

The Effect of Prior Experience and Nursing Education on the Image of the Elderly and the Geriatric Patient

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Abstract

To determine the Preconceptions of the elderly and the geriatric patient and evaluate the effects of training in gerontological nursing of those images, matched groups of first year nursing students (n=66 per group) were given a questionnaire **before** (the *Preclass* group) and **after** (the *Postclass* group) which examined 1) the student's background, 2) their experience with the elderly, 3) their image of the elderly/aging, 4) nursing problems of the elderly, 5) problems of the elderly/aging, and 6) sources of information concerning the elderly.

The results indicated more than 75% of our students lived with one or more grandparents for most of their lives. However, despite this experience, the image of the elderly was uniformly negative for both groups. Surprisingly, there was good agreement concerning all the six areas listed above; no effect of training in gerontological nursing was apparent for the *Postclass* group. The results suggest that one's image of the elderly is formed early in one's life and that classroom training may not be as significant an influence on one's image of the elderly as one's first experience with geriatric patients.

Introduction

Recently, two twin sisters, Kin and Gin, have been media celebrities, not because of any special talents, but because they have both managed to reach the magic age of 100 and are in relatively good health. They underscore the longevity of the Japanese people which is the highest in the world for industrialized countries. For example, in 1988 the life expectancy was 75.5 years for males and 83.1 years for females, and by the year 2025 these values will be 77.9 and 83.8 years, respectively. Figure 1 shows the changes in the proportion of Japanese 65 years

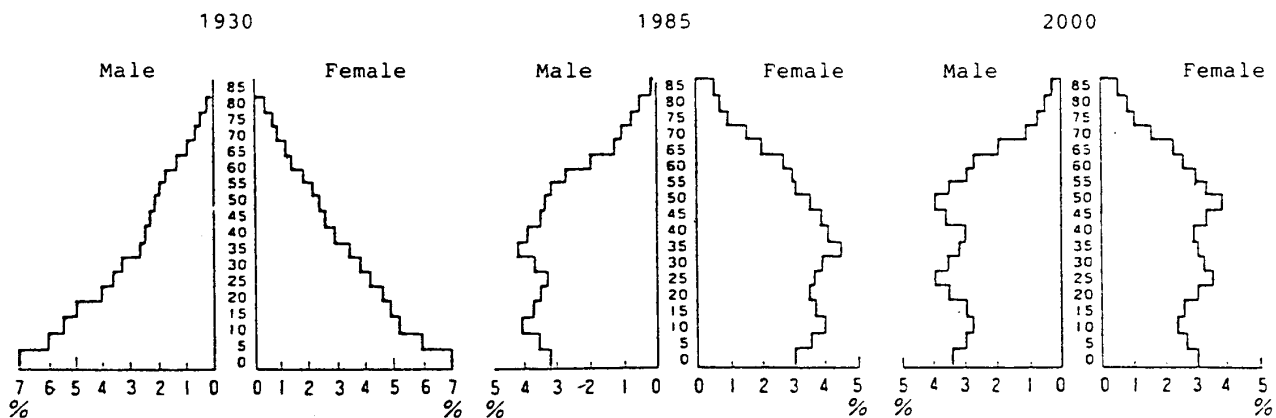


Figure 1. Japanese population pyramids for the years 1930, 1985, and 2000 showing the percentage composition for males and females aged 0-85 yrs.

