

HEALTHCARE STUDENTS' ATTITUDES TOWARDS CARING FOR GERIATRIC
CLIENTS

By:

Rebecca E. Ryan

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CLIENTS

Project Approved:

Supervising Professor: Diane Hawley, Ph.D.

Department of Nursing

Debbie Rhea, Ph.D.

Department of Kinesiology

Molli Crenshaw, M.S.

Department of Biology

Abstract:

Objective: By the year 2050, the expected elderly population in the United States will be 83.7 million individuals (Lowey, 2017). Therefore, the number of healthcare professionals to care for the elderly needs to be increased to meet the demand that will be evident. Does the Seniors Assisting in Geriatric Education Program (SAGE) program change healthcare students attitudes toward caring for the geriatric population?

Design: Quasi-experimental study with nonlinear, separate pre-SAGE and post-SAGE samples.

Participants and Setting: This study was completed at Texas Christian University (TCU) with the Harris College of Nursing and Health Sciences and the College of Science and Engineering nutritional science students and faculty There were 75 participants in the pre-SAGE sample and 72 participants in the post-SAGE sample, made up of Nursing, Social Work, and Nutritional Sciences.

Measurement: To measure the healthcare students' attitudes, the University of California Los Angeles (UCLA) Geriatric Attitudes Scale was used. This was used in conjunction with a 16 question demographic form.

Results: The researchers looked at TCU data overall and Nursing separately. Two items on the survey held significance in the overall data and one item in the nursing data specifically. The students answered more positively on the significantly different questions.

Healthcare Students' Attitudes Towards Caring for Geriatrics Clients

By the year 2050, the expected elderly population in the United States will be 83.7 million individuals (Lowey, 2017). One huge reason for the increase in population is due to the increase in life expectancy (Sarabia-Cobo & Pfeiffer, 2015). Unfortunately, there is a large disparity between the supply of healthcare professionals who work in geriatrics and the demand, due to this expected increase in the aging population (Bergman, 2018). Therefore, the number of healthcare professionals to care for the elderly needs to be increased to meet the demand that will be evident.

The presence of negative attitudes toward the aging population is considered one of the primary causes for the shortage of healthcare professionals in geriatrics (Bergman, 2018). These attitudes are thought to unconsciously influence many decisions made by healthcare professionals, including caring for the elderly. Changing the attitudes of healthcare professionals is thought to be a way to facilitate an increase in the supply of healthcare professionals. When students have a positive view of the elderly, they are more likely to consider pursuing a career with the geriatric population (Haron, Levy, Rotstein, Riba, 2013). The core constituents of healthcare are geriatric clients. Some universities are trying to combat these negative attitudes by including creative classes and other educational strategies, such as senior mentor programs, in their curricula with hopes of improving the attitudes toward caring for the geriatric population and possibly increasing the number of students who want to pursue a career in geriatrics.

Review of Literature

A literature search was done to identify studies conducted using search terms specific towards students' attitudes for caring for the geriatric population. Medline, CINAHL Complete, ProQuest, and PubMed were the databases used for the review of the literature. The key words used were "care*", "elderly OR geriatric", "attitude*", and "health (student OR professional)". The studies reviewed were conducted to determine attitudes of healthcare professional students regarding caring for the geriatric population, what influences their attitudes, and if a program could change these attitudes.

Attitudes of healthcare professionals have been influenced by experiences that persons have had prior in their lives. Some of the influential variables include personal values, where individuals have been raised, age, level of education, and previous experiences with the geriatric population (Kavlak et al., 2015).

Kavlak et al. (2015) evaluated 244 men and women nursing professionals who had been in practice a mean of 10.7 years on the concept of ageism using the Ageism Attitudes Scale, a 5-point Likert Scale with a higher score correlating with more positive attitudes. Ageism is defined as prejudice or discrimination based upon of a person's age. Many of the participants reported discrimination and ageism towards the geriatric population. These investigators found that these discriminations and attitudes could be changed to a positive perception by promoting and providing training programs that increase their knowledge and skills about caring for the elderly.

