



Research Article

Changing negative stereotypes regarding aging in undergraduate nursing students☆☆☆



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SUMMARY

Objective: The aim of this study was to explore the modification of stereotypes and myths regarding aging among third-year nursing students before and after undergoing an Aging Nursing course.

Method: A within-subject repeated-measures descriptive study was conducted. The Negative Stereotypes Questionnaire about Aging (CENVE) was used.

Results: The overall prevalence of negative stereotypes was 62.0% pre-intervention (P1) and 12.3% post-intervention (P2) measured; these values were 63.5% (P1) and 9.2% (P2) for the health factor, 43.1% (P1) and 4.9% (P2) for the motivation and social factors and 58.3% (P1) and 3.8% (P2) for the character-personality factor. Paired Student's *t* tests confirmed that the differences were statistically significant.

Conclusions: There was a high prevalence of negative stereotypes toward aging among the nursing students, even though they had conducted clinical practice and were in their third year. The course was demonstrated to be effective in modifying these stereotypes. The proper training of future professionals markedly contributes the dispensation of proper care and the eradication of ageism, which remains prevalent in the healthcare system.

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Introduction

Currently, the population is rapidly aging due to increased life expectancy due to the following factors:

- Demographic factors, such as reduced mortality, decreased birth, the feminization of the population (the female component of the population is dominant for ages above 80), a reduction in the years between the first and the last births and intergenerational universalization
- Lifestyle and increases in living standards
- Technological and scientific advances

According to the Madrid International Plan of Action on the Ageing (2002), by the middle of this century (United Nations, 2010), the numbers of elderly and young people will be the same; thus, the number of people over 60 years old will double by 2050. It is undeniable that we are witnessing the aging of the population and substantial increases in chronic diseases and states of dependency that require greater attention to and wider searches for policies that promote active aging. We know

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that the health and social care system is mostly concerned with the increasingly elderly population. This progressive increase in the number of elderly people is presumably occurring worldwide; therefore, it is necessary for society to know the characteristics of this population, to understand and remove the distorted and prejudiced view that has been maintained for many years and to meet the needs of this population from different social spheres. In other words, we need to help older people integrate into society.

Throughout the history of culture and civilization, those who had not yet reached old age have provided lasting reviews, evaluations and judgments about aging from thinkers, writers and scientists. These evaluations have elicited stereotypes about different areas of the reality and circumstances of old age in terms of personal, social, physical, mental, behavioural, affective and other factors (World Health Organization, 2012). Old age has been assessed in two manners, one positive and one negative. The first refers to the perspective of older person as wise, full of experience, of high social status, worthy of great respect and having clear positions of influence over others. The second focuses on aging as a deficit state, i.e., that age brings significant and irreversible losses (Butler, 2009).

According to Barón and Byrne (2005), stereotypes are beliefs related to the characteristics or traits shared by members of specific social groups and the typical features or manners that are supposedly possessed by those who belong to such groups. When they are associated with positive or negative connotations, ideas or beliefs about aging and old age become attitudes or prejudices that might favour the emergence of discriminatory behaviours toward members of

a particular group. Discrimination based on age leads to behaviours and situations in which older people receive worse or different treatment simply because of their age. According to White et al. (cited by Blanca et al., 2005), the negative myths surrounding old age stereotypes are based on the belief that physical and mental disability and illness are synonymous with old age. These views represent myths and prejudices that hinder aging well and limit the proper integration of the elderly into society (Jönson, 2013).

Therefore, aging in our society has negative connotations that are associated with decay and changes that highlight the biological nature of the deterioration and loss of skills (Fernández-Ballesteros et al., 2013; Callan et al., 2012), and these negative stereotypes are maintained both by society and by age groups (Meisner, 2012).

The term ageism was coined to refer to the pejorative concept of negatively viewing someone simply for being old (Butler and Lewis, 1982). This term is the result of the negative stereotypes that are associated with old age, and society creates myths around this stage. Various disciplines, such as psychology and sociology, have been interested in the study of stereotypes and prejudices that society harbours regarding old age. Although the reality of the existence of negative stereotypes toward old age has been investigated for five decades, it was relatively recently that the number of such investigations multiplied due to the creation of different tests to evaluate these stereotypes (Kagan and Melendez-Torres, 2013). This change, which might be the result of recent growth of the older population, is important because the attitude of the healthcare professionals affect the quality of the care they provide and the individual career preferences (Liu et al., 2013; Shen and Xiao, 2012). The studies that have focused on health professionals have highlighted the lack of knowledge about the process of aging and ageism and the tendencies to justify the “own age” pathology and not properly diagnose and treat it simply because it exists (Neville et al., 2014). Fragility and weakness are also associated with older age. However, a strong professional–patient relationship has not been found to help address these negative stereotypes.

