. The cognition component is also closely related to the cognitive component of attitude formation in which the individual will most likely see certain ways of behaving or acting in response to an object or situation as more appropriate than others based on their beliefs about the situation (Ajzen, 1989).

Lastly, the third and least-documented component of an attitude is the behavioral response or action tendency demonstrated by the individual. Rosenberg et al. (1960) claimed "overt actions toward an object are not only a reflection of the attitude elicited by the person but also the result of other variables" (p. 6). Ajzen and Fishbein (1980) have continued to support this concept. For instance, they have often referred to Heider's (1944) balanced theory and everyone's need for consistency, which is mirrored by Rosenberg et al.'s (1960) three components of attitudes. Attitudes are not isolated, and their interconnections produce a type of unity in the personality of an individual (Wood, 2000). Besides that, there may be many areas that appear to produce only one type of response, but most clusters of attitudes within the same individual contain a heterogeneous mix of attitudes (Ajzen & Fishbein, 1980). The current study will focus on the attitude responses that are demonstrated toward the elderly by different generations of registered nurses.

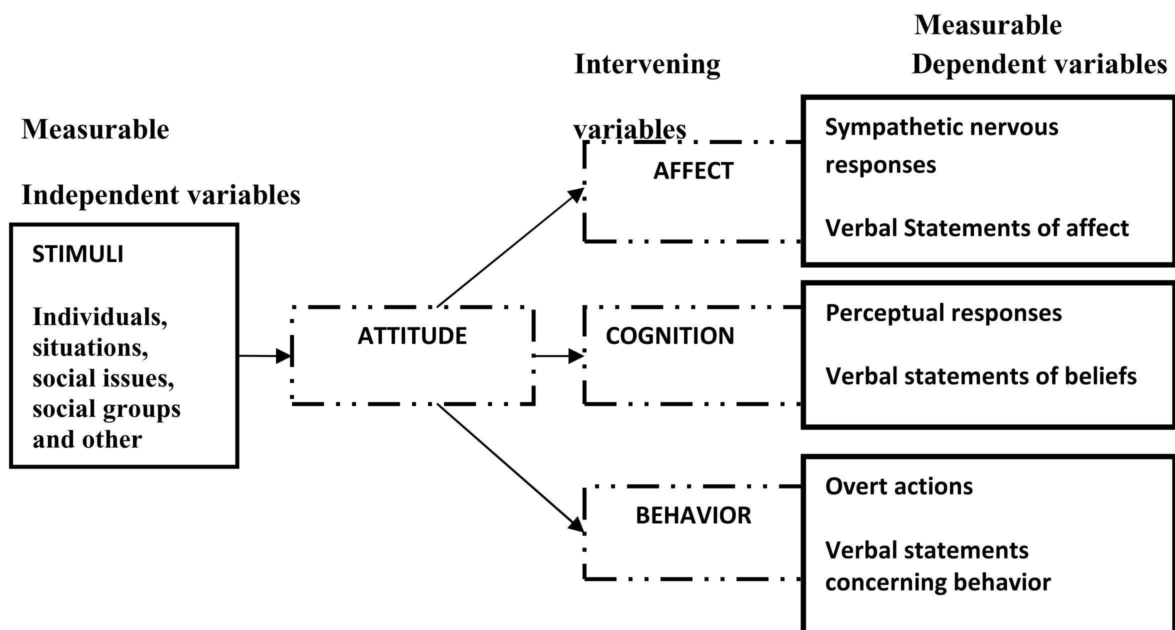

Figure 1. Three-Component View of Attitudes

Adopted from Attitude Organization and Change (p.3) by M. J. Rosenberg, C. I. Hovland, W. J. McGuire, R. P. Abelson, and J. W. Brehm, 1960, New Haven: Yale University Press. Copyright 1960 by Yale University Press. Reprinted with permission.

An assessment of registered nurses' attitude responses was analyzed through the three-component view. In Figure 2, the relationship of the independent variables of anxiety toward aging, social value of the elderly, and practice settings to attitudes was assessed through the affect and cognitive responses. Subsequently, affect and cognition was indirectly measured by registered nurses responses on the AOS and FAQ I. The behavior component was discussed in the study but not analyzed. As previously stated, the feeling or affective component has received the most attention and is the response shown nearest to "attitudes" and is the response most often measured (Wilson et al., 2000).

However each component is a necessary part of attitude itself. Each feeling, believing, and acting component plays important role in the value system but not all have been investigated to the same degree (Maio, Olson, Bernard, & Luke, 2003). Behavior and beliefs are often difficult to associate with a particular attitude without viewing other variables (Eagly & Chaiken, 1998). For instance, age, experience, and education of a registered nurse have been known to influence the beliefs and behaviors toward the elderly (Courtney et al., 2000). As noted in Figure 2, this study explored the relationship among the independent variables of anxiety toward aging, social values of the elderly, and practice settings using the cognitive and affective components to analyze how registered nurses' attitudes toward the elderly may be formed.

Registered nurses' beliefs or knowledge about elderly people have been known to influence their attitudes. Lee, Wong, and Loh (2006) assessed the belief or cognitive component of nursing students by administering the Palmore (FAQ I) before and after clinical experiences in

a community setting and found that the cognitive component of nursing students improved significantly after a course offering on community resources for the elderly.

Hweidi and Al-Hassan (2005) evaluated the cognitive component on aging by administering the Facts on Aging Quiz (FAQ I) to Jordanian nurses working in an acute care setting. The researchers found no significant differences in the knowledge or beliefs among the registered nurses. Cumming, Adler, and Decoster (2005) examined graduate level social work students (n = 382) general beliefs about the elderly and found the students had average related knowledge (M = 9.7, SD = 1.7).

Studies have been implemented to assess the affective or feeling components registered nurses display toward the elderly by utilizing the AOS. Hweidi and Al-Obeisat (2006) administered the AOS to nursing students in the second, third, and fourth year of training. The researchers noted that students in their fourth year demonstrated more positive feelings toward the aging. The researchers contributed the students' positive responses to the knowledge the students had acquired about the elderly during training.

Cooper and Mitchell (2004) implemented the AOS survey to both trained nurses and student nurses caring for the elderly patients. The researchers reported that the students' affective responses toward the aged were neither negative nor positive; however the trained nurses demonstrated negative attitudes toward the elderly. Weman, Kihlgren, and Fagerberg (2004) administered the AOS to registered nurses working in a community, long-term care facility and a hospital setting. The findings indicated that nurses in the community setting had more positive

responses toward the elderly than those nurses in the long-term care or hospital settings. The researchers argued the community nurses positive responses were related to their type of work.

According to Rosenberg et al. (1960) cognition includes perceptions, concepts, and beliefs about an object of the attitude and can be elicited by verbal statements in print or oral form. The affective component is the evaluation of one's feelings about an object, person, issue, or concern and can also be evaluated by verbal or written responses. Palmore (1980) claimed the FAQ I can be utilized to assess one's beliefs or cognition about the elderly. Kafer et al. (1980) designed the AOS to analyze three areas stereotypic age decrement, personal anxiety toward aging, and social value of the elderly.

This current study used the statements from both the AOS and FAQ I. An example of the cognitive and affective statements on the AOS and FAQ I are provided in chapter 3 of the study. Rosenberg et al. (1960) claimed studies on cognition responses associated with attitudes dated as far back as the 1930s. Aiken (2002) implied that cognition responses related to attitude development have been mostly evaluated by researchers through survey questionnaires (Kafer et al., 1980; Kogan, 1961; Palmore, 1980; Tuckerman & Lorge, 1953). As previously mentioned, registered nurses can demonstrate the three attitude responses from a variety of sources in their social and physical worlds (Eagly & Chaiken, 1993). For example, registered nurses may personify all three of the attitude responses during interactions with their older patients in different practice settings.

In Figure 2, the stimuli to which the registered nurse must respond to is the elderly. The influence of the independent variables on the formation of attitudes toward the stimuli is

manifested in the three components of attitude response, feelings, beliefs, and action tendencies demonstrated by the registered nurse. The relationship between the value of the aged, anxiety toward aging, practice settings, and attitudes will provide a better understanding of the role affect and cognitive responses play in developing the attitude system of registered nurses. Furthermore, an exploration of other factors, such as the growing aging population places even more emphasis on the need to investigate current attitudes nurses have toward the elderly.

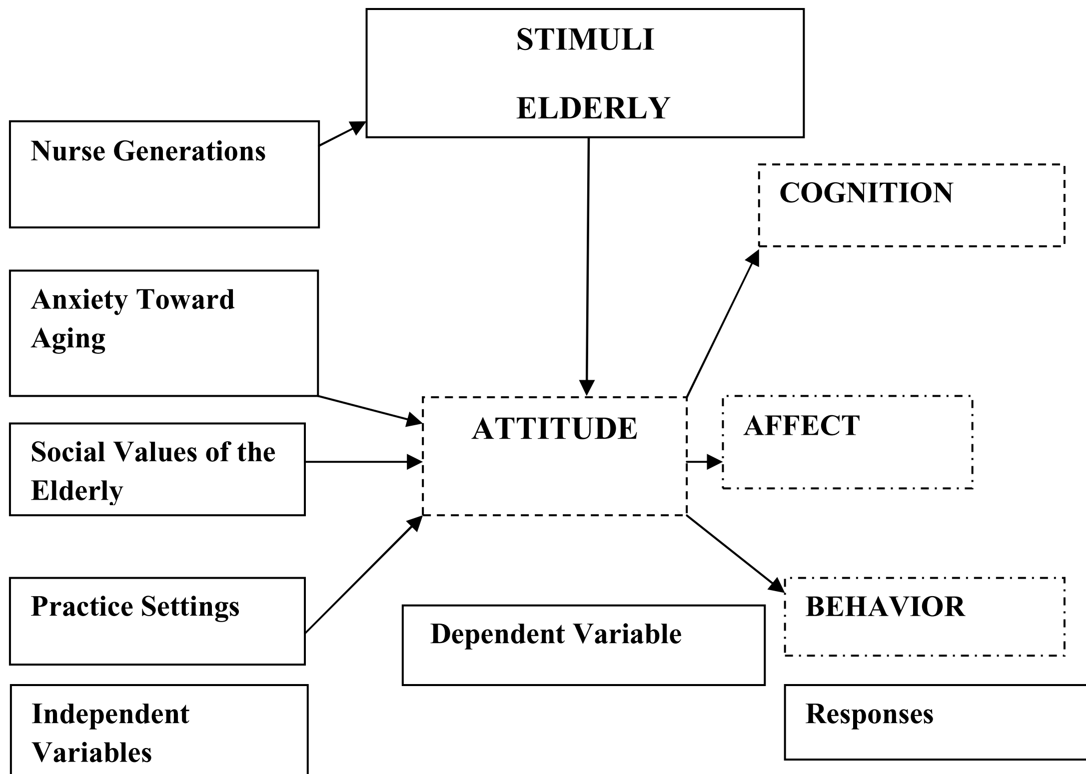

Figure 2. Proposed Relationship Among Study Variables

A Graying Society

A Paradigm Shift

The Baby boomer generation, which are individuals born between 1943 and 1960 will drive the demand for health care services in the 21st century (Tabloski, 2006). The Administration on Aging (AoA) (2006) indicated there will be a rapid increase in the aging population between 2011 and 2030. By 2040 47% of the elderly will be between 65 to 74 years of age, while those individuals aged 85 and over will make up 32% of the older population. By 2050, Baby boomers aged 85 or older, will make up 34% of the elderly population (Alecxih, 2001).

According to the Department of Health and Human Services (DHHS) (2002), the ongoing change in the aging demographics, the aging nursing workforce, and the nursing shortage will place demands on the nursing profession. Health care professionals will be faced with meeting the needs of the growing aging population (Chang, Chenoweth, Glasson & Graham, 2003). Baldursdottir & Jonsdottir (2002) argued registered nurses will care for individuals over age 65 in a variety of settings, such as outpatient, acute care, and long-term care facilities due to chronic diseases, such as heart disease, diabetes, and strokes.

The challenge for nurses will not only be to care for older patients but to develop relationships with the elderly through interactions in their environment (Zerwekh & Claborn, 2006). Knowing how the elderly population is expected to increase is significant because the elderly will need some type of health care (Albert, Im, & Raveis, 2002). In addition, past studies have found negative attitudes toward older patients among registered nurses in a variety of

situations (Bowles et al., 2001; Chang et al., 2003; Courtney et al., 2003 ; Happell, 2002 ; Looklinland et al., 2002; Vukie & Keddy, 2002; Werret et al., 2001). In addition, the nursing workforce is aging and presently consists of three different generations of nurses (McNeese-Smith & Crook, 2003).

The examination of the social values, beliefs, feeling, and attitudes toward caring for the elderly of the Gen X, Gen Y, and Baby boomers can help registered nurses redefine their personal values about older people (Nelson, 2005). Studies investigating individual attitudes toward people 65 years of age and older have focused mostly on the young age groups because there are assumptions the young have more unfavorable attitudes toward the elderly than the older age groups (Lachs, & Boyer, 2003; McConatha, Schell, Volkwein, Riley, & Leach, 2003).

Young and Old Attitudes Toward the Elderly

Research reflecting the attitudes of young people toward older adults has focused mostly on young health care professionals and children (McGuinn & Mosher-Ashley, 2002). Levy (2001) found negative stereotypes toward the elderly to be engendered in children through picture drawings as early as three years of age.

Hagestad and Uhlenberg (2005) investigated fourth graders' response in a grandparent program and found students who had contact with healthy elders held more favorable attitudes, compared to those exposed to older adults with health issues, such as using a wheel chair. These findings seem to support Dasgupta and Greenwald's (2001) study, which implied stereotyping and aging attitudes began in childhood.

Murphy (2007) found young nurses caring for the elderly in a hospital setting to have more negative attitudes than older nurses in the same setting. McLafferty (2005) found young student nurses training in a community setting with elderly patients demonstrated more negative attitudes than older nurse teachers. Previous studies investigating attitudes of registered nurses seem to support the fact that the age of registered nurses had no bearing on their attitudes toward older patients (Chasteen, Schwartz, & Park, 2002). In another study, Herdman (2002) found older nurses to have more negative attitudes toward the elderly, in comparison to younger nurses.

Studies regarding registered nurses' attitudes toward the elderly not only have been incongruent, but have compared individual attitudes toward older people by young and old age groups. To the researcher's knowledge, no studies have investigated registered nurses' attitudes toward elderly people by generation cohorts, in relation to social value of the aged, anxiety toward aging and practice settings. Instead, studies have focused on the management and retention of the different generations of nurses in the nursing profession (Cordeniz, 2002; Smith 2004; Wheeler & Petty, 2001). The attitudes registered nurses convey toward the elderly have been explored in relationship to many different factors.

Factors Influencing Registered Nurses' Attitudes toward the Elderly

Registered nurses' attitudes and the standard of care they provide to the aging have been noted in health reports (Administration on Aging [AoA], 2006; American Association of Retired Persons [AARP], 2001). The research reported in these reports indicated that the attitudes nurses portray toward the elderly may impact the care they render to the elderly. Palmore (2004) implied that the negative biases and ageist attitudes held by registered nurses and other health

care professionals are at the root of the problems facing older people. For example, ageist attitudes have been noted to engender negative consequences for healthy aging (Wells, Foreman, Gething, & Petralia, 2004). Many factors have been associated with the negative attitudes that have been studied among different groups of registered nurses.

According to Schwartz and Simmons (2001), nurses prefer any patient, young or old, who is conforming and socially active; therefore patients of this type may receive more attention from nurses. For instance, registered nurses may view those patients who are ill, independent, and emotionally stable in a more positive light, unlike patients who demand extra attention, and need more care, such as the elderly.

Herdman (2002) identified ageism to be more prevalent among registered nurses who work in health care settings where the elderly lived, such as nursing homes or other long-term care settings. William, Ilten, and Bower (2005) suggested nurses in these settings tend to develop paternalistic behaviors toward their patients. These behaviors were interpreted to be demoralizing and dehumanizing and added to the myths that older people are helpless and in need of nurturance. In contrast, Mckinlay, Couston and Cowan, 2001 found clinical experiences in nursing homes improved nursing students' attitudes toward older people.

Wright (2003) found that registered nurses working in a rural health care setting were less likely to provide older patients with sleep or pain medications because of negative biases toward the elderly, such as beliefs of older patients decreased cognitive ability to determine pain or sleep deprivation. On the other hand, Tabak and Ozon (2004) claimed that registered nurses' attitudes

towards their patients are influenced by their "personal beliefs" as well as social influences. In other words, these factors promote nurses behavior and how they regard their patients.

Overall, research has reported nurses have more negative views toward the elderly than any other health care profession (Herdman, 2002). More contemporary studies should be implemented to address registered nurses' attitudes held toward older patients in their communities (Levy, Slade, Kunkel, & Kasl, 2002). This undertaking is particularly important because of the increasing aging population, the changing nursing workforce, and the need for registered nurses to provide care to elderly patients (Young, 2003). According to Smith (2004), research investigating registered nurses' attitudes toward the elderly is minimal because of a lack of interest in the aging population. Nelson (2005) implied regardless of the decrease interest in the aging population, registered nurses' attitudes and the care they provide is significant to the welfare of their elderly patients.

Nursing Care and Attitudes toward the Elderly

Registered nurses' negative attitudes toward the elderly can impact the quality of care older patients receive in an acute care setting, especially from those nurses who prefer not to work with the elderly (Courtney et al., 2000). As a result of health care providers' negative attitudes or perceptions toward the aging, older patients are often misdiagnosed and illnesses that would be noted in younger patients are overlooked in older patients (Wells et al., 2004). Hought (2002) argued health care professionals with less responsive attitudes toward the elderly are more likely to dismiss debilitating diseases in older people, instead of encouraging them to live life to its fullest potential.

Moreover, the negative perceptions registered nurses hold toward the elderly can alter their knowledge on significant practices related to the elderly (Dries, 2003). Regardless of the origins of registered nurses' attitudes, research seems to support the fact that nurses' negative attitudes toward older people are influenced by many variables i.e. societal influences, practice settings, patient appearance, and personal beliefs. In addition these attitudes can impact patient care (Wells et al., 2004; Hought, 2002).

