AbstrAct

With the predicted increase in the age of Canada’s overall population, it is estimated that by 2020, up to 75% of nurses’ time will be spent with older adults. It is recognized that care of older adults occurs in a cultural context in which the older members of society are poorly valued, often referred to as ageism. Based on the premise that attitudes affect behavior and knowledge acquisition, a comparative cross-sectional study using the Attitudes Toward Old People scale measured nursing students’ attitudes at different points in a baccalaureate nursing program. Although analysis of variance revealed no significant differences in students’ attitudes during the 4 years, post hoc analysis revealed a drop in positive attitudes and a rise in negative attitudes at the beginning of the second and fourth years of the baccalaureate program.

With the next 10 years, the proportion of older adults living in Canada will increase to 11% of the total population; at least 50% of these older adults will be age 85 or older (Health Canada, 2003). As the older adult population in Canada increases (Chappell, Gee, McDonald, & Stones, 2002; Statistics Canada, 2004; Vancouver Island Health Authority, 2006), the number of nurses providing care to the older members of society will steadily rise. Given this demographic shift, it is important to gain a better understanding of the factors that influence nurses’ attitudes when caring for older adults.

LIterAtUrE rEVIEW

Care of older adults occurs in a cultural context in which older members of society are poorly valued. Ageism is a well-documented phenomenon in Western society (Levy, 2001; Palmore, 2001). Although the concept of ageism is not fully understood, Levin and Levin (1980) suggest the term alludes to stereotypes or beliefs toward older adults that categorize them, or attribute characteristics to them, that are not necessarily based on certain evidence. Older adults have reported experiences of others making assumptions about their levels of illness and frailty based solely on their age, rather than on knowledge of them as individuals (Jansen & Morse, 2004; Palmore, 2001).

Ageism is not limited to adult members of society; studies have documented ageism among young adults (McConatha, Schnell, Volkwein, Riley, & Leach, 2003; Slevin, 1991). Negative attitudes toward older adults also have been documented among health care professionals (Dunkle & Nosse, 1998; Horowitz, Savino, & Krauss, 1999; Miller, 2004), including nursing faculty (Latimer & Thornlow, 2006) and nursing students (Edwards, Plant, Novak, Beall, & Baumhover, 1992; Gallagher, Bennett, & Halford, 2006; Slevin, 1991).

Received: June 25, 2007
Accepted: January 21, 2008
Posted: April 30, 2009

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This work was supported by the Malaspina Research Awards Committee (MRAC) and the Malaspina Capacity building fund. The authors thank M.J. Levers, MSN, RN, GNC (C), for her assistance with data analysis and critique of preliminary drafts of the manuscript.

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doi:10.3928/01484834-20090615-04

Journal of Nursing Education
Attitudes shape individuals’ ability to understand, organize, and clarify the world around them. Attitudes also influence individuals’ behavior and knowledge acquisition (Wesley, 2005). In the context of nursing, it is important to understand what positively and negatively influences nurses’ attitudes toward older adults and what the implications are for nursing education. During the past several decades, the literature has revealed a growing interest in understanding attitudes toward older adults. Seminal studies by Golde and Kogan (1959) and Kogan (1961) continue to dominate the direction of current research on attitudes and aging. These pioneering studies highlight the pervasiveness of negative attitudes toward older adults among a wide range of individuals in society. When negative attitudes exist in health care settings, there is a corresponding devaluing of the care provided to older adults (Bernard, 1998; Horowitz et al., 1999; Koch & Webb, 1996; Plonczynski et al., 2007).

Perceptions of older adults are influenced by a variety of factors, including the cultural environment in which nurses work (Haight, Christ, & Dias, 1994; McLafferty & Morrison, 2004), the workload nurses experience in diverse practice settings (McLafferty & Morrison, 2004), and the amount of gerontological knowledge nurses possess (Baumbusch & Goldenberg, 2000; Huber, Reno, & McKenney, 1992). The cultural environment in which nurses work falsely proposes that many illnesses are acute and short lived. Yet as Rachlis (2004) noted, chronic illnesses, such as heart disease, diabetes, cancer, and AIDS, present a growing burden on the health care system. Within the older adult population, up to 80% live with at least one chronic health condition (Miller, 2004). Current estimates indicate between 40% and 80% of patients in the hospital environment experience the effects of a chronic illness (Rachlis, 2004). Despite this finding, acute care protocols that are poorly suited for chronically ill older adults persist in the health care environment. These inadequate models of patient care result in extreme workload pressures for nurses who work in a health care environment where overcapacity is commonplace.

