

## Ageist Attitudes and Stereotypes Among the Students of Nursing Schools

Kristýna Šoukalová<sup>1</sup>, Jana Holá<sup>1</sup>, Markéta Nemšovská<sup>2</sup>

<sup>1</sup>Faculty of Health Studies, University of Pardubice, Pardubice, Czech Republic

<sup>2</sup>Hospital of Svitavy, a. s., Svitavy, Czech republic

### ABSTRACT

**Background:** Due to geriatrization of nursing care becomes often discussed theme. Because of this it's very important that non-medical health staff will be enough educated. It is that sufficient awareness and practical experience that can affect the rate of inclination to ageist attitudes.

**Objective:** The objective of this research was to evaluate ageist attitudes of nursing school students according to school which the respondents visited and find out the differences in perception of senior population among the students of second and fourth grade.

**Methods:** Due to the aims of this work the quantitative research has been done through a questionnaire survey. The rate of ageist attitudes was observed based on scoring responses.

**Results:** A statistically significant relationship between symptoms of ageist attitudes this work proved as well as the differences between symptoms of ageist attitudes among second and fourth grade students.

**Conclusions:** The work shows that in the sample survey, the majority of students appearing middle inclination to the myths of old age. Furthermore, the myths of old age tend more fourth grade students who have already completed work experience at the bedside than second grade students who have not completed this practice yet.

### KEY WORDS

ageism, nursing school, student, questionnaire

### INTRODUCTION

In Helen Exley's book (1) entitled „A Spread of over 50s' Jokes“ we can find a statement of seven year old child, „One of the saddest things about aging is that you can get sick from a disease which cannot be treated and a physician might say: We're very sorry, but we have to deal with you“. Is it possible to believe that schoolboy opinion reflects the general values of the majority society and currently at school should occur the confrontation of different system of values of family and society.

Interpersonal relations are changing nowadays. Coexistence between generations is now influenced by the lack of time, workload and the predominance of institutional care for the elderly. According to Kubátová (2) negative changes in intergenerational coexistence occur because each generation is formed by other socio-historical influences, which can lead to discrimination or conflict. Precisely young people make up the largest part of the population, with most strongly present discriminatory behavior (3). Křivo-

hlavý (4) sees the biggest problem in the coexistence between young and old generations, especially the young generation in adolescence, when the resolution of interpersonal relationships is the most difficult. According to Haškovcová (5) the reason for social unrest between the young and old generations is in the economy, which affects the entire social climate in society. The chance, that the senior is accepted by young people, resides in his economic activity.

Demographic trends may affect social mood very negatively. A demographic panic, ageism, decline in living standards of younger population occurs, as well as imbalance of budgets on health care, pensions and social services. Old people can be marginalized from social interest, which may have an impact on the quality of care they receive.

Ageism itself means diverse manifestations of aversion towards old people and everything that reminds aging (5). According to Vidovičová (6), ageism arises from social prejudices against aging and incorporates prejudices, manifestations of discrimination

and negative image of old people, which correspond to the social climate in society. The younger generation sees the elderly as being different, which is reflected in society by stereotypes, myths, contempt and other discriminatory practices. The ageism itself is also found in auxiliary professions, including the health professionals. Building of negative attitudes to seniors begins in early childhood, and over time is more strengthened (7).

In our work we deal with students of secondary medical schools, who pass through adolescence. We speak of a complex period of psychosocial change. Selected school and workplace strongly defines the social identity of the adolescent, as further relationship to education and achievement of social position is formed in this period. Practical training may often be a source of disappointment and contradiction between imagination and reality (8).

As part of professional practice, the students meet with seniors, who are largely dependent on the provision of nursing care and acquire at least ambivalent relationship to seniors thanks to the society-wide view on the senior population. According to many studies in Western countries it has been shown that care for the elderly is the least popular among students (9). Quality care for the elderly places great emphasis on communication, expertise, moral and ethical principles, for which the students need to be thoroughly prepared (10).

## OBJECTIVE OF WORK

The aim of the study was to evaluate ageist attitudes in students of secondary medical schools and to determine the influence of selected factors on these attitudes. Therefore verify whether there are differences among ageist attitudes in individual years and at varying secondary medical schools. The authors worked with research questions, whether ageist attitudes among students in the 4th year will be the same as for the 2nd year students, and whether these attitudes of students from various schools will also be the same. The authors, based on personal experience, wondered whether practice, which students take during their studies, affects their ageist attitudes (the difference between the 2nd and 4th year) and whether courses of selected subjects, regarding the elderly and care for them, also affects these manifestations (the difference between the 2nd and 4th year and the difference between schools). If the influence of these factors confirmed in the research sample, certain measures could be recommended in the context of secondary medical schools to increase their positive effect.