A study was conducted in Singapore examining the attitudes of 244 first-year medical students regarding geriatrics and how their attitudes influenced future careers in medicine (Chua, Tan, Merchant, & Soiza, 2008). The authors had students complete the

University of California Los Angeles (UCLA) Geriatrics Attitudes Scale as part of a descriptive study to examine the attitudes towards the geriatric population. The UCLA Scale has been used in many other studies and been shown to be a reliable survey to measure student attitudes toward geriatric patients. The scale uses a 1-5 Likert scale to measure attitudes toward the geriatrics with 5 indicating positive attitudes towards this population. The results showed that 93.4% of these first year students had positive attitudes toward geriatrics with a mean of 3.58 (+/- SD 0.41). However, only a third of the students tested considered going into the field of geriatric medicine (Chua et al., 2008). The caution considered with this study is that it was conducted in Singapore; their views and values in regards to the elderly population are thought to be considerably different from those in the United States (Chua et al., 2008).

A review of the literature on senior (geriatric) mentor programs (SMP) was conducted by Eleazer, Stewart, Wieland, Anderson, & Simpson (2009). A SMP is a program where students are paired with a healthy elder in the community, and the elder acts as a teacher educating the students about aging. Ten US medical school programs agreed to participate in this qualitative study. Focus groups and interviews with the students and faculty were used to collect the data. Five of the ten programs also had a geriatric curriculum that correlated with the SMPs. The SMPs main goal was to allow students to have the opportunity to work with healthy seniors in the community. These investigators found that senior mentor programs changed students' attitudes toward the geriatric population positively. Students valued the relationships with the mentors and the knowledge they received from their mentors. These programs have not only taught students how to care for the geriatric population, but also how to empathize and

individualize care to a patient. However, this study was a post-test design only and did not include how many students went on to consider a career in caring for the geriatric medicine.

A Community-Based Service Learning Experience (CBSL) program was developed to enable students to visit a geriatric population in the community (Miller et al., 2017). The CBSL program wanted to determine if a program that included a site visit by healthcare students to a senior citizen care center, an opportunity for students to learn more about the center and its residents, and resources that are available to older adults would increase knowledge and improve student skills and communication with the geriatric population. The investigators found that a CBSL program taught students how to better communicate with older individuals. A total of 80 medical residents participated in the program with 71 (88.8%) of the students completing the post experience survey. On a Likert scale of 1-5 with 5 indicating a strong agreement, students reported they learned how to communicate effectively with geriatrics persons (3.91 + 1.09), had increased knowledge of resources and community living for the elderly (4.09 +1.01), and agreed that the experience added to the ability to care and evaluate the elderly clients (3.84 +0.67). Students who completed the program had an increased understanding of caring for the geriatric population. However, this study did not specifically look at attitudes of the medical residents regarding the geriatric population. This study does suggest that exposing healthcare professional students to older persons does have a positive effect on how to care for older adults (Miller et al., 2017).

Garza, Tieu, Schroeder, Lowe, and Tung (2018) conducted a cross-longitudinal study to determine how a Senior Sages Program (SSP) changed the attitudes of medical

students. SSP was a mandatory four-year program for students that included a curriculum of lectures and learning modules that focused on the care of older adults. This program also this program incorporated one on one meetings with senior citizens in the community. The students were paired with a senior during their first year, and then completed 2-3 modules with the senior every year. The researchers used the UCLA Geriatrics Attitudes Scale to evaluate the changes in attitudes of the students over time. The scale was given during the first and second year. The researchers found no significant increase in the attitudes between the two years, however the stability of the attitudes was viewed as a positive finding (Garza et al., 2018).

Hovey, Dyck, Reese, and Kim (2016) conducted an integrative review of how nursing education changes students' attitudes toward the geriatric population. The investigators looked at eleven studies in the review. The sample sizes in the studies ranged from nine to 179 nursing students. Nine out of the eleven studies found that the students had positive attitudes for the elderly population before any interventions. Five of the studies had an intervention, three of which had an improvement in attitudes compared to the pre assessment attitudes. The authors concluded that adding a geriatric course/clinical improved the attitudes of students for the geriatric population. Limitations to this review include that the researchers did not take note of the interventions that possibly improved the students' attitudes in these various studies.

