

Attitude towards the elderly: a comparison amongst health science and non-health science students

メタデータ	言語: eng 出版者: 公開日: 2017-10-04 キーワード (Ja): キーワード (En): 作成者: メールアドレス: 所属:
URL	http://hdl.handle.net/2297/6045

Attitude towards the elderly : a comparison amongst health science and non-health science students

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ABSTRACT

OBJECTIVE : Reports of physical and psychological abuse of elderly parents by their children and/or healthcare workers are on the rise. This study was carried out to determine attitudes towards the elderly (ATE) of undergraduate health science and non-health science students, and the results in terms of field of study and gender were discussed. **DESIGN :** Cross-sectional survey. **SETTING :** The University of Kanazawa, Ishikawa, Japan. **PARTICIPANTS :** 406 students from the Faculties of Letters, Law, and Economics, 399 from the Faculty of Science and 565 from the School of Health Sciences. **METHODOLOGY :** The scale used was a set of 17 Likert-type statements that expressed positive views on the elderly. **MAIN RESULTS :** The mean ATE scores were higher for students of the hands-on health science professions than for those of the technical health science professions and non-health science fields. A comparison of students within the School of Health Sciences revealed that the senior women students of the hands-on professions showed higher mean ATE scores than the men students and the women and men students of the technical professions. **CONCLUSION :** The findings suggest that the students, especially the women, of hands-on professions have a favourable ATE.

KEY WORDS

Attitude, Elderly, College students, Hands-on profession.

Introduction

The number of Japanese people over 65 years old in 2003 exceeded 24.31 million according to the report by the Ministry of Public Management and accounted for 19.0 per cent of the total population¹⁾. In other words, one in 5 persons in Japan is already old, and, by the year 2015, one in four persons will be over 65 years of age, surpassing that of the population of 15-year-olds and under. Internationally, Japan has the fastest growing elderly population in the world, followed by Italy (18.25 % in 2001), Germany (17.1 % in 2001) and France (16.1 % in 2003)¹⁾; Japan has indeed become a *de facto* ageing society. This ageing population poses a great deal of problems

to our future society and, therefore, must be taken into account and seriously planned for.

Since the introduction of universal nursing care insurance coverage in the spring of 2000 in Japan, search for the ideal way of health and welfare for the aged has become an object of public attention. Because of a relative decrease in the number of young people and an increase in the number of nuclear families, it is becoming increasingly difficult for the families only to play a central role in caring for their elderly. One of the problems facing many elderly people in Japan today is an increase in the incidence of elderly abuse occurring in families and institutions²⁾. For instance, in the province of

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Ishikawa alone with a population of 1.17 million, from April to December in the year of 2001, 56 cases of physical or psychological abuse were reported³⁾, and there may be many more cases that go unreported. Incidentally, *the Japan Society for Prevention of Elder Abuse* was inaugurated on the 9th of August 2003.

Elderly abuse is likely to occur in a community when nursing service is inadequate and/or a caregiver is over-stressed. However, the circumstances leading to elderly abuse may also be related to people's attitudes towards the elderly or ATE. An attitude is a relatively strong belief about or a feeling towards a person, object, idea, or event, which serves as a foundation for behaviour⁴⁾. This attitude is created, to a large extent, by society and consequently forms the basis of our own ATE and is likely to persist throughout the course of one's lifetime, unless something occurs to change that attitude.

Studies portrayed in the Japanese physiotherapy literature concerning physiotherapists' ATE are few and far between, whereas the nursing literature has more information⁵⁻¹⁸⁾. In one rare study by physiotherapists it was revealed that the image of the elderly held by first year student physiotherapists was created by the external appearance of old people and information from the media¹⁹⁾. The authors of this study concluded that communication with grandparent(s), as well as volunteer activities with the elderly by the student physiotherapists could be the desired modification strategy to create a positive image of old people.

The purpose of this survey was to investigate if there would be any difference in the ATE of college students and discuss the results in terms of field of study and gender. The fields of study considered were liberal arts, science, and health sciences (HSc), the latter of which were divided into two separate fields of hands-on and technical professions. Hands-on HSc professionals treat and deal with clients on a face-to-face basis, whereas technical HSc professionals contribute to treatment of clients indirectly, so that the ATE of these two professional groups might differ.

