EXPLORATION OF FACTORS INFLUENCING NURSES WHO ENJOY WORKING WITH THE ELDERLY

BY

RUTH A. FELDHAUS

A project submitted in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

(School of Nursing)

at the

University of Wisconsin-Madison

1985

ACKNOWLEDGMENTS

The author wishes to thank David Allen, Barbara Bowers, and Ellen Reifschneider for their professional contributions to this project.

I am indebted to my teachers and fellow students for helping me to grow personally and professionally.

I could not have done my study without the cooperation of Jan Proctor, Sister Mary Ann Falbe, and, of course, the nurses who so openly shared their feelings with me.

Bunny Owen, my friend and academic advisor, believed in me when I doubted myself.

Finally, and most especially, I want to thank my husband and children. Ray encouraged me from the onset to be what I want to be and has continued throughout our marriage to support and protect my dreams. Larry, Rob, Maria, Monica, Gregory, Rich, Martha, Jennifer, and Jeffrey have been as independent as we have asked them to be yet loving as I had always hoped they would be.

TABLE OF CONTENTS

Chapter Page

Summary of the Project

EXPLORATION OF FACTORS INFLUENCING NURSES WHO ENJOY WORKING WITH THE ELDERLY

Ruth A.Feldhaus, R.N. B.S.N.

Master of Science in Nursing

School of Nursing of the University of Wisconsin, 1985

Professor David G. Allen, Chairperson

ABSTRACT

This is a descriptive exploratory study of qualitative data obtained from a questionnaire and open-ended interviews with thirteen registered nurses who enjoy working with the elderly. A content analysis was done to identify factors influencing these nurses in the development of their attitudes toward the elderly. Verbatim comments of the nurses are included to give a flavor of the experiences and relationships that motivate the subjects to cherish working with the aged. There is evidence that the nurses themselves as well as their patients benefit from caring for elders through personal relationships, personal development, and professional growth, i.e., expertise in assessing the unique and varied needs of each individual elderly person.

CHAPTER I

INTRODUCTION

This study of registered nurses was undertaken in response to conflicting views in the literature about the origins of nurses' attitudes toward the elderly. It is an effort to identify factors that seem to play a part in "liking" to work with the aged. It is an attempt to find out from nurses who enjoy working with the elderly what experiences, educational opportunities or other factors, such as personality, may account for their enjoyment of the elderly population. The purpose of this study is to assess these and other factors to gain additional information on the gerontological nurse and how his/her attitudes toward the elderly are formed. This is done in hopes of laying groundwork for further research. The question is, "Can experience or other factors be used to positively influence the attitudes of nurses toward the elderly?" If the source of these positive attitudes can be isolated, perhaps others can be influenced to form a better opinion of the aged population. This is important to nursing if the information helps to convince others of the value of gerontological nursing in this time of increasing interest in the needs of the geriatric segment of society.

CHAPTER II

LITERATURE REVIEW

During the past twenty-five years various researchers have attempted to determine the nature of the relationship between negative attitudes toward the elderly and the nurses' relationships with their elderly patients. In 1961 Kogan designed an "Attitude Toward Old People" questionnaire which has been the basis of research into stereotypical thinking by health care professionals ever since. It has been found that prejudice toward minorities, including the elderly (Kogan, 1961). negative attitudes of health care workers in general toward the elderly (Coe, 1967), media emphasis on the pathology of aging (Zampella, 1969), and society's generally negative attitude toward the elderly (Gunter, 1971; Campbell, 1971) seemed to be related to sterotypical thinking. Gunter concluded nursing students only reflected the negative bias toward the elderly of society in general.

This focus on nurses in particular led Campbell to determine that RNs (registered nurses) prefer not to work with the elderly and, in fact, actively avoid it if possible. Several researchers (Campbell, 1971; Gillis, 1973) suggest that neither money nor shift change could induce an RN to work with the elderly if he/she did not choose to. Nursing education became the prime target in 1975 with Kayser & Minnigerode's claim that nurse educators underemphasize gerontological content.

These studies prompted an examination of nurses' knowledge and attitudes toward the elderly (Taylor & Harned, 1978, Meyer et al, 1980, Feldbaum & Feldbaum, 1981; Hogstel, 1981, Gow, 1982; Chenitz, 1983). Various conclusions were drawn about nurses and the elderly. Nurses were found to have a more positive attitude toward the aged tended to be under 40 years of age, to be teachers in hospital and social-rehabilitation facilities, to have had less than ten years of experience with the aged, and to have no elderly neighbors (Taylor & Harned). The more educated a nurse is, the less likely he/she is to choose gerontological nursing (Meyer et al). The studies cited low pay for gerontological nurses and low status for gerontological nursing among nurses themselves (Feldbaum & Feldbaum). The stress of elder care is reflected in the distancing of self from personal involvement with patients of the nurses who care for the elderly (Gow). Panicucci (1983) asserted that nurses deny rehabilitation to the "old-old" because of their own negative bias toward aging. Patricia Moore (Bretl, 1984) who spent three years touring America disguised as an elderly lady believes prejudice toward the elderly is rampant across American.

Other studies conflict with this negative view or have found both positive and negative aspects in their conclusions regarding attitudes toward the elderly. The Kogan study identified a nurturant personality as influential in developing a positive attitude toward the elderly. Wolk & Wolk (1971) cite an interdependence between nurse and patient which develops during positive

experiences with the elderly. They felt positive experiences are a factor in influencing young nurses to choose to work with the elderly and in retaining older nurses who continue to enjoy elder care. They further questioned whether cognitive input for students is an important as good clinical experience in choosing gerontological nursing in the long run. Several studies and articles bear out the value of positive experiences with the elderly population through exposure to the well-elderly (Heller & Walsh, 1976; Hart et al, 1976; Bell et al, 1982; Marsh, 1983; King & Cobb, 1983). Valuing of the elderly could also be a result of a good relationship with grandparents or from positive experiences with the elderly (Heller & Walsh). Whatever the impetus, in 1977 Futrell & Jones concluded that nurses interest in the elderly was growing. Feldbaum & Feldbaum found, however, that many nurses who prefer to work with the elderly choose to work in hospitals or in the community, although nurses who choose to work with the elderly in nursing homes are the most content of all who work with the aged population.

Bergmann wrote an impassioned plea for understanding of nursing home nurses like herself. She maintained it is a myth that nurses working in nursing homes "cannot maintain the pace" in hospitals. She outlined the special attributes of the nursing home nurse, including a positive attitude toward aging in general, enthusiasm toward the value of long-term care, autonomy, job satisfaction, plus the myriad personal reasons for nursing home practice. She complained of bias toward nursing home nurses by hospital nurses.