Lowey (2017) conducted a cross-sectional, mixed method descriptive study to compare two different nursing cohorts, measuring student attitudes towards the elderly. Lowey compared an introductory geriatric course required for one nursing cohort to a different cohort where no geriatric course was given. The researcher used the Kogan's

Attitudes toward Old People Scale to determine a change in attitudes. Kogan's Attitudes toward Old People Scale is a 34 item 6 point Likert scale instrument. A total of 46 students participated, 20 students from the first cohort and 26 from the second cohort. No significant difference was found in the attitudes of students with the geriatric course provided in the program. In fact, the students in the geriatric course reported a nonsignificant but notable decrease in interest for geriatrics.

Beauvais, Foito, Pearlin, and Yost (2015) conducted a descriptive study to determine if a service-learning project with the geriatric community improved nursing students' attitudes toward that population. The researchers had a control group that did not participate in the learning project. The group that participated in the learning project went to a senior citizen center to practice their nursing skills, such as vitals, assessments and interviews. The Kogan's Attitudes toward Old People Scale was used to compare the attitudes between the control and intervention groups of nursing students. One hundred and thirty-four nursing students participated in this study. There were 66 students in the intervention group and 68 in the control group. It was determined that the control group's attitude did not change however the intervention group's attitudes improved significantly, $P < 0.001$. The researchers concluded that a service-learning project could be effective in decreasing the negative bias and attitudes towards the geriatric population.

Sarabia-Cobo and Pfeiffer (2015) conducted a pre and post intervention descriptive study that observed stereotypes and bias regarding aging in third year nursing students. The investigators used the Questionnaire of Negative Stereotypes about Aging (CENVE), a 15 item, 4 point Likert scale, to analyze the students' stereotypes regarding aging. The survey was handed out to the students on the first day of the Aging Nursing

Class as well as at the end of the semester. Two hundred and twenty-two nursing students completed both the pre-survey and post survey. A significant difference ($P < 0.0005$) was found between the pre and post attitudes regarding aging, showing that the class positively influenced the students' attitudes and stereotypes. The researchers concluded that the Aging Nursing class was effective in changing the stereotypes regarding aging for these nursing students (Sarabia-Cobo & Pfeiffer, 2015).

Neville and Dickie (2014) conducted a review of the literature to analyze undergraduate nursing students' attitudes and perceptions towards the geriatric population. The authors used five databases to gather their studies: Medline, CINAHL, Healthsource/Academic Edition, PsycINFO, and PubMed. From those databases, 32 studies were included in the review. Nine different instruments to measure attitudes were used in the 32 studies. The authors divided the articles up into four sections to analyze the studies: research that tested the impact of curriculum activity on students' attitudes ($n=9$), research that studied attitudes ($n=20$), research that studied perspectives of caring for the elderly ($n=2$), and research that studied perceptions of the older adult ($n=1$). Out of 32 studies, only two did not conclude with positive attitudes, perspectives, and perceptions regarding the aging population for nursing students. The authors concluded that nursing students either have or develop positive attitudes and perceptions toward the elderly population (Neville & Dickie, 2014).

Koehler et al. (2016) conducted a quasi-experimental study with a pre and post-test to determine the effectiveness of a stand-alone gerontology nursing course on students' perceptions towards caring for older adults. The researchers used two different scales to evaluate the nursing students' perspective: the Student Perceptions of Working

with Older People (SPWOP) and the Attitudes Toward Working with the Elderly scale. The SPWOP tool includes a 15 item, 5 point Likert scale. For the purpose of their study, the researchers modified the Attitudes Toward Working with the Elderly tool. They used four statements in a 5 point Likert scale format from the scale and incorporated it into the survey. Students in their second semester of a two-year nursing school participated in the study. The survey was given to the students prior to and after the course to evaluate the change in the nursing students' perceptions. The overall perceptions were found to have improved after the nursing course with a p value of $p= 0.000$. The researchers concluded that a gerontology-nursing course definitely improved perceptions of the elderly population (Koehler et al., 2016).

Hammar, Holmström, Skoglund, Meranius, and Sundler (2017) conducted a descriptive study with a mixed-methods approach to interpret nursing students' attitudes and perspectives on caring for the elderly. The researchers used three questions from the Multifactorial Attitudes Questionnaire (MAQ), which is a 20 item, 5 point Likert scale. Open-ended questions were used to obtain the qualitative data. Ninety-four nursing students participated in the qualitative portion of the study. The majority of students answered with positive attitudes toward the elderly in the three qualitative questions. Seventy-five students answered the open-ended questions and reported that it is important to build a relationship with older individuals. The researchers concluded that the nursing students had positive attitudes toward caring for their geriatric patients. The limitation to this study is that there is no comparison group; no intervention was used to see if an intervention improved the attitudes of the nursing students (Hammar et al, 2017). Studies are continuing to be done to determine students' attitudes toward the geriatric population.