For instance, McKinlay et al. (2001) argued that health care professionals' negative attitudes may result in nursing behaviors that lead to substandard care of the older patients. Clearly, this is a problem since registered nurses have been known to portray more negative attitudes toward the older patients than other health care providers (Wells et al., 2004; Dries, 2003; Wright, 2003). Older patients, regardless of their age have the right to receive the appropriate care. The impact registered nurses' attitudes have on the well-being of the elderly needs further exploration to enlighten nurse leaders and educators (Cooper & Mitchell, 2004). However, before registered nurses' attitude issues can be understood, there needs to be an investigation of why such attitudes have been found among registered nurses (Schigelone, 2003). An examination of the affective and cognitive components of registered nurses' attitudes can assist nurse leaders in understanding the origins of attitudes and how to correct any misconceptions associated with the older patient.

Comparison of Registered Nurses and Other Health Care Professionals Attitudes

The negative perceptions held by registered nurses toward the aging have been compared to the attitudes of other health care professions. Registered nurses who work in direct contact with

older patients have more negative perceptions about the aging than the physicians working directly with older patients (Gething, Fethney, McKee, Goff, Churhward, & Matthews, 2002). Not only that, registered nurses viewed caring for the elderly as a negative concept, unlike other health care professionals. In fact, registered nurses claimed caring for elderly patients contributed to a low self-esteem (Wells et al., 2004, p. 6). Studies have shown physical therapists who care for the elderly to have fewer negative attitudes toward the elderly than registered nurses (Beling, 2004; Palmore, 2004).

In contrast, social workers' motivation to work with the elderly has been shown to be influenced by varying degrees of normative beliefs through which negative perceptions of the elderly are developed (Litwin, 2003). Kaempfer, Wellman, and Himberg (2002) claimed that dieticians perceived elderly patients negatively compared to other age groups of patients. This study involved 88 dieticians. Sixty-nine percent believed older people were "set in their ways and always depended on others as they grew older" (p. 201).

Nelson (2005) implied that Kirshenbaum (1964) has long perceived psychologists as having negative attitudes toward the aging, Nelson referred to psychologist as "the reluctant therapist" due to the multiple stereotypes psychologist hold about the aging, such as labeling all older people with depression (Nelson, 2005, p. 211). In general, all health care professionals view the elderly negatively in some aspect. However, registered nurses compared to other health care professionals demonstrated more negative perceptions toward the elderly among themselves (Herdman, 2002).

Bravard (2001) claimed that negative views toward the elderly will likely remain prevalent until strategies are implemented to positively influence individual perceptions about the elderly population. Registered nurses of all generations will care for elderly patients; however research is limited on registered nurses and generational differences toward the elderly. Instead, studies have focused on registered nurses and their work relationships in the workplace (Robins & Boldero, 2003; Santos & Cox, 2002).

The changing nursing workforce coupled with the growing aging population warrants for a study that examines each nursing generation's attitudes toward caring for the elderly. According to researchers each generation has different values and perspectives, therefore it is important to understand attitudes, personal beliefs, and preferences of each generation as they relate to working with others and issues, such as morality (Deal, 2007; Gravett & Throckmorton, 2007; Martin, 2004).

Moreover, the differences in social values and feeling toward the aging can be valuable to the nursing profession today and in the future when considering nurse retention, placement, and turnover in health care facilities where registered nurses care for the elderly. Thus far, it can be noted that registered nurses will be expected to continue to care for the aging population. Additionally, the nursing workforce will continue to become more diverse with different generations of nurses entering into the nursing profession. In addition to registered nurses' negative attitudes, studies have found aging attitudes to exist among different sources in society, such as the media and political entities. For example, these sources have been known to influence registered nurses' attitudes toward the elderly (Binstock, 2003; Kane & Kane, 2005).

Aging Attitudes and Society

Societal Influences

The foundations for negative stereotypes toward the elderly are prevalent in the political arena, the media, and among health care professionals (American Association of Retired Persons (AARP), 2001). According to Binstock (2003) elderly people in society are seen as poor, frail, and dependent objects of discrimination with social, medical, economic, and psychological problems. Such characteristics make old age seem as if it is a curse. In one study, McGuire, Klein, & Couper (2005) found that nurses viewed frail elderly patients as being useless, thus not needing as much nursing care as patients who were less frail. Neikrug (2003) argued that groups with in society, such as the media has a persuasive effect on attitudes toward aging because of the negative portraits it demonstrates about old age.

Kane & Kane (2005) proposed that public-policy and government entities add to these stereotypes by singling out elderly people as the most demographically defined group of health care users. Furthermore, it is not unusual for the media to make statements about how most of the health care dollars are spent on the elderly (Binstock, 2003).

According to Aiken (2002):

> … stereotypes are not necessarily based on reality, and are not the result of firsthand experience. To be more precise, they are over generalized features possessed by members of a certain group. There are negative connotations formed from stereotypes that occur as a result of information processing and learning. Stereotypes may also serve as shortcuts toward (mis)understanding and dealing with other people. (p. 81).

In contrast, Sung (2004) argued that stereotypes are "adaptive mechanisms" that promote species survival. However, Sung adds that stereotypes can serve as rationalizations for unwarranted biases and discrimination against minority groups. Apart from the different views theorist demonstrate concerning stereotypes, researchers (Stratton & Tadd, 2005; McLafferty, 2004) have acknowledged that negative assertions related to stereotypes bring forth unfavorable perceptions toward the aging in society, therefore individuals in general associate aging as a negative identity.

According to Hatch (2005), the way society perceives an older individual is directly related his productivity in society. The views one has toward the elderly are attached to the attitudes and perceptions societies hold toward those individuals. As mentioned earlier, health care professionals are not immune from the negative attitudes toward the elderly (Hatch, 2005). Studies have demonstrated how the negative perceptions held by registered nurses impact upon the elderly population (McGuire, Klein & Couper, 2005; Kane & Kane, 2005). In some instances, the outcomes associated with registered nurses' negative perceptions have proven to be costly to the hospitalized elderly patient.

For instance, registered nurses often associate an abnormal manifestation like confusion as a normal sign for the elderly patient (Digwall, 2007). It is apparent that society, which includes the media and political entities, play an integral role in influencing registered nurses' attitudes toward the elderly (Hatch, 2005). The cognition component of Rosenberg et al.'s (1960) three-component view can be uncovered in the beliefs from society at large to which registered nurses conform. Furthermore nurses' generational differences can be useful in understanding the different attitudes nurses may have toward older patients.

Intergenerational Differences among Registered Nurses

According to (Sherman, 2005), cohorts of the same age share characteristics imposed by society at a given time. However, personal history and experiences bring out the unique characteristics of each generation. In addition, each nursing generation has its own set of positive and negative inheritance (Tomey, 2006). In the nursing profession, generations are defined by age (Zerwekh & Claborn, 2006). As previously mentioned, three generations of nurses exist in today's work force: The Baby boomers, Generation X, and Generation Y (Boychuk-Duchscher & Cowan, 2004). All generations have been researched, but not in regards to their attitudes toward older people. Current research addressing different nursing generations have concentrated on workplace ethics, and attracting younger generations into the nursing profession (Deal, 2007; Gravett & Throckmorton, 2007; Martin, 2004). Each of the nursing generations has encountered circumstances that help to identify their origination and history (Martin, 2003).

The Baby boomers have lived through the Cold War, the assassination of President John F. Kennedy, and the Vietnam War, as well as the civil rights movement (Hatfield, 2002). Historical events for Generation X include the Watergate scandal, the assassinations of Martin Luther King Jr. and Robert Kennedy (Bennis & Thomas, 2002). The Generation Y historical events include the opening of the Berlin wall, the first launching of space shuttle Discovery, explosion of Pan Am Flight 103, and the digital age (Gifford & Goodman, 2002). The Baby boomers are the oldest and largest group of nurses working in the nursing profession today. They value what others think and are passionate in their work environment (Martin, 2004). Baby boomers frequently referred to as the "sandwich generation" are caught between caring for their

own children and their aging parents. Baby boomers are ambitious and they have a strong sense of idealism, for both family and work (Lancaster & Stillman, 2002).

The Generation X is innovative and energetic, but unlike the Baby boomers, the Generation X has no loyalty to others or the work place (Cordinez, 2002). They value free time and have no respect for authority. This group seeks out instant gratification and extensive learning opportunities. Generation X functions by personal values and demands. However, Generation X is more comfortable with change, unlike the Baby boomer generation (Zemke et al., 2002).

Swearingen and Liberman (2004) claimed as Generation X becomes a greater part of the nursing profession their values and norms will bring forth changes in the nursing profession. Generation Y are the youngest generation, they make up about 15 % of the nursing workforce and are in their early twenties (Martin, 2004). Generation Y are optimistic, and interactive. Generation Y believe in education and diversity, as well as social responsibility. Similar to Generation X, they are not team players and operate on their demands and values. Knowing how each generation of registered nurses perceive the elderly can assist nurse leaders and educators in empowering nurses to become more engaged with the elderly (Redman, 2005).

Scott (2004) argued registered nurses who engage with older patients establish meaningful relationships, which in return, helps older patients define their own self-worth and dignity. In addition, Haggerty and Patusky (2003) implied “it is the deep human connection that affirms one’s value of a person” (p. 43). Therefore exploring different generations of registered nurses’ attitudes toward the elderly can assist the nursing profession to better prepare registered

nurses to care for older patient. In contrast, to the lack of research on different nursing generations' attitudes toward older people there has been extensive research on instruments assessing registered nurses' attitudes toward older people.

Assessments of Attitudes

Allport (1935) work as cited by (Aiken , 2002) was the first theorist to express concerns about the use of one-dimensional scales in the measurement of attitudes and felt these scales alone did not completely explain the complex issues surrounding the concepts of attitudes. Similar to Allport (1935) (Aiken, 2002), contemporary theorists (Aiken, 2002; Wood, 2000; Gault & Sabini, 2000) articulated the same concerns related to the basic use of attitude measurement. Measurements of attitudes have consisted of direct and indirect methods. Erlabaum (2005) implied that direct measures involve analyzing verbal self-reports to be indicative of latent attitudes. In contrast, indirect reports include attitudes that are inferred without asking people to report them directly.

Direct reports that have been utilized to analyze registered nurses' attitudes toward older people include: Tuckerman Lorge Attitude Questionnaire (TLAG) (Tuckerman and Lorge, 1953), Kogan's Old People Scale (KOP) (Kogan, 1961), Facts on Aging Quiz 1 (FAQ1) Palmore's (1977, 1981), Attitude Inventory Scale (AIS) (Sheppard, 1981), Aging Opinion Survey(AOS) (Kafer, William, Lachman, & Hickey, 1980), and the Attitude toward Old People Scale (ATE) (Weiler, 1998).

However, over time variances have been noted in the constructs related to attitude measures. For example, researchers today are concerned with attitudes on a more

multidimensional level, thus examining the relationships of attitudes, intentions, behaviors, effects of situations on attitude expressions, development of attitudes, and ways in which attitudes are shaped and modified (Aiken, 2002; Levy et al., 2002; Wood, 2000; Gault & Sabini, 2000) .

Furthermore, researchers have used the instruments mentioned above in different ways without adequate explanation (Ingham & Fielding, 1985). As previously mentioned, this study will utilize Palmore's (FAQ I) quiz to indirectly assess registered nurses attitudes toward the elderly. Since the FAQ I original appearance in the empirical literature, the FAQ I has been used largely to measure knowledge and attitudes toward the elderly (Palmore, 2001; 2004). The FAQ I quiz was chosen for this study because it is shorter than the previous attitude quizzes, such as Kogan's Old People Scale (KOP) and Tuckerman Lorge Attitude Questionnaire (TLAG). In addition the FAQ I quiz includes factual statements that can be identified in empirical literature research (Palmore, 2001). The quiz covers physical, mental, and social facts, as well as the most common misconceptions about the aging.

Kafer's (1980) Aging Opinion Survey (AOS) was utilized in this study to measure anxiety toward aging (Scale II) and values of the aged. (Scale III). It should be noted that Scale 1 of AOS can also measure attitudes toward the elderly however, scale I was not utilized for this study. The AOS provides multidimensional analysis of an individual's anxiety toward aging and value of the aged by examining a broad scope of topics, such as friends, family, relationships, social responsibility, public policy, and knowledge. Further discussion on the FAQ I quiz and AOS is presented in chapter three. Meanwhile, analyzing each generation's differences, social values, and anxiety toward the aged can help nurse leaders and educators properly prepare registered nurses how to socially interact with the elderly to avoid negative responses.

Social Values of the Aged

Studies examining registered nurses values have been directed toward the profession of nursing and things nurses value the most such as pay, staffing- ratio, hours, and benefits (Fletcher, 2003; Fitzpatrick, & Steltzer, 2002). Values are closely related to attitudes and can be defined as beliefs about the worth of an idea, attitude, object or behavior (Aiken, 2002).

According to (Eriksson, 2002), the values individuals develop as youths are foundations of what we believe as adults. Our values are a set of standards that reflect what we live for and what we live by (Wood, 2000). Registered nurses enter into the nursing profession with different values and beliefs. Each generation's values may differ in relationship to patient populations (Zerwekh & Claborn, 2006).

For example, a Generation Y nurse may not view the aged as being valuable and may neglect important aspects of their care, such ambulating with assistance. Analyzing the relationship between the social values of the elderly and nursing generations' attitudes toward caring for the elderly can help influence nursing practice by identifying the negative and positive value responses nurses display toward older patients.

Hale (2000) implemented a survey study to registered nurses in a community setting using the AOS and found nurses to represent older individuals as being significant to society. As a result, the nurses scored between the 65th and 75th percentile on the social value of the aged (SVA) scale. In a similar study, Bonnesen and Hummert (2002) used the AOS to examine registered nurses' social values toward the aged working in a general hospital and found similar results with nurses scoring high (75th percentile) on the social value of the aged scale.

Killen (2002) found operating room nurses completing the AOS revealed that the elderly made a significant contribution to society as well. Studies assessing registered nurses' values of the aged are limited and not widespread. Researchers have used to AOS to assess how the elderly value themselves in society and found older people demonstrated low scores on the AOS, feeling insignificant or less worthy to society (Levy, Slade, & Kunkel, 2002).

According to Zerwekh and Claborne (2006) values play a vital role among nursing generations. For example, Deal (2007) claimed Baby boomers, Gen X and Gen Y all expressed similarities in what they valued most with each generation choosing family, achievement, and integrity as the top three values. Researchers consider values to be an attribute of an individual's attitude (Hale, 2000; Killen, 2002). To add, investigating registered nurses value of the elderly is significant to patient care.

Registered nurses who communicate the value of the elderly through their actions and words demonstrate to the older patients that no matter how debilitated, disfigured, or disabled they are by their disease states or illnesses they are still valued and cared about (Jackson, 2004). Registered nurses who value the elderly can assist older patients in establishing hope and add meaning to their lives. On the other hand, registered nurses who do not value the elderly may be less responsive to the care of the patient which may cause the patient to experience negative outcomes during their care (Cooper & Mitchell, 2004). Similar to values, Ajzen and Fishbein (1980) indicated that one's feelings toward aging also impact upon individual attitudes toward aging.

Anxiety and Attitudes toward Aging

Research has shown that the negative attitudes found among counselors, educators, and health care providers are perpetuated by the way these groups view aging (Cuddy & Fiske, 2002). According to Nelson (2005), individuals tend to develop their own social perceptions toward aging. Registered nurses who view aging to be an unstoppable event with cognitive and physical deficits often fear aging (Palmore, 1999, 2004). There is evidence that adults evaluate their own future age with some degree of anxiety. In a study with a group nurses, for instance, Harris and Dollinger (2001) found nurses were highly anxious about their own aging. Research is scarce on the exploration of anxiety toward aging because of the methodological constraints, especially in relation to the measures being used (Biggs, 2000). A few studies have used Kafer et al.'s (1980) Aging Opinion Survey (AOS) to examine fears participants have about their own forthcoming aging. However, these studies have mostly concentrated on the effects of age associated anxiety on specific populations, such as health care professionals and students (Neikrug, 2003; McGuinn & Mosher-Ashley, 2002).

According to Erlabaum (2005), older adults experiencing changes related to the normal aging process feelings toward aging should be evaluated, since this group is likely to have more constraints related to old age. On the other hand, Wells, Foreman, and Gething, (2004) argued registered nurses who practice in settings caring for the elderly may have a high anxiety toward aging fearing aging themselves. In addition, registered nurses can display less responsive attitudes toward the elderly because of their own aging fears (Cuddy & Fiske, 2002). Therefore, exploring registered nurse anxiety toward aging and their attitudes toward older people can assist researchers in identifying any relationship between the two variables. Moreover, practice settings

have been known to have an impact on registered nurses' feelings and attitudes toward older patients (Gething, et al., 2002; Harulow, 2000).

Registered Nurses' Attitudes and Practice Settings

Research studies have noted practice settings, such as long-term care, acute care, home care, and rehabilitation influenced registered nurses' attitudes toward the elderly. For example, Courtney et al. (2000) claimed registered nurses working in home health settings expressed more positive attitudes toward older patients than those nurses employed in a long-term care setting. The researchers based their findings on the prediction that home health nurses were more satisfied with their work than the long-term care nurses. Young (2003) implemented a quantitative approach to compare attitudes of registered nurses working on an acute care setting (n = 80) and registered nurse working on medical ward (n = 84). A three part questionnaire was administered to each group of participants, which included Palmore Aging Quiz (FAQ I), the Kogan Attitude Toward Old People Scale (KOP) and demographic questions pertaining to gender, experience, and post-basic gerontological education.

Overall, only 68 questionnaires were returned out of 164, 34 from the acute care nurses and 34 from medical nurses caring for the elderly. The main differences among the groups were the attitude scores on the KOP with Likert responses recorded on a five-point scale 5-highly positive, 4- positive, 3-neutral, 2- negative, and 1-highly negative. The registered nurses working on the medical elderly ward scored higher on the positive responses of the KOP. A Mann-Whitney test revealed a significant difference (p = 003) between the two group's attitude scores. In spite of the attitude differences, the other variables gender, experience, and post-basic gerontological education demonstrated no significant differences.

