



Student radiographers' attitudes towards the older patient – A longitudinal study



L. Booth ^{a, *}, S. Kada ^b, M. Satinovic ^b, P. Phillips ^a, P.K. Miller ^a

^a Department of Medical and Sports Sciences, University of Cumbria, Bowerham Road, Lancaster, LA1 4LU, UK

^b Department of Occupational Therapy, Physiotherapy and Radiography, Western Norway University of Applied Sciences, Post Box 7030, 5020, Bergen, Norway

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ABSTRACT

Introduction: To design, implement and evaluate the effect of an educational intervention on student radiographer attitudes across their educational tenure.

Methods: In the first phase, an educational intervention that involved didactic lectures, reflective exercises and simulation suits, aimed at improving student radiographer attitudes towards the older person, was designed and implemented. Kogan's attitudes towards older people (KoP) scale was administered at five test points; pre-intervention; post-intervention; 6 months post intervention; 12 months post intervention and 24 months post intervention. At the final test point these quantitative data was supplemented with qualitative data for triangulation of the findings.

Results: Students held positive attitudes towards older people pre intervention, these increased significantly post intervention ($p = 0.01$). However, this increase in positive scores was not noted at 6 months and 12-months post intervention. At 24-months post intervention, although there was a slight increase in positive attitudes when compared to the 6 and 12 month scores, this increase was not found to be significant ($p = 0.178$)

Conclusion: The results post-intervention suggested that an educational intervention can have a significant impact on student radiographer's attitudes towards older people. However, the qualitative data suggests that experiences on initial clinical placement can be detrimental to attitudinal scores, particularly if the intervention does not include Dementia care strategies.

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Introduction

Increasing life expectancy in the western world has resulted in many healthcare services progressively handling larger proportions of older adults. In 2012, 34% of the population admitted to Norwegian hospitals were aged over 67¹ and it is now the case that the majority of patients examined in UK medical imaging departments are aged 65 years and over.² Despite this upward trend in frontline clinical practice, a strong body of contemporary evidence suggests that negative staff/trainee attitudes towards older people remain prevalent in a number of healthcare domains, including radiography itself.^{3–8} The consequences of this situation for patient care is logically a matter of some concern,^{5,9} though the history of social psychology shows us that establishing a defensible causal link

between expressed attitudes and practical behaviours in any domain remains a problematic task at best.¹⁰ It is certainly the case that no study in radiography has to date explored, in any manner, the impacts of given professional attitudes towards older patients in direct clinical practice.

This paper is the third of three emerging from a broader longitudinal study assessing the quantitative outcomes of a tailored educational intervention, designed to promote positive attitudes towards older people, for a sample of Norwegian student diagnostic radiographers. Using Kogan's attitude scale,¹¹ measurements were taken pre-intervention, and then in the short, medium and longer terms across the course of the participants' training. Specifically reported here are results from the final phase of the study, addressing the longer-term impacts of the intervention.^c

* Corresponding author.

E-mail address: lisa.booth@cumbria.ac.uk (L. Booth).

^c The short and medium-term findings are described in two previously-published papers [references redacted for blinded peer review].

Furthermore, and as subsequently outlined in greater detail, these statistical data are then triangulated against qualitative findings derived from focus groups, conducted with participating students at the very end of the study. This mixed-method approach, it is contended, not only helps clarify some emergent concerns that do not lend to straightforward explanation, and allows participants to contextualise them in terms of their own real-world activities, but also shines a novel critical light on the extent to which the findings of this research can be generalized to real-life settings of attitude-based research.