Hogstel (1981) viewed publication of the American Nurses Association Guidelines for Long-Term Care as a positive sign of the increasing role of nursing in gerontological care. She felt this is especially true for nurses in advanced practice, due to the increased visibility of the aged and the special skills of the advanced practice nurse. By 1982 Benson found attitudes of educators and nurse practitioners were changing for the better. Adelson et al (1982) warned against assuming a negative attitude problem and correction for that problem before the extent of the situation is adequately assessed. They measured the attitudes of health care professionals but could not equate behavior with attitude. In addition they questioned the role of professionalism in controlling attitudes and behavior and concluded further studies were needed. In 1984 Gress and Bahr questioned how nurses can escape the attitudes of society in general in formulating their own philosophy of nursing the aged. Societal sterotypes color the nurse-client relationship and, therefore, the quality of care of the patient. Larson et al (1984) doubted the accuracy of data from nurses who work with the elderly and concluded they may be more satisfied with their work than we think based on discrepancies between what nurses say are satisfiers and how satisfied they actually feel.

Just observing how many nurses continue to work with the elderly year after year made Larsen's conclusions seem reasonable. If they were not satisfied, why would they be working with the aged? Was it a result of previous positive experiences? Did they simply have a predilection for elderly people? Could

relevant factors be isolated that identify areas of satisfaction? This study is an attempt to explore feelings and attitudes of nurses to better understand why nurses enjoy working with the aged. If researchers can isolate factors that form a positive attitude toward the elderly, this information may be used to further sensitization to issues involving elder care and its special problems and merits. Maybe better marketing techniques will lead to increased interest in nurses who enjoy the elderly. "Increased knowledge and understanding about how attitude influences the nursing process is essential to fostering quality nursing care" (Hatton, 1977).

CHAPTER III

METHOD

This exploratory, descriptive field study explores the factors influencing thirteen registered nurses who enjoy working with the elderly. The main focus of this paper is to describe the feelings and attitudes of nurses in order to convince others of the value of elder care by nurses committed to the aging population. This study took place in late 1984 and early 1985 in two Norther Midwest cities. It involved personal interviews by the author at a site of the subject's choosing--usually her home. Several were held, with permission, at the subject's work site during off-duty hours. Demographic data was obtained through a short questionnaire based on previous research, especially Tuckman & Lorge's Attitudes Toward Old People Questionnaire (1953). The subject completed this prior to the interview. The interview consisted of open-ended questions also developed from previous research. The subjects' names were obtained from colleagues who identified "nurses who enjoy working with the elderly." These nurses were telephoned to ask for a one hour interview. Three nurses declined but thirteen agreed to a taped interview. Approval was obtained from the University of Wisconsin Human Subjects Committee. Confidentiality was assured by numbering the interviews and by insuring only the author privy to them. A pre-test of the questions and questionnaire was not

utilized. However, three Master-level nurses reviewed the material for content validity. Due to the small, convenience sample size, the factors isolated may not generalize to a larger, randomly-selected population in other settings.

The method of analysis is based on techniques outline in "Theoretical Sensitivity" (Glaser, 1978) and Knafl & Howard's "Interpreting and Reporting Qualitative Research" (1984). It consists of analyzing collected qualitative data with subsequent emergence of relevant integrative concepts derived from the interviews themselves. Categories began to emerge and were recorded on sorting cards. These cards were then sorted into a dozen or so specific categories. These were compared to the original interviews, questionnaires, and previous research. Three or four major relevant factors began to emerge from the data. Pertinent quotations from the interview material that would clarify, amplify, or refute these findings were selected. These factors were then studied further to insure a "good fit" existed between the cues generated by the data and the theory that had emerged. Some factors support previous studies while others may tend to disagree or to add new dimensions to previous conclusions of other studies.

CHAPTER IV

QUESTIONNAIRE DATA

Ten items were included in the brief questionnaire. All thirteen subjects were female. Twelve nurses were Caucasian; the thirteenth person appeared Caucasian but left the category blank. The mean age was 43 years old; the media age was 37. (Table I). Ten nurses were graduates of diploma schools of nursing, one had a ADN degree from a technical school, one had a BSN, and one nurse had begun graduate studies in nursing. (Table II).

Five nurses had no formal classes in gerontology. Five subjects had had hospital and nursing home inservices on aging. One nurse had taken three gerontology classes; one had taken seminars on aging in a University setting. One nurse had taken a class on "Drugs and the Elderly"; another had taken a course on "Death and Dying." The youngest subject had had classes in Gerontology at nursing school in 1978. Two nurses (aged 40 and 51) listed no formal or informal classes taken at all. One person had attended a class on aging at the graduate nursing level.

Two nurses had not attended workshops in gerontology. One subject had attended the Western Gerontological Conference in March of 1984. Two subjects had attended workshops on aging the last four years. One nurse had attended an Alzheimer's Disease seminar; one had gone to a six-week session for caregivers. Two had attended a course on "Nurse Care of the Elderly" and one nurse had attended a course on "Care of Decubiti." Others had

Table I. Age

32
33
37
37
40
41
42
45
48
50
51
52
54

Table II. Education

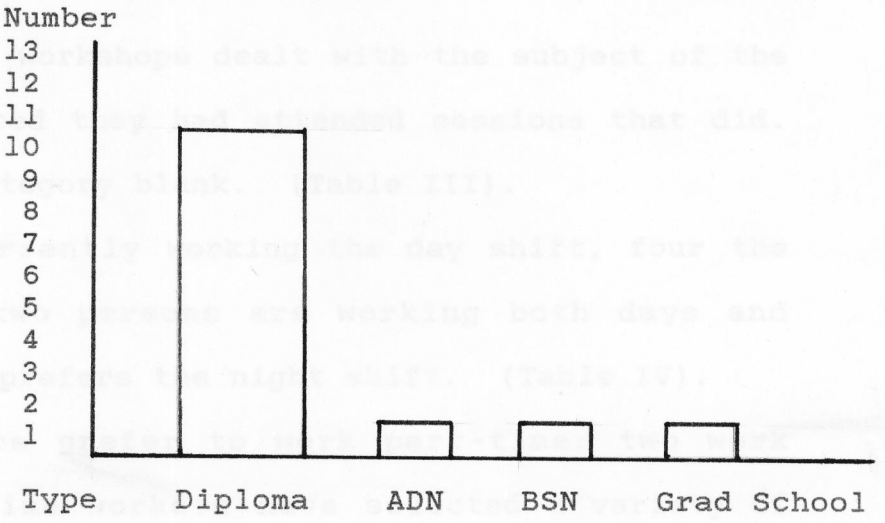
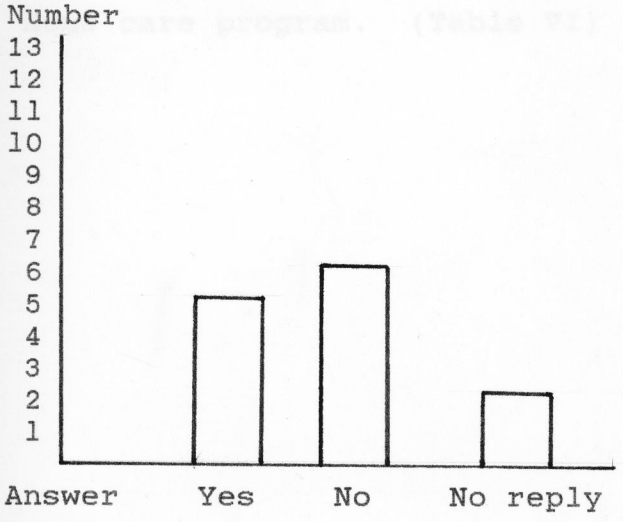


Table III. Workshops Dealing with Well-Elderly



attended classes on COPD, assessment of the elderly, grief and coping, and aging. One nurse listed her orientation as a gerontological workshop.