COMPOSITION OF THE JAPANESE POPULATION BY AGE

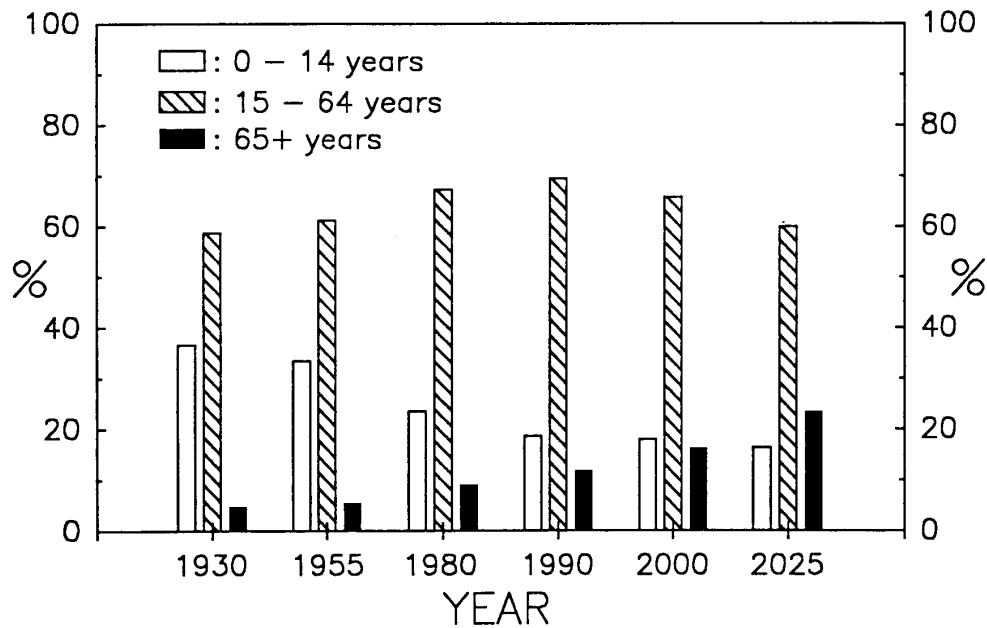


Figure 2.

and older. In 1930, they constituted only 4.8% (3 million) of the total population, but by 1985 the value was more than double at 10.3% (12.5 million), and it rose to 11.9% (15 million) in 1990. However, in just 10 years, by the year 2000, this figure is expected to reach 16.3% (21 million), and by 2025 it will further climb to 23.4% (31 million) which is almost 1 person in 4 (see Figure 2). Correspondingly, the rate of geriatric diseases is expected to rise, and with this explosive increase in geriatric patients, more geriatric facilities will be needed, along with the nurses to take care of them. However, there may not be enough nurses available for the geriatric population, especially if that population is perceived by nurses as being less desirable to work with than others. Therefore, it is of the utmost importance to ensure that our fresh, first year nursing students receive the kind of academic and clinical training in gerontological nursing that helps them develop a professional, objective attitude concerning the elderly and the geriatric patient. This is somewhat difficult in that gerontological nursing was only added to the basic nursing curriculum two years ago. Furthermore, unlike the United States, a specialty in gerontological nursing is not available. These conditions translate into the fact that the amount of research in Japan directed toward gerontological nursing is rather limited compared with that done elsewhere. Therefore, it is important that we obtain some kind of feedback concerning our training in gerontological nursing.

In the present study, we were concerned with the effects of prior experience and classroom training on the image of the elderly, and especially the elderly patient, held by our first year nursing students at the Iwate College of Nursing.

Subjects

The subjects were two matched groups of 66 female nursing students. It had originally been planned to sample only one class before (Preclass) and after (Postclass) their classroom training

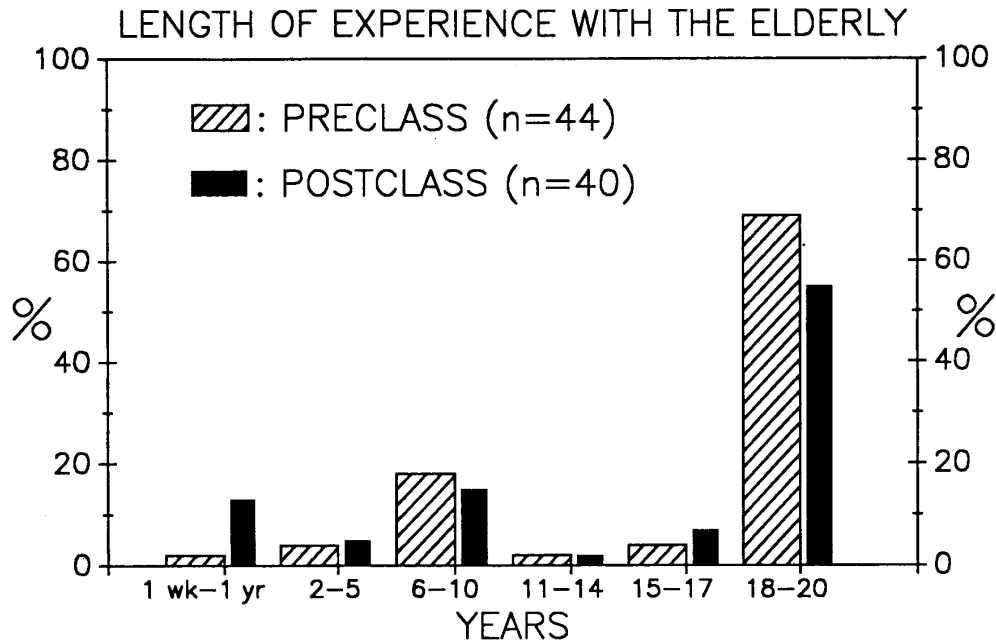


Figure 3.

in gerontological nursing, but this did not prove to be feasible. Instead we administered our questionnaire to the 1991 class after the training and gave the same questionnaire to the 1992 class before their training began. The two groups of students were matched in terms of number, age, education, home population and previous experience with the elderly (see Figure 3).