The studies seem to reveal that students either have or develop a more a positive attitude towards the elderly within their educational programs.

Methodology:

The Seniors Assisting in Geriatric Education Program (SAGE) is a program similar to a senior mentor program, in that it hopes to change the attitudes of healthcare professional students toward the geriatric population. The SAGE program design drew from mentor programs at the University of South Carolina School of Medicine (Roberts et al., 2006) and Thomas Jefferson University Center for Interprofessional Education (Thomas Jefferson University, 2016). As part of the The University of North Texas Health Science Center (UNTHSC) Reynolds IGET-IT Program, SAGE was implemented as an educational model for preparing healthcare profession students to better serve older adults. SAGE partnered 1st and 2nd year healthcare profession students (physician, physician assistant, physical therapy, and pharmacy) with a senior citizen who either received home delivered meals through the Meals on Wheels Program or was a volunteer from the local community. Students make home visits as an interdisciplinary team where they applied their classroom education in the context and care of an older adult over a three long semester period. Texas Christian University (TCU) has partnered with UNTHSC and the SAGE Program, allowing Nursing, Social Work, and Nutritional Science students to join the program.

For SAGE, teams of 3-4 health profession students coordinate to make specified home visits as an interprofessional educational experience. These teams apply their classroom education in the context and care of an older adult. Students practice and

demonstrate basic clinical skills, such as taking histories, interviewing clients, conducting physical and cognitive assessments, educating the senior mentor on nutrition, home safety, and discussing community resources and advanced care planning. Faculty use the online learning management system to review, grade assignments and provide feedback to the student teams as they progress through the six home visits over the course of three long semesters.

DESIGN:

This is a quasi-experimental study with nonlinear, separate pre-SAGE and post-SAGE samples (cohorts) to examine the change in attitudes regarding caring for the geriatric population of students after completing the SAGE program.

SETTING:

This study was completed at Texas Christian University (TCU) with the Harris College of Nursing and Health Sciences students and faculty as well as and the College of Science and Engineering nutritional science students and faculty in Tarrant County, Fort Worth.

SAMPLE:

Students enrolled in the SAGE program, as part of their curriculum requirements for Nursing, Social Work, and Nutritional Sciences, were asked to participate in the study. Currently, approximately 580 TCU students are enrolled in the SAGE Program (400 nursing students; 120 social work students; and 60 nutritional sciences students), but

this can vary from year to year. Students must be ≥ 18 years of age and willing to participate. No other exclusion criteria or screening criteria applied. All TCU nursing, social work, and nutritional sciences students participating in the SAGE program who meet inclusion criteria were recruited for the study via email (both pre- and post-SAGE program participation).

MEASUREMENT:

To measure the healthcare students' attitudes, the University of California Los Angeles (UCLA) Geriatric Attitudes Scale was used. The UCLA Geriatric Attitudes Scale was created by David Reuben, MD in 1998 (Reuben et al., 1998). A reliability and validity study was conducted on the instrument. The study concluded that the scale was highly reliable with a Cronbach's alpha = 0.76. The researcher found that the scale had the ability to show a change in attitudes, which allowed the researcher to conclude that there is validity to the scale as well. The UCLA Geriatric Attitudes Scale is a 13 question, 1-5 Likert Scale instrument (Appendix B). Written email permission was granted by David Reuben (Appendix A). In conjunction with the UCLA Geriatric Attitudes Scale, the questionnaire also included 16 demographic questions. Completing the questionnaire was estimated to take approximately ten minutes.

The students' responses for the pre- and post-SAGE were compared to evaluate if the SAGE program changed the student's attitudes towards the geriatric population. This data was cross-tabulated with demographic data collected in the first part of the questionnaire to determine if relationships exist between specified demographic variables and the attitudinal questions. Data was aggregated prior to analysis. Descriptive

statistics and, dependent t-tests were analyzed. Statistical significance was set up at $p < 0.05$

Institutional Review Board:

Permission to conduct this study was granted by the TCU Institutional Review Board (Appendix C). To gain permission, a proposal was submitted that highlighted the purpose of the study, methodology, participants and how they were going to be recruited, how confidentiality would be maintained, and the potential risks of the study.