Methodology

Instrumentation

A set of 17 statements developed by Kogan²⁰⁾ was used. They were Likert-type statements expressing positive sentiments about the elderly (see *Appendix*). The manifest contents of these statements are as follows²⁰⁾. Items 1, 5, and 12 are all concerned with the residential aspects of elderly people's lives with special reference to segregation, maintenance of home, and character of neighbourhood, respectively. Items 2 and 8 reflect the degree to which vague feelings of discomfort and tension are experienced in the company of elderly people. The extent to which elderly people vary among one another is tapped by Items 11 and 13. The nature of interpersonal relations across age generations—conflicting or benign—is implied in Items 9, 10, and 16. The theme of dependence is represented by Items 4 and 17. Items 3 and 6 refer to the cognitive style and capacity of elderly people. Qualities of old people with respect to personal appearance and personality are cited in Items 14 and 15. Finally, Item 7, on socioeconomic power, does not readily cluster with any of the other items.

Scoring

Six responses were provided for each of the ATE statements, and the items were scored in such a way that a score of 7 indicated strong agreement with the statement and that of 1 indicated strong disagreement. A score of 4 was assigned in the rare case of a respondent failing to assign a response to an item. The lowest possible score attainable was 17 and the highest 119. The higher the score of the respondent, the more positive their ATE was shown to be.

Participants and procedures

The original English version of the questionnaire was translated into Japanese by the authors. This was then critically examined by physiotherapists in the University of Kanazawa Hospital Department of Physical Therapy for its wording and phrasing.

Participants in our survey were undergraduate HSc and non-HSc students, and were a sample of convenience. Within the total number of these 1,370 participants, there were 406 students from the Faculties of Letters, Law, and Economics, 399 from the

Faculty of Science and 565 from the School of Health Sciences. The HSc students were subdivided into two groups ; those of the hands-on professions and those of the technical professions. The hands-on HSc professions were defined as nursing, physiotherapy and occupational therapy and the technical HSc professions as radiological science and laboratory science. In this survey the junior students were defined as first and second year students and the senior students as the third and fourth year students. The transfer students* within the HSc students were excluded from the study because their professional experience could have affected the results of this survey. (* Transfer students are those who are already qualified in their respective professions and are undergoing a course of study leading to the Degree of Bachelor of Health Science.) This survey was conducted in a classroom situation during the autumn of 2001 and the spring of 2002.

Due to the considerable disparity in size of samples and sub-samples only descriptive statistics were employed in this study.

Results

Out of the total number of 1,370 responses, only five were inappropriate for analyses. Table 1 presents the gender, number, age and the ATE scores of the respondents. Even the most positive mean value or 74.3 was closer to "bland" (68) than to a score repre-

senting the weakest Likert positive rating ($5 \times 17 = 85$).

Discussion

One strong characteristic common to the majority of the respondents was that the women tended to show a more favourable attitude than the men towards the elderly (Table 1). Socio-cultural gender role is likely to be one factor that is responsible for this. Traditional gender roles for females suggest that women are nurturing, caring, and highly emotional and that they should stay at home and take care of the home and children²¹⁾. In Japan, men are rarely expected to physically take care of other family members, but rather to play largely the role of provider. In general, this traditional gender role for the men students is seen reflected in the lower ATE scores for all of the disciplines. However, the senior men students of the technical HSc professions tended to have higher ATE scores than the junior men students (Figure 1). This finding suggests that the study of professional subjects as well as clinical placements during the men's senior years played a part in raising their positive ATE. However, caution should be exercised in interpreting the results because the number of hands-on men HSc students was much smaller than that of hands-on women HSc students (Figure 1).

Another factor is possibly biobehavioural. We may ask the question : Do women possess an innate ability to care for the weak? Neuroendocrine evidence

Table 1. Descriptive statistics for gender, number, age and ATE scores of the respondents according to students' field of study.