Fagerberg & Kihlgren (2000) found rural and metropolitan nurses differed in their attitudes and practices toward older patients. Nurses in both areas were administered the KOP and FAQ I quiz, the total sample including 320 nurses. The results indicated that rural nurses (41%) attitudes were noted to be less positive than those of metropolitan nurses (53.2%). In this study, the FAQ I was used to examine nurses' knowledge about older patients. Rural nurses (70.4%) seem to have more knowledge about older patients than metropolitan nurses (54%). The researchers in this study related differences among nurses to the type of hospital setting, community support, and geographical influences (Fagerberg & Kihlgren, 2000).

Hweidi and Al- Hassan (2005) reported that Jordanian registered nurses (n = 200) working on a medical ward demonstrated positive attitudes toward the elderly as indicated by the Kogan's Attitude Toward Old People Scale (KOP) with 51% of the nurses scoring more than the mean (M = 118.64, SD = 11, CI = 116.6-121.12) 20% representing greater positive attitudes (one standard deviation above the mean). Registered nurses' work settings seem to influence the attitudes of home health, rural, medical and long-term care nurses (Courtney et al., 2000). In addition to negative attitudes, nurses have expressed feelings of uneasiness while caring for older patients labeling patients to be cantankerous and set in their ways (Palmore, 2001).

Majercsik (2005) argued while factor's that influence registered nurses' attitudes toward the elderly are significant, it is equally important to keep in mind that nurses play an integral role in facilitating the care received by patients in the health care setting. Negative attitudes displayed by nurses can intervene with the quality of care elderly patients receive. The research in this study justifies the need to further explore the foundation of nurses' attitudes in different practice

settings. In addition, this study will help resolve any inquiries that suggest nurses in specific practice settings have less responsive attitudes toward the elderly.

Promoting Positive Attitudes towards the Elderly

Despite the exploration of registered nurses' attitudes toward the elderly by previous studies (Schwartz & Simmons, 2001; Bowles, Mackintosh & Torn, 2001;Herdman, 2002; Wright, 2003; Wells et al., 2004), the need to continue to address registered nurses' attitudes is ever present in today's health care environment, since negative attitudes have been known to interfere with the care of elderly patients (Wells et al., 2004). Furthermore, the growth of the elderly population places registered nurses in an epoch where nurses will be the stepping stone for overseeing the needs of the elderly (Potter & Perry, 2005). Nursing must change its ways of thinking when preparing registered nurses to care for the aged (McLafferty, 2004). The older patient is less likely to be bedridden today due to innovative medical advances (Lentz & Palka, 2005). For this reason, registered nurses will provide care to the elderly in a variety of health care settings (Zerwekh & Claborn, 2006).

Misguided conceptions about the elderly among registered nurses will need to be addressed by nurse leaders and educators (Martin, 2004). In part, researchers in the past (Schwartz & Simmons, 2001; Smith, 2004) have blamed nursing education for the negative perceptions registered nurses hold toward the elderly. Williams and Nussbaum (2001) claimed nursing education has consolidated rather than diminished the perceptions of older people. McLafferty (2004) maintained that health care administrators and education leaders are challenged with fostering registered nurses perceptions to reflect desirability toward the older

patients. The changing nursing workforce will make it more difficult for nurse leaders and educators to examine nurses' perceptions toward the elderly. Since, multiple generations of registered nurses will be caring for the elderly in a variety of practice settings (Zerwekh & Claborn, 2006). According to Deal (2007), nurse leaders will need to be well informed regarding differences in generations caring for the older patients. In order, to avoid any misunderstandings of the characteristics that might be portrayed by the different groups of nurses.

Moreover, the primary message to the nursing profession is a sensitization to the older person as a person, paying attention to his/her culture and different needs. A study utilizing Kafer's (1980) AOS and Palmore's (1980) FAQ I quiz to view different dimensions toward the aging attitudes, such as perceptions of the elderly, social values, and anxiety toward aging can broaden the research to help educators and nurse leaders identify actions needed to remove negative perceptions toward the elderly. The current study can also be used to assist nurse leaders in fostering an environment for the elderly that encourage positive responses toward the elderly.

Summary

This review of literature in chapter 2 demonstrated an enormous amount of research that addressed registered nurses attitudes towards the elderly. Several of studies examined the relationship between factors such as education, age, practice settings, knowledge, and attitudes toward the elderly (Werret et al., 2001; Happell, 2002; Vukie & Reddy, 2002; Chang et al., 2003). All of the findings of these studies did not correlate consistently, but supported the claim for further research to investigate registered nurses' attitudes toward the elderly. Several concepts emerged throughout the research that will be crucial in fostering the attitudes of registered nurses attitudes toward the elderly. Some of the studies addressed the nursing care in relationship to registered nurses' attitudes toward the elderly (Digwall, 2007; McGuire et al., 2005; Courtney et al., 2004; Faberberg & Kihlgen, 2000).

Other studies offered recommendations for nurse leaders and educators to assist health care professionals in developing strategies that promote optimistic attitudes toward the elderly population (Deal, 2007; Nelson, 2005; McLafferty, 2004; Roberts et al., 2003). As mentioned previously, in view of the studies cited in the literature review, few studies have addressed the social values and registered nurses feeling toward aging (Bonnesen & Hummert, 2002; Eriksson, 2002; Killen, 2002; Hale, 2000). This study was designed to explore different nursing generations' attitudes, social values, and anxiety toward aging in three different practice settings, since there is a lack of research on the origins of nursing generations attitudes toward the elderly, the value of the elderly to registered nurses, and how nurses view aging themselves. Studies in the literature review indicate that registered nurses have demonstrated negative attitudes toward

the elderly (Chang et al., 2003; Looklinland et al., 2002; Happell, 2002; Vukie & Keddy, 2002; Courtney et al., 2000).

The purpose of this study was to determine what relationship, if any, exists among the dependent variable attitudes toward caring for the elderly and the independent variables of generations, social values of the elderly, anxiety toward aging and practice settings. In addition, this study will add value to what is already known about registered nurses and their attitudes toward elderly by analyzing different generations of registered nurses' attitudes in three different practice settings. Chapter 3 provides details on the method of procedure, collection of data, steps taken for human subject protection, methods of data analysis, treatment of data collected and the limitations for the methodology of this study.

CHAPTER 3: RESEARCH METHOD

Introduction

The purpose of this quantitative survey research design was to determine if there is a relationship among the independent variables of generations, social values of the elderly, anxiety toward aging, practice settings, and the dependent variable attitude toward caring for the elderly. Chapter 3 presents a quantitative survey design approach by utilizing three different questionnaires: (a) Palmore Fact on Aging Quiz (FAQ I), (b) Kafers' Aging Opinion Survey (AOS), and (c) a Demographic questionnaire. Chapter 3 is divided into the following sections: the research design, population, sample, instrumentations, and measurements of variables, research questions, research hypotheses, procedure, setting, eligibility criteria, data collection, data analysis, sample size justification, and protection of human participants.

Research Design and Approach

Survey Design

A quantitative survey design was used in this study. Researchers choosing this type of approach use postpositivist claims and may adhere to a variety of pragmatic and epistemological approaches (Creswell, 2003). Survey designs employ a postpositivist approach by allowing the researcher to use quantitative methods to collect data. A survey design allows the researcher to represent reality as best as they can, while taking into consideration their own subjectivity of that reality (Burns & Groves, 2004). In this study, the survey method was used to assist the researchers in investigating registered nurses' attitudes toward caring for the elderly by exploring the independent variables impact on the dependent variable. One advantage of a survey design is that it allows the researcher to reach large and small cohorts of individuals (Creswell, 2003).

Some disadvantages of a survey design are the length of time it takes to complete the survey, the number and design of questions on the survey, and the method by which the survey is administered.

For instance, surveys administered via the mail may not be returned in a timely manner causing a decreased response rate (Fowler, 2002). In this case, a survey design was implemented by mailing two surveys (FAQ I and AOS) to participants. The survey data provided the researcher opportunity to collect data for comparison, multiple regression, and correlational analysis to examine the relationship between different nursing generations', social values of the elderly, anxiety toward aging, practice settings, and attitudes toward caring for the elderly.

The limitations of the method, which were the number and length of questions on the survey, and the method of administration, were addressed by using an attitude questionnaire that includes only 25 multiple choice questions and a Likert scale questionnaire with 30 statements pertaining to social values and anxiety toward aging with categorical responses. This limited number of questions was intended to curtail survey fatigue of the participants. The researcher addressed low response rates by following up with a reminder letter after two weeks of the mailed surveys.

Population and Sample

The population consisted of registered nurses who live in the state of Mississippi and hold an active valid Mississippi license to practice nursing. The population included male and female nurses between the ages of 21 to 65 years or over. A registry of registered nurses' names

and addresses was obtained from the Mississippi State Board of Nursing. At the time, there were 30, 000 registered nurses by zip code order holding active license in the state of Mississippi.

The sample method was a random sample of registered nurses practicing in three different health care settings in the state of Mississippi. A random sample was selected because of convenience and to increase the representation of the target population. This type of sampling gives every member of the population a probability higher than zero of being selected for the sample (Burns & Groves, 2004). The names and addresses of all active registered nurses were provided by the Mississippi State Board of Nursing. The participants were randomly select from a numbered list of registered nurses until the desired number was obtained for the sample. According to the PASS 2005 power calculations the minimum sample size for this study is 200; however 1,000 nurses were invited to participate in the study.

Sample Size Justification

The power calculations were performed using the PASS 2005 software (PASS 2005 Release: April 2, 2005, NCSS Statistical Software, Kaysville, Utah). Hypotheses 1 and 4 were tested using analysis of variance (ANOVA). According to Cohen (Statistical Power Analysis for the Behavioral Science, 1988, Jacob Cohen), small, medium and large effect sizes for a one-way ANOVA are: $f = 0.1$; $f = 0.25$ and $f = 0.4$ respectively. The dependent variable (ACE) has a range of 0 to 100. Assuming a normal distribution, 99.7% of the data lie within +- 3 standard deviations (*SD*) of the mean. Therefore, the standard deviation may be estimated by the range divided by 6. Thus, an estimate of the standard deviation is 100/6 = 16.7. The estimated standard

deviation was used in the power analysis to determine an appropriate sample size for the study. It was not known how many study participants would be in each of the three generation groups.

However, based upon past research studies that have examined various generation cohorts (Martin, 2004; Lancaster & Stillman, 2002), it was anticipated that approximately 50% of the nurses in the population would be in the Baby boomer generation, 25% in the generation X group, and 25% in the generation Y group. Thus, based on the percentages of each generation a rough estimate consisted of a random sample of 200 nurses with a 100 study participants in the Baby boomer group, 50 in the generation X group and 50 in the generation Y group. In a one-way ANOVA study, sample sizes of 100, 50, and 50 are obtained from the 3 groups (generation groups) whose means (ACE score) are to be compared.

The total sample of 200 participants achieves 80% power to detect differences among the means versus the null hypothesis of equal means using an *F* test with a 0.05 significance level. The common *SD* within a group is assumed to be 16.7. The effect size is 0.22, which is a medium effect size. For example, if the population average ACE scores were 50, 54.5 and 59 for the 3 different generational groups, this would correspond to an effect size of 0.22. This study will have an 80% chance of detecting these differences at the 0.05 level of significance.

Hypotheses 2 and 3 were tested using Pearson's correlation coefficient. According to Cohen (Statistical Power Analysis for the Behavioral Science, 1988, Jacob Cohen), small, medium and large effect sizes for hypothesis tests about the Pearson correlation coefficient (r) are: r = 0.1, $r = 0.3$ and $r = 0.5$ respectively. A sample size of 200 produces 80% power to detect an effect size of 0.20, which is a small to medium effect size. For example, an effect size of 0.20

corresponds to a comparison of the null hypothesis that $r = 0.0$ versus the alternative hypothesis that $|r| \geq 0.20$. For instance, if the true population correlation between ACE and SVA was 0.20 or greater, this study will have an 80% chance of detecting (achieving statistical significance) this correlation at the 0.05 level of statistical significance.

Hypothesis 5 was tested using multiple linear regression analysis. Power analysis for multiple linear regression is based on the amount of change in *R*-squared attributed to the variables of interest. According to Cohen (Statistical Power Analysis for the Behavioral Science, 1988, Jacob Cohen), small, medium and large effect sizes for hypothesis tests about *R*-squared are: *R*-squared = 0.0196, *R*-squared = 0.13 and *R*-squared = 0.26 respectively. A sample size of 200 achieves 80% power to detect an *R*-Squared of 0.058 (which is a small to medium effect size) attributed to 4 independent variables (GEN, SVA, ATA, and PS) using an *F*-Test with a significance level (alpha) of 0.05. A sample size of 200 was justifiable for detecting small to medium effect sizes for hypotheses 1-5. Based upon previous studies of similar nursing populations, it was anticipated that approximately 20% of those who are invited to participate will actually do so. A total of 1,000 nurses were invited to participate in this study.

Sampling Procedure

The participants were selected from a population of 30, 000 nurses from a list provided by the Mississippi Board of Nursing with all active licensed registered nurses working in the state. The researcher used a systematic random sampling frame, in which every *kth* element was selected using a random starting point. The population size was divided by the desired sample size. For example, $N = 30{,}000$ and the desired sample size is 1,000, then $kth = 30$. Every 30th

nurse will be included in the sample until 1,000 nurses are obtained for the study. The registered nurses represented many health care settings across the state of Mississippi but only three settings will be used for this study, medical-surgical, long-term care, or community agencies.

Instrumentation

Instruments for the study included two measurement tools: Kafers' Aging Opinion Survey (AOS) and Palmores' (FAQ1) quiz. A demographic questionnaire will also be used in the study.

1. *Kafer's (1980) Aging Opinion Survey*: (AOS) will be used to analyze the independent variables, social value of the aged (Attitude scale II) and personal anxiety toward aging (Attitude scale III) with permission by publisher. Each of these 15-item scales contains a Likert scale representing low and high responses regarding the aging and the aged.

Reliability and Validity

The AOS was first developed by Kafer, Rakowski, Lachman, and Hickey (1980) during a manpower project and used in a course of aging to assess attitude change following a gerontological course. Kafer et al. (1980) explored whether attitudes related to personal aging, the aging of friends or peers, and general other elderly could be measured separately. The researchers then developed an instrument that would measure such facts. The first draft of the instrument was developed by taking 203 randomly ordered items from the combined assessment instruments developed by Tuckerman and Lorge (1953), Kogan (1961) and the Opinions About People -Form A developed by the Ontario Welfare Council (1974).

Kafer et al. (1980) wrote 120 new attitude items. Three additional criteria ensured that all 15 content areas were equally represented, the response set was controlled for using an equal number of positively and negatively worded items and each referent group was reflected equally in each content area. The 120 item pilot instrument was administered to twenty adults and those items showing minimal variances were deleted, leaving a pool of 60 items. The second form was then administered to 100 students at a large state university and 100 gerontological practitioners who attended training workshops at the university.

A scree test determined all factors were meaningful except four. An item analysis was conducted after the sixty items were grouped and assigned to the factors that showed the highest loadings. The items with restricted variances or low correlations were eliminated and new items were developed in their place. This left the instrument with three subscales containing fifteen items each. The final test of the form was administered separately to nine subgroups along with a question relative to frequency of contact with the elderly. Factor analysis and a subsequent scree test identified four meaningful factors these factors underwent reliability analysis, eliminating one factor with a coefficient alpha under .50.

The remaining three factors or subscales containing 15 items each make up the final form of the instrument that contains 45 items. Scale I reflects attitude of stereotypic age decrement and has a coefficient alpha of .81. Scale II, mirror one's personal anxiety toward aging, and has a coefficient alpha of .68 and Scale III, of interpersonal relations and social value of the elderly, has an alpha score of .75. These reliability scores were obtained using a sample made up of 99 female and 19 male practitioners attending a continuing education workshop at the same university, in addition to 59 female and 43 male undergraduates and 6 unspecified persons (Kafer et al., 1980).

The AOS analyzes different aspects of the affective and cognitive components providing a more in depth understanding of individual attitude formation toward the aged and aging (Kafer et al., 1980). For example item 12 on the anxiety toward aging scale (ATA), "financial dependence on my children in old age is one of my greater fears" represents one's feelings toward aging and for his or her loved ones. Item 13 "the thought of outliving my spouse frightens me" also represent one's feelings toward aging. Item 24 on the social value scale (SVA) "older people or more or less a burden for the young" represents one's belief about the aged. Item 26 on the social values of the aged scale (SVA), "most elderly people prefer to live in senior citizens apartment buildings" also indicates one's belief or cognition about the aged.

2. *Palmore's Facts on Aging Quiz :(FAQ I)* FAQ I is a 25 item tool containing negative and positive responses and will be used to indirectly assess registered nurses attitudes toward the elderly indirectly with permission by Palmore's FAQ I.

Reliability and Validity

Since, the FAQ I quiz original appearance in the empirical literature (Palmore, 1977, 1981) it has been used largely to measure knowledge and attitudes toward the elderly. The FAQ I tool has been tested by a number of researchers for validity and reliability (Lusk et al., 1995; Duerson et al., 1992; Williams et al., 1986; Palmore, 1977, 1980). In addition, the Cronbach's alpha reliability coefficient of FAQ I has been reported numerous times as .45 (Lusk et al., 1995), .60 (Courtenay & Weidemann, 1985), .47 (Palmore, 1980), and .48 (Williams et al., 1986). Palmore (1980) claimed that reliability for the FAQ I have been standard, with the correlations ranging from .50 for untrained groups and .80 for trained gerontology groups.

The FAQ I quiz has been proven to effectively work as an indirect measure of biases toward the aged. To accomplish this part, Palmore (1981; 1998) identified 18 items of multiple choice format of FAQ I to reflect negative bias toward the aged. They are as follows: (1,3,5,7,8,9,10,11,12,13,15,16,17,18,21,22,24& 25), on the contrary, Palmore identified five items (2,4,6,12,&14) on the FAQ I questionnaire to indicate positive aging bias. Palmore (1981) alleged that the negative or anti-aged bias score could be computed by the percentage-wrong measure. Only negative (anti-aged) bias scores will be utilized in this study. The 25 items on the FAQ I quiz can be used to represent the attitude component cognition by analyzing individual attitudes regarding the elderly. For example, Item 1 on the FAQ I "the proportion of people over 65 who are senile" can be used to represent the attitude component cognition. Likewise, item 5 "happiness among old people is" and item 4 "lung vital capacity in old age" can also be used to represent the cognition component.