Six nurses said no workshops dealt with the subject of the well-elderly; five stated they had attended sessions that did. Two subjects left the category blank. (Table III).

Six nurses are currently working the day shift, four the evening (PM) shift, two persons are working both days and evenings, and one nurse prefers the night shift. (Table IV). Eleven of the subjects prefer to work part-time; two work full-time. The part-time workers have selected a variety of hours to work; the mean is 23 hours, the median is 20 hours per week (Table V). Eleven nurses work in a long-term care facility. One subject works in a hospital; one in a hospital-based home care program. (Table VI)

Table IV. Shift

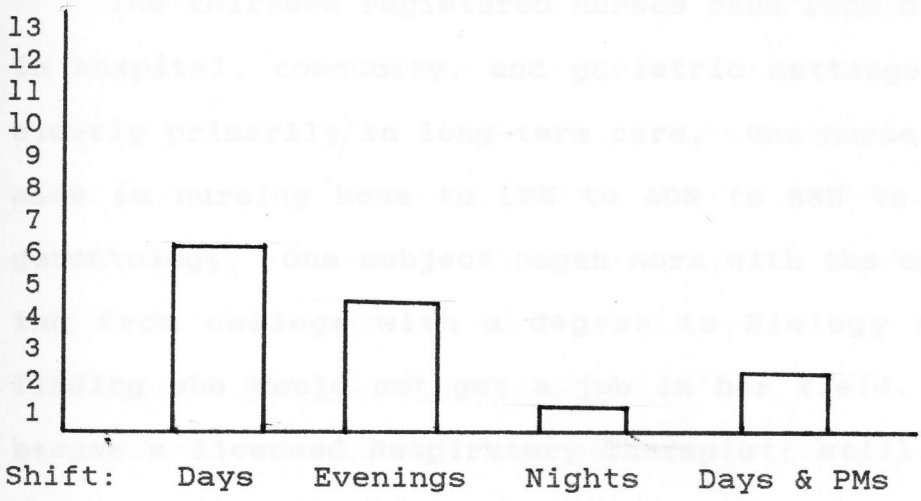
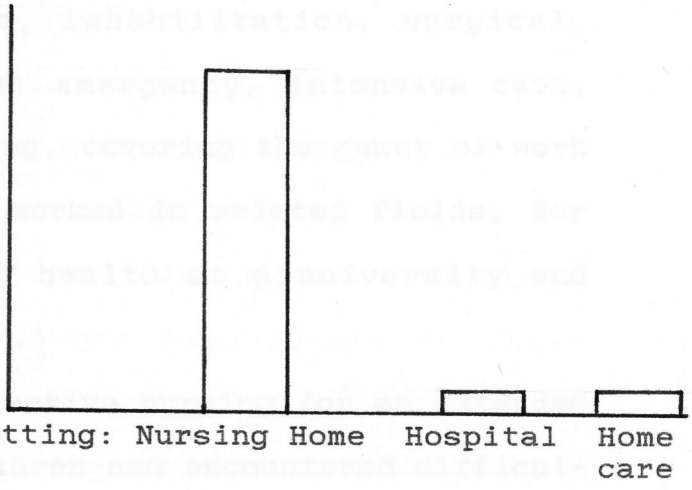


Table V. Hours per Week

16
20
20
20
20
20
24
24
28
32
40
40

Table VI. Setting



INTERVIEW DATA

THE NURSES'BACKGROUND

The thirteen registered nurses came from diverse backgrounds in hospital, community, and geriatric settings to work with the elderly primarily in long-term care. One nurse had advanced from aide in nursing home to LPN to ADN to BSN to graduate study in gerontology. One subject began work with the aged after graduating from college with a degree in Biology and Sociology and finding she could not get a job in her field. Subsequently she became a licensed Respiratory Therapist; still dissatisfied, she eventually obtained an ADN and returned to nursing home care.

Backgrounds included neurosurgical, psychiatric, ophalmic, oncologic, pediatric, obstetric, rehabilitation, surgical, general medical-surgical, office, emergency, intensive care, coronary care, and geriatric nursing, covering the gamut of work experience. The nurses had also worked in related fields, for example, viral research, student health at a university and teaching.

Five nurses had retired from active nursing for an extended period in order to raise their children and encountered difficulty in getting back into active nursing due to rusty skills, Four subjects were able to be retrained at the nursing homes that hired them after failing to find refresher courses available. One nurse related the circumstances of returning to work; four weeks commitment, travel to a site 150 miles away, plus costs

involved and time away from home. One nurse was able to take a refresher course and found it very helpful.

One nurse was a study in determination. She had a stroke at age 23 that left her with one side totally paralyzed and unable to speak. "I was unable to do anything for a number of months but with my determination, I got going again. I don't think I have lost any of my capabilities and it's given me a better grasp on the whole situation. I sometimes come down on them (residents) too hard because they can do more."

CHOOSING TO WORK WITH THE ELDERLY

There were equally diverse reasons for choosing to work with the elderly. Two nurses saw it simply as fate. Five rejected acute care as being too threatening, e.g., "I did not feel comfortable in an acute setting" and "I had been out of nursing for a prolonged period." Two nurses simply began working with the elderly to reacquaint themselves with nursing techniques and found a home in elder care. One nurse had elderly friends and chose to work with the elderly. Several others "had always like the elderly." Two nurses had had bad experiences in other nursing homes but nevertheless had returned successfully to long-term care. One subject had greatly admired her grandparents and chose geriatrics over pediatrics. Some choices were unrelated to the elderly per se, location, convenience, and a search for "something different."

"Pay was not a significantly important item but the nurses were tuned in to the importance of overtime pay; six nurses complained that they do not get paid for overtime work as a

matter of nursing home policy. Two nurses stated they returned to work "to contribute to family income" but no one stated the job change occurred due to salary. One nurse chortled that her nursing home "paid more per hour than the hospitals do" but four nurses complained they took a pay cut to work in long-term care.

Six nurses were influenced by shift preference in choosing to work with the elderly. Seven subjects replied shift "made no difference." One person chose the job because it offered full-time work; another because it offered no shift rotation. Five nurses made their choices based on the needs of husband and family.

In summary, despite research that suggests RN's choose not to work with the elderly, the thirteen RN subjects who enjoy working with the aged gave varying reasons for the choice they made. Some cited location, family considerations, and reluctance to work in acute care settings as factors. Six nurses were influenced by shift preference. Only three nurses stated commitment to the aged was the significant factor influencing their choice.

WHAT MAKES YOU SPECIAL?

