Beliefs and Attitudes on Working with Older Adults

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According to the U.S. Census Bureau, "the population age 65 and over increased from 37.8 million in 2007 to 50.9 million in 2017 (a 34% increase) and is projected to reach 94.7 million in 2060" (Administration for Community Living, April 2018, p. 1). As the number of older Americans aging, the lack of healthcare professionals that would work with these individuals has become more and more relevant. "Our nation is facing a critical shortage of geriatrics faculty and healthcare professionals across disciplines. This trend must be reversed if we are to provide our seniors with the quality care they to need to and deserve," (American Geriatrics Society, 2019). Nurses are the best positioned to help with this void of clinicians.

OBJECTIVES

The purpose of this research project is to develop an instrument for the measurement of beliefs and attitudes of nursing students on working with older adults.

METHODS

- Review literature findings from Phase 1 of my work.
- Develop a suitable instrument to assess factors affecting nursing students' decisions regarding entering a geriatric field.
- Create an online accessible survey (using the instrument) in either Survey Monkey or CampusLabs Baseline
- Quantitative and qualitative data collection methods; descriptive study
- Complete required training for IRB
- Draft and submit IRB proposal

RESULTS

After consultation with various literature (Carlson, E. & Idvall, E. 2015, Hammar, L.M. 2016, King, Haron, Y. et al., 2013, and Hovey, S. 2016., King, B.J. et al., 2013, Lowey, S., 2017, Neville, C. 2014, and Neville, C. & Dickie, R. 2014, Sanders, K. M., 2016, and Sarabia-Cobo C.M. & Pfeiffer, C.C., 2015. B.J. et al., 2013,) for recommendations for longitudinal studies, larger studies, and revision of previous scales (as discovered from the literature review), as well as Dr. Flagg, a 37-question scale was developed by myself and Dr. Moore. The constructs of the scale contained: Control beliefs (factors that individuals perceive as being present that may facilitate or impede performance of their behavior); Attitudes (the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior); Behavioral beliefs (the subjective probability that the behavior will produce a given outcome or experience); Subjective norms (the belief about whether most people approve or disapprove of the behavior); and Knowledge (which is objective information about caring for older adults).

CONCLUSIONS

There is a serious lack in research surrounding the eldercare workforce, and further research is needed to see how to solve the eldercare workforce crisis that is currently at America's doorstep.

With the newfound scale developed the next phase of research would include implementing it as well as studying the results.





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Strongly Disagree

Questions 1 - 37

Please indicate your level of agreement with the following statements:

	Strongly Disagree					
	Moderately Disagree					
			Slightly Disagree			
				Slightly Agree		
					Moderately Agree Strongly Agree	
	1	2	3	4	5	6
t is interesting to talk to older adults.	0	0	0	0	0	0
l enjoy being around older adults.	0	0	0	0	0	0
I feel comfortable being around older adults.	0	0	0	0	0	0
l enjoy doing things for older adults.	0	0	$^{\circ}$	0	0	0
I think older adults receive enough care and attention.	0	0	0	0	0	0
Working with older people provides little satisfaction, as they rarely get better.	0	0	0	0	0	0
It is enjoyable hearing the stories of older adults.	0	0	0	0	0	0
Caring for older adults is repetitive and boring.	0	0	0	0	0	0
There is nothing to learn regarding the care of older adults.	0	0	0	0	0	0
Personality remains the same as people grow older.	0	0	0	0	0	0
I feel sad when I am responsible for caring for older adults.	0	0	0	0	0	0
When I take care of older adults, I feel my work is useless.	0	0	0	0	0	0

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