Method

The questionnaire used by both groups contained various types of questions. Some of the questions were forced choice (e. g., "What were your three primary sources of information concerning the elderly?": subjects had to chose from a list of 8), while others were open ended (e. g., "What do you think are the three most difficult nursing problems when taking care of the elderly patient?"). The open-ended questions elicited a wide variety of responses which were sometimes difficult to categorize (e. g., "What is your image of aging?" elcited over 50 different responses that were classified into 17 categories). but they were necessary to gather enough responses from which to make an improved questionnaire with only forced choice questions. In this respect the questionnaire was partially exploratory and sought to inventory a range of responding rather than to obtain specific answers. The questions dealt dealt with the main areas of 1) the Subject's Background, 2) Experience With the Elderly, 3) Image of the Elderly/ Aging, 4) Nursing Problems of the Elderly, and 6) Sources of Information Concerning the Elderly.

Results

As most of our students come from within Iwate Prefecture, one of the most sparsely populated rural areas in Japan, we expected that many of our students would have experience with their grandparents living with them. Indeed, almost 60% of our students grew up with one or more grandparents living at home with them. In the country where land is cheap and the

homes are relatively large compared to those in the large urban areas, the oldest son customarily takes care of his parents. It is interesting to note, that more than 75% of our students have lived with their grandparents most of their lives. This is less possible in urban areas where many families are crowded into apartments too small to include one's mother and father. In fact, it has been reported that the number of people living alone or with another elderly person has increased recently. We plan to expand our data base in the future to include students from these large urban areas to see if they have significantly less experience with the elderly and whether that has any effect on their image of the elderly. Space does not permit a detailed analysis of every question in the questionnaire, but in the sections that follow, the most important results will be discussed.

Problems of the Elderly

One of the most important questions in the questionnaire asked our two groups of students to rank order (from a list of 20) the five most prevalent problems they thought would characterize the elderly population. Table 1 shows that there is almost perfect agreement between the two groups for the first three: *Illness*, *Loneliness*, and *Dependency*, while the next four are fairly similar. We then compared the rankings for those students *with* experience and those students *without* experience with the elderly and found no significant differences between them.

Table 1. PROBLEMS OF AGING

PRECLASS	POSTCLASS
(n=66)	(n=66)
1. illness (76%)	1. illness (79%)
2. dependency (68%)	2. loneliness (61%)
3. loneliness (59%)	3. dependency (59%)
4. memory (38%)	4. fear of death (50%)
5. fear of death (36%)	5. anxiety/depression (35%)
6. anxiety/depression (30%)	6. social isolation (29%)
7. pain (29%)	memory (29%), pain (29%)
friends die (29%)	7. friends die (27%)

Nursing Problems of the Elderly

The Subjects were next to list (open-ended) what they thought were the three most important nursing problems for the elderly. Here the results for the two groups are less similar. Table 2 shows that both groups rated *communication* the number one nursing problem; however, 38% of the Postclass group rated *Understanding the Patient* as the second most important problem while only 14% of the Preclass rated it as an important problem, a rating too low to be included in the first six. *Low Function* (limited activities of daily living) and *Weakness* (poor strength—the patient tires easily) received almost identical percentages (29 vs. 31%,

Table 2. **NURSING PROBLEMS OF THE ELDERLY PATIENT**

PRECLASS	POSTCLASS
(n=56)	(n=51)
1. communication (39%)	1. communication (43%)
2. low function/weak (29%)	2. understanding pt. (38/ 14%)
3. cognitive problems (26%)	3. low function/weak (31%)
4. need good skills (23/ 14%)	4. think differently (29%)
5. think differently (21%)	5. indiv. life styles (19/ 18%)
6. depression (20/ 16%)	6. cognitive problems (18%)

Numbers in **boldface** are for the other class.

respectively). In contrast, *Cognitive Problems* (vision, hearing, reading, etc.) were rated the third most important problem by 26% of the Preclass group in comparison to 18% of the Postclass which rated it sixth most important. Yet both groups (21 vs. 29%, respectively) thought that *Think Differently* (the elderly have different way of thinking/view of the World from those younger than themselves) was a significant problem. Interestingly, geriatric patients are perceived as being more individualistic than younger patients (*Individual Life Styles*-18 vs. 19%).