Background and intervention

Education is widely viewed as a key component in preventing or reversing the development of negative attitudes towards older people, especially among student healthcare practitioners.^{7,12} The importance of *early* intervention, in this respect, is emphasised by Kearney et al. (2000), who argue that these individuals are particularly at risk of developing intractably 'ageist' attitudes over time, even where they might not have previously held them.³ Difficult encounters with the frailer and sicker segment of the older population, and the corollary workload and stress that can accumulate, they maintain, all have the capacity to engender an adherence to prejudicial stereotypes among clinical workers.^{3,9,13}

In a widely-cited study, Collins and Brown (1989) highlight how nurses who are initially exposed to frail and unwell older patients are more likely to develop generalised negative attitudes than those whose early contacts are with older patients who are generally fit and healthy.¹⁴ This echoes the commonly documented theme in social psychological studies of prejudice, that consistent and/or vividly-remembered difficult experiences with particular members of a particular 'class' of persons often results in a negative aspect towards all individuals that belong to that socio-demographic.¹⁵ In short, the immediate clinical problem is that practitioners might be inclined to pre-judge any older person in terms of the stereotypes associated with their social group, and anticipate that all of the problems potentially associated with that group will then likely apply *in* that case.

Given the above, a two-day programme was designed to 'set' student radiographer attitudes as positively as possible at an early stage in their training, such that they might be resilient to the factors that might result in a deterioration of these attitudes for reasons so far documented. The first day was based on the work of Palmore,¹⁶ and his extensive research on ageism, attitudes and stereotypes. Didactic lectures were organised to dispel the common myths around ageing e.g. loneliness, poverty, intelligence and mental decline as well as how ageism is perpetuated both in the media and in health care. Sessions around the normal processes of ageing, and figures that demonstrate compression morbidity were used for education and debate.¹⁷ Day 2 made use of workshops and role play and was based on the work of Aday and Campbell (1995) and Blundell et al. (2011).^{13,18} Here students were dressed in simulation suits (Sakamoto Model M176), that mimicked some of the pathophysiological processes associated with ageing e.g. muscle fatigue, movement restriction as well as sensory loss e.g. macular degeneration and hearing loss. These were used to encourage students to reflect upon how they might better empathise with the older patient in the x-ray room, such that sensory and physical deficits might be better accommodated. Research was then conducted to explore the consequences of this intervention.

Method

Ultimately, a mixed-method approach is reported here, the facility of which has been well-documented within radiography

research.^{19,20} The qualitative component reported was not, however, an original feature of the research design, but (as previously noted) a post-hoc strategy for triangulating, and thus making sense of, some of the quantitative findings that had been difficult to explain. As such, the methodological concerns pertinent to the two phases of data collection and analysis central to this paper are outlined independently, in the way that they procedurally arose.

Design I

The primary quantitative study was grounded in a longitudinal survey of undergraduate radiography students' attitudes towards older people. Using the Kogan attitude towards older people (KOP) scale,¹¹ a trusted tool in this order of contemporary social research, comparisons were made across multiple time-points. For the purposes of this study, the KOP was translated into Norwegian using the translation-back-translation procedure though, as reported in published literature, this is not the first time the scale has been translated into a Scandinavian language.²¹ In total, five measurements were taken:

- One pre-intervention; before any clinical placement (February 2014);
- One immediately post-intervention; also before any clinical placement (February 2014);
- six months' post intervention (directly after the participants' first clinical placement, (August 2014));
- One year after the intervention (after the participants' second year of clinical placements, (February 2015));
- Two years after the intervention (after the participants have third year clinical placements, (February 2016)).

This paper reports results from the last measurement, further drawing upon prior papers to illuminate the present discussion.

Participants I

At the initial point of sampling, N = 42 undergraduate radiography students were registered on a BSc Radiography course at a single Norwegian University. All, with full institutional ethical approval, and after giving informed consent, agreed to take part in the study. Of these, N = 38 completed the two-day intervention (four were unable to attend the full two days due to student sickness). As the research progressed, nine students departed the course, leaving N = 29 students participating at the 6-month and 12-month points. Two years post-intervention, a further three students had left the course. Therefore, responses from N = 26 students were measured at the final testing point. The mean age of these students was 25.38, (SD = 6.00). 73% were female, 27% male. As students had been allocated a unique identifier at the beginning of the research, it was possible to remove withdrawals from the data presented previously.^d

Analysis I

The KOP scale itself is made up of 17 positive statements and 17 negative statements around attitudes towards older people. Participants are asked to indicate how strongly they agree or disagreed with each statement using a seven point Likert scale. Response

^d The data with these individuals removed was therefore re-analysed using Wilcoxon. Very little difference is noted in the originally reported findings (references redacted for blinded review) and those that are reported here.

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