Data Results:

Demographic Sample Profile:

There were 75 study participants who completed the SAGE pre-survey; there were 72 study participants who completed the SAGE post-survey. The nursing students were the majority of the sample population in both the pre and post survey (65.33% and 77.77%). In both surveys, the majority of the population was female (88% and 93.05%) and Caucasian (80% and 83.33%). When asked about paid work experience with older adults, about a quarter of the students in the pre-SAGE surveys said that they have had previous work experience with older adults, while about a third of the students stated they had paid work experience in the post-SAGE. The participants also indicated that 24% in the pre-SAGE and 18.05% in the post-SAGE of them have regularly volunteered with older adults. Approximately 80% of both cohorts stated that they have a good, positive relationship with their parents and/or grandparents. When asked about what the healthcare students thought the percentage of their future clients would be geriatrics, the

majority of both cohorts answered that 50-100% of their future clients would be geriatric patients.

ANALYSIS:

SPSS software was used to provide the statistical analysis for this study. To determine the change in attitudes, the investigator used frequencies and paired t-test to compare the pre-survey and post-survey scores from the Geriatric Attitudes Scale for each question. The investigator viewed the results of all TCU healthcare professional students. Descriptive statistics were also used to analyze the demographic data.

RESULTS:

When analyzing the overall TCU results, two items on the survey held significance. The first question was a demographic question that asked: how interested they were in working with or caring for older adults? There was a negative mean difference of -0.425 with a p value of 0.029 between the pre and post participants of SAGE. This difference indicates that more post SAGE participants did indicate more interest in working with and caring for older adults (Table 1). The second question of significance related to attitudes stated: it is society's responsibility to provide care for its elderly persons. There was a negative mean difference of -0.329 between the pre and post cohorts of individuals with a p value of 0.010. This difference indicates that the post SAGE participants felt that society does have more of a responsibility to provide care for its elderly persons (Table 1).

TABLE 1				
TCU Significant Questions	p=	Pre mean	Post mean	Mean Difference
Interest in Caring for older adults	0.029	2.73	3.15	-.425
It is society's responsibility to care for the elders	0.010	4.11	4.44	-.329
Significance set at $p < 0.05$				

When specifically looking at the Nursing students only, only one question was noted with significance. That question was the demographic question stating how interested the student is in working with or caring for old adults? The mean difference was -.646. This difference indicates that the post SAGE nursing students showed more of an interest in working or caring for older adults (Table 2).

TABLE 2				
Nursing Significant/Nearing Significant Questions	p=	Pre mean	Post mean	Mean Difference
Interest in Caring for older adults	0.005	2.48	3.12	-.646
Significance at $p < 0.05$				

Discussion

IMPLICATIONS:

When viewing results from all of the healthcare students at TCU, two questions held significance toward SAGE making an impact on the healthcare professional students' interest and attitude toward the care of older adults. The students answered that they are more interested in working with the older persons and that it is society's responsibility to care for the elderly. This suggests that the SAGE program is effective towards improving the attitudes of healthcare professional students toward older adults. The stability in attitudinal means pre and post SAGE for the rest of the questions is considered by this research as a positive finding as well.

When analyzing specifically the nursing students, only one of the questions was significantly different. The students answered that they are more interested in working with the older persons. From this result, it can be suggested that SAGE had some positive impact on the change of nursing students' attitudes.

Overall, how much SAGE influenced that perceptions/attitude indicates a positive change for healthcare students, but it needs further investigation. This study is being repeated with the intent of matching pre and post survey results with individual participations longitudinally rather than as separate cohorts as this study was conducted. Repeating this study will also allow the researchers to confirm these results.

LIMITATIONS:

There are a few limitations to the study. The main limitation is that this study was sampled from two different populations of students: those that were just starting SAGE

and those that were ending their SAGE experience. The attitudes of the same students were not assessed. Comparing the same healthcare students' attitudes before participating in SAGE and after completing SAGE would give a better representation of the change in attitudes. Another limitation to this study is that the sample population was not very diverse, the majority of both cohorts being female, Caucasian nurses. The majority of the sample population also had positive views of their parents/grandparents. Gathering a more diverse sample population could possibly allow a broader viewpoint and analysis to determine if SAGE was successful in different populations.