Image of the Elderly

Here the subjects were asked to list (open-ended) their image of the elderly. Table 3 shows that both groups (34 vs. 52%) thought that *Weak/Low Function* (the elderly tire easily and have limited ADL) was the most representative feature of the elderly and that *Lonely/Isolated* (33 vs. 33%) and *Close to Death* (23 vs. 23%) were the the second and third most representative features

TABLE 3. **IMAGE OF THE ELDERLY**

PRECLASS	POSTCLASS
(n=64)	(n=61)
1. weak/low function (34%)	1. weak/low function (52%)
2. lonely/isolated (33%)	2. lonely/isolated (33%)
3. close to death (23%)	3. close to death (23%)
4. leisure time (22/ 12%)	4. cog. deficits (18/ 14%)
5. don't want be old (19/ 5%)	5. depressed (16/ 16%)
6. dependent (17%)	6. dependent (13%)
7. depressed (16%)	7. leisure time (12%)

Numbers in **boldface** indicate values for the other class.

of the elderly. In contrast, 22% of the Preclass group thought that being elderly means *Leisure Time* vs. only 12% of the Postclass group. A striking finding was that 19% of the Preclass group indicated that they *Did Not Want To Grow Old* vs. 5% of the Postclass group. Finally, both groups thought that *Depression and Dependence* were significant aspects of aging.

Sources of Information About the Elderly

Table 4 shows that for both groups (97% vs. 80%), *TV* was the main source of information about the elderly. Next came *Personal Experience* for the Preclass (81%) (vs: 20% for the Postclass group), while for the Postclass group the second most important source was *Classroom Lectures* (79%) (vs. 41% for the Preclass group). Third was *Newspapers* (56% vs. 50%) for both groups, and fourth was *Lectures* for the Preclass vs. *Textbook* for the Postclass (46%) (vs. 11% for the Preclass).

Table 4. **MAIN INFORMATION SOURCES ABOUT THE ELDERLY**

PRECLASS	POSTCLASS
(n=66)	(n=66)
1. TV (97%)	1. TV (80%)
2. personal exper. (81%)/(20%)	2. lectures (79%)
3. newspapers (56%)	3. newspapers (50%)
4. lectures (41%)	4. textbook (46%)/(11%)

Numbers in **boldface** are for the other class.

Discussion

While this is just a preliminary study, the data indicate that there was little or no effect of prior experience (i. e., living with one's grandparents, etc.) and classroom training on the image of the elderly. Moreover, the image of the elderly was uniformly bleak except for the perception by some students that the elderly had more leisure time. The fact that television was overwhelmingly perceived as being the main source of information about the elderly suggests that already at a very young age our nursing students were forming their images of the elderly based on what they saw on the TV screen, and that this media influence may have been more important than personal experiences with their grandparents.

This is not to say that the present questionnaire was without its problems. For example, in the open-ended questions there were many students who gave No Response. In future revisions, forced-choice questions will be used in conjunction with rating scales. Already one study is in progress to assess the effect of our first-year students first clinical practicum in gerontological nursing. In this case, the site of the practicum is a nursing home, and preliminary impressions are that this experience more than any other experience will determine our nursing students' image of the elderly/elderly patient. As facilities for the aged vary greatly in size, clinical population, and level of care, there is the chance that our nurses may be exposed to less than optimal conditions. This makes the prepracticum preparation vital, so that even

under adverse conditions, our students can benefit from their experience. And one aspect of their training and clinical practicum must be a confrontation with their own inevitable aging. "I don't want to grow old" may be an honest response (none of us wants to lose our youth), but it does not help in the development of an objective, professional attitude concerning the geriatric patient. Part of our students' training in gerontological nursing most include learning how to modify one's life so that the uniformly feared illness, social isolation, and dependency can be avoided or minimized. Of course, illness and death strikes all ages, and we all know young people who are socially isolated and depressed.

Looking back on our own generation, we grew up without ever contemplating growing old or dying. We never studied aging or death and dying in school. We learned about death the hard way: grandparents and pets died. We attended funerals and watched our parents grow old and then die, sometimes unexpectedly. And sadly, some of our nursing school classmates passed away in the prime of their lives. Therefore, it is our responsibility to provide our young nursing students with the benefit of our experience. Aging and death and dying must be systematically studied, because objective and professional attitudes concerning them do not come about by accident. It may be hard on our students, but it is part of the responsibility of being a nurse. And it is our responsibility to obtain sufficient feedback from our students to ensure that their training and clinical experience in gerontological nursing is helping them to acquire these professional attitudes.

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(老人と老人患者のイメージに与える過去の経験と看護教育の効果)
老人看護学 菅原 富子・高橋フジエ