All but one of the nurses accepted the designation as special without a protest. They had many reasons to feel they had unique contributions to make to the elderly. This is what one special nurse had to say:

> "I think I'm real patient. I take time. I enjoy my patients. I have a low voice so they can hear me. Mainly I think you have to have a lot of patience and

you have to slow yourself down to their level. You have to explain things in terms they can understand. A lot of these people don't have the level of education that a lot of other patients have plus they have a lot of sensory deprivation. A lot of them have cognitive impairments where they don't completely understand what's going on or why it's going on. I talk their language."

Another subject replied, "I tell them if they need anything to call me so they know they aren't bothering you if they do call you. That's really important. Some of them are really scared to ask for help. That's my biggest asset, I think." A former psychiatric nurse confided, "Maybe because I see each patient as a person. Each one is completely different to me. They're not just `the elderly'. Each one has a different personality. I enjoy working with them. I find there are very few I can't get along with."

"My parents were older", stated one nurse. "I think I relate well to them. They look at me like `You're talking my language' and I think that helps a lot." One of the older nurses was very friendly and open so it was not surprising to hear her say, "Residents tell me they like my smile. I do have a cheery disposition and I can chatter away with the residents."

Many nurses suggested that they often got as much from the elderly as they gave. They talked about rapport, empathy, patience, touch, caring. Three persons mentioned middle age as an advantage: "I relate better because of my age."

In summary, all the nurses feel they had unique attributes that made them "special." Some qualities were the result of professional experience; others tended to be more personal, such as personality or disposition.

SIGNIFICANT EXPERIENCES

Although two nurses had no recollection of memorable experiences that led to working with the elderly, a variety of experiences were recalled by the rest of the subjects. One nurse was encouraged by her experience in a nursing home during nursing school; another was influenced by a tour of a nursing home during a nursing school class reunion. One nurse needed experience to update her nursing to "test out" on some areas in preparation for return to college and has been working with the elderly every since.

One nurse poignantly stated: "I never had a grandparent. I feel like maybe I've missed a part of my childhood not having someone I can relate to...Now I have all these older people that I can talk to and I really think it's great."

The nurse in the hospital setting recalled an incident from ten years ago: "A little elderly lady with the prettiest blue eyes told me that she wouldn't have bothered living that evening if it hadn't been for me."

The youngest nurse in the study was aware of her privileged status: "I was very fortunate to have four grandparents when I was growing up and they're very special to me and I was very special to them."

Caring for an elderly aunt and rehabilitating her from

"confusion through depression to alertness" led one subject to have renewed interest in the elderly and helped herself to have renewed interest in nursing after a negative experience in a long-term care facility. Another nurse felt visiting her grandfather in a nursing home as a child was the positive experience that helped her to choose elder care.

In summary, researchers have determined experience plays a large role in enjoyment of care of the elderly. This study bear that out. Eleven nurses had significant experiences with the elderly either personal or professional, that led to working with the aged.

EXPOSURE TO WELL-ELDERLY

All subjects had had experiences with well-elderly, although some of them wee not familiar with the term. "Well-elderly" means elders who are functioning well as contributing members of society. Four nurses indicated their parents were good examples of well-elderly, four spoke of elderly aunts and uncles, and two told of active grandparents. Three persons had on-going relationships with significantly older friends who were able to share their interests.

"My mother is 80 years old and takes care of my daughter yet to this day...My aunt is 86 years old and runs a general store," stated one nurse.

A nurse of 45 told of the relationship she had with an elder friend: "I have a very good friend who is 25 years older than me and we do a lot of interesting things. We play tennis, go biking, and do that kind of thing. I've worked with the League of Women Voters with a lot of older ladies. To me the age wasn't a real factor expect I was impressed that people want to do things at age 60 or 70."

"My mother lived in one of those senior citizens homes and we spent two weekends a month with those people and I kind of miss that since that time because it is kind of nice to compare the well-elderly to the ill." This nurse also told of the benefit to the family of having her father-in-law live with them until he died.

These quotations give a flavor of the acceptance the subjects feel for the elderly as well as providing a testimonial to the pleasure the aged provide to the nurses and others: "I work in a geriatric group at church. We put on dinners. We get out the church newsletter. We pack boxes. We've held rummage sales. Most of it is done by senior citizens. The people who did the running were the younger people and the people who did the packing were the older people."

ELDERS IN THE NEIGHBORHOOD

Five nurses had no elderly in their neighborhood while eight had varying relationships with their aged neighbors. The impact of these contacts shows in the following narratives:

"The one that comes to mind immediately is a widow who lives near my house. For years, rain or shine, cold or sunny, I see this woman walking around our block, which is a very, very long block. And she walks it several times a day."

"We have a sort of a 'if we need each other' relationship. He's always there when I need him to put oil in my car or if he has a garage sale. I'm always over there helping him. That kind of thing. Not buddy-buddy but we know each other are there and available."

"My kids are both boys and they're both teenagers and there's a lady who lives across the street and they go and shover her driveway when it snows."

In summary, although some research implies elderly neighbors may be a negative influence, in this study eight of thirteen nurses who work with the aged had positive relationships with their elderly neighbors.

LIVING WITH GRANDPARENTS

Five nurses had lived with grandparents and only one related it as a negative experience. In fact, she felt it had influenced her to want to work with the elderly: "I have been trying to please the elderly since that time." Most of the subjects felt

it was a great positive influence on their lives and perhaps on their selection of the elderly as a population of care.

"Actually I did live with my grandmother for two years when I was going to school to be a nurse. She had the dream that she would be a nurse when she was younger so for her it was the fulfillment of her dreams."

"It was primarily my maternal grandmother who was a nurse and I remember all the wonderful stories she would tell me about her days in training where she would sneak out and do all these devilish things that upset the Director of Nurses. There was just something about that experience that influenced me later.

"We lived in my grandfather's house. He died when I was 14. He was a big influence. I sometimes got irritated that my father wasn't a stronger person; then I got irritated with the domineering ways of my grandfather. But overall there were a lot of good things we did together that we had fun with him. He was a real active person and I think that impresses me to see people who are active. Pursuing things. Have good times. He had a sense of humor."

This study seems to support Heller & Walsh's conclusion that positive experiences with grandparents leads to positive attitudes toward the elderly in general.

WORKING WITH THE ELDERLY

Nine nurses responded with the word "frustrating" to describe what working with the elderly was like but seven also called it "enjoyable." Some described feeling of happiness or sadness. One nurse called it "a satisfying commitment." Several

nurses told of the sadness in losing someone who has become your friend through long months or years of care.

There were many illustrations of the difficulties of working with the elderly:

"The elderly are a hard population of care. They take a lot of care. There are so many in there 90's. All of a sudden you may lose them all. That's real hard to deal with on a close 1:1 relationship like we have."

"It can be frustrating, especially when you're dealing with a confused, disoriented person. I don't have much psych background at all and it can be frustrating but part of the frustration is just lack of time. If I was just able to sit down and put my arm around and walk along with someone and just be able to spend some time it would be less frustrating."