Given the aforementioned findings, the demand for professionals who work with elderly populations will increase considerably. This fact implies a great responsibility for educational institutions and programs that are designed to prepare qualified professionals to work in the field of gerontology. This responsibility is greater if we consider that previous studies have found that academic and nonacademic experiences influence career choices such as those related to careers in gerontology (Mark et al., 2006; Henderson et al., 2012; Neville, 2015). However, Students of medicine, nursing, psychology and social work often have little interest in working with older population (Potter et al., 2013; León et al., 2013), which might be explained by a perceived lack of challenges, low income or lack of status associated with the tasks involved in caregiving.

Given that previous studies have demonstrated the existence of negative stereotypes toward old age arise in universities, comprehensive and adequate training of future professionals is required to banish these myths (Silver et al., accepted for publication; Hill, 2011). Considering that the presence of erroneous and negative beliefs can lead to discriminatory practices among professionals, it is an educational responsibility to equip students with knowledge, skills and attitudes that can ensure the appropriate care of the elderly (Capezuti et al., 2012; Chasteen and Cary, 2014). Students are at an especially critical phase of attitude formation. The attitude of a nursing undergraduate toward older people or their perception of working with them can influence the quality of the care provided and their career choice (Carlson and Idvall, 2015; Runkawatt et al., 2013). However, questions remain as to what are the most effective ways to provide positive gerontological content in nursing programs and to enhance attitudes toward older people. Geriatric education can produce differing effects with respect to attitude and knowledge (Neville and Dickie, 2014; Carlson and Idvall, 2014). However, despite much research on the

topic, it is still not entirely clear what the “best” approach to geriatric-focused education entails (Higashi et al., 2012).

The most successful education programs rely on various learning styles, connect with students’ perceptions, have a practical approach and combine several teaching methods (Hean et al., 2009).

A number of studies claim that training programs and institutions can help alleviate negative attitudes of nursing students toward older people (Neville and Dickie, 2014; Tullo et al., 2010; Stevens, 2011). Different authors assert a positive correlation between the level of gerontological knowledge and both attitudes to older people and willingness to work in geriatric care (Deschodt et al., 2010; Koh, 2012; Goncalves et al., 2011). A systematic review determined that educational interventions in geriatrics can improve the knowledge, skills and attitudes of undergraduate medical students (Tullo et al., 2010). The results presented suggest that some teaching interventions can improve each of these outcomes in the field of geriatrics. It highlighted the need for long-term curricular changes in order to improve attitudes toward older adults. Study concluded that skill-oriented interventions were poorly investigated and that more research is necessary to confirm that skill-specific teaching strategies in geriatrics are effective.

Nevertheless, other studies suggest that merely completing a formal didactic training may not necessarily bring about changes in these attitudes (Goncalves et al., 2011; Chen et al., 2015). A number of academics have stated that course work about older people is essential to acquire knowledge, understanding and skills and to dispel myths (Bleijenberg et al., 2012; Baumbusch et al., 2012). Other works concluded that a stand-alone gerontological nursing course produced positive attitudes toward older people (Rodgers and Gilmour, 2011; King et al., 2013) with an integrated adult/older adult course.

In summary, many studies suggest that an increased knowledge about older adults, as well as exposure to the elderly, may positively alter nursing students’ regard for gerontological nursing careers (Heise et al., 2012). As such, it is important to conduct research that contributes to the evaluation of attitudes and perceptions (Xiao et al., 2013).

According to a recent landmark report in *Lancet*, educational reforms should focus on competency-driven approaches, promote interprofessional education and take into account demographic transitions (Frenk et al., 2010). It has been accepted that effective delivery of geriatric-specific teaching is a necessity for undergraduates (Neville and Dickie, 2014; Tullo et al., 2010; Kydd et al., 2014; Pepper, 2014). The introduction of new educational methodologies and the evaluation based on competences constitutes a necessity in the context of the European Higher Education Area. The evaluation of competencies in nursing education implies an assessment not only in terms of knowledge but also in terms of skill and attitudes (Pijl-Zieber et al., 2014; Embo et al., 2015).

The Formation of Geriatric/Gerontological Nursing at the Spanish Universities

In June 1999, the Bologna declaration was signed by the European higher education ministers (European Ministers of Education, 1999). This document led to the Bologna Process, which aims at harmonizing higher education across Europe to enhance comparability and mobility of students, staff and workforce. Nursing education in Europe was characterized by heterogeneous conditions: diverse study programmes and degree structures as well as a lack of master’s and doctoral degrees inhibit the academic development of nursing (Zabalegui et al., 2006). As a result of the Bologna Process, nursing is being fully recognized as a higher education discipline, and its curriculum is being organized within a framework of undergraduate and graduate education. The ECTS credit system introduced by the Bologna Process, recognized in all EU countries, combined with more flexible academic structures and increased mobility, is an excellent means to address some of the historical barriers to academic recognition of nursing among Europe. (ECTS

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