The workload pressures nurses face are accentuated further by the fact that older adults are the largest demographic using health care resources: they occupy 50% of hospital beds, account for 85% of home care visits, and reside in 90% of nursing home beds (Bednash, Fagin, & Mezey, 2003; Plonczynski et al., 2007). Recent emphasis on cost containment has pressured the health care system to decrease the length of stay for hospitalized patients (Clarke, 2006; Heartfield, 2006; Rachlis, 2004). In addition, these cost-saving measures have shifted the focus of community services in an effort to accommodate more highly dependent individuals (Merlis, 2000). Compounding this situation even further is the failure within health care organizations to recognize the complex nature of older adult care.

Caring for older adults requires specialized nursing knowledge and expertise (Plonczynski et al., 2007). However, many nurses lack the appropriate knowledge, assessment protocols, or time at the bedside to adequately assess older adults and their presenting health conditions (Fick & Foreman, 2000; Foreman, Wakefield, Culp, & Milisen, 2001). Without focused older adult knowledge and expertise, nurses are unable to develop appropriate care plans. This is evident in such things as the limited understanding many nurses possess related to the older adults’ need for extended recovery times when facing acute illness. In a hectic work environment, nurses inadvertently may view older adults as no longer acutely ill and resort to the use of objectifying labels, such as alternative level of care or bed blockers (McLafferty & Morrison, 2004; Rankin, 2001). Without focused gerontological knowledge, some nurses demonstrate a reluctance to care for dependent older adults, perceiving them as “cantankerous and complaining” (Gallagher et al., 2006, p. 273). Nurses’ attitudes have a substantive influence on the quality of care and the recovery of older adults during an illness (Gallagher et al., 2006; McLafferty & Morrison, 2004). The literature reveals that the more dependent older adults are on receiving nursing care, the more likely it is for nurses to project a negative attitude (Haight et al., 1994; McLafferty & Morrison, 2004; Nolan, Grant, & Nolan, 1995; Pursey & Luker, 1995).

When health care environments do not offer effective models of care structured to the needs of an aging population, nurses succumb to socializing forces that actually may reinforce ageist views. This would include the belief that older adult care does not require complex knowledge and understanding (Baumbusch & Goldenberg, 2000; Edwards & Forster, 1998; Huber et al., 1992; Plonczynski et al., 2007). Unfortunately, when nurses do not receive adequate educational support, they face learning about the complex needs of older adults in a predominantly chaotic work environment (Dahlke & Phinney, 2008; Gordon, 2005; McLafferty & Morrison, 2004). New graduates find themselves learning about older adults from nurses on the job, most of whom have little or no focused gerontological education (Lange, Wallace, Grossman, Lippman, & Novotny, 2006). The findings help reinforce the importance of gerontological content in nursing curriculum—in particular, the way that gerontological education can positively influence nurses’ attitudes toward older adults (Jansen & Morse, 2004; Lange et al., 2006).

Despite the growing need for older adult nursing care (Baumbusch & Andrusyszyn, 2002; Bednash et al., 2003), minimal changes have occurred in curricula that support basic undergraduate nurse education (Baumbusch & Andrusyszyn, 2002; Baumbusch & Goldenberg, 2000; Miller, 2004). In North America, less than 10% of nursing students’ clinical hours occur in a gerontological setting and approximately half of all nursing programs lack certified gerontological courses (Baumbusch & Andrusyszyn, 2002; Earthy, 1993). Many programs report that gerontological content is integrated into the curriculum (Earthy, 1993; Plonczynski et al., 2007). However, Plonczynski et al. (2007) found that only 5% of gerontological content is integrated into basic undergraduate nursing courses. The lack of integration is not surprising considering few nursing faculty (5%) possess gerontological expertise (Baumbusch & Andrusyszyn, 2002). In other words, there are
few qualified nurse educators to offer the necessary gerontological content within basic undergraduate nursing courses. According to the literature, faculty development is the most essential ingredient in introducing and maintaining gerontological revisions in the nursing curriculum (Latimer & Thornlow, 2006). These findings reinforce the importance of focused gerontological education at all levels of nursing education.