Field of study	Gender	Number	Age mean (SD)	ATE score mean (SD)
LLE	women	205	19.7 (1.2)	68.3 (11.0)
	men	201	20.1 (1.5)	67.7 (11.8)
Science	women	88	20.1 (1.6)	70.8 (10.1)
	men	311	19.9 (1.6)	67.3 (12.4)
Hands-on HSc professions	women	260	20.7 (1.7)	74.3 (10.3)
	men	46	21.0 (2.0)	70.7 (9.6)
Technical Hsc Professions	women	171	20.6 (1.4)	69.0 (8.8)
	men	83	21.3 (2.3)	67.4 (12.0)

SD: standard deviation; LLE: Letters, Law, and Economics

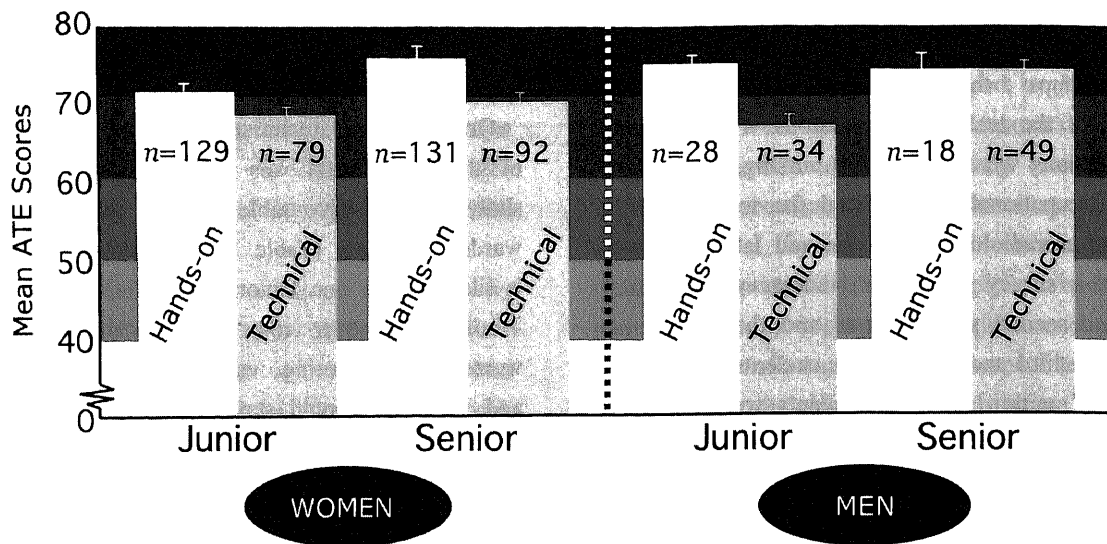


Figure 1. Mean ATE scores between hands-on and technical HSc professions of both the junior and senior women and men students. The error bars denote standard deviation. (Hands-on : hands-on HSc professions ; Technical : technical HSc professions ; Senior : senior students ; Junior : junior students.)

from animal and human studies suggests that oxytocin, in conjunction with female reproductive hormones and endogenous opioid peptide mechanisms, may be behind such a driving force²²⁾.

The formation of an attitude involves a decision to evaluate a specific object with the precondition of having a concrete basis for one's opinion, principle and sense of value²³⁾. Therefore, the overall positive ATE shown by students of hands-on HSc professions in this survey can possibly be explained by the fact that people who aspire to enter these professions are more likely to already possess positive views of or have a caring attitude towards the elderly before entering these professions. This fact may help clarify the reason for why there was not much difference in the ATE scores between the junior and senior HSc students, despite the fact that the latter had gained more clinical experience than the former. Similarly, significant favourable attitudes towards physically-challenged persons have been found in the first year students of hands-on HSc professions in comparison to those of the technical HSc professions²⁴⁾.

Healthcare professionals such as physiotherapists, occupational therapists and nurses who deal with clients in a *hands-on capacity* have also been found to have more favourable attitudes towards physically-

challenged persons than, for instance, radiographers and laboratory technologists who only deal with clients in a *technical capacity*²⁵⁾. In addition, there is a high correlation between scores for ATE and attitudes towards physically-challenged persons²⁰⁾. Therefore, our study was in agreement with that of Hakuno and associates²⁵⁾. They suggest that the influencing factors for forming such positive attitudes are due to education or training and gaining real life hands-on experience with clients' care or treatment. This argument has been supported by studies that have shown that nurses' views of the elderly and their concern for their wellbeing increased after their clinical placements¹³⁻¹⁴⁾.