3. *Demographic Profile* A demographic profile was developed by the researcher to gather data on the two independent variables generations and practice settings. In addition the gender of each participant was requested for demographic purposes.

Measurement of Dependent Variable

Attitude Toward Caring for the Elderly (ACE): This variable is measured on a continuous scale with a range of 0 to 100. This variable was derived by computing the percentage of negative questions 1, 3, 5, 7, 8, 9, 10, 11, 12, 13,15,16,17,18,21,22, 24, and 25 from the FAQ I which were answered incorrectly. Lower scores indicate a more positive attitude toward caring for the elderly while higher scores indicate a more negative attitude toward caring for the elderly.

Measurement of Independent Variable

Generation (GEN): This independent variable was measured on a categorical scale with 3 categories. The study participant's generational age group was recorded as either "Baby boomer", "Generation X", or "Generation Y". The generational categories were assigned according to the following guidelines: If the study participant was born between 1946 and 1964, he was categorized as "Baby boomer". If the study participant was born between 1965 and 1976, he or she was categorized as "Generation X". If the study participant was born between 1977 and 1997, they were categorized as "Generation Y".

Anxiety Toward Aging (ATA): This score was measured on a continuous scale with a range of 1-5. The score was computed as the average of questions 1-15 from the AOS questionnaire. Response choices were coded as: 1 = Strongly Disagree; 2 = Mildly Disagree; 3 = Uncertain; 4 = Mildly Agree, and; 5 = Strongly Agree. Questions 1-3, 5-6, 8, 10-12, and 14-15 were reverse coded prior to calculating the anxiety score. Lower scores indicate less feeling of uneasiness, fear or dread concerning one's aging whereas higher scores indicate more feeling of uneasiness, fear or dread concerning one's aging.

Social Values of the Aged (SVA): This score was measured on a continuous scale with a range of 1-5. The score was computed as the average of questions 16-30 from the AOS questionnaire. Response choices to questions 16-30 were coded as: 1 = Strongly Disagree; 2 = Mildly Disagree; 3 = Uncertain; 4 = Mildly Agree, and; 5 = Strongly Agree. Questions 16-18, 20-21, 23-24, and 26-29 were reversed coded prior to computing the score. Lower scores indicate a

view that older people make a less significant contribution to society whereas higher scores indicate a view that older people make a more significant contribution to society.

Practice Setting (PS): This independent variable was measured on a categorical scale with 3 categories. The study participant's practice setting was recorded as either "medical surgical", "long-term care", or "community agencies"

Data Collection

The current study was subject to an institutional review process because the research involved human subjects and personal information. Permission was obtained from the Institutional Review Board of Walden University (approval number: 10-24-08-0123801). Each participant was selected from a list provided by the Mississippi State Board of Nursing. A letter of introduction describing the purpose and procedure of the study was mailed to each participant. In addition, a demographic profile, the FAQ I quiz, and the AOS was mailed to all of the registered nurses selected to participate in the study. The time to complete the forms was estimated to be forty minutes.

The participants consent to participate in the study was acknowledged by the informed consent statement and the return of the completed demographic profile, FAQ I quiz, and the AOS. Each participant was instructed to return the FAQ I quiz, the demographic survey, and the AOS within two weeks in a self-addressed envelope mailed with the forms. The demographic forms were assigned three digit identification numbers before mailing to ensure confidentiality. Each number was cross referenced to the participants' names, which were checked off as the responses

were mailed back to the researcher. After two weeks, participants who had not responded to the study were mailed a reminder post card.

Data Analysis

All statistical analyses were performed using SPSS for Windows (SPSS 17.0, SPSS Inc., Chicago, IL). The study sample was described using the mean, standard deviation and range for continuous scaled variables and frequency and percent for categorical scaled variables. All of the analyses were two-tailed with a 5% alpha level. Cronbach's alpha was used to measure the internal consistency reliability of the ACE, SVA, and ATA scale score. The statistical analysis was described in relation to the first, second, third, fourth, and fifth hypothesis.

Research Hypotheses

Hypothesis 1

H_0: The average Attitude Toward Caring for the Elderly score (ACE) is the same for all three generational groups (GEN).

H_a: The average Attitude Toward Caring for the Elderly score (ACE) is not the same for all three generational groups (GEN).

Hypothesis 2

H_0: There is no correlation among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE).

H_a: There is a correlation among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE).

Hypothesis 3

H_0: There is no correlation among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly score (ACE).

H_a: There is a correlation among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly score (ACE).

Hypothesis 4

H_0: The average Attitude Toward Caring for the Elderly score (ACE) is the same for all three practice settings (PS).

H_a: The average Attitude Toward Caring for the Elderly score (ACE) is not the same for all three practice settings (PS).

Hypothesis 5

H_0: Generation (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) do not add independent information in predicting the Attitude Toward Caring for the Elderly score (ACE

H_a: Generation (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) add independent information in predicting the Attitude Toward Caring for the Elderly score (ACE).

Hypothesis 1 and 4 was tested using analysis of variance (ANOVA). Hypothesis 2 and 3 was tested using Pearson's correlation coefficient. Hypothesis 5 was tested using multiple linear regression. The dependent variable in the regression model was the ACE score. The independent variables were GEN, SVA, ATA and PS. All three independent variables were entered into the model simultaneously. For purposes of the multiple linear regression model (hypothesis 5), GEN was recoded into two dummy variables, GEN1 and GEN2. GEN1 had two values, 0 or 1, where 0 indicated the study participant's generation is not "Generation X" and 1 indicated the study participant's generation is "Generation X". Similarly, GEN2 had two values, 0 or 1, where 0 indicated the study participant's generation is not "Generation Y" and 1 indicated the study participant's generation is "Generation Y". Thus, the referent group was the "Baby boomer" generation.

In addition, PS was recoded into two dummy variables, PS1 and PS2. PS1 had two variables, 0 or 1, where 0 indicated the study participant's practice setting is not "long-term care" and 1 indicated the study participant's practice setting is "long-term care". Similarly, PS2 had two values, 0 or 1, where 0 indicated the study participant's practice setting is not "community agencies" and 1 indicated the study participant's setting is community agencies". Thus, the referent group was the "medical-surgical" practice setting. Therefore, the general form of the model was: ACE = B1*GEN1 + B2*GEN2 + B3*SVA + B4*ATA + B5*PS1 + B6*PS2, where B1-B6 represented the regression coefficients.

Setting

This survey design research was implemented throughout the state of Mississippi. There are a total of 49 cities and 37 counties in the state. Presently, there are approximately 70 acute care hospitals and medical centers. The bed capacity for each facility ranges from 100 to 350 beds (Mississippi Hospital Association, 2006). Long-term care institutions employing registered nurse included any nursing home, home for the aged, or charitable home caring for the aged.

Registered nurses working in a variety of community settings, such as home care or community health agencies, were also included in the study. According to the 2006 Census Bureau statistics the state of Mississippi has a population of 2,910,540 people with a land area of 48,430 square miles (125, 433.12km^2). Mississippi is the 32nd largest state in the United States. The dominant language in the state of Mississippi is English (United States Census Bureau, 2006).

Eligibility Criteria

To be eligible for the study the participants had to meet the following criteria: (a) be an active general duty registered nurse, (b) practicing in one of three health care settings: Medical-surgical, long-term care or community agencies in the state of Mississippi and (c) born between 1946 and 1997.

Protection of Human Participants

The study was reviewed and approved by Walden University's Institutional Review Board (IRB) before any data collection was performed. The participants were provided a simple

explanation for the purpose of the study and the procedure for collecting the data. The registered nurses included in the sample were mailed an introduction to the study, the FAQ I quiz, the AOS, and a demographic profile. It was explained to the registered nurses that their responses on the questionnaires were confidential and individual scores would only be known to the researcher.

The participants were informed that they will not be exposed to any information that places them at psychological risk. Confidentiality was further assured by coding the demographic profiles with three numerical digits. After the data was collected it was stored in a locked file cabinet that only the researcher could access. The written information will be maintained in accordance to Walden University's policy on required time to retain and shred data.

Summary

Chapter 3 described the method and rationale for the research design. The setting, population, sampling procedure, instruments, variable measurements, and data collection methods were also provided in the chapter. In addition, chapter three included the research hypotheses, provided a brief outline of the data analysis, and explained the steps that will be taken to protect the human participants. Chapter 4 provides summaries of the results of data analysis.

CHAPTER 4: RESULTS

The purpose of this study was to examine the relationships and differences among the independent variables, generations, social values of the aged, anxiety toward aging, practice settings, and the dependent variable registered nurses' attitudes toward caring for the elderly. To participate in the study registered nurses had to hold an active license from the state of Mississippi, be between 21 to 65 years of age or older, and practice in one of three areas: long-term care, community, or general hospital settings.

Population and Sampling

The population consisted of 30,000 active registered nurses practicing in the state of Mississippi. The researcher used a systemic sampling frame, in which every *kth* element was selected using a random starting point. This type of sampling allowed every member of the population a greater probability of being selected for the sample.

In the current study, every 30th nurse was selected until the desired sample size was obtained. A sample size of 200 was justified by the power calculations from the PASS 2005 statistical software. However, to strengthen the study 1,000 registered nurses were randomly selected and invited to participate in the study.

Data Collection

The participants were mailed three surveys: The Facts on Aging Quiz (FAQ I), Aging Opinion Survey (AOS), and a demographic survey. All surveys were mailed on November 1, 2008. Over the next four weeks five to ten surveys were received daily. There were nine surveys returned because participants no longer resided at the given addresses. Six surveys were returned

because of the participants' ineligibility. All of the data was maintained and secured under lock and key by the researcher. After four weeks data was collected from 265 returned surveys, coded, and entered into SPSS 17.0 for Windows.

Descriptive Statistics of Categorical Variables

Descriptive statistics were employed to describe the sample in relation to the categorical variables: nursing generation, practice settings, and gender. Of the 265 surveys received 83.4% (*n* = 221) were female and 16.6% (*n* = 44) from male nurses .male. Forty-eight percent (*n* = 128) of the registered nurses were in the Baby boomer generation, 33% (*n* = 86) were in generation X and 19% (*n* = 51) were in the generation Y of the practice settings represented 62.3% (*n* = 165) of the registered nurses were in the medical-surgical setting, 26.0% were in the community setting *(n* = 69), and 11.7% (*n* = 31) were in the long-term care setting. Tables1, 2, and 3 describes the breakdown of nurses by generations, practice settings, and gender.

Table 1

Description of Nurse Cohort Generation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Baby boomer	128	48.3	48.3	48.3
	Generation X	86	32.5	32.5	80.8
	Generation Y	51	19.2	19.2	100.0
	Total	265	100.0	100.0	

Table 2

Description of Practice Settings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Long-term care	31	11.7	11.7	11.7
	Medical surgical	165	62.3	62.3	74.0
	Community agencies	69	26.0	26.0	100.0
	Total	265	100.0	100.0	

Table 3

Description of Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	44	16.6	16.6	16.6
	Female	221	83.4	83.4	100.0
	Total	265	100.0	100.0	

Description of Continuous Variables

The continuous variables in the study were Attitudes toward Caring for the Elderly (ACE), Anxiety toward Aging (ATA), and Social Values of the Aged (SVA). Lower ACE scores indicate a more positive attitude toward caring for the elderly while higher scores indicate a more negative attitude toward caring for the elderly. Lower ATA scores indicate less feelings of uneasiness, fear or dread concerning one's aging while higher scores indicate more feelings of uneasiness, fear or dread concerning one's aging. Lower SVA scores indicate a view that older people make a less significant contribution to society whereas higher scores indicate a view that

older people make a more significant contribution to society. Table 4 shows the average (*SD*) attitude toward caring for the elderly (ACE) score was 55.3 (15.4) and the range was 16.7 to 88.9.

Table 4

Descriptive Statistics for Continuous Variables

	N					
	Valid	Missing	Mean	Std. Deviation	Minimum	Maximum
Attitude Toward Caring for the Elderly	265	0	55.2830	15.36881	16.67	88.89
Anxiety Toward Aging	265	0	2.9572	.48230	1.80	4.27
Social Values of the Aged	265	0	3.5821	.36561	2.27	4.47

In addition to the descriptive statistics for the continuous variables, Cronbach's alpha was performed to measure the internal consistency reliability of the ACE, ATA, and the SVA scale scores. The Cronbach's alpha for each scales scores were between 0.49 and 0.64, thus all three scales scores had a low reliability. The Cronbach's alpha scores for each scale can be noted in Appendix I.

Test of Hypotheses

Hypothesis 1

H_0: The average Attitude Toward Caring for the Elderly score (ACE) is the same for all three generational groups (GEN).

H_a: The average Attitude Toward Caring for the Elderly score (ACE) is not the same for all three generational groups (GEN).

Table 5 displays the results of an ANOVA test which revealed each generation of registered nurses (Baby boomers, Gen X, and Gen Y) Attitude toward Caring for the Elderly average mean scores (ACE). The results were F (2, 262) = 1.35; p = 0.26. The null hypothesis was not rejected and it was concluded that there was no difference in the average ACE score between the three generations.

Table 5

Attitude Toward Caring for the Elderly Score: ANOVA Test for Comparison of Group (generations) Means

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	638.057	2	319.028	1.354	.260
Within Groups	61718.803	262	235.568		
Total	62356.860	264			

Table 6 describes descriptive statistics for the mean score of the dependent variable (ACE) among the three generations. The average *(SD)* score was 56.9 (14.4) for the Baby boomers ACE score. The average (*SD*) for Gen X was 53.5 (17.8). The average (*SD*) for the Gen Y was 54.4. An error bar chart used to provide a graphical depiction of how the means differ among the three groups can be noted in Appendix J.

Table 6

Descriptive Statistics of the Means Score of Attitudes Toward Caring the Elderly Among the Three Generations

	N					
Generation	Valid	Missing	Mean	Std. Deviation	Minimum	Maximum
Baby boomer	128	0	56.8576	14.43139	27.78	88.89
Generation X	86	0	53.4884	17.75420	16.67	83.33
Generation Y	51	0	54.3573	13.02010	33.33	88.89

Hypothesis 2

H_0: There is no correlation among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE).

H_a: There is a correlation among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE).

Table 7 displays the results of a Pearson Correlation Coefficient Test between the dependent variable ACE and the independent variable SVA, *r* (265) = -0.20, *p* = 0.001. A statistically significant weak negative correlation was noted between ACE and SVA. The null hypothesis was rejected and it was concluded that nurses who believe the elderly make a more significant contribution to society have a tendency to display more positive attitudes toward caring for the elderly. It should be noted that the results do not indicate a cause and effect relationship, only that when the correlation is analyzed between the two variables ACE and SVA nurses tend to have a more positive attitude toward caring for the elderly.

Table 7

Correlation Among Social Values of the Elderly Score and Attitude Toward Caring for the Elderly Score: *Pearson Correlation Coefficient Test*

		Social Values of the Aged
Attitude Toward Caring for the Elderly	Pearson Correlation	-.195
	Sig. (2-tailed)	.001
	N	265

A scatter plot that graphically depicts the relationship between the Attitudes toward Caring for the Elderly score (ACE) and Social Values of the Aged score (SVA) can be noted in Appendix K.

Hypothesis 3

H_0: There is no correlation among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly score (ACE).

H_a: There is a correlation among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly score (ACE).

Table 8 displays a statistically significant, weak negative correlation between ACE and ATA, r (265) -0.16, $p = 0.009$. The null hypothesis was rejected and it was concluded that the relationship between the two variables indicate nurses who have more feelings of uneasiness, fear or dread concerning one's aging (ATA); tend to have a more positive attitude toward caring for the elderly. Thus, as feelings of uneasiness increases the nurses' ACE scores toward the elderly tend to be more positive.

Table 8

Correlation among Attitude Toward Caring for the Elderly score and Anxiety Toward Aging score: Pearson Correlation Coefficient Test

		Anxiety Toward Aging
Attitude Toward Caring for the Elderly	Pearson Correlation	-.161
	Sig. (2-tailed)	.009
	N	265

A scatter plot which graphically depicts the relationship between the Attitudes toward Caring for the Elderly score (ACE) and Anxiety Toward Aging (ATA) can be noted in Appendix L.

Hypothesis 4

H_0: The average Attitude Toward Caring for the Elderly score (ACE) is the same for all three practice settings (PS).

H_a: The average Attitude Toward Caring for the Elderly score (ACE) is not the same for all three practice settings (PS).

Table 9 displays an ANOVA test which was performed to compare the differences of the average ACE score between the three practice settings. There was a statistically significant

difference in the average ACE score between the three practice settings, F (2, 262) = 3.90; p = 0.021. Because of the F test significance a Bonferroni Adjusted Independent t-test was performed in Table 10.

Table 9

Attitude Toward Caring for the Elderly Score: ANOVA Test for Comparison of Groups (practice settings) Mean

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1803.952	2	901.976	3.903	.021
Within Groups	60552.908	262	231.118		
Total	62356.860	264			

Table 10 displays a Bonferroni adjusted two- sample *t*-tests for multiple comparisons among the different practice settings ACE score. Table 10 shows that community agencies had a statistically significantly smaller average ACE score than the medical surgical group ($p = 0.020$). None of the other groups were statistically different from each other. Therefore the null hypothesis was rejected and it was concluded that nurses who work in a community setting tend to have a more positive attitude toward caring for the elderly than nurses who work in the medical-surgical setting. As previously reported in chapter 3, a low ACE score represents a more positive attitude toward caring for the elderly.

Table 10

Multiple comparison of Attitude Toward Caring for the Elderly Score Among Three Different Practice Settings: *Bonferroni Adjusted Independent t-test for Comparison*

(I) Practice setting	(J) Practice setting	Mean Difference (I-J)	Std. Error	Sig.
Long-term care	Medical surgical	-.02498	2.97593	1.000
	Community agencies	5.92437	3.28709	.218
Medical surgical	Long-term care	.02498	2.97593	1.000
	Community agencies	5.94935*	2.17951	.020
Community agencies	Long-term care	-5.92437	3.28709	.218
	Medical surgical	-5.94935*	2.17951	.020

*. The mean difference is significant at the 0.05 level.