"Sometimes it's a real pleasure. Other times (laugh)--just like last night--I think that if Henry asked me once he asked me ten times abut the money I had taken and put in the safe. He just forgot. Time and time again. Well, I just have to get away from the situation a little bit--go down the hall--and then OK--we'll go again (laugh)."

But work with the elderly has its rewards as described by this nurse: "There's a lot of good feelings. If you can imagine putting these elderly patients to bed at night. They are a very love-starved generation to begin with. You can't be afraid to have this little old lady give you a peck on the check or a hug or you do it to them."

Several nurses related reasons why they consider eldercare a wonderful experience:

"It's real special. For one thing you get a lot of positive feedback because, contrary to what some people think, that the elderly are difficult or cranky or irritable, I've always found them to be very grateful for anything you do for them."

"They're so grateful for any little thing. In fact this nurse who hadn't worked for 18 years and me, who hadn't worked for 14 years, we were just amazed those first three weeks at how grateful everyone was for everything. As a mother, no one really thanks you."

"You get to know them better; to get to know their little idiosyncrasies. You get to know that one wants applesuace and one likes cranberry juice and another can't look at the stuff! That's one of the real enjoyments I get in working in this type of facility--the time to know the person, even family members, and get to know them and establishing some relationships."

The conclusion of the nurses in this study seems to be that eldercare is frustrating but enjoyable. There are elements of happiness and sadness. Both the frustration and the enjoyment seem related to time. The frustration tends to be due to time constraints that alter the quality of nursing interaction; the enjoyment results from satisfying relationships formed with patients over time.

INITIAL ATTITUDE CHANGE

Most subjects said their initial attitude toward the elderly had become more positive with contact and experience. Ten nurses felt their attitude had changed for the better; three said they had always had a positive attitude toward the elderly. One of the older nurses with many years of experience said, "I used to feel a lot of pity and felt sorry for them. That's changed now. The last years I have really thought that you have to approach these people with and `up' attitude. Now I don't mean giggly; I mean just being `up' mentally. Their depression is a really factor. So if you go in with this `down' attitude it only makes it worse. You have to go in and say, `We are going to make it a good night and we are going to do it together'."

Another nurse put it this way, "Yes, I think it has definitely changed. I think the older I get the more I can see that some day I may be just like that. I'm the type of person who has my own quirks. I like things certain ways."

This account sums up how one nurse feels about how her thinking has changed:

"At first when I started I felt really bad for someone who has spent a whole life to condense it to sharing a room with somebody. They have to get rid of all their personal things acquired through the years. I felt really bad for them. But after a couple of years working with them, I though, `That's neat to be able to unclutter your life.' Just the things that are really important are how you deal with people and the relation-

STATE OF HEALTH

State of health had a great impact on the nursing care of ten of the nurses. They felt there were many aspects of health that have an impact on nursing care of the elderly from spreading germs to affecting their dispositions. Several said RNs who work with the elderly are overworked; four declared burnout is a significant danger to gerontological nurses. They cited the need for the control necessary to simply walk away without a confrontation that may upset the resident not only for the moment but for the day or longer. Several nurses at this point stated their conviction that this is where good health, mentally, physically, and emotionally, is essential for the professional nursing of the aged.

This nurse talks about burnout: "I would say emotional health more than anything. A lot of times that is affected by physical health. I started to experience physical symptoms of burnout; I would become light-headed. The emotions were so right on the surface you'd look at me the wrong way and I'd run a little puddle of tears. I just couldn't take anything out of the ordinary--anything other than a smooth day. It was hard for me to face it. I couldn't handle that. I didn't want to hear their problems. I found that it wasn't really safe; I would forget to redo a restraint. Legally, it's a bombshell. I feel strongly that it's unfair to ask someone who's not feeling well to come in."

Another nurse recounts how the illness of her husband affected her work: "There were months after my husband's surgery

when I know I was--I called myself an `average nurse' then. I did all the things that were expected of me but my friends would mention that my hair wasn't combed and the bounce wasn't in the walk."

Three nurses disagreed with the majority; they felt a positive attitude can overcome most ailments by putting things in perspective. This is one optimistic viewpoint: "If you just feel a little sluggish or not up to par, take a `wellness walk' down the hall and see in the room that this patient can't breath. OK, say, `Thank God, I can breathe! You just go down the line thanking God and by the time you get to the desk, you don't care what you felt like because by that time you feel good!' This is another subject's statement on the importance of mind over matter: "If I don't feel good I can go home and say `I really don't feel good' but usually when I'm at work, no, I forget about it. If I were really sick I wouldn't go to work because they're so susceptible to picking things up."

There are physical and emotional aspects to care of the elderly:

"I guess from the standpoint of health there's a lot of lifting and a lot of physical things. It's very physical because they simply aren't able to get up on that bed so you're going to have to put them there and you have to feel good in order to accomplish that."

"I think so. Sometimes when you're not feeling well and you still go to work and you have someone who is confused or someone who keeps repeating himself, it can be frustrating. You have to

be ready mentally and physically to tolerate that. If you have someone who wanders out the doors, you can really get upset. So you really have to be ready mentally and physically."

This nurse agreed on the impact of state of health but related it to the number of hours worked per week: "No, I would say not. Of course, I work part-time. They get a better attitude when you work part-time than when you work full-time. I notice we've gone through a lot of full-time nurses where our part-time has stayed much longer. I think it's very hard on them working every day. I think the RN and staff nurses are very overworked and when you work full-time it does affect you quite abit in that you get quite tired out. Burned out. Some days it's very exhausting."

In summary, ten nurses in this study felt state of health had an impact on nursing care given because it diminished the reserve necessary to copy with the uncertainties of elder care. One nurse advocated part-time work as more healthy than full-time. Three nurses. on the other hand, felt most conditions can be overcome during the work day by assuming a positive attitude of control over mind and body.

TALENTS AND ABILITIES

The thirteen nurses brought a myriad of talents and abilities to their work. Some were organizational skills; some were social abilities, some were nurturant attitudes of thoughtfulness, encouragement, and empathy.

These are excerpts from the many ideas generated by the interviews:

"I think it's patience because you have to have endless patience. Because you're going to have lots of repetition. Repetition that doesn't go anywhere sometimes. If that's going to upset you, then you don't belong there because there is no way of hurrying these people. Nor should they be. They are doing it to their capabilities, not yours."

"The things they ask me to do I try to do. They're in the nursing home and that is where they live year in and year out. A lot of my time is spent trying to make them more comfortable."

"I thought I had a sense of humor but I find that I get frustrated along with these people."

"I think my communication skills. I go in and sit down with them in that chair. If I want to talk awhile, I talk awhile. It's not a big deal if you get the meds passed 20 minutes before or 20 minutes after the hour. And I answer lights. I think it's important to see nurses do that."

"I'm pretty friendly and outgoing and I like to laugh with people. I think they're really looking for that relief or that joy or something bubbly."

Many of the nurses voiced the need to have the talents of patience, humor, and empathy in order to survive in long-term care. They made an effort to take the cues from the patient and present an optimistic viewpoint to him/her "to bring a little happiness into their lives each day."