## SUBJECTS

The sample included full-time students of medical assistant field at five cooperating secondary medical schools in various regions of the Czech Republic. Cooperating schools in this case refers to schools that were willing to mediate the survey. There were the students of second and fourth grades. A total of 168 students attend the second year, 132 students the fourth year. The survey was voluntary, anonymous and criterion for inclusion of a respondent into the survey was his willingness to fill in a questionnaire. The second-year students had a common feature: they already have not passed a professional practical teaching at the bedside, while the fourth grade students have. Therefore it was a deliberate choice of the type of respondents. Three of the five cooperating schools were located in the Pardubice Region, the other two in the South Moravian Region. The questionnaire survey was participated by 330 students. 30 questionnaires were excluded from the research due to incomplete filling. The average age of students of the second year was 17 years, in the fourth year 19 years. There were 287 girls and 13 boys from the total number of 300 respondents. We have chosen a research population of students of secondary medical schools because the employability of graduates is, according to the Framework Education Programme of the Ministry of Education, Youth and Sports from 29. 5. 2008, especially in long-term care facilities, social care, geriatric care and hospice facilities and respite care (11).

## METHODOLOGY

Data collection research was conducted using a questionnaire, which consisted of two parts. The first part consisted of 13 questions and examined the characteristics of respondents. The second part of the questionnaire consisted of 19 questions and examined respondents' views on the myths about old age and their inclination to ageist attitudes. When creating the questionnaire we used the customized learning material „Age IQ“ from the University of Berkley: Aging-module Ageism, elaborated by Tamara Tošnerová for the conditions of the Czech environment (12). Based on the points, ageist attitudes rate was assessed (mild, moderate, severe). A questionnaire survey was carried out in October 2012. Individual items, their clarity and relevance for measuring ageist attitudes were discussed with a psychologist, geriatrician and in a pilot study with students to increase the validity and reliability of questionnaires. Actual research was initiated after the pilot study, attended by 15 students from first-year of medical

assistant field of one secondary school. After completing the pilot study, it was not necessary to modify the questionnaire. The questionnaire was distributed in the classroom either directly by the implementer of research, or by the contact person, who also collected the questionnaires back. Completing the questionnaire was not limited in time, the average completion time ranged from 12–21 minutes.

Selected hypotheses were tested using non-parametric statistical tests, as monitored nominal and integer variables (score incidence of ageism) do not belong to the normal distribution (13). The significance level was elected always  $\alpha = 0.05$ . The decision to reject or not a null hypothesis was based on the achieved value of  $p$ . If the significance does not exceed 0.05, then we reject the null hypothesis and accept the alternative hypothesis (13). Statistical evaluation and hypothesis testing was done in STATISTICA© software.

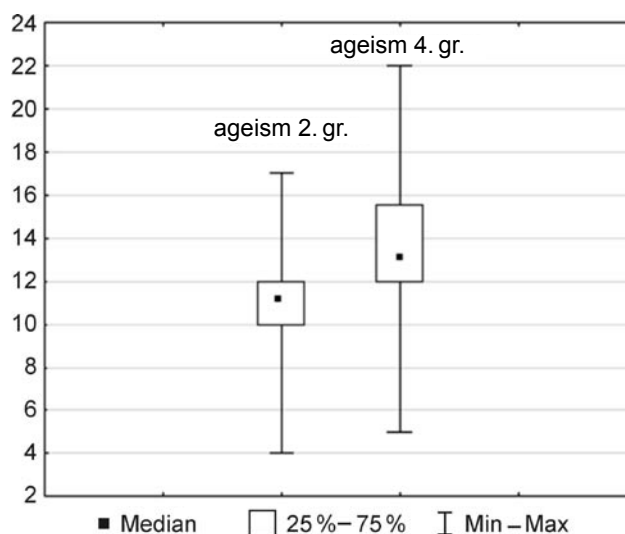
The first hypothesis tested: „There is no statistically significant relationship between the rate of ageist attitudes of students and their belonging to middle school“ demonstrated, in the monitored sample, the relationship between the incidence of ageism (declared inclination to ageist attitudes in relation to the myths about old age) and membership in secondary school. To test the hypothesis, we used Pearson's chi-square, value of the test statistics was  $p = 0.016$ . The second hypothesis tested: „There is no statistically significant difference between the rate of ageist attitudes of students of 2nd and 4th year“ showed a statistically significant difference between the declared inclination to ageist attitudes, in relation to the myths about old age, in students of 2nd and 4th year. To test the differences in mean values in the groups was we elected the nonparametric Mann-Whitney test ( $p < 0.0001$ ). Values in both groups of students differed significantly. Higher rate of inclination to ageist attitudes was found among respondents from the fourth year of study of medical assistant field (Graph 1).