A strong correlation exists between the creation of positive nursing student attitudes and nursing instructors’ positive attitudes toward older adults (Burbank, Dowling-Castronovo, Crowther, & Capezuti, 2006; Plowfield, Ray mond, & Hayes, 2006). Nursing students’ attitudes toward older adults are influenced in a positive manner by targeted learning exercises, strong faculty commitment, and positive influences in the clinical environment (Blais, Mikolaj, Jedicka, Strayer, & Stanek, 2006). Simply stated, a culture that values the pursuit of gerontological education displays improved attitudes toward older adults (Damron-Rodriguez, Kramer, & Gallagher-Thomson, 1998).

### METHOD

As faculty and practice partners affiliated with a Canadian university college, we were interested in identifying how the baccalaureate nursing (BSN) curriculum influenced nursing students’ attitudes toward older adults. It was anticipated that the findings from this study may inform planned revisions to the nursing curriculum, which were projected to occur in September 2007. The purpose of this cross-sectional study was to determine whether professional socialization in the BSN program positively or negatively influenced students’ attitudes toward older adults.

### Setting

The sample was recruited from a BSN program at a Canadian university college. Gerontological content was identified as being integrated throughout the 4 years of the BSN curriculum. Specific concepts covered in each year of the program included chronic illness and understanding individual illness experiences in the first year; family and episodic health challenges in the second year; community care, prevention, and health promotion in the third year; and population health and nurses influencing change in the fourth and final year.

### Sample

Of the 246 nursing students in the BSN program, 197 students participated in the study, providing an 80% response rate. Response rates for each of the 4 years of the program were 91% in year one, 62% in year two, 77% in year three, and 93% in year four. **Table 1** provides further demographic information. Eighteen incomplete questionnaires were discarded, making the study sample 179.

### Study Design

A comparative cross-sectional study adapting Kogan’s Attitudes Toward Old People scale was conducted. Kogan’s (1961) questionnaire was deemed valuable because of its inclusion of a caring dimension and its applicability to nurses and other individuals (Lambrinou, Sourtzi, Kalokerinou, & Lemonidou, 2005; Soderhamn, Gustavsson, & Lindencrona, 2000). Kogan’s (1961) original scale involved a set of 17 items expressing negative sentiments about older adults and a second set of 17 positive statements about older adults, which were the reverse of the first set. In total, the original measuring instrument involved 17 matched positive and negative pairs for a total of 34 items. Items were rated using a 5-point Likert-type scale with response categories ranging from strongly agree to strongly disagree.

In 1961, Kogan developed and extensively tested the Attitudes Toward Old People scale. He concluded that measuring attitudes toward old people using his scale was possible due to the use of paired items of both negative and positive sentiments. Kogan’s scale has been used extensively and has been found to be reliable and valid in its original format, as well as in adapted formats (Armstrong-Esther, Sandilands, & Miller, 1989; Gallagher et al., 2006; Haight et al., 1994; Lambrinou et al., 2005; Lookinland & Anson, 1995; Roff et al., 2002; Soderhamn et al., 2000; Soderhamn, Lindencrona, & Gustavsson, 2001).

<table>
<thead>
<tr>
<th>Variable</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>178 (90.4)</td>
</tr>
<tr>
<td>Male</td>
<td>19 (9.6)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>&lt;20</td>
<td>35 (17.8)</td>
</tr>
<tr>
<td>21 to 25</td>
<td>80 (40.6)</td>
</tr>
<tr>
<td>26 to 33</td>
<td>54 (27.4)</td>
</tr>
<tr>
<td>34 to 40</td>
<td>13 (6.6)</td>
</tr>
<tr>
<td>41 to 49</td>
<td>13 (6.6)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>167 (84.8)</td>
</tr>
<tr>
<td>Asian</td>
<td>15 (7.6)</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Other</td>
<td>10 (5.1)</td>
</tr>
<tr>
<td>No response</td>
<td>3 (1.5)</td>
</tr>
<tr>
<td>Prior exposure to information about older adults</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96 (48.7)</td>
</tr>
<tr>
<td>No</td>
<td>96 (48.7)</td>
</tr>
<tr>
<td>No response</td>
<td>5 (2.5)</td>
</tr>
</tbody>
</table>
The study was adapted from Kogan’s (1961) original Attitude Toward Old People scale, which we named the Attitude Toward Elderly questionnaire. The questionnaire consisted of 32 items, or 16 pairs of positive and negative statements, concerning older adults. The questionnaire used a 5-point Likert-type scale ranging from strongly agree to strongly disagree, with higher scores indicating less favorable attitudes. In addition to the questionnaire, pertinent demographic information, including age, education, and employment experience, was gathered for sample description purposes.