A negative image of the elderly can be formed because of the realisation of functional decline associated with them⁶⁻⁷⁾. Further, content of the image of the elderly may vary according to experience of young people living with them¹²⁾. Cohabitation of the old and young necessarily entails facing and interacting physically and/or psychologically. Those with experience living with the elderly can not only recognise the physical image of old people, but can also perceive their psychological image. However, for those who have grown up in a nuclear family, they can only refer to the physically outward appearance

of the elderly, hence they recognise only a physical image that often has negative connotations. In addition, these connotations can be a result of ageism in which the social structure of the present-society classifies these people into an unproductive category by generalisation and stereotyping, hence the negative social perception or expectation of the elderly held today by the younger generation. However, it was found that an examination of the effect of cohabitation of college students with their grandparent(s) on their ATE also produced no significant result²⁶⁾. Unfortunately, in our survey, the data were insufficient to allow analysis of the effect of living with the elderly on ATE of our respondents.

The 17 statements used in this survey were translated from English to Japanese, and the accuracy of their original meaning cannot be conclusive. Consideration should be given to the fact that the contents of the statements were based on the American culture of the early 1960's. Further, this research was a cross-sectional study, so that its findings may be changeable prospectively.

It will be necessary through further studies to clarify the ATE of practicing physiotherapists. A Japanese Version of an *Attitudes towards the Elderly Scale* suitable for Japanese health professionals should be developed in the future. This survey could also be replicated and used as a tool of investigation concerning professionals in other healthcare disciplines. In this way, the questionnaire could be used for screening of prospective students to HSc professions and recruitment of staff for nursing/residential facilities.

Conclusion

Positive and negative attitudes are acquired traits and tend to be maintained over a long period of time. The students of hands-on HSc professions tended to have more favourable attitudes towards the elderly than students of letters, law, economics, science or technical HSc professions. This suggests that they may have already possessed such an attitude before commencing their training. These positive attitudes towards the elderly were found to be more apparent in the women than in the men, regardless of the field of study. This fact did not seem to be related to the difference in academic seniority, but due to women's

acquired or innate nurturing characteristic.

Acknowledgements

The authors appreciated the participation in this study of the students at the University of Kanazawa. A special thanks goes to Dr. Takashi Nakazaki of the University of Kanazawa Foreign Students Exchange Centre, as well as the members of the Faculties of Letters, Law, Economics, Science, and Medicine.

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- Appendix : Statements on attitude towards the elderly²⁰⁾**
1. It would probably be better if most old people lived in residential units that also housed younger people.
 2. Most old people are really no different from anybody else : they're as easy to understand as younger people.
 3. Most old people are capable of new adjustments when the situation demands it.
 4. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.
 5. Most old people can generally be counted on to maintain a clean, attractive home.
 6. People grow wiser with the coming of old age.
 7. Old people should have more power in business and politics.
 8. Most old people are very relaxing to be with.
 9. One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.
 10. Most old people tend to keep to themselves and give advice only when asked.
 11. When you think about it, old people have the same faults as anybody else.
 12. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.
 13. It is evident that most old people are very different from one another.
 14. Most old people seem to be quite clean and neat in their personal appearance.
 15. Most old people are cheerful, agreeable, and good humored.
 16. One seldom hears old people complaining about the behaviour of the younger generation.
 17. Most old people need no more love and reassurance than anyone else.

高齢者に対する大学生の態度 －保健学学生と非保健学学生の比較－

荻原新八郎, 森島 利幸, 光村 実香

要 旨

Kogan の開発した Likert 型心理測定尺度を用い, 金沢大学の文系群学生 (経済学部・法学部・文学部), 理系群学生 (理学部), 保健学学生の高齢者に対する態度 (ATE) を比較した。ATE の得点はすべての群において女性が男性に比べて高く, 前者が高齢者に対して肯定的な態度を示した。この理由として, 男女の社会的・文化的な性役割の違いが反映されていると思われる。また, 保健学専攻の直接医療職群 (看護学, 理学療法学, 作業療法学) の学生だけが間接医療職群 (放射線技術科学, 検査技術科学)・文系群・理系群の学生に比べて ATE の得点が高く, 高齢者に対して肯定的な態度を有していた。これは学年差に関係無く, 入学以前からこのような要因を持っていると示唆される。