AN AVERAGE WORK DAY

Naturally the different settings will give a slightly different insight into a day with the elderly. By asking the

nurses what a day of care is like the author hoped to get a flavor of how nurses related to their clients and to other health care workers while on the job. The reports were lengthy, from a blow-by-blow account of every task of the day to philosophical explanations of why the elderly behave the way they do and how the nurses react to this behavior.

Each nurse seemed to have an outline of how the day should go and what tasks had to be accomplished. Some settings were more structured than others. The salient factor that emerged is the nurses' adaptability to situation and setting, to the patient's needs, and to her co-workers while maintaining her own standard of care to her own satisfaction.

They have two extremes: sometimes they go routine as planned and there's often times when crisis arrives. It doesn't take too much to be a crisis with an elderly person. You can never consider them to be completely stable because they change so fast. I have rearranged my schedule several times on an individual day just to accommodate the needs that come up."

"When they have an inservice here, people that know something give it."

"If we don't do a treatment, we have to document why it wasn't done. How do you document that you ran out of time?"

"The flu is coming. The we've got lots more care and lots more meds to give."

"If we have students, even though they are a great help, it's just more bodies to interact with. That can be really hectic."

"I start out with my medicines but I do quick assessments. Otherwise I lose people. They're never in their rooms. They're at the beauty parlor or they're hither and yon so that's my one time. I just quickly look around their rooms and it's a total picture. Somehow you see all this after a time. It didn't come in the first month or two. `Do they need a haircut? Beauty parlor? Are their fingernails long?' Supplies. Room. It's just quick. Extra glass of water for these pills. My one bit time to see they get fluids."

"These residents are mentally alert and see these confused, restrained people. It's depressing. I've heard it so many times, `Oh, I'm so sad that Mrs. ----- is tied down and how she peddles down the hall' or `I wish I didn't have to see that because someday I'll be there.' You can sort of feel what it's like and give them a pat on the arm or a hug and say, `I know it is difficult.' I can go home. I can get out of this situation. They're here."

"It's very routine. I think you find that with the elderly. They are in a routine, therefore you put yourself in a routine. When your job can get to be a routine, it tends to get boring and you get frustrated. When you deviate their routine a little bit, their whole day is totally a disaster for them! So you have to be careful for yourself that you don't get into that. Try different things in your own care towards the patient. Something doesn't work, you try something else. You talk with them about it so they <u>know</u> what you're going to do because a lot of times

they really buck it. You kind of have to let them be in on it too. That makes a lot of difference."

"I've had families come in and say, `Ma or Dad or Grandma or Grandpa is old and they've worked hard all their life and I don't want them to have to do any of this anymore.' Even if it's a matter of walking ten feet from the bed to the bathroom. If Grandma or Grandpa doesn't want it, they are not to do it. You couldn't convince the family that you were actually doing them a disservice by letting their relative stay in bed. Most of them genuinely feel that they were giving Grandma or Grandpa something they deserve. But if they came to the point where they were sick, `Boy'! You better do something quick about being sick."

"Some families are real concerned and they're here quite a bit. Some families no. Some families are here two or three times a week. Very concerned about getting clothes for these residents. That can be frustrating, too. You get to a drawer and clothes don't fit and then it's either up to the social worker or the activity director to get clothes for these people. I think that's just terrible. It's one thing if they don't have any family; it's another if they do. Other families, you call them up and in two days you've got what you need. Or they'll have guardians and the guardian is never around. So you wait five or six weeks. You can never get a hold of them. That's frustrating. But there are other families that are there when you need them. You see a difference in the patient, too."

"That's real important to these people; looking forward to something. We had a resident whose sister would come consistent-

ly to see her. And then she stopped, no one knows why. And a lot of these patients will get ready and they actually sit by the door and wait and wait and wait and when they don't come and they've been promised--that's terrible! That gets me. You could just cry."

OFFERED EQUAL OPPORTUNITIES?

Ten nurses declared they would definitely stay with the elderly even if offered equal opportunities with another age group; one gave a hesitant "Yes".

One subject stated she "might try a different age group" although she had no definite plans to cease working with the elderly. Another woman clearly felt she needed a change to a "less taxing, less challenging job." One nurse sincerely believed she would be happy working with any age group but intended to stay with the elderly unless circumstances changed.

Fatigue was evident in the narrative of this nurse who planned a job change: "I've worked six years with the elderly. I think that I do enjoy them but I think I might try a different age group right at this point in my life. I'd like to try clinic nursing or something less taxing. I really do feel that it's very hard working with the elderly--takes a lot out of a person. It just can be very exhausting. I think ours are more critically ill here than we had in a small nursing home but that was boring! (I think) That we have plenty of challenge here; however, after five or six years, I think I'm ready for a change."

This is the philosophical approach of one subject: "At this moment, here with the elderly, there are negatives but I still haven't found one person with a job that 100 percent happy 100 percent of the time. I find the care of the aged rewarding."

"I love my job. I'm very happy. I couldn't think of any way to change it. I thrive with the people I'm taking care of and the work setting. When I fell into the situation that I'm in, I knew it was right."

SUMMARY

The purpose of the study is to try to identify those factors which account for why nurses enjoy working with the elderly and to relate those factors found in the study to other research on nurses' attitudes toward the elderly.

The flavor of the thirteen nurses attitudes was developed in the many and varied backgrounds, talents and abilities, "specialness", and settings. Although there was some element of sameness, so many variables were present in the study that no factors were isolated from these categories. It is of interest to think that so much variety can be assimilated into a setting with harmonious results.

Although pay was an item of interest, it was not of as much importance as shift selection to the interviewees. Campbell and Gillis stated RNs will not be persuaded to work with the elderly if they don't want to, even by pay or shift preference. Since most of these nurses wanted to, it is a moot point. Although they had a variety of reasons for choosing to work with the elderly, they all chose freely. This study does not support Campbell's claim the RNs prefer not to work with the aged.

Experiences proved to be very important to the nurses both prior to work and in work with the elderly. This supports Wolk & Wolk's theory that a positive relationship develops between nurse and patient that forms a positive attitude. It also agrees with Heller & Walsh's claim that positive experiences with the elderly lead to positive attitudes in nurses as well as their assertion

that positive experiences with grandparents is predictive of a positive attitude. Obviously all subjects profited by their experiences with the well-elderly and enjoyed the experience.

Taylor and Harned stated nurses with no elderly neighbors tended to have a more positive attitude; this study, although small, does not support this conclusion. Attitude toward the elderly, but nurses in Taylor & Harned's study would be at least 47 by now which is closer to the mean age of 43 of the participants of this study so there may be some correlation.

Wolk & Wolk, Gillis, and Futrell & Jones (1977) believe association with the elderly will lead to a change in attitude. This study bears out this finding with ten of the subjects changing their attitude toward the elderly to a more positive stance after working with the aged.

Again Campbell's conclusion is not sustained by the choice made by the RNs in this study to stay with the elder care at the conclusion of the study. She felt RNs prefer not to work with the elderly, but her study is now 15 years old and there have been definite strides made in nursing care of the aged. This is probably reflected in the outcome of this study.