**Ethics**

The study was approved by the ethics committee. An information and recruitment form was distributed to all BSN students; the form provided information about the study's purpose, the right to refuse participation in the study, and the assurance of anonymity. By completing the Attitude Toward Elderly questionnaire and demographic form, students demonstrated their consent to participate.

**Procedure**

Study investigators explained the purpose of the Attitude Toward Elderly instrument to the respective seminar teachers in each of the eight semesters of the BSN program. On the first day of class, seminar teachers provided students with information about the study and a recruitment letter. The study information and recruitment letter informed students of the purpose of the study: to evaluate student attitudes toward older adults in all 4 years of the program. In addition, the recruitment letter included a brief literature review concerning the prevalence of ageism in society, health care professionals, and nursing students.

During the second week of class, students were given sufficient time at the end of the seminar to complete the Attitude Toward Elderly questionnaire and demographic form. Students who did not wish to participate in the study were given the option of leaving the classroom. Seminar teachers also removed themselves from the classroom until all of the participating students had completed the Attitude Toward Elderly questionnaire.

**Data Analysis**

Data were analyzed using SPSS version 14.0 software. Because of the size of the sample, normal distribution was not achieved for all variables. As a result, both parametric and nonparametric statistics were used in data analysis. Data were examined using analysis of variance (ANOVA), Kruskal-Wallis, t tests, and linear regression. Distribution of the students during the years of the program was fairly normal, with 61 students in year one, 37 in year two, 47 in year three, and 52 in year four. Cronbach’s alpha values were 0.796 confirming internal validity of the instrument.

**RESULTS**

The study comparison of the 4 years of the BSN program indicated a consistency in the sample means. Table 2 demonstrates that the mean total negative score and the mean total positive score were similar across all 4 years of the BSN program. Using ANOVA, the difference between the total negative score, \( F(3, 179) = .941, p = .941 \), and total positive score, \( F(3, 179) = .900, p = .442 \), was not significant across the 4 years. The level of significance was set at an alpha level of 0.05. Given that a total score of 48 was neither agree nor disagree, participants were more certain of their negative responses compared with their positive responses. In other words, student samples strongly disagreed with many negative statements about older adults. In comparison, student samples did not demonstrate the same degree of certainty regarding positive statements about older adults.

Data were analyzed further using the Kruskal-Wallis nonparametric statistics test. Only three variables, age, previous experience with older adults, and gender, were significantly related to student attitudes toward older adults (Table 3). Considering the variable of age, the 26 to 33 age group had the most positive attitudes toward older adults. Student samples that identified they had previous experience with older adults were more likely to have a

### Table 2

<table>
<thead>
<tr>
<th>Year of Program</th>
<th>Mean Positive Score (&gt;48)</th>
<th>Mean Negative Score (&lt;48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>56 (8)</td>
<td>34 (14)</td>
</tr>
<tr>
<td>2</td>
<td>55 (7)</td>
<td>33 (15)</td>
</tr>
<tr>
<td>3</td>
<td>56 (8)</td>
<td>33 (15)</td>
</tr>
<tr>
<td>4</td>
<td>56 (8)</td>
<td>34 (14)</td>
</tr>
<tr>
<td>Total</td>
<td>56 (8)</td>
<td>34 (14)</td>
</tr>
</tbody>
</table>