CONCLUSION:

This study looked at the Seniors Assisting in Geriatric Education (SAGE) program's ability to change students' attitudes toward caring for the geriatric population. Through the use of t-test and frequencies the investigator determined that collectively the SAGE program did significantly change some students' attitudes in caring for the geriatric population. The consistency of the majority of the attitudes is viewed as a positive finding. This study will be replicated to confirm the results comparing pre and post individual attitudes as well as with the hope of having a larger sample size.

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APPENDIX A



Reuben, David <dreuben@mednet.ucla.edu>

Tue 11/21/2017 11:44 AM

Ryan, Rebecca



 Attitudes scale_with key.pdf
9 KB

 JAGS_Geriatrics Attitudes Scal...
3 MB

2 attachments (3 MB) Download all Save all to OneDrive - Texas Christian University

You have my permission to use the scale. If you publish using the scale, please cite the original paper. Attached is the scale with scoring and paper.

Best of luck with the study.

Go Frogs.



APPENDIX B

SAGE Pre-Assessment

Start of Block: Informed Consent

Q0 Thank you for participating in this evaluation survey of a program you will be participating in that exposes you to caring for older individuals call the SAGE Program. Please answer the following questions as truthfully as possible. The questions relate to your individual perceptions. There are no right or wrong answers. The survey should take no longer than 10 minutes to complete.

The survey that you will be asked to fill out is associated with your perceptions of older individuals and teamwork. It consists of 22 demographic questions and 27 questions associated with your perceptions of interprofessional competencies and views towards the elderly.

The purpose of the study is to determine if the activities associated with the SAGE Program influence student perceptions about caring for older adults and of learning with a team.. In order to study this, we need to administer this survey prior to your participation, and then again once your participation is complete. The data that result from the responses will help us understand how effective the SAGE program is.

There are no reasonably foreseeable risks or discomforts involved in taking part in this study. There is no compensation or personal benefits for participating in this study. Upon completion of this research project, analysis of the resulting data will be in aggregate form only. Individual answers will not be published.

If you cannot finish the survey at this time, your work will be saved when you exit the program and you will be able to continue at a later time.

If you have questions, concerns, or complaints, or think the research has hurt you, contact Dr. Diane Hawley, Associate Professor of Professional Practice, Nursing, via phone: 817-257-6760 or by email at d.hawley@tcu.edu. Additionally, if you have any concerns regarding your treatment as a participant in this study, please contact the TCU Institutional Review Board via phone at (817) 257-6436.

By selecting yes below, I agree to participate in the research study. I understand the purpose and nature of this study and I am participating voluntarily. I understand that I can withdraw from the study at any time, without any penalty or consequences. I understand that my responses will be confidential. I grant permission for the data generated from this survey to be used in the researchers' publications on this topic. _

Q61 Have you read the consent information above, and do you agree to participate?

- Yes, I have read the information above and would like to participate. (1)
- No, I would not like to participate in this research. (2)

Skip To: End of Survey If Q61 = No, I would not like to participate in this research.

Q62 By entering your name below you are indicating that you have read the information provided above, you have received answers to all of your questions and have been told who to call if you have any more questions, you have freely decided to participate in this research, and you understand that you are not giving up any of your legal rights.

Q63 NAME

Q64 TCU ID

Q65 DATE

End of Block: Informed Consent

Start of Block: Demographics

Q1 The following questions ask demographic information and survey your perceptions / experiences. Please answer the questions as sincerely as possible.

Q3 Which academic program are you in?

- Dietetics (1)
 - Nursing (2)
 - Social Work (3)
-

Q4 If you are a Nursing student, please indicate which level you are.
All other students please choose "N/A"

- N/A (1)
 - Nursing - Junior I (3)
 - Nursing - Junior II (4)
-

Q5 Are you an undergraduate or graduate student?

- Undergraduate (1)
 - Graduate (2)
-

Q6 How many SAGE visits have you participated in?