Table 11 displays descriptive statistics for the independent variable practice settings and the dependent variable ACE score. The average *SD* for Long-term care was 56.8 (17.7). The average *SD* for Medical-surgical was 56.8 (15.1) 88.9, the

average *SD* for Community agencies was 50.9 (14.2).

Table 11

Descriptive statistics Attitudes Toward Caring for the Elderly score and Practice Setting

	N					
Practice setting	Valid	Missing	Mean	Std. Deviation	Minimum	Maximum
Long-term care	31	0	56.8100	17.66805	27.78	83.33
Medical surgical	165	0	56.8350	15.11056	16.67	88.89
Community agencies	69	0	50.8857	14.21586	27.78	77.78

Hypothesis 5

H_0: Generation (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) do not add independent information in predicting the Attitude Toward Caring for the Elderly score (ACE).

H_a: Generation (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) add independent information in predicting the Attitude Toward Caring for the Elderly score (ACE).

Table 12 displays a regression model that shows one or more of the four independent variables, generations, social values of the aged, anxiety toward aging and practice setting, are statistically significant predictors of the ACE score, F (6, 258) = 4.39; $p<0.001$.

Table 12

Multiple Linear Regression Analysis: ANOVA[b] Table

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5772.310	6	962.052	4.387	.000[a]
	Residual	56584.550	258	219.320		
	Total	62356.860	264			

a. Predictors: (Constant), PS2, Anxiety Toward Aging, Gen2, PS1, Social Values of the Aged, Gen1

b. Dependent Variable: Attitude Toward Caring for the Elderly

Table 13 shows that all four independent variables were statistically significant. Therefore, the null hypothesis was rejected and it was concluded that generation, social values of the aged, anxiety toward aging, and practice settings add independent information in predicting the ACE score. Table 13 shows the final equation of the model was: ACE = 95.75 -4.27*ATA-6.82*SVA-4.17*Gen1 -2.67*GEN2 -0.69*PS1-5.67*PS2.

Where:

ACE = Attitude toward caring for the elderly score

ATA = Anxiety toward aging score

SVA = Social values of the aged score

Gen1 = Generation (1 if generation X, 0 otherwise)

Gen2 = Generation (1 if generation Y, 0 otherwise)

PS1 = Practice setting (1 if long-term care, 0 otherwise)

PS2 = Practice setting (1 if community agencies, 0 otherwise)

The interpretation of the statistically significant regression coefficients in Table 13 are as follows: The average Attitude toward Caring for the Elderly (ACE) score is expected to decrease by -4.27 points every one point increase in the Anxiety toward Aging (ATA) score. The average ACE score is expected to decrease by- 6.82 points every one point increase in the Social Value of the Elderly (SVA) score. The average ACE score is expected to be -4.17 points lower for nurses who are in the GEN X group compared to nurses who are not in the GEN X group.

The average ACE score is expected to be -5.67 points lower for nurses who work in a community agency setting compared to those who do not work in a community agency setting. It should be noted that hypothesis 1 compared the average ACE score between the three generations without regard to anxiety, social values or practice setting. Hypothesis 5 controls for anxiety, social values, and practice settings, thus giving more precise comparison of the ACE scores between the three generations. The standardized beta coefficients in Table 13 show anxiety toward aging, social values of the aged, generation, and practice setting had roughly equal importance in terms of predicting attitude toward caring for the elderly.

Table 13

Standardized Regression Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	95.751	9.885		9.687	.000
	Anxiety Toward Aging	-4.265	1.998	-.134	-2.135	.034
	Social Values of the Aged	-6.820	2.610	-.162	-2.613	.009
	Gen1	-4.172	2.085	-.127	-2.001	.046
	Gen2	-2.666	2.485	-.069	-1.073	.284
	PS1	-.694	2.918	-.015	-.238	.812
	PS2	-5.667	2.127	-.162	-2.665	.008

a. Dependent Variable: Attitude Toward Caring for the Elderly

Table 14 displays a summary model in which all the variables were entered simultaneously. The model indicated that the four independent variables collectively only explained 7.1% of the total variance of the ACE scores. The low variance warrants for further studies to help identify stronger predictors of registered nurses' attitudes toward the elderly.

Table 14

Model Summary of Independent Variables

Model Summary

Model	Adjusted R Square
1	.071

Summary

The purpose of this chapter was to assess findings from a FAQ I quiz and the AOS survey by three generations of registered nurses, which explored the relationships between attitudes toward caring for the elderly, generation, social value of the aged, anxiety toward aging and practice settings. The results of analyses were represented by five hypotheses the null hypothesis for hypotheses 2, 3, 4, 5 were rejected. Hypothesis 1 showed no statistically significant difference in the ACE scores of none of the nurse generations. Hypothesis 2 showed a statistically significant, weak negative correlation between nurses ACE and SVA scores. Hypothesis 3 showed a statistically significant, weak negative correlation between ACE and ATA. Hypothesis 4 showed a statistically significant difference in the ACE scores of nurses who worked in community settings none of the other groups (long-term care, medical-surgical) was statistically different from each other. Hypothesis 5 showed that one or more of the independent variables generation, social values of the aged, anxiety toward aging, and practice setting were

statistically significant predictors of the dependent variable attitudes toward caring for the elderly. Chapter 5 provides an overview of the study's findings, summary of results, conclusions, implications for future research, and unfolds the social significance of the study.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The nursing workforce consists of three of generations: Baby boomers, Gen X and GEN Y. Differences between generations in the workforce have existed for years, but research has been limited on registered nurses generational differences toward caring for the elderly. All three generations show a common interest in providing care to the elderly. But it is each generation's differences in values, beliefs, and perceptions toward the elderly that may present potential disharmony and affect their attitudes toward the elderly. This current study explored the differences among Baby boomers, GEN X, and GEN Y nurses' attitudes toward caring for the elderly and its relationship to social value of the aged, anxiety toward aging, and practice settings. A survey design was implemented using the FAQ I quiz and the AOS to asses nurses attitudes, social value of the aged, and anxiety toward aging.

Summary

The purpose of the study was to determine the relationship among different generations of registered nurses' social value of the aged, anxiety toward aging, practice settings, and attitudes toward caring for the elderly. Knowing what factors influence the attitudes registered nurses have toward caring for the elderly can be valuable to nurse leaders and educators when preparing registered nurses to care for the growing aging population. This current study can give further insight to the nursing profession as a whole to develop interventions that will prepare different generations of nurses for the aging population before entering into the nursing workforce. Chapter 5 presents a summary of the findings, conclusions, implications for change, and recommendations for future research to further investigate the attitudes of registered nurses entering into the nursing profession.

Overview of the Study

The study was guided by the following research questions:

1) Is there a difference in the Attitude Toward Caring for the Elderly score (ACE) among the three generations (GEN)?

2) What is the relationship among the Social Values of the Elderly score (SVA) and the Attitude Toward Caring for the Elderly score (ACE)?

3) What is the relationship among the Anxiety Toward Aging score (ATA) and the Attitude Toward Caring for the Elderly score (ACE)?

4) Is there a difference in the Attitude Toward Caring for the Elderly score (ACE) among the three Practice Settings (PS)?

5) Do generations (GEN), Social Values of the Elderly score (SVA), Anxiety Toward Aging score (ATA), and Practice Setting (PS) add independent information in predicting the Attitude Toward Caring for the Elderly Score (ACE)?

A registry of registered nurses' names and addresses were obtained from the Mississippi State Board of Nursing. At the time, there were 30, 000 registered nurses by zip code order holding active license in the state of Mississippi. It should be noted that the minimum sample size for this type study was 200; however 1,000 nurses were invited to participate in the study. The participants were randomly selected from a numbered list of registered nurses until the desired number was obtained for the sample. The registered nurses selected to participate in the

study practiced in three different health care settings in the state of Mississippi. A survey design method was used for the study. Each participant was mailed an introduction to the study, the FAQ I quiz, AOS, and a demographic profile. A review of the findings will be discussed below.

Review of Findings

Hypothesis 1

An analysis of variance (ANOVA) test revealed no difference in the average Attitude toward Caring for the Elderly (ACE) score among the three generations of registered nurses $F(2{,}262 = 1.35$; $p = 0.26$. The null hypothesis that the average ACE score is the same for all three generational groups could not be rejected. Therefore, it should be noted that the ACE score among the three generations of registered nurses showed no difference. It can be concluded that attitudes toward caring for the elderly do not differ among the Baby boomer, GEN X or GEN Y groups.

Hypothesis 2

A Pearson's correlation test showed a statistically significant, weak negative correlation between registered nurses ACE scores and SVA scores, $r\,(265) = 0.20$, $p = 0.001$. The null hypothesis that there is no correlation between the SVA and ACE scores was rejected. Thus, it was concluded that registered nurses who believe the elderly make a more significant contribution to society have a tendency to display more positive attitudes toward caring for the elderly.

Hypothesis 3

A Pearson's correlation test demonstrated a statistically significant, weak negative correlation between the registered nurses' ACE and ATA scores, r (265) = 0.16, p = 0.009. The null hypothesis that there is no correlation among the ATA and ACE score was rejected. Therefore, it was concluded registered nurses who have more feelings of uneasiness, fear or dread concerning one's aging, tend to have more positive attitudes toward caring for the elderly.

Hypothesis 4

An analysis of variance test (ANOVA) showed statistically significantly differences between the three practice settings, F (2, 262) = 3.90; p = 0.021. Registered nurses practicing in a community setting had a significantly smaller average ACE score than those registered nurses practicing in a medical-surgical setting (p = 0.020).

The null hypothesis that the ACE score is the same for all three practice settings was rejected because nurses who work in community settings tend to have more positive attitudes toward caring for the elderly than nurses who work in a medical-surgical setting. No other groups were statistically different from each other.

Hypothesis 5

The multiple linear regression analysis showed that one or more of the four independent variables, generation, social values of aged, anxiety toward aging, and practice settings, were statistically significant predictors of registered nurses' ACE score, F(6, 258) = 4.39; p<0.001. All four of the independent variables were statistically significant (ATA, p = .034; SVA, p = .009;

Gen1, $p = .046$; Gen2, $p = .284$; PS1, $p = .812$, PS2, $p = .008$). The null hypothesis that the independent variables, generation, social values of aged, anxiety toward aging, and practice settings do not add independent information in predicting registered nurses' ACE score was rejected and the results were depicted by an equation model and interpreted as follows: The average Attitude toward Caring for the Elderly (ACE) score is expected to decrease by -4.27 points every one point increase in the Anxiety toward Aging (ATA) score. In other words, nurses attitude toward caring for the elderly tend to become positive as their ATA score increased.

The average ACE score is expected to decrease by -6.82 points every one point increase in the Social Value of the Elderly (SVA) score. The average ACE score is expected to be -4.17 points lower for nurses who are in the GEN X group compared to nurses who are not in the GEN X group. The average ACE score is expected to be -5.67 points lower for nurses who work in a community agency setting compared to those who do not work in a community agency setting.

To add, nurses' ACE scores became more positive the more nurses believed the elderly made a significant contribution to society. The GEN X group compared to those not in the GEN X group had more positive ACE scores, the same as the nurses working in a community settings who also had more positive ACE scores than nurses in long-term care and medical-surgical practice settings.

A summary model indicated that the four independent variables only explained 7.1% of the total variance of the ACE scores. Perhaps there are other variables, such as gender, education, and experience that contribute to nurses' attitudes toward caring for the elderly other than ATA, SVA, GEN, and PS. A standardized regression of the coefficients showed anxiety toward aging,

social values of the aged, generation, and practice setting had roughly equal importance in terms of predicting registered nurses' ACE score.

Conclusion

The results of the study indicated that hypotheses 2 through 5 were statistically significant. Hypothesis 1 was not statistically significant. The conclusion is that there is a statistically significant weak correlation between ATA, SVA, and GEN. GEN alone is not a statistically significant predictor of ACE. It is only when the variation in ACE attributed to ATA, SVA, and PS are controlled for in a multiple linear regression model that GEN becomes a statistically significant predictor of ACE. Research findings revealed a statistically significant difference among the community practice setting and the medical-surgical group no other practice were significant. However, as previously mentioned ATA, SVA, GEN, and PS explained only 7.1% of the total variance in ACE scores. Therefore, ATA, SVA, GEN, and PS have little significance in predicting ACE scores. Since, the three generations of registered nurses' attitudes toward caring for the elderly did not differ, it can be theorized that registered nurses today are more acclimated to their work environment than nurses in the past who were found to portray negative attitudes toward the elderly.

An assertion can be made that Gen X, Gen Y, and the Baby boomers' attitudes toward the elderly did not differ because of the frequent experiences nurses have working with the elderly in their practice settings . Regardless of their generational eras and the aging biases in society, nurses form positive relationships with the elderly in the practice settings. The contact nurses have with the elderly permits nurses to maintain a more positive image of the elderly in the

workplace. It can also be argued that nurses that believe the elderly attributed more to society also have a tendency to have more positive attitudes toward the elderly because of their association with the elderly in different practice settings. The numerous experiences allow nurses to visualize the elderly from different perspectives, for instance not all elderly patients are debilitated, and therefore are able to live life to the fullest. The more registered nurses socialize or communicate with the elderly in the work environment the more certainty they may display toward the elderly. As a result, registered nurses feel more connected to the elderly, which in turn may inspire them to have more positive feeling toward caring for the elderly.

In this study, registered nurses with a high anxiety toward aging tended to have a more positive attitude toward caring for the elderly. Perhaps, the nurses' positive attitudes can be contributed to the rapport that nurses develop with elderly beyond providing care. In other words, nurses may have a better sense of what it means to grow older through the personal relationships they establish with the elderly. Another plausible explanation may be that nurses who dread their own aging may have more empathy for the elderly.

Nurses' knowledge about aging may contribute to nurses' high anxiety toward aging, but may also provide nurses with better insight about the issues that are endured by the elderly as they age. Consequently, providing nurses with a more positive attitude toward caring for the aging. In this current study, an explanation for the community nurses that showed a statistically smaller average ACE score than the medical-surgical nurses can be contributed to the fact that community nurses are more likely to deal with those elderly patients who are not as ill as the medical-surgical patients. In addition, registered nurses in the community setting may also use their socialization skills more to communicate with patients. Hence, making their work

environment more pleasant and in return providing them with a more positive attitude toward the elderly. Another case that can be made for the lack of negativity toward caring for the elderly in this study is that the Baby boomers dominate the nursing workforce, which allows the younger generation of nurses to be mentored by the older nurses resulting in a more receptive attitude toward the elderly in the practice settings.

An explanation can be provided for the ATA and SVA contributing equal variances to the ACE score. Because each nurse may have a different perception about anxiety toward aging or the contribution of the elderly to society based upon their personal experiences with the elderly. Registered nurses may acquire cognition and feelings regarding the elderly from other sources besides the work place. Perhaps, the findings from the regression model showing the regression coefficients, which indicated Gen X nurses ACE scores were expected to decrease by -4.17 when compared to nurses in the other generations can be explained by the assertion that Gen X nurses' values and beliefs align more toward positive attributes of the elderly, which allows the Gen X nurses to have more positive attitudes toward caring for the aging than the Baby boomers and Gen Y nurses.

The formation of registered nurses' attitudes toward caring for the elderly can be developed from different sources in their environment. In this study, it is believed that internal sources contributed to the registered nurses' attitudes toward caring for the elderly. The literature from past studies (Herdman, 2003; William et al., 2005) did not support the findings of this study. Mainly, because this present study focused on nurses' attitudes toward caring for the elderly by different generations, which provided a broader sense of each nurses perspective about the elderly based upon their generational era.

Similarities can be noted between this present study and Chasteen et al. (2002) study, which found no differences in the attitudes scores of older or younger registered nurses caring for the elderly. The study results on anxiety toward aging and attitudes toward caring for the elderly did not support past research (Cuddy & Fiske, 2002) who found nurses with high anxiety toward aging to have negative attitudes toward caring for the elderly. The findings from this present studies investigation contradicts findings from McLafferty (2005) study that found a difference in the attitudes of young and older nurses working in a community setting, whereas, this study found all generations of registered nurses working in a community setting tended to have a positive attitude toward caring for the elderly. The present study's investigation supported the findings by Weman et al. (2004) who found more positive attitudes toward caring for the elderly among registered nurses working in a community setting than those nurses working in a hospital setting.

Overall, the results of this study indicated that registered nurses' attitudes toward caring for the elderly are associated with registered nurses' generation, social values, anxiety toward aging, and practice settings. These results imply that nurses' attitudes toward caring for the elderly are based upon the nurses' personal experiences that may be acquired from different sources. As previously mentioned, for this current study, it is believed that the numerous personal encounters nurses have with the elderly in their practice settings contribute to their attitude formation toward caring for the elderly.

Besides that, the FAQ I and AOS helped to display registered nurse beliefs, anxiety, and attitudes toward caring for the elderly. The statements on the instruments supported the cognitive and affective components of Rosenberg et al. (1960) three-component view of attitudes.

Registered nurses responses were higher for those statements that demonstrated the affective domain of Rosenberg et al. (1960) three-component view of attitudes. And the statements on Palmores' FAQ I quiz that represented the belief or cognition domain of Rosenberg et al. (1960) three component view of attitudes. For example, 40% of registered nurses feel that the elderly deserve a great deal of admiration, 65% of registered nurses strongly disagreed with the statement that after retirement older people should not have much influence on public policy.

Fifty –five percent of registered nurses believed that older people are just as happy as young people. Registered nurses (60%) strongly agreed that the elderly have a wealth of knowledge that is not sufficiently utilized. The registered nurses (58%) in this study also felt that society would benefit if the elderly had more say in government. Registered nurses cognitive responses on the FAQ I quiz included statements pertaining to aging, for instance, 38.5% of registered nurses believed the proportion of elderly people over age 65 were senile.

Registered nurses (47.2%) believed the senses that diminished the most in elderly were hearing and touch. Seventy-four percent of registered nurses believed lung capacity in old age increased among healthy old people. It should be regarded that registered nurses' affective and cognitive responses can play an integral role in shaping the attitudes registered nurses have toward caring for elderly. An overview nurses responses can be noted in Appendix M.

The researcher's goal was to investigate the relationship among nurse generations attitudes toward caring for the elderly and how, if at all, the independent variables GEN, ATA, SVA, and PS contributed to nurses' attitudes toward caring for the elderly. The findings from

this study can be used to assist nurse leaders and educators in preparing registered nurses for the growing aging population.