### Table 3

<table>
<thead>
<tr>
<th>Total Positive Score, Chi-Square (( \rho ))</th>
<th>Total Negative Score, Chi-Square (( \rho ))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Gender</td>
</tr>
<tr>
<td>9.06 (0.029)</td>
<td>2.93 (0.402)</td>
</tr>
<tr>
<td>Gender</td>
<td>Education</td>
</tr>
<tr>
<td>0.19 (0.662)</td>
<td>6.95 (0.008)</td>
</tr>
<tr>
<td>Education</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>0.60 (0.742)</td>
<td>1.25 (0.536)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Experiences with older adults</td>
</tr>
<tr>
<td>2.35 (0.503)</td>
<td>4.56 (0.207)</td>
</tr>
<tr>
<td>Experiences with older adults</td>
<td>Previous exposure to information</td>
</tr>
<tr>
<td>3.81 (0.051)</td>
<td>1.54 (0.215)</td>
</tr>
<tr>
<td>Previous exposure to information</td>
<td></td>
</tr>
<tr>
<td>0.047 (0.828)</td>
<td>0.003 (0.960)</td>
</tr>
</tbody>
</table>
ATTITUDES TOWARD AGING

higher total positive score in their attitudes toward older adults. In this study, 97% of the sample reported previous experiences with older adults. Although male gender appeared significant, the actual numbers of men in the sample were too few to make any generalizations.

Regression analyses demonstrated a relationship among certain sample variables. A positive relationship was found between sample age and total positive score, indicating that as student sample age increased (i.e., became older), the more positive their attitudes were toward older adults. On the other hand, a negative relationship was identified between student sample experiences with older adults and total positive scores. In other words, the less experience the student sample had with older adults, the less likely they were to demonstrate a positive score in their attitudes. In addition, a negative relationship was observed between the variable of age and total negative score, indicating that the younger the age of the student samples, the more negative the score on attitudes toward older adults.

Although there were no significant differences in students’ attitudes among the 4 years, post hoc analysis revealed a drop in positive attitudes and a rise in negative attitudes at the beginning of year two and year four. In the current nursing curriculum, these time periods occurred for each of the sample groups after a consolidated clinical experience that typically was 5 weeks in length. During the consolidated clinical experience, each student sample group (beginning of year two and beginning of year four) had considerable exposure to complex older adults. However, in the demographic section of the study, 50% of the study sample identified not having exposure to information about older adults.

DISCUSSION

This study compared and analyzed students’ attitudes toward older adults during all 4 years of a BSN program. The study sought to identify whether students’ attitudes were influenced in a positive or negative direction by the theory and practice experiences that occurred during a 4-year BSN program. We found similarities in the study sample’s attitudes toward older adults compared with Kogan’s (1961) original findings, as well as with other studies that also used Kogan’s questionnaire (Soderhamn et al., 2001). First, there was consistency among the student sample means. Second, students’ scores were higher on the strongly negative statements in the questionnaire. Finally, similar to the finding of Soderhamn et al. (2000), more positive sample scores were associated with an older student sample age.

In our institute’s curriculum, gerontological concepts were integrated throughout the 4 years of the program; identifiable gerontological specific courses were not offered at any specific point in the curriculum. This could explain why a significant number within the sample (at least 50%) indicated a lack of exposure to information about older adults. In other words, sample participants did not possess an easily identifiable reference point in which content was specifically being delivered about older adults. In addition, within the curriculum, students had minimal opportunity for practice experiences with healthy older adults. The majority of students’ exposures to older adults occurred in long-term care settings where complex, older adults with chronic illness reside. Only one experience, during the first year of the nursing program, exposed nursing students to older adults in their home environment. Within this experience, all of the chosen older adults had at least one chronic health condition that was managed at home. Students were directed to focus their attention during these home visits on the older adults and their chronic health issue, not on wellness issues.

Studies have demonstrated educational and theoretical experiences are essential in developing positive student nurse attitudes toward older adults (Haight et al., 1994; Heliker et al., 1993). Exposing nursing students to well, happy, and thriving older adults and offering community practice experiences are beneficial in influencing attitudes toward older adults in a positive direction (Burbank et al., 2006; Fox & Wold, 1996; Haight et al., 1994). However, in the curriculum of our study, students had a low degree of exposure to well older adults, despite the prevalence of healthy older adults living in the community.