Although Bergmann was definite in her contention that nurses in nursing homes can maintain the pace of acute care settings, five nurses in this study made the choice to work with the elderly because they feared the pace of acute care. Although none tried it, they may have been reacting to the commonly held sterotype. As Bergmann suggested nursing homes are a <u>different</u> setting with <u>unique</u> but not less challenging aspects of care.

There is no question that the autonomy of the RN in long-term care is great and that it requires special talents and skills. I believe this is a marketable factor that has been underutilized by most administrators in recruiting.

Feldbaum & Feldbaum's conclusion that few nurses plan to care for the elderly was substantiated by the background information elicited from the nurses. Three nurses said they always intended to care for the elderly. Ten did not but were somehow incorporated into the system of elder care and are happy there.

The questionnaire answered some of the questions not dealt with in the interviews. The conclusion of Wolk & Wolk that most care givers are female was borne out. Feldbaum & Feldbaum's assertion that they are usually women of minority races is not true in the case of this study of RNs due to locality if for no other factors. Although most nurses in this study worked days in a nursing home, 20 hours a week, this finding may be due to the biased sample of subjects. No nurses in the community or in community-based home care were a part of the sample.

BIBLIOGRAPHY

Adelson, R., Nasti, A., Sprafkin, J. N., Marinelli, R., Primavera, L. H., & Gorman, B. S. (1982). Behavioral ratings of health professionals' interactions with the geriatric patient. The Gerontologist, 22(3), 277-281.

Alvermann, M. M. (1979, May, June). Toward improving geriatric care with environmental intervention emphasizing a homelike atmosphere: An environmental experience. Journal of Gerontological Nursing, 5(3), 13-17.

Anderson, O. W. (1977, March, April). Reflections on the sick aged and the helping system. Journal of Gerontological Nursing, 3(2), 14-20.

Bell, L. Z. & Williams, J. B. (1982, December). The rewards of gerontological nursing. Imprint, Vol. 29(5), 33-35.

Benson, E. R. (1982, May). Attitudes toward the elderly: A survey of recent nursing literature. Journal of Gerontological Nursing, 8(5), 279-281.

Borgatta, E. F. & Loeb, M. B. (1979, March). An introduction. Research on Aging, 1(1), 3-9.

Bretl, C. (1984, October 11). Young old woman studies elderly. Oconomowoc Enterprise, p. 2.

Burggraf, V. (1981, May, June). The wheel of aging. Geriatric Nursing, 2(3), 208-209.

Campbell, M. E. (1971, March, April). Study of the attitudes of nursing personnel through the geriatric patient. Nursing Research, 20(2), 147-151.

Chenitz, W. C. (1983, July, August). The nurse's aide and the confused person. Geriatric Nursing, Vol 4(4), 238-241.

Coe, R. M. (1967, June). Professional perspectives on the aged. The Gerontologist, 7(2), Part I, 114-119.

Delora, J. R. & Moses, D. V. (1969, March, April). Specialty preferences and characteristics of nursing students in baccalaureate programs. Nursing Research, 18(2), 137-144.

Eliopoulos, C. (1983, October). Nurse staffing in long-term care facilities: The case against a high ratio of RNs. The Journal of Nursing Administration, 13(10), 29-31.

Feldbaum, E. G. & Feldbaum, M. B (1981). Caring for the elderly: Who dislikes it least. Journal of Health Politics, Policy and Law, 5(4), 62-72.

Fisk, V. R. (1984, March). When nurses' aides care. Journal of Gerontological Nursing, 3(3), 42-46.

Gillis, Sr. M. (1973, November, December). Attitudes of nursing personnel towards the aged. Nursing Research, 22(6), 517-520.

Glaser, B. G. (1978). Theoretical Sensitivity. Mill Valley, CA: The Sociology Press.

Gow, K. M. (1982). How nurses' emotions affect patient care. New York: Springer Publishing Company.

Gunter, L. M. (1971, July). Students' attitudes toward geriatric nursing. Nursing Outlook, 19(7), 466-469.

Hart, L. K., Freel, M. I., & Crowell, C. M. Changing attitudes toward the aged and interest in caring for the aged. Journal of Gerontological Nursing, 2(4), 10-16.

Hatton, J. (1977, May, June). Nurse's attitude toward the aged: Relationship to nursing care. Journal of Gerontological Nursing, 3(3), 21-26.

Havighurst, R. J. (1977, March, April). Perspectives on health care for the elderly. Journal of Gerontological Nursing, 3(2), 21-24.

Heller, B.R. & Walsh, F. J. (1976, January). Changing nursing students' attitudes toward the aged. Journal of Nursing Education, 15(5), 9-17.

Hogstel, M. O. (1981). Nursing Care of the Older Adult. New York: John Wiley & Sons.

Katch, M. P. (1983, December). A negentropic view of the aged. Journal of Gerontological Nursing, 9(12), 656-660.

Kayser, J. S. & Minnigerode, F. A. (1975, January, February). Increasing nursing students' interest in working with aged patients. Nursing Research, 24(1), 23-26.

Kennie, D. C. (1983, February 11). Good health care for the aged. Journal of the American Medical Association, 249(6), 770-773.

King, I. (1981). A Theory for Nursing: Systems, Concepts, Process. New York: John Wiley & Sons.

Knafl, K. A. & Howard, M. J. (1984). Interpreting and reporting qualitative research. Research in Nursing and Health, 7, 17-24.

Kogan, N. (1961). Attitudes toward old people: The development of a scale and an examination of correlate. Journal of Abnormal and Social Psychology, 62(1), 44-54.

LaMonica, E. L. (1979, November, December). The nurse and the aging client: Positive attitude formation. Nurse Educator, 4(6), 23-26.

Larson, E., Lee, P. C., Brown, M. A. & Shorr, J. (1984, January). Job satisfaction: Assumptions and complexities. The Journal of Nursing Administration, 14(1), 31-38.

Marsh, E. J. (1983, June). Education: Attitudes in transition. Journal of Gerontological Nursing, 9(6), 333-335, 352.

Melin, R. C. & Hymans, D. J. (1977, October). Developing a health-care model for long-term care facilities. Journal of Nursing Administration, Vol 7(8), 12-14, 32.

Meyer, M. M., Hassanein, R. S., & Bahr, Sr. R. T. (1980, October). A comparison of attitudes toward the aged held by professional nurses. Image, 12(3), 62-66.

Nuessel, F. H. (1982). The language of agism. The Gerontologist, 22(3), 273-276.

Oakley, A. (1981). Interviewing women: A contradiction in terms. In Roberts, H. (Ed.). Doing Feminist Research (pp. 30-59). Boston: Routledge & Kegan Paul.

Panicucci, C. A. (1983, June). Functional assessment of the older adult care setting. Nursing Clinics of North America, 18(2), 355-363.

Penner, L. A., Ludenia, K. & Mead, G. (1984, March). Staff attitudes: Image or reality? Journal of Gerontological Nursing, 10(3), 110-117.