Implications of Social Change

This study explored variables that contribute to registered nurses' attitudes toward caring for the elderly. The findings indicate that social values of the age (SVA), Anxiety toward Aging (ATA), practice settings (PS), and generations (GEN) do contribute to registered nurses' attitudes toward the elderly. According to the Administration on Aging (AoA) (2006) there will be a rapid increase in the aging population between 2011 and 2030. By 2040 47% of elderly will be between 65 to 74 years of age, while those individuals age 85 and over will make up 32 % of the aging population (Alecxih, 2001). Since, registered nurses working in a variety of health care settings will mainly care for the elderly. The findings from this study provided a rational for nurse leaders and educators to examine the variables that showed a statistically significant correlation or relationship to registered nurses' attitudes toward caring for the elderly.

Nurse leaders and educators in health organizations should make sure registered nurses have adequate preparation regarding the elderly. The preparation for registered nurses should not only involve didactics but registered nurses should have their affect and cognitive aspects about the elderly examined when being placed in practice settings where the majority of clients are elderly. The findings from this research study suggest that nurses who believe the elderly make a more significant contribution to society tend to have more positive attitudes toward caring for the elderly.

Registered nurses with a high anxiety toward aging also tended to have more positive attitudes toward caring for the elderly. The nurses working in a community setting similar to Gen X nurses tended to have a more positive attitude toward caring for the elderly. However, some hesitancy must be taken in the interpretation of these results because of the four independent variables low variance of 7.1%. Other variables, such as experience, gender, and educations may also contribute to registered nurses attitudes toward caring for the elderly.

According to Roberts et al. (2003), it is not enough for registered nurses to just be knowledgeable about the elderly being the attitudes nurses have toward the elderly is significant to the well-being of their elderly patients. Nurse leaders and educators must take a proactive approach to exploring registered nurses' personal perceptions of the elderly. Exploring the attitudes nurses have toward caring for the elderly can assist health care leaders and educators in developing methods to aid in providing a positive environment for the elderly patient. Rosenberg et al. (1960) three-component view of attitudes can provide a valuable framework to assist nurse leaders and educators in examining nurses' perceptions of the elderly.

Recommendations

To be proficient in examining the attitudes nurses have toward caring for the elderly, it is important to develop an instrument that have a higher reliability and directly measures the attitudes of registered nurses. It is recommended that another study be implemented with different instruments (up to date) that not only measures nurses' attitudes toward the elderly, anxiety toward aging, and social value of the age, but consist of more relevant factors and language pertaining to registered nurses. It is also recommended that this study be replicated to include a

larger sample size and a more diverse geographical sample to facilitate generalizations of multiple practice settings.

A study of this nature may bring forth other factors regarding the attitudes nurses have toward caring for the elderly. An observational study can also be useful in exploring nurses' behavior toward the elderly. Researchers can gather valuable information observing real world experiences as nurses engage with the elderly in the different practice settings. It is also recommended that the educational institutions that have nursing programs assist nurse leaders by providing nursing courses that are not only geared toward the nursing skills needed to care for the elderly, but challenge future nurses to explore their inner feelings and values toward the elderly population.

The responsibility is on nurse leaders and educators to develop interventions that will explore different generations of registered nurses' attitudes toward caring for the elderly. This endeavor will become even more urgent as the aging population continues to grow and the nursing work force becomes more and more diverse. It is important for nurse leaders to recognize generational differences, otherwise diversity in the nursing profession may impede upon patient care. New approaches are needed in the nursing profession to help prepare registered nurses not only to care for the elderly, but to examine their perceptions of elderly in order to facilitate a positive atmosphere as they engage with the elderly in different practice settings. In addition to the recommendations mentioned above, the findings from this study will be disseminated in a one page summary to the participants of the study. The researcher will also present findings to nurse leaders, educators, first year nurses, and student nurses who are entering into the clinical setting to care for the elderly patient.

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APPENDIX A: WALDEN UNIVERSITY INSTITUTIONAL

APPROVAL TO CONDUCT RESEARCH REVIEW BOARD (IRB)

Original E-mail
From: IRB@waldenu.edu
Date: 10/24/2008 02:25 PM
To: jfair001@waldenu.edu
Subject: IRB materials approved-JoAnna Fairley

Dear Ms. Fairley,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "A Study of the Relationship among Different Generations of Registered Nurses' Social Values of the Elderly, Anxiety Toward aging, Practice settings and Attitudes toward Caring for the Elderly."

Your approval # is 10-24-08-0123801. You will need to reference this number in the appendix of your dissertation and in any future funding or publication submissions.

Your IRB approval expires on October 23, 2009. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application materials that have been submitted as of this date. If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive an IRB approval status update within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you a made commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing irb@waldenu.edu: http://inside.waldenu.edu/c/Student_Faculty/StudentFaculty_4274.htm

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Please note that this letter indicates that the IRB has approved your research. You may not begin the research phase of your dissertation, however, until you have received the **Notification of Approval to Conduct Research** (which indicates that your committee and Program Chair have also approved your research proposal). Once you have received this notification by email, you may begin your data collection.

Sincerely,
Jenny Sherer, M.Ed.
Operations Manger
Office of Research Integrity and Compliance
Email: irb@waldenu.edu
Fax: 626-605-0472
Tollfree : 800-925-3368 ext. 2396
Office address for Walden University:
155 5th Avenue South, Suite 200
Minneapolis, MN 55401

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:
http://inside.waldenu.edu/c/Student_Faculty/StudentFaculty_4274.htm

Original E-mail
From: IRB@waldenu.edu
Date: 10/24/2008 02:25 PM
To: jfair001@waldenu.edu
Subject: Notification of Approval to Conduct Research-JoAnna Fairley

Dear Ms. Fairley,

This email is to serve as your notification that Walden University has approved BOTH your dissertation proposal and your application to the Institutional Review Board. As such, you are approved by Walden University to conduct research.

Please contact the correct Research Office at research@waldenu.edu if you have any questions.

Congratulations!

Jenny Sherer
Operations Manager, Office of Research Integrity and Compliance

Leilani Endicott
IRB Chair, Walden University

APPENDIX B: COPYRIGHT PERMISSION FOR PALMORE'S FAQ 1 QUIZ

3/15/2007

JoAnna Fairley
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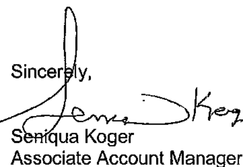

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APPENDIX C: COPYRIGHT PERMISSION FOR KAFER ET AL. 1980 AGING OPINION SURVEY

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Journal: *International Journal of Aging and Human Development,* Volume 11, Number 4, (1980).Article: "Aging Opinion Survey: A Report on Instrument Development" by Rudolph A. Kafer, William Rakowski, Marjorie Lachman and Tom Hickey, pps. 319 - 333.(3) Tables: (Table 2) Stereotypic age decrement, page 325; (Table3) Personal Anxiety toward aging, page 326; and (Table 4) Social Value of the Elderly, page 327

APPENDIX D: COPYRIGHT PERMISSION FOR ROSENBERG ET AL. (1960) THREE COMPONENT VIEW OF ATTITUDES

March 26, 2008

JoAnna Fairley
10101 Red Oak Lane
Moss Point, MS 39562

Yale University Press Invoice:

Regarding: Rosenberg and Hovland, ATTITUDE ORGANIZATION AND CHANGE (1960), p. 3.

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APPENDIX E: PALMORES' FAQ 1 AGING QUIZ

The Facts on Aging Quiz: Part 1

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Instructions: Circle the letter of the best answer. If you do not know the best answer, you may put a question mark to the left of the answers instead of circling a letter.

1. The proportion of people over 65 who are senile (have impaired memory, disorientation, or dementia) is
    a. About 1 out of 100
    b. About 1 in 10
    c. About 1 in 2
    d. The majority
2. The senses that tend to weaken in old age are
    a. Sight and hearing
    b. Taste and smell
    c. Sight hearing and touch
    d. All fives sense

3. The majority of old couples

   a. Have little or no interest in sex

   b. Are not able to have sexual relations

   c. Continue to enjoy sexual relations

   d. Think sex is only for the young

4. Lung vital capacity in old age

   a. Tends to decline

   b. Stays the same among nonsmokers

   c. Tends to increase among healthy old people

   d. Is unrelated to age

5. Happiness among old people is

   a. Rare

   b. Less common than among younger people

   c. About as common as among younger people

   d. More common than among younger people

6. Physical strength

   a. Tends to decline with old age
   b. Tends to remain the same among healthy old people

   c. Tends to increase among healthy old people

   d. Is unrelated to age

7. The percentage of old people over 65 in long stay institutions (such as nursing homes, mental hospitals, and homes for the aged) is about

    a. 5%

    b. 10%

    c. 25%

    d. 50%

8. The accident rate per driver over age 65 is

    a. Higher than those under 65

    b. About the same for those under 65

    c. Lower than those under 65

    d. Unknown

9. Most workers over 65

    a. Work less effectively than young workers

    b. Work as effectively as younger workers

    c. Work more effectively than younger workers

    d. Are preferred by most employers

10. The proportion of people over 65 who are able to do their normal activities is

    a. One tenth

    b. One quarter

    c. One half

    d. More than three fourths

11. Adaptability to change among people over 65 is

    a. Rare

    b. Present among half

    c. Present among most

    d. More common than among younger people

12. As for old people learning new things

    a. Most are unable to learn at any speed

    b. Most are able to learn but at a slower speed

    c. Most are able to learn as fast as younger people

    d. Learning speed is unrelated to age

13. Depression is more frequent among

    a. People over 65

    b. Adults under 65

    c. Young people

    d. Children

14. Old people tend to react

    a. Slower than younger people

    b. At about the same speed as young people

    c. Faster than younger people

    d. Slower or faster than others, depending on the type of test

15. Old people tend to be

    a. More alike than younger people

    b. As alike as younger people

    c. Less alike than younger people

    d. More alike in some respects and less alike in the others

16. Most old people say

    a. They are seldom bored

    b. They are usually bored

    c. They are often bored

    d. Life is monotonous

17. The proportion of people who are socially isolated is

    a. Almost all

    b. About half

    c. Less than a fourth

    d. Almost none

18. The accident rate among workers over 65 tends to be

    a. Higher than among younger workers

    b. About the same as among younger workers

    c. Lower than among younger workers

    d. Unknown because there are so few workers over 65

19. The proportion of the U.S. population now age 65 or over is

    a. 3%

    b. 13%

    c. 23%

    d. 33%

20. Medical practitioners tend to give older patients

    a. Lower priority

    b. The same priority as younger patients

    c. Higher priority than younger patients

    d. Higher priority if they have Medicaid

21. The poverty rate (as defined by the federal government) among old people is

    a. Higher than among children under 18

    b. Higher than among all persons under 65

    c. About the same as among persons under 65

    d. Lower than among person under 65

22. Most old people are

    a. Still employed

    b. Employed or would like to be employed

    c. Employed, do housework or volunteer work, or would like to do some kind of work

    d. Not interested in any work

23. Religiosity tends to

    a. Increase in old age

    b. Decrease in old age

    c. Be greater in the older generation than in the younger

    d. Be unrelated to age

24. Most old people say they

    a. Are seldom angry

    b. Are often angry

    c. Are often grouchy

    d. Often lose their tempers

25. The health and economic status of old people(compared with young people) in the year 2010 will

    a. Be higher than now

    b. Be about the same as now

    c. Be lower than now

    d. Show no consistent trend

APPENDIX F: KAFER ET AL. (1980) AGING OPINION SURVEY

Aging Opinion Survey

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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 five spaces labeled as follows:

________	________	________	________	________
Strongly Disagree (1)	**Mildly (2)**	**Uncertain Agree (3)**	**Mildly Agree (4)**	**Strongly Disagree (5)**

You are to indicate the degree to which you agree or disagree with each statement by checking the appropriate space. Avoid choosing the uncertain response where possible.

Please consider each statement carefully, but do not spend too much time on any one statement. Do not skip and item, even if it seems like it doesn't apply to you. If you feel the statement does not apply, check the uncertain response. There are no right or wrong answers-the only correct responses are those that are true for you.

ANXIETY TOWARD AGING
ATTITUDE SCALE II

1. It's best to forget we are getting older everyday.

_________	________	________	__________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

2. The older I get the more I worry about money affairs.

__________ _________ __________ ___________ __________

Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

3. I always dreaded the day I would look in the mirror and see gray hairs.

__________ _______ ________ ___________ _________

Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

4. I have become more content with years.

__________ __________ _________ ___________ ___________

Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

5. I dread the day when I can no longer get around on my own.

_________ ________ ___________ ___________ _________

Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

6. The older I become the more I worry about my health.

________	________	________	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

7. I am sure that I will always have plenty of friends to talk to.

________	________	________	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

8. Most older people seem to need a lot of extra sleep to have enough energy for everyday chores.

________	________	________	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

9. I never think about dying.

________	________	________	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

10. I fear that when I am older all of my friends will be gone.

________	________	_______	________	__________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

11. The thought of outliving my spouse frightens me.

________	________	_______	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

12. Financial dependence on my children in old age is one of my greatest fears.

________	________	_______	________	________
Strongly Disagree	Mildly	Uncertain	Mildly Agree	Strongly Agree

13. I know I will enjoy sexual relations no matter how old I am.

________	________	_______	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

14. The older I become, the more anxious I am about the future.

________	________	________	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

15. You can keep the joys of grandparenthood, I'd rather be young.

________ ________ _______ ________ ________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

SOCIAL VALUES OF THE AGED
ATTITUDE SCALE III

16. After retirement one should not have much influence in public policy making.

________ ________ _______ ________ _______

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

17. Most people I know feel that the elderly deserve a great deal of admiration.

________ ________ ________ ________ ________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

18. The elderly have a wealth of knowledge and experience that that is not sufficiently utilized.

________ ________ ________ ________ ________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

19. Community organizations would function more smoothly if older persons where included on their governing boards.

________	________	_______	_______	_________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

20. Youthful enthusiasm and fresh ideas should count for more in today's world than the outdated notions of the older generation.

________	________	________	________	__________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

21. The older my friends get the less respect they have for the privacy of others.

________	________	_______	_______	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

22. The elderly are one of our great underdeveloped resources.

________	________	_______	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

23. Old people usually interfere with their adult children's child rearing practices.

________	________	_______	________	________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

24. Older people are more or less a burden for the young.

_________ _________ _________ _________ _________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

25. Society would benefit if the elderly had more say in government.

_________ _________ _________ ________ _________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

26. Most elderly people prefer to live in senior citizen apartment buildings.

_________ _________ _________ _________ _________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

27. I would prefer to always live in an area where people my age predominate.

_________ _________ _________ _________ _________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

28. The elderly shouldn't be expected to do more for society after they retire.

_________ _________ ________ _________ ____________

Strongly Disagree | Mildly Disagree | Uncertain | Mildly Agree | Strongly Agree

29. Neighborhoods where the elderly predominate often become run down.

_________	_________	_________	_________	_________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

30. I would always want to live in a neighborhood where there are a variety of age groups.

_________	_________	_________	_________	_________
Strongly Disagree	Mildly Disagree	Uncertain	Mildly Agree	Strongly Agree

APPENDIX G: DEMOGRAPHIC PROFILE

Demographic Profile

ID # _______________

1. Birth Date Range

   _____1946-1964 (Baby-Boomers)

   _____1965-1976 (Generation X)

   _____1977-1997 (Generation Y)

2. Primary area of Practice

   ______ Nursing Home/Long-term Care

   ______ Medical-surgical Unit/General hospital

   ______ Home/Community Health/Hospice

3. Sex: Male _________________ Female______________

APPENDIX H: INTRODUCTION TO THE STUDY

Introduction to the Study

You are invited to participate in a research study. This study is being conducted by Jo Anna Fairley RN, MSN a doctoral candidate at Walden University. You were selected as a possible participant because of your professional position as a registered nurse and your position as a staff nurse on a medical surgical unit, at a community agency, or a long-term care unit. I ask that you read all of the enclosed forms carefully and return them within two weeks using the enclosed self-addressed envelope.

Background Information:

The purpose of this study will be to examine registered nurses attitudes toward caring for the aged and aging and to determine whether a relationship exist among registered nurses social value of the aged, anxiety toward aging, and practice settings.

Procedures:

If you agree to participate in this study, you will be asked to sign the consent form, complete a demographic profile, Scale II Anxiety toward Aging, Scale III Social Value of the Aged, and Palmores' Attitude toward Aging Quiz (FAQ1). The process for completing the demographic profile, the two scales, and the FAQ1 quiz will take approximately 40 minutes. The responses on the questionnaires will not have an impact your employment as a registered nurse. The questionnaires and quiz contain no confidential or sensitive information that would place you at any psychological risk. No name should be placed on the questionnaires your responses will be coded appropriately and placed into an electronic data base. All the information you provide will be strictly confidential and you will never be identified by name in any section of the study. Your duration as a participant in the study will be over once you have mailed your surveys back to the researcher.

Voluntary Nature of the Study:

Your participation in this study is strictly voluntary. Your decision whether or not to participate will not affect your position as a registered nurse. If you do participate in the study you may keep a copy of the informed consent form.

Risks and Benefits of Being in the Study:

There are no risks associated with participating in this study and there are no short or long-term benefits to participating in this study. The benefit of this study will be to inform registered nurses about their perceptions toward older adults and to help facilities develop strategies that will further prepare registered nurses for the growing aging population.

Compensation:

There will be no compensation provided for your participation in this study

Confidentiality:

The records of this study will be kept private. If any section of this study is published, the researcher will not include any information that will make it possible to identify you. Research records will be kept in a locked file, and only the researcher will have access to the records.

Contacts and Questions:

The researcher conducting this study is JoAnna Fairley, Doctoral student. The researcher's faculty advisor is Dr. David Stein you may e-mail the advisor at dstein@waldenu.edu you may ask any questions you have now. If you have questions

later, you may contact a JoAnna Fairley at jfair001@waldenu.edu or phone at (228) 497-7772. The Research Participant Advocate at Walden University is Leilani Endicott; you may contact her at 1-800-925-3368, extension 1210, if you have questions about your participation in this study.