The findings indicated the existing curriculum did not appear to influence student attitudes in a positive direction toward older adults, regardless of where they were situated in the 4-year program. If most students started the BSN program with similar attitudes toward older adults, the lack of increase in positive attitudes in years two, three, and four suggests the theoretical and practical experiences in our program needed to be examined. Specific examination of the data revealed a rise in negative attitudes toward older adults among students at the beginning of year two and the beginning of year four in the BSN program.

In reviewing specific details of the curriculum, we determined that at the end of year one, nursing students were placed for 220 hours in a long-term care setting with complex, older adults with multiple chronic illnesses. Most older adults in these settings required a high level of nursing care to meet their basic physical needs. Similarly, in year three of the BSN program, the majority of students (at least 90%) were placed in acute medical and surgical settings for 220 hours. In these settings, students were directed to focus their attention on gaining praxis (i.e., applying theoretical knowledge to the practice setting). Placing nursing students who do not possess focused gerontological knowledge into these clinical settings perpetuates the belief that older adult care does not require complex knowledge and understanding (Aud, Bostick, Marek, & McDaniel, 2006; McLaugherty, 2005). Added to this, the majority of nurse educators who facilitated nursing students’ learning in these areas also lacked focused gerontological knowledge.

One must consider how faculty, who are influenced by societal ageist views, may unknowingly resist incorporating significant, up-to-date, gerontological content into the curriculum (Barba & Gendler, 2006; Blais et al., 2006). In the current curriculum, one must question the extent to which
the theoretical and practical learning experiences inadvertently influence students’ attitudes in a negative direction toward older adults and inadvertently perpetuate ageism. In addition, in what ways do practice partners, nursing faculty, peers, and practice settings contribute to student attitudes toward older adults? McLafferty (2005) highlighted the importance of positive clinical staff and teachers' attitudes toward older adults during the nursing students' socialization process to dispel rather than perpetuate ageist views. However, the majority of interaction between nurses and nursing students occurs in practice settings where pressures do not foster time for reflective thinking; instead, everything occurs in the moment (Gordon, 2005; Varco & Rodney, 2002).

Finally, the findings of minimal changes in students' attitudes toward older adults are difficult to understand given the fact that the current curriculum is founded on the tenets of caring (Watson, 2004). Similar to more than 50% of Canadian nursing programs that claimed they integrated gerontological content into their curriculum, our institute also integrated content across the life span into the curriculum (Baumbusch & Andrusyszyn, 2002; Earthy, 1993). However, the extent of integration varied from class to class and also from teacher to teacher. In addition, specific core nursing courses about older adults, which have been found to promote positive attitudes, are not consistently offered in basic nursing programs (McLafferty, 2005). This is similar to our institute in that an older adult elective course was offered once every 2 years. Knowing that older adults are the largest population nurses will care for during their careers, it is essential for curriculum revisions to incorporate a greater number of practical and theoretical experiences focused on both well and unwell older adults.

LIMITATIONS

The limitations of this study are related to the relatively small sample size, different seminar teachers introducing and explaining the study, and the cross-sectional nature of the study. It is possible that identified differences in response rates among the study sample could be due to inconsistencies in explanation and varying levels of enthusiasm about the study among the different seminar teachers. In this cross-sectional study, many different cohorts' attitudes have been compared. Thus, we have captured a snapshot of certain groups at a given moment in time. It is possible that each cohort may be unique in their views. Engaging in a longitudinal study would offer greater insight into student attitudes and whether their attitudes change as they progress through the 4 years of a BSN program. A qualitative study that engages in a comparative analysis of students also would be useful to gain a better understanding of socializing forces that influence students in each semester of the program.

CONCLUSION

Nurses will continue to find themselves increasingly involved in older adult care; older adults are the core recipients of health care in North America. With the continued rise in the age of the overall population, the importance of carefully preparing current and future nurses to safely and competently care for older adults with complex needs is essential. This study recognized the way that knowledge and attitude are interlinked. When nurses lack the appropriate knowledge concerning a specific population of individuals, it can negatively influence their attitudes toward that population, in this case older adults. The study findings clearly identified that despite 4 years of nursing education, no significant difference was found in the positive or negative attitudes nursing students possess toward older adults. To achieve the long-term goal of improving the educational preparation of future nurses, it is necessary to inquire into both the theoretical and clinical factors currently influencing nursing students' attitudes toward older adults.

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ATTITUDES TOWARD AGING

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