## SELECTED RESULTS

In the examined group there were verified the differences between ageist attitudes of students of each grade level and from various secondary medical schools. Higher rate of inclination to ageist attitudes was found among respondents from the fourth year of study of medical assistant field (Graph 1). Likewise, we confirmed the differences between the manifestations of students from various schools. The authors believe that a reason for increased ageist manifestations in 4th year students may be their professional

experience, that students gain during the studies, and that can, unfortunately, negatively affect them. Another possible factor influencing ageist attitudes among students is the school itself. There were significant differences between ageist attitudes of students of different schools. Lower manifestations are evident among students of schools that have more subjects about aging, seniors and care for them.

On the basis of the questionnaire „Age IQ“ have been identified respondents' views on the myths about old age. For each question, respondents reported whether they agree with the statement or not. The largest proportion of respondents, particularly 281 (93.7%) correctly indicated agreement with the statement that "Sensitivity of all five senses changes with age". 275 respondents (91.7%) agreed correctly with the statement "Hearing loss is one of the most common disability in seniors". 273 respondents (91%) incorrectly expressed agreement with the statement that „At least 25% of seniors live in residential care“. 137 respondents (45.7%) also incorrectly agreed with the statement that „Intelligence declines with age“. Likewise 49 respondents (16.3%) incorrectly agreed with the statement that „Seniors represent a group with high risk of suicide.“



**Graph 1** Box plots scoring the incidence of ageism in groups of students of 2nd and 4th grade

Based on test data, the survey brought the finding that among the group of respondents was no statistically significant difference in inclination to ageist attitudes between the group of respondents who have lived or are living for at least one year in the household with senior, and those who did not

or do not live with a senior. Likewise, there was no statistically significant difference between groups of respondents according to the expressed interest in care for elderly and the detected rate of the incidence of ageism. A statistically significant difference was found between groups of respondents divided by subjective evaluation of the sufficiency of theoretical knowledge for providing nursing care to seniors. In students who assessed their theoretical knowledge as sufficient, the ageist attitudes were stronger.

## DISCUSSION

The first aim of this work was to evaluate ageist attitudes among students of secondary medical schools depending on the school they attended. In all monitored secondary medical schools, there was found the mean level (according to the points in ageist score of 82%) of ageist attitudes among respondents. A slight inclination to ageist attitudes was identified in 12% of the respondents. Strong inclination to ageist attitudes was observed in 6% of respondents. 12 of these 17 students were enrolled at the same medical school, all of these students trained at the same geriatric ward, where they met the same healthcare professionals and could observe their attitudes to old age, which could have a significant impact on their strong inclination to ageist attitudes. At this medical school there were also taught the least subjects with geriatric topics. Education in the field of medical assistant is implemented by school curricula. Education is determined by the Framework Curriculum, issued by the Ministry of Education, Youth and Sports on 29. 5. 2008. Each school can therefore modify the curriculum framework, which is elaborated by the school itself in the school curriculum into subjects and other educational activities (11). Similar research conducted Pleskotová (14), comparing the incidence of ageism among students of secondary medical schools and grammar schools, where there was not statistically significant difference in expressions of ageism among students. The authors therefore believe that the opinions of students and their inclination to the myth of age develop and shape during the studies also with regard to individual subjects designed in educational plans of each school as well as to their own experience.

The second objective of the study was to compare the incidence of ageism among students of 2nd and 4th years of secondary medical schools. Strong inclination to ageist attitudes was not demonstrated even in a single second-year student, while it was demonstrated in 7 students of the fourth grade. Overall, there is a significant difference in the incidence of

ageism among students of 2nd and 4th years. Poláková (15) states that the professional experience and its length increases the inclination to myths about old age. Pleskotová (14) notes that the lowest level of inclination to ageism was experienced in first-year students. Based on the results of our research group we can assume that the second year respondents, who have not already have any practical classes, have not created fundamentally definite attitude to seniors, therefore they less incline to ageist attitudes. Another factor that may influence the degree of inclination to ageist attitudes may be the age. Second-year students, who tend to ageist attitudes slightly less, are on average two years younger than fourth year students. Our perspective on above-described problems is also confirmed by Tošnerová (12), stating that ageist tendencies develop with age. Another factor that could play a significant role in the degree of inclination to ageist attitudes might be also the experience of living together with a senior. In our research group, however, was not confirmed statistically significant difference in the inclination to ageist attitudes based on coexistence with senior. Another important factor is undoubtedly the teaching of subjects relating to old age, the elderly and care for them. The second year students did not meet with the teaching of subjects related to such problems yet.