Informed Consent Statement:

I acknowledge the investigators' obligation to provide me with a consent form as evidence of my participation. I have read the above study as described and the return of this survey packet constitutes my consent to participate in the study in place of my signature. I understand I may direct additional questions regarding the study specifics to the investigator or faulty advisor. If I have questions about subjects' participation or other concerns, I can contact the Research Participant Advocate at Walden University Leilani Endicott, at 1-800-925-3368, extension 1210.

APPENDIX I: CRONBACH'S ALPHA COEFFICIENT TEST

Attitude Toward Caring for the Elderly

Cronbach's Alpha	N of Items
.523	18

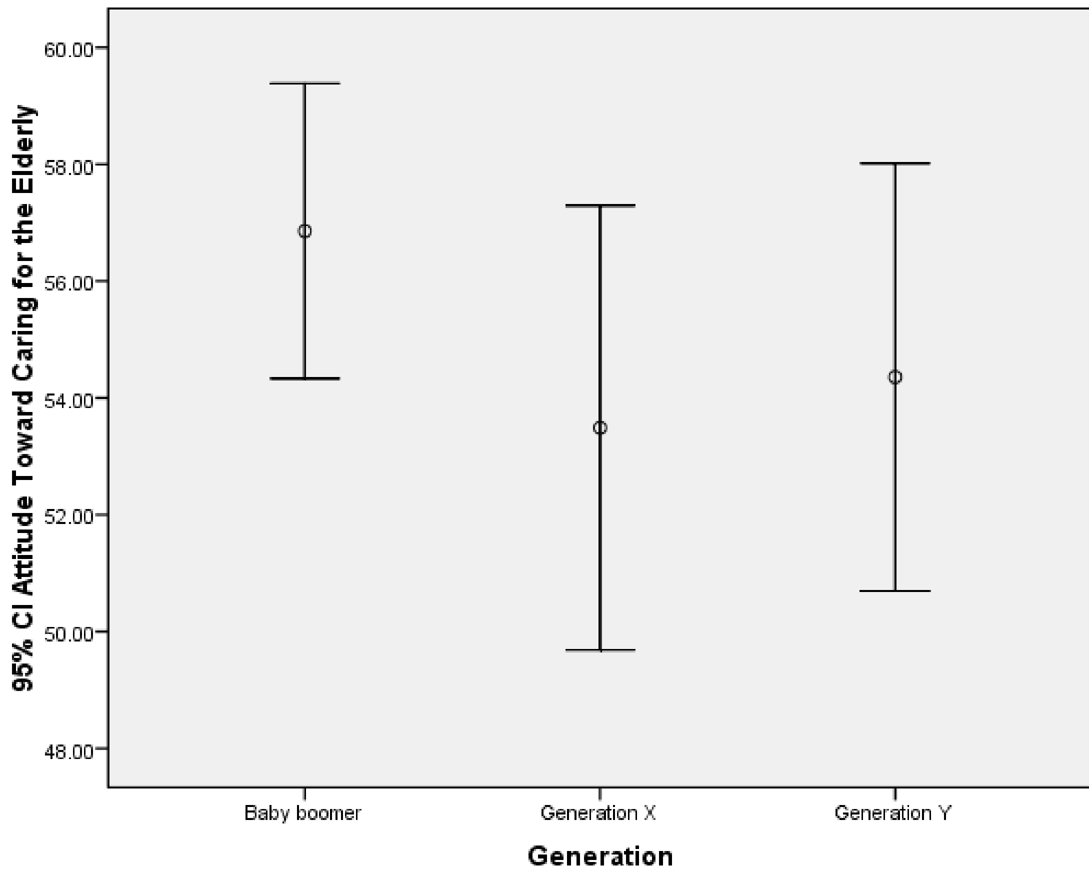
Anxiety Toward Aging

Cronbach's Alpha	N of Items
.641	15

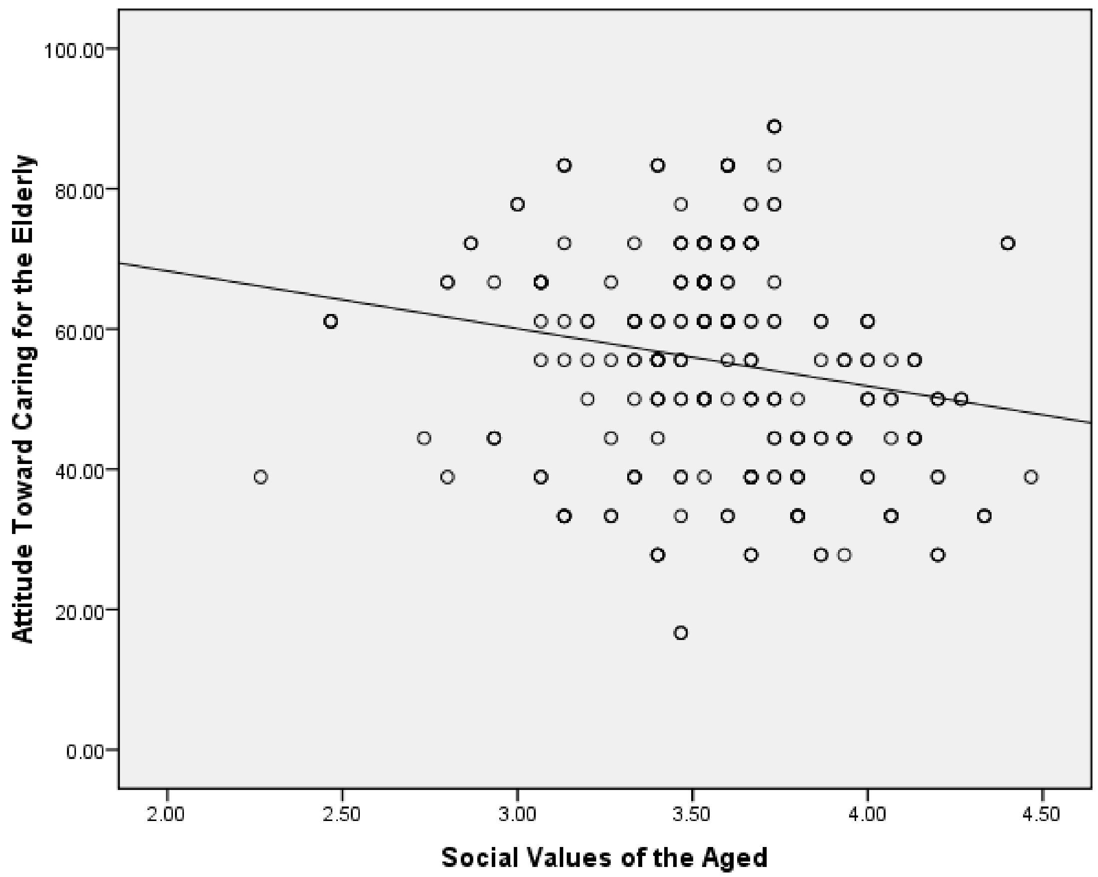
Social Values of the Aged

Cronbach's Alpha	N of Items
.490	15

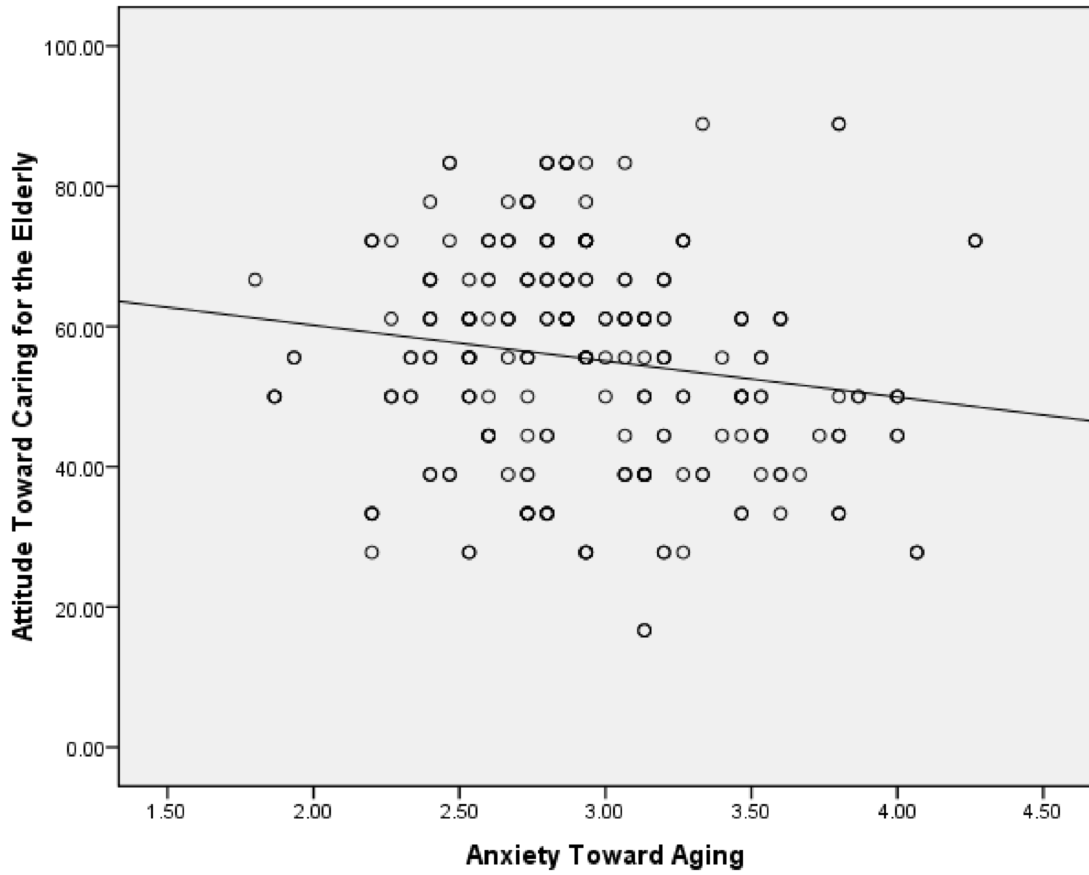
APPENDIX J: ERROR BAR CHART FOR AVERAGE ACE SCORE FOR EACH GENERATION (HYPOTHESIS 1)



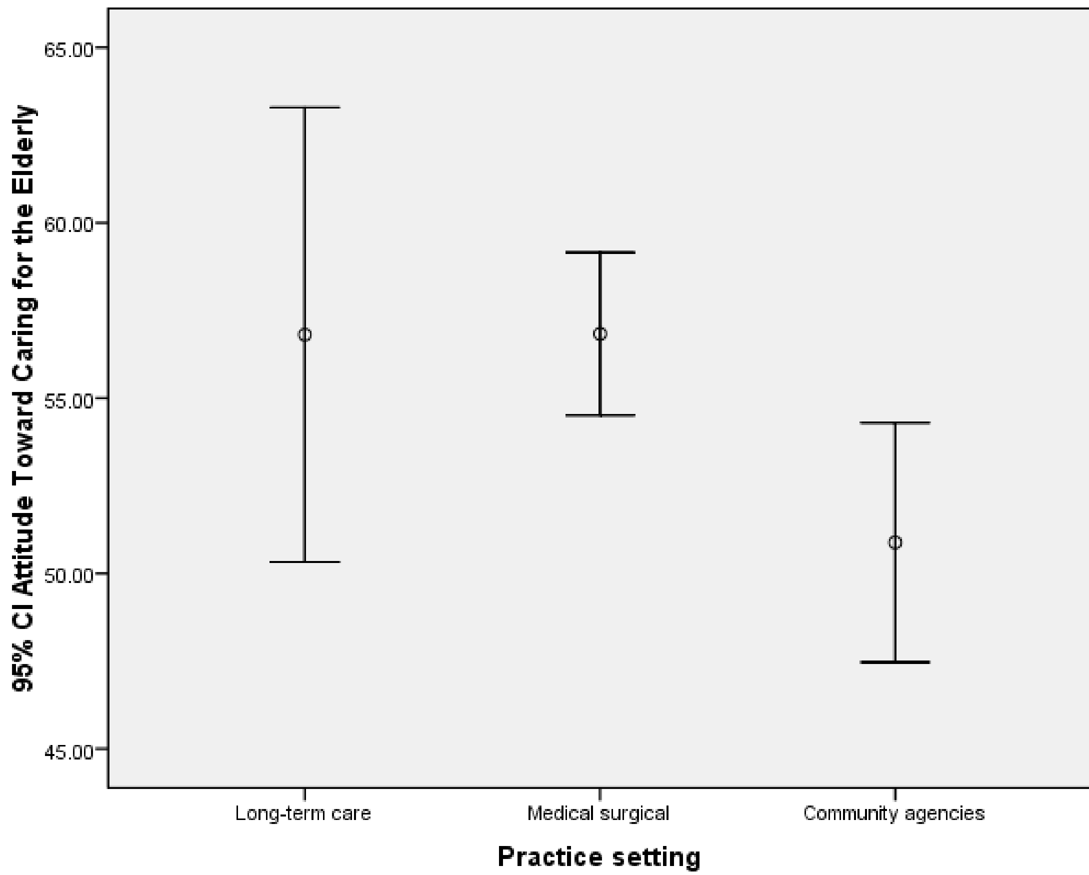
APPENDIX K: SCATTERPLOT DEPICTING THE RELATIONSHIP BETWEEN ACE AND SVA (HYPOTHESIS 2)



APPENDIX L: SCATTERPLOT FOR ACE AND ATA (HYPOTHESIS 3)



APPENDIX M: ERROR BAR CHART FOR AVERAGE ACE FOR EACH PRATICE SETTING (HYPOTHESIS 4)



APPENDIX N: DESCRIPTIVE STATISTICS FOR RESPONSE ITEMS ON FAQ I AND AOS

The proportion of people over 65 who are senile

(have impaired memory, disorientation, or dementia) is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	About 1 out of 100	98	37.0	37.0	37.0
	About 1 in 10	102	38.5	38.5	75.5
	About 1 in 2	29	10.9	10.9	86.4
	The majority	36	13.6	13.6	100.0
	Total	265	100.0	100.0	

The senses that tend to weaken in old age are

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sight and hearing	63	23.8	23.8	23.8
	Taste and smell	35	13.2	13.2	37.0
	Sight hearing and touch	27	10.2	10.2	47.2
	All five senses	140	52.8	52.8	100.0
	Total	265	100.0	100.0	

The majority of old couples

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Have little or no interest in sex	48	18.1	18.1	18.1
	Are not able to have sexual relations	30	11.3	11.3	29.4
	Continue to enjoy sexual relations	166	62.6	62.6	92.1
	Think sex is only for the young	21	7.9	7.9	100.0
	Total	265	100.0	100.0	

Lung vital capacity in old age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tends to decline	113	42.6	42.6	42.6
	Stays the same among nonsmokers	50	18.9	18.9	61.5
	Tends to increase among healthy old people	33	12.5	12.5	74.0
	Is unrelated to age	69	26.0	26.0	100.0
	Total	265	100.0	100.0	

Happiness among old people is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rare	14	5.3	5.3	5.3
	Less common than among younger people	38	14.3	14.3	19.6
	About as common as among younger people	143	54.0	54.0	73.6
	More common than among younger people	70	26.4	26.4	100.0
	Total	265	100.0	100.0	

Physical strength

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tends to decline with old age	192	72.5	72.5	72.5
	Tends to remain the same among healthy old people	51	19.2	19.2	91.7
	Tends to increase among healthy old people	4	1.5	1.5	93.2
	Is unrelated to age	18	6.8	6.8	100.0
	Total	265	100.0	100.0	

The percentage of old people over 65 in long stay institutions

(such as nursing homes, mental hospitals, and homes for the aged) is about

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5%	60	22.6	22.6	22.6
	10%	70	26.4	26.4	49.1
	25%	107	40.4	40.4	89.4
	50%	28	10.6	10.6	100.0

The percentage of old people over 65 in long stay institutions

(such as nursing homes, mental hospitals, and homes for the aged) is about

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5%	60	22.6	22.6	22.6
	10%	70	26.4	26.4	49.1
	25%	107	40.4	40.4	89.4
	50%	28	10.6	10.6	100.0
	Total	265	100.0	100.0	

The accident rate per driver over age 65 is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Higher than those under 65	55	20.8	20.8	20.8
	About the same for those under 65	74	27.9	27.9	48.7
	Lower than those under 65	93	35.1	35.1	83.8
	Unknown	43	16.2	16.2	100.0
	Total	265	100.0	100.0	

Most workers over 65

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Work less effectively than young workers	16	6.0	6.0	6.0
	Work as effectively as younger workers	118	44.5	44.5	50.6
	Work more effectively than younger workers	97	36.6	36.6	87.2
	Are preferred by most employers	34	12.8	12.8	100.0
	Total	265	100.0	100.0	

The proportion of people over 65 who are able to do their normal activities is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One tenth	6	2.3	2.3	2.3
	One quarter	17	6.4	6.4	8.7
	One half	105	39.6	39.6	48.3
	More than three fourths	137	51.7	51.7	100.0
	Total	265	100.0	100.0	

Adaptability to change among people over 65 is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rare	20	7.5	7.5	7.5
	Present among half	104	39.2	39.2	46.8
	Present among most	116	43.8	43.8	90.6
	More common than among younger people	25	9.4	9.4	100.0
	Total	265	100.0	100.0	

As for old people learning new things

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Most are unable to learn at any speed	6	2.3	2.3	2.3
	Most are able to learn but at a slower speed	148	55.8	55.8	58.1
	Most are able to learn as fast as younger people	28	10.6	10.6	68.7
	Learning speed is unrelated to age	83	31.3	31.3	100.0
	Total	265	100.0	100.0	

Depression is more frequent among

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People over 65	75	28.3	28.3	28.3
	Adults under 65	85	32.1	32.1	60.4
	Young people	97	36.6	36.6	97.0
	Children	8	3.0	3.0	100.0
	Total	265	100.0	100.0	

Old people tend to react

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Slower than younger people	108	40.8	40.8	40.8
	At about the same speed as young people	29	10.9	10.9	51.7
	Faster than younger people	6	2.3	2.3	54.0
	Slower or faster than others, depending on the type of test	122	46.0	46.0	100.0
	Total	265	100.0	100.0	