- 0 (1)
 - 1 (2)
 - 2 (3)
 - 3 (4)
 - 4 (5)
-

Q7 What is your sex?

- Male (1)
 - Female (2)
-

Q8 What is your age?

Q9 What is your Race?

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. (1)
 - Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (2)
 - Black or African American – A person having origins in any of the Black racial groups of Africa. (3)
 - Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (4)
 - White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (5)
 - Other (6)
-

Q11 Have you had any paid work experiences with older adults?

- Yes (1)
 - No (2)
-

Q12 How interested are you in working with or caring for older adults?

- Strongly Disinterested (1)
 - Somewhat Disinterested (2)
 - Neither interested nor disinterested (3)
 - Somewhat Interested (4)
 - Strongly Interested (5)
-

Q13 As an adult, have you regularly volunteered to work with older adults?

- Yes (1)
- No (2)

Q14 What percentage of older adults do you expect to see as patients/clients in your future practice?

- 0% (1)
 - 1% - 25% (2)
 - 26% - 50% (3)
 - 51% - 75% (4)
 - 75% - 100% (5)
-

Q15 At what age do you consider someone to be old?

_____ Age (1)

Q16 At what age do you consider someone to be **really** old?

_____ Age (1)

Q21 I have had a close and positive relationship with my own parents and/or grandparents.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neither agree nor disagree (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q22 I have watched or experienced later life transition issues come up with my own parents and/or grandparents, such as needing them to move to an assisted living facility.

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neither agree nor disagree (3)
- Somewhat Agree (4)
- Strongly Agree (5)

End of Block: Demographics

Start of Block: Perceptions of Aging

Q12 How interested are you in working with or caring for older adults?

- Strongly Disinterested (1)
- Somewhat Disinterested (2)
- Neither interested nor disinterested (3)
- Somewhat Interested (4)
- Strongly Interested (5)

Q13 Please use the scale to indicate the **degree to which you agree or disagree with each statement**. There are no right or wrong answers. The best response is the one that truly reflects your personal opinion. "Old people" and "elderly patients" mentioned in the questions refer to persons age **65 or older**.

Q14 **Most old people are pleasant to be with.**

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q15 The federal government should reallocate money from Medicare to research on AIDS or pediatric diseases.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q16 If I have the choice, I would rather see younger patients than elderly ones.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q17 It is society's responsibility to provide care for its elderly persons.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q18 Medical care for old people uses up too much human and material resources.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q19 As people grow older, they become less organized and more confused.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q20 Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neutral (3)
- Somewhat Agree (4)
- Strongly Agree (5)

Q21 Taking a medical history from elderly patients is frequently an ordeal.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q22 I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q23 Old people in general do not contribute much to society.

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neutral (3)
- Somewhat Agree (4)
- Strongly Agree (5)

Q24 Treatment of chronically ill old patients is hopeless.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q25 Old persons don't contribute their fair share towards paying for their health care.

- Strongly Disagree (1)
 - Somewhat Disagree (2)
 - Neutral (3)
 - Somewhat Agree (4)
 - Strongly Agree (5)
-

Q26 In general, old people act too slow for modern society

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neutral (3)
- Somewhat Agree (4)
- Strongly Agree (5)

Q27 It is interesting listening to old people's accounts of their past experiences.

- Strongly Disagree (1)
- Somewhat Disagree (2)
- Neutral (3)
- Somewhat Agree (4)
- Strongly Agree (5)

APPENDIX C



Wong, Morrison

Tue 5/15/2018 2:23 PM



Ryan, Rebecca; Hawley, Diane; Dart, Lyn; Stevenson, Jada; Rhea, Debbie; Jackson, D Lynn ∨

Rebecca Ryan

Dr. Diane Hawley

Dr. Dawn Lynn Jackson

Dr. Lyn Dart

Dr. Jada Stevenson

It gives me great pleasure to inform your protocol entitled "Student Perceptions of Learning from the SAGE (Seniors Assisting in Geriatric Education) Interprofessional Educational Experience" (DRB-1804-132) has been approved with minimal risk by the Texas Christian University Institutional Review Board for the period ranging from May 15, 2018 to May 14, 2019.

I wish you the best on your research endeavors.

Best,

Dr. Morrison G. Wong

Professor of Sociology

Co-Chair, TCU Institutional Review Board