It can be assumed that 2nd year students, who have not met the topic of elderly care neither at practical nor theoretical level, yet do not reflect on this topic and do not express, therefore, neither their attitudes towards ageism. Compared to students of 2nd year, the 4th year students usually attend the subject of geriatrics in the range of one semester. Due to insufficient range (only one hour per week), students probably are not affected by teaching in their attitudes towards ageism. The result of education should be desirable attitudes and habits of students, which are expressed in substantive topics as educational goals and teaching must point to them (11). But as presents Pokorná (7), the students, in the course of their professional training, are taught about old age from the perspective of its fragility, involutional processes, diseases and providing the necessary nursing care, which often leads to the fact that precisely a professional caring staff evaluates seniors more stereotypically and discriminate against them, because they consider the problems of older people as normal signs of aging, typical for all elderly people. Approach to teaching of care for seniors at the surveyed schools may cause differences between the manifestations of ageism in students of each school, because in schools with a higher hourly subsidies of

subjects including care for the elderly, the manifestations of ageism among students are lower.

## CONCLUSION

The survey reviewed the level of ageist attitudes among students from different secondary medical schools and compared the incidence of these attitudes among students, depending on the school they attended. The work findings show that most students show median inclination to ageist attitudes and their inclination is in relation to the school attended. Further finding that the work brought is that fourth grade students are more inclined to ageist attitudes than second-year students. Due to geriatrization of the nursing care it is extremely important to focus on teaching gerontology, geriatrics, or ageism in students of secondary medical schools and thus helping to the forging of a comprehensive and professional nursing care provided to geriatric patients. There is no doubt that follow-up and long-term care, for which the students of medical assistant field are trained, needs quality and professionalism. The work revealed that differences in education issues of old age and aging can be a source of difference of rate of inclination to ageist attitudes among students of different secondary medical schools.

## REFERENCES

1. Exley H. Padesátka na krku. Bratislava: Slovart; 2008.
2. Kubátová H. Sociologie životního způsobu. 1st ed. Praha: Grada; 2010.
3. Usta Yildirim Y, et al. Nursing students' attitudes toward ageism in Turkey. Archives of Gerontology and Geriatrics [Internet]. 2012 [cited 2014 Oct 6];54(1):90-3. doi: 10.1016/j.archger.2011.02.002.
4. Křivohlavý J. Konflikty mezi lidmi. 2nd ed. Praha: Portál; 2008.
5. Haškovcová H. Sociální gerontologie: aneb Senioři mezi námi. 1st ed. Praha: Galén; 2012.
6. Vidovičová L. Stárnutí, věk a diskriminace: nové souvislosti. 1st ed. Brno: Masarykova univerzita, Mezinárodní politologický ústav; 2008.
7. Pokorná A. Stereotypizace ve vnímání seniorů, možná příčina rozvoje dekonidice. Sociální péče – Ošetrovatelská péče. 2010;2010(2):4-6.
8. Vágnerová M. Vývojová psychologie. Dětství, dospělost, stáří. 1st ed. Praha: Portál; 2000.
9. Henderson J. Older people have lived their lives: first year nursing students' attitudes to older people. Contemporary Nurse [Internet]. 2008 [cited 2014 Sept 18]; (30):32-45.
10. Němcová J, Jahodová I. Ochrana zranitelných dospělých: systém britské péče. Florence, 2011;7(3): 14-16. Retraction of: Pokorná A. Komunikace se seniory. 1st ed. Praha: Grada; 2010. p. 160.
11. Ministerstvo školství, mládeže a tělovýchovy ČR. Rámcový vzdělávací program pro obor vzdělání 53-41-M/01 Zdravotnický asistent [Internet]. 2008 [cited 2014 Oct 4]. Available from: <http://zpd.nuov.cz/RVP/ML/RVP%205341M01%20Zdravotnický%20asistent.pdf>
12. Tošnerová T. Ageismus průvodce stereotypy a mýty o stáří. Praha: Ambulance pro poruchy paměti Ústav lékařské etiky 3. LF UK Praha a FNKV Praha; 2002.
13. Zvárová J. Základy statistiky pro biomedicínské obory. Praha: Karolinum; 2001.
14. Pleskotová M. Ateizmus – Mýty o stáří v očích mladé generace [diplomová práce]. Masarykova univerzita. Lékařská fakulta. Katedra ošetrovatelství; 2009.
15. Poláková J. Percepce seniorské populace očima profesionálních pečujících [diplomová práce]. Masarykova univerzita. Lékařská fakulta. Katedra ošetrovatelství; 2011.

## CONTACT DETAILS OF MAIN AUTHOR

Mgr. Kristýna Šoukalová  
Faculty of Health Studies,  
University of Pardubice  
Průmyslová 395  
CZ 53210 PARDUBICE  
Kristyna.Soukalova@upce