Old people tend to be

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More alike than younger people	17	6.4	6.4	6.4
	As alike as younger people	58	21.9	21.9	28.3
	Less alike than younger people	20	7.5	7.5	35.8
	More alike in some respects and less alike in others	170	64.2	64.2	100.0
	Total	265	100.0	100.0	

Most old people say

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	The are seldom bored	123	46.4	46.4	46.4
	They are usually bored	6	2.3	2.3	48.7
	They are often bored	98	37.0	37.0	85.7
	Life is monotonous	38	14.3	14.3	100.0
	Total	265	100.0	100.0	

The proportion of people who are socially isolated is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Almost all	5	1.9	1.9	1.9
	About half	70	26.4	26.4	28.3
	Less than a fourth	168	63.4	63.4	91.7
	Almost none	22	8.3	8.3	100.0
	Total	265	100.0	100.0	

The accident rate among workers over 65 tends to be

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Higher than among younger workers	15	5.7	5.7	5.7
	About the same as among younger workers	78	29.4	29.4	35.1
	Lower than among younger workers	105	39.6	39.6	74.7
	Unknown because there are so few workers over 65	67	25.3	25.3	100.0
	Total	265	100.0	100.0	

The proportion of the U.S. population now age 65 or over is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3%	4	1.5	1.5	1.5
	13%	19	7.2	7.2	8.7
	23%	98	37.0	37.0	45.7
	33%	144	54.3	54.3	100.0
	Total	265	100.0	100.0	

Medical practitioners tend to give older patients:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lower priority	83	31.3	31.3	31.3
	The same priority as younger patients	138	52.1	52.1	83.4
	Higher priority than younger patients	24	9.1	9.1	92.5
	Higher priority if they have Medicaid	20	7.5	7.5	100.0
	Total	265	100.0	100.0	

The poverty rate (as defined by the federal government) among old people is

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Higher than among children under 18	27	10.2	10.2	10.2
	Higher than among all persons under 65	116	43.8	43.8	54.0
	About the same as among persons under 65	105	39.6	39.6	93.6
	Lower than among persons under 65	17	6.4	6.4	100.0
	Total	265	100.0	100.0	

Most old people are

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Still employed	28	10.6	10.6	10.6
	Employed or would like to be employed	24	9.1	9.1	19.6
	Employed, do housework or volunteer work, or would like to do some kind of work	203	76.6	76.6	96.2
	Not interested in any work	10	3.8	3.8	100.0
	Total	265	100.0	100.0	

Religiosity tends to

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Increase in old age	82	30.9	30.9	30.9
	Decrease in old age	3	1.1	1.1	32.1
	Be greater in the older generations than in the younger	89	33.6	33.6	65.7
	Be unrelated to age	91	34.3	34.3	100.0
	Total	265	100.0	100.0	

Most old people say they

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Are seldom angry	152	57.4	57.4	57.4
	Are often angry	23	8.7	8.7	66.0
	Are often grouchy	67	25.3	25.3	91.3
	Often lose their tempers	23	8.7	8.7	100.0
	Total	265	100.0	100.0	

The health and economic status of old people(compared with young people) in the year 2010 will

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Be higher than now	27	10.2	10.2	10.2
	Be about the same as now	81	30.6	30.6	40.8
	Be lower than now	122	46.0	46.0	86.8
	Show no consistent trend	35	13.2	13.2	100.0
	Total	265	100.0	100.0	

It's best to forget we are getting older everyday

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	59	22.3	22.3	22.3
	Mildly disagree	53	20.0	20.0	42.3
	Uncertain	28	10.6	10.6	52.8
	Mildly agree	83	31.3	31.3	84.2
	Strongly agree	42	15.8	15.8	100.0
	Total	265	100.0	100.0	

The older I get the more I worry about money affairs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	18	6.8	6.8	6.8
	Mildly disagree	74	27.9	27.9	34.7
	Uncertain	17	6.4	6.4	41.1
	Mildly agree	106	40.0	40.0	81.1
	Strongly agree	50	18.9	18.9	100.0
	Total	265	100.0	100.0	

I always dreaded the day I would look in the mirror and see gray hairs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	53	20.0	20.0	20.0
	Mildly disagree	47	17.7	17.7	37.7
	Uncertain	44	16.6	16.6	54.3
	Mildly agree	103	38.9	38.9	93.2
	Strongly agree	18	6.8	6.8	100.0
	Total	265	100.0	100.0	

I have become more content with the years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	3.0	3.0	3.0
	Mildly disagree	24	9.1	9.1	12.1
	Uncertain	33	12.5	12.5	24.5
	Mildly agree	126	47.5	47.5	72.1
	Strongly agree	74	27.9	27.9	100.0

I have become more content with the years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	3.0	3.0	3.0
	Mildly disagree	24	9.1	9.1	12.1
	Uncertain	33	12.5	12.5	24.5
	Mildly agree	126	47.5	47.5	72.1
	Strongly agree	74	27.9	27.9	100.0
	Total	265	100.0	100.0	

I dread the day when I can no longer get around on my own

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	4	1.5	1.5	1.5
	Mildly disagree	15	5.7	5.7	7.2
	Uncertain	22	8.3	8.3	15.5
	Mildly agree	67	25.3	25.3	40.8
	Strongly agree	157	59.2	59.2	100.0
	Total	265	100.0	100.0	

The older I become the more I worry about my health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	3.8	3.8	3.8
	Mildly disagree	31	11.7	11.7	15.5
	Uncertain	32	12.1	12.1	27.5
	Mildly agree	131	49.4	49.4	77.0
	Strongly agree	61	23.0	23.0	100.0
	Total	265	100.0	100.0	

I am sure that I will always have plenty of friends to talk to

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	2.3	2.3	2.3
	Mildly disagree	60	22.6	22.6	24.9
	Uncertain	78	29.4	29.4	54.3
	Mildly agree	73	27.5	27.5	81.9
	Strongly agree	48	18.1	18.1	100.0
	Total	265	100.0	100.0	

Most older people seem to need a lot of extra sleep to have enough energy for everyday chores

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	30	11.3	11.3	11.3
	Mildly disagree	117	44.2	44.2	55.5
	Uncertain	28	10.6	10.6	66.0
	Mildly agree	80	30.2	30.2	96.2
	Strongly agree	10	3.8	3.8	100.0
	Total	265	100.0	100.0	

I never think about dying

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	53	20.0	20.0	20.0
	Mildly disagree	79	29.8	29.8	49.8
	Uncertain	33	12.5	12.5	62.3
	Mildly agree	98	37.0	37.0	99.2
	Strongly agree	2	.8	.8	100.0
	Total	265	100.0	100.0	

I fear that when I am older all of my friends will be gone

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	30	11.3	11.3	11.3
	Mildly disagree	76	28.7	28.7	40.0
	Uncertain	59	22.3	22.3	62.3
	Mildly agree	77	29.1	29.1	91.3
	Strongly agree	23	8.7	8.7	100.0
	Total	265	100.0	100.0	

The thought of outliving my spouse frightens me

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	34	12.8	12.8	12.8
	Mildly disagree	84	31.7	31.7	44.5
	Uncertain	32	12.1	12.1	56.6
	Mildly agree	85	32.1	32.1	88.7
	Strongly agree	30	11.3	11.3	100.0
	Total	265	100.0	100.0	

Financial dependence on my children in old age is one of my greatest fears

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	33	12.5	12.5	12.5
	Mildly disagree	41	15.5	15.5	27.9
	Uncertain	34	12.8	12.8	40.8
	Mildly agree	98	37.0	37.0	77.7
	Strongly agree	59	22.3	22.3	100.0
	Total	265	100.0	100.0	

I know I will enjoy sexual relations no matter how old I am

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	18	6.8	6.8	6.8
	Mildly disagree	36	13.6	13.6	20.4
	Uncertain	74	27.9	27.9	48.3
	Mildly agree	107	40.4	40.4	88.7
	Strongly agree	30	11.3	11.3	100.0
	Total	265	100.0	100.0	

The older I become, the more anxious I am about the future

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	28	10.6	10.6	10.6
	Mildly disagree	95	35.8	35.8	46.4
	Uncertain	35	13.2	13.2	59.6
	Mildly agree	89	33.6	33.6	93.2
	Strongly agree	18	6.8	6.8	100.0
	Total	265	100.0	100.0	

You can keep the joys of grandparenthood, I'd rather be young

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	65	24.5	24.5	24.5
	Mildly disagree	75	28.3	28.3	52.8
	Uncertain	47	17.7	17.7	70.6
	Mildly agree	62	23.4	23.4	94.0
	Strongly agree	16	6.0	6.0	100.0
	Total	265	100.0	100.0	

After retirement one should not have much influence in public policy making

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	178	67.2	67.2	67.2
	Mildly disagree	75	28.3	28.3	95.5
	Uncertain	1	.4	.4	95.8
	Mildly agree	9	3.4	3.4	99.2
	Strongly agree	2	.8	.8	100.0
	Total	265	100.0	100.0	

Most people I know feel that the elderly deserve a great deal of admiration

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	17	6.4	6.4	6.4
	Mildly disagree	40	15.1	15.1	21.5
	Uncertain	35	13.2	13.2	34.7
	Mildly agree	97	36.6	36.6	71.3
	Strongly agree	76	28.7	28.7	100.0
	Total	265	100.0	100.0	

The elderly have a wealth of knowledge and experience that is not sufficiently utilized

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	2	.8	.8	.8
	Mildly disagree	47	17.7	17.7	18.5
	Uncertain	17	6.4	6.4	24.9
	Mildly agree	47	17.7	17.7	42.6
	Strongly agree	152	57.4	57.4	100.0
	Total	265	100.0	100.0	

Community organizations would function more smoothly if older persons were included on their governing boards

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	5	1.9	1.9	1.9
	Mildly disagree	4	1.5	1.5	3.4
	Uncertain	38	14.3	14.3	17.7
	Mildly agree	128	48.3	48.3	66.0
	Strongly agree	90	34.0	34.0	100.0
	Total	265	100.0	100.0	

Youthful enthusiasm and fresh ideas should count for more in today's world than the outdated notions of the older generation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	84	31.7	31.7	31.7
	Mildly disagree	139	52.5	52.5	84.2
	Uncertain	10	3.8	3.8	87.9
	Mildly agree	27	10.2	10.2	98.1
	Strongly agree	5	1.9	1.9	100.0
	Total	265	100.0	100.0	

The older my friends get the less respect they have for the privacy of others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	64	24.2	24.2	24.2
	Mildly disagree	76	28.7	28.7	52.8
	Uncertain	82	30.9	30.9	83.8
	Mildly agree	28	10.6	10.6	94.3
	Strongly agree	15	5.7	5.7	100.0
	Total	265	100.0	100.0	

The elderly are one of our great underdeveloped resources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	10	3.8	3.8	3.8
	Mildly disagree	14	5.3	5.3	9.1
	Uncertain	11	4.2	4.2	13.2
	Mildly agree	109	41.1	41.1	54.3
	Strongly agree	121	45.7	45.7	100.0
	Total	265	100.0	100.0	

Old people usually interfere with their adult children's child rearing practices

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	37	14.0	14.0	14.0
	Mildly disagree	90	34.0	34.0	47.9
	Uncertain	59	22.3	22.3	70.2
	Mildly agree	64	24.2	24.2	94.3
	Strongly agree	15	5.7	5.7	100.0
	Total	265	100.0	100.0	

Older people are more or less a burden for the young

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	82	30.9	30.9	30.9
	Mildly disagree	81	30.6	30.6	61.5
	Uncertain	44	16.6	16.6	78.1
	Mildly agree	41	15.5	15.5	93.6
	Strongly agree	17	6.4	6.4	100.0
	Total	265	100.0	100.0	

Society would benefit if the elderly had more say in government

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	6	2.3	2.3	2.3
	Mildly disagree	14	5.3	5.3	7.5
	Uncertain	14	5.3	5.3	12.8
	Mildly agree	149	56.2	56.2	69.1
	Strongly agree	82	30.9	30.9	100.0
	Total	265	100.0	100.0	

Most elderly people prefer to live in senior citizen apartment buildings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	69	26.0	26.0	26.0
	Mildly disagree	109	41.1	41.1	67.2
	Uncertain	66	24.9	24.9	92.1
	Mildly agree	10	3.8	3.8	95.8
	Strongly agree	11	4.2	4.2	100.0
	Total	265	100.0	100.0	

I would prefer to always live in an area where people my age predominate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	41	15.5	15.5	15.5
	Mildly disagree	91	34.3	34.3	49.8
	Uncertain	62	23.4	23.4	73.2
	Mildly agree	66	24.9	24.9	98.1
	Strongly agree	5	1.9	1.9	100.0
	Total	265	100.0	100.0	

The elderly shouldn't be expected to do more for society after they retire

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	39	14.7	14.7	14.7
	Mildly disagree	65	24.5	24.5	39.2
	Uncertain	60	22.6	22.6	61.9
	Mildly agree	85	32.1	32.1	94.0
	Strongly agree	16	6.0	6.0	100.0
	Total	265	100.0	100.0	

Neighborhoods where the elderly predominate often become run down

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	57	21.5	21.5	21.5
	Mildly disagree	77	29.1	29.1	50.6
	Uncertain	69	26.0	26.0	76.6
	Mildly agree	53	20.0	20.0	96.6
	Strongly agree	9	3.4	3.4	100.0
	Total	265	100.0	100.0	

I would always want to live in a neighborhood where there are a variety of age groups

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	.4	.4	.4
	Mildly disagree	5	1.9	1.9	2.3
	Uncertain	11	4.2	4.2	6.4
	Mildly agree	130	49.1	49.1	55.5
	Strongly agree	118	44.5	44.5	100.0
	Total	265	100.0	100.0	

CURRICULUM VITAE

JoAnna P. Fairley, MSN

10101 Red Oak Lane

Moss Point, Mississippi

Personal Profile:

Currently teach in the Associate Degree program at Mississippi Gulf Coast Community College-Jackson County Campus. I have resided in this position for 8 yrs. Prior to teaching I worked as a Clinical Nurse Specialist in a Congestive Heart Failure Clinic. The expected date of completion for my doctoral dissertation at Walden University is May 2009. My dissertation is related to different generations of registered nurses; social value of the age (SVA), Anxiety toward Aging (ATA), and practice settings (PS). This study employs a quantitative survey design method, by analyzing variables that may contribute to registered nurses attitude toward caring for the elderly. This study can help nurse leaders and educator employ methods that will better prepare registered nurses to care for the elderly as well as to explore their own inner feelings and perceptions toward the elderly. This intervention is necessary for the diverse nursing workforce and growing aging population.

EDUCATION:

Doctoral Education: Walden University Ph.D. Candidate Adult Education Leadership Expected graduation date: May 2009

May 12, 1984 Licensed Practical Nurse Sowella Technical Institute

Lake Charles, Louisiana.

May 8, 1992 Associate Degree Nursing Jeff Davis Jr. College Gulfport, Mississippi

August 20, 1999 Bachelor of Science Degree in Nursing University Southern Miss Hattiesburg, Mississippi.

May 8, 2001 Masters in Adult Health University of Southern Miss Hattiesburg, Mississippi (Thesis: Women and Heart disease).

EXPERIENCE:

LICENSURE: Registered Nurse

CERTIFICATION: Critical Care specialty, ACLSI, PALSI, BCLSI

Staff Nurse-Singing River Hospital 1992-1995 OR/Open-Heart Critical Care Unit.

Jackson County Health Department- 1995 Clinic Nurse/Public Health.

Staff Nurse- Ocean Springs Hospital 1995-1996 (part-time) Intensive Care Unit 1996-2000 (full time).

Clinical Nurse Educator-Ocean Springs Hospital 2000-2001

Duties –responsible for educating Med-surg, ER, and ICU nurses, performing staff development activities as well as clinical supervision of new nurses.

Adjunct Instructor- Jackson County Community College - January, 2001

Clinical Nurse Specialist-Ocean Spring Hospital- May 2001-2002

Duties – included opening and coordinating a Heart Failure Clinic, establishing protocols, treating patients under the supervision of a cardiologist. In addition to administering appropriate drugs for heart failure patients and developing teaching forms, pamphlets for patients and their families.

Nursing Supervisor- 2005- present (part-time) - Overseeing functions of various nursing departments.

Professional Development

Critical Care Nurses Association Board of Directors 1999-2001

Cambridge Who's Who Among Executive and Professional Women in Nursing and Healthcare June-2006

Professional Activities – Advanced Life Support Instructor, Pediatric Advanced Life Support Instructor, Basic Life Support Instructor and Affiliate staff with the American Heart Association

Workshops:

Twelve Lead EKG, Basic EKG, Critical Care workshops: Pulmonary, Endocrine, Neurological, and Cardiovascular.

Presentations:

AMI in women, Hypertension and the elderly, Pharmacology for Nurses, Medical surgical crisis, Thinking out of the box, and The ends and outs of Critical care nursing, and Active learning for nursing students.

Committees:

Curriculum-Jackson County Community College Fall 2007 present.

American Heart Association-affiliate staff-May 2002 present.

Parent Teacher Committee – Moss Point School District May 2005-2006.

Student/Faculty Liaison Committee-Jackson County Community College-Fall 2001.

Admission's Committee- Jackson County Community College Fall 2002-2007.

Mora's Organ Donor Committee-Jackson County Hospitals May 2001- 2004.

National Institute of Health Stroke Committee- Jackson County May 2000- 2002.

Community Activities:

AED Training presented to Jackson county head start center.

Basic Life support training presented to Mary's little lamb day care facility,

First Baptist church, and Ocean Springs hospital.

You and Case Management presented to case management

Gulf Coast Community College (Keesler Campus) November 2001

Heart Disease and Women-Pelican Landing 2003.

Heart Disease and Women- St. Paul Methodist Church Women's Retreat 2004.

Missionary work for church- Greater First Baptist church of Escatawpa.

Red Cross Volunteer Pascagoula Branch- history taker

and hemoglobin checks May 2001- 2005

GOALS:

Short-term Immediate goals are to obtain a PhD in adult education/leadership specialization. By obtaining a PhD degree, I hope to become more research oriented and publish nursing education literature in prospective nursing journals.

Long Term Goals- To research and to publish literature on adult disease states.

Research Interest- Adult disease states, evidence base practice and best practices in health care and adult education.