Polit, D. F. & Hungler, B. P. (1983). Nursing Research: Principles and Methods (2nd ed.). Philadelphia: J. B. Lippincott Company.

Robb, S. S. (1979, January, February). Attitudes and intentions of baccalaureate nursing students toward the elderly. Nursing Research, 28(1), 43-50.

Rogers, T., Metzger, L. & Bauman, L. (1984, January, February). Geriatric nurse practitioners: How are they doing? Geriatric Nursing, 5(1), 51-54.

Smith, C. E., Buck, S., Colligan, E., Kerndt, P., Sollie, T. (1980). Differences in importance ratings of self-care geriatric patients and the nurses who care for them. International Journal of Nursing Studies, 17, 145-153.

Swanson, J. M. & Chenitz, W. C. (1982, April). Why qualitative research in nursing? Nursing Outlook, Vol 30(4), 241-245.

Taylor, K. H. & Harned, T. L. (1978, October). Attitudes toward old people: A study of nurses who care for the elderly. Journal of Gerontological Nursing, 4(5), 43-47.

Tuckman, J. & Lorge, I. (1953). Attitudes toward old people. Journal of Social Psychology, 37 (249-260).

Wolk, R. L., & Wolk, R. B. (1971). Professional workers' attitudes toward the aged. Journal of the American Geriatrics Society, 19(7), 624-639.

Yarling, R. R. (1977, March, April). The sick, aged, the nursing profession, and the larger society. Journal of Gerontological Nursing, 3(2), 42-51.

Zampella, A. D. (1969). A sampling of attitudes toward aging. Journal of the American Geriatrics Society, 17(5), 488-492.

APPENDICIES

APPENDIX A

QUESTIONNAIRE

You are invited to participate in a study of the attitudes toward the elderly of gerontological nurses working only with the aged. I am interested in knowing the dimensions of your feelings and how they were formed. Please fill out the general information listed below prior to your interview.

1. Sex: male _____female_____.
2. Age: _____.
3. Education: circle the last year completed for each type listed below:

   1 2 3 4 Vocational School

   1 2 3 4 Diploma

   1 2 3 4 College

   1 2 3 4 Graduate School.
4. List formal education in Gerontology (not classes taken):

   _____ _____

   _____ _____

   _____ _____
5. Gerontological Workshops attended:

   _____ _____

   _____ _____
6. Did any workshop deal with the "well" elderly? yes___no___.
7. Shift currently working: ___days ____evening ____nights.
8. I work _____hours per week.
9. Agency or setting:_____.

10. Racial heritage:

___Caucasian ____American Indian ____Black

____Asian ____Hispanic _____

APPENDIX B

QUESTIONS

1. Tell me about your background in nursing.
2. How did you come to work with the elderly (choice or fate)?
3. What makes you "special" as a geriatric nurse?
4. Were there any experiences that led you to work with the elderly?
5. How much exposure have had you to "well-elderly" outside of work?
6. Do you have elderly persons in your neighborhood?
7. Have you ever lived with a grandparent or has a grandparent ever lived with you?
8. What is it like to work with the elderly?
9. Has your initial attitude toward the elderly changed over the years?
10. Does your state of health affect your attitude in working with the elderly?
11. Are there certain talents and abilities you possess that help you in your work with the elderly?
12. What is an average work day like?
13. Offered equal opportunities, would you choose to work with the aged or with other age groups.

APPENDIX C

CONSENT FORM

You are invited to participate in a research study of perceptions of nurses working with the elderly. It will take the form of a taped interview. Anonymity will be preserved; responses will be pooled. Only the author will have access to the tapes. They will remain confidential.

The interview will last about one hour. If you have any questions, feel free to ask. If you agree to participate but change your mind, you can withdraw at any time.

The results of the interview may be published but the information will be presented in such a way that all participants will be unidentified. There is no benefit to you, although the study may benefit nursing of the elderly.

My signature indicates that I have received a copy of the consent form and have agreed to participate in the study.

_____ _____

Investigator: Ruth Feldhaus

414-494-8241

608-251-3978

University of Wisconsin Madison

H6/273
Clinical Science Center
600 Highland Avenue
Madison, WI 53792
(608) 263-2362

CENTER FOR HEALTH SCIENCES
Human Subjects Committee

NOTICE OF APPROVAL

Meeting Date: September 24, 1984 Protocol Number: 84-692-257

TO: Ruth Feldhaus, R.N., B.S.N.
510 N. Henry St.
Madison, WI 53703

FROM: Jane C. Fitchen Jane Fitchen
Program Coordinator

RE: Protocol entitled, "Exploration of Factors Influencing Nurses Who Enjoy Working with the Elderly"

The Human Subjects Committee has reviewed and approved the research protocol referenced above. Please note the following additional information:

INSTITUTIONAL ENDORSEMENT: If notification of HSC approval is required by a granting agency, the name and address of the agency should be submitted to the Program Coordinator.

ADVERSE REACTIONS: If an unexpected adverse reaction should develop as a result of this study, you must notify the Program Coordinator of the HSC immediately.

AMENDMENTS: If you wish to change any aspect of the study [such as design, procedures, consent form(s), subject population, or principal investigator(s)], please submit your requested changes, using Change of Protocol forms, to the Program Coordinator of the HSC. The new procedure is not to be initiated until HSC approval has been given.

TERMINATION OF RESEARCH PROJECT: Investigators are requested to notify the HSC of the termination of a project.

RENEWAL: You are required to apply for renewal of approval every year. Federal agencies, such as NIH, require reapproval at yearly intervals. Contact the HSC office for renewal forms.

CONSENT FORMS: All subjects should be given a copy of the consent form(s).

The HSC suggests that you keep this memo with your copy of the approved protocol.

10-3-84
JCF:ks

Tuckman & Lorge's Attitude Toward Old People Questionnaire

Category	Statement
Conservatism	15. They are set in their ways.
	28. They are old-fashioned.
	42. They are conservative.
	45. They are out of step with the times.
	66. They respect tradition.
	73. They hold on to their opinions.
	83. They object to women smoking in public.
	86. They like to think about the good old days.
	94. They prefer old friends rather than making new ones.
	106. They are critical of the younger generation.
	108. They dislike any changes or interference with established ways of doing things.
	130. They feel that young parents do not know how to bring up children properly.
Activities and Interests	18. They vote for the political candidate who promises the largest old age pensions.
	26. They are more interested in religion.
	65. They like religious program on the radio.
	79. They collect many useless things like string, paper, and old shoes.
	82. They like to play checkers or dominoes.
	96. They spend most of their time reading or listening to the radio.

Category	Statement
	101. They take a keen interest in politics.
	119. They prefer to read newspapers rather than books.
Financial	36. They are unproductive.
	51. They have too much power in business and politics.
	84. They hide their money.
	105. They worry about financial security.
	107. They are tight in money matters.
	109. They are usually supported by their children or old age pensions.
Physical	67. They walk slowly.
Coordination	80. They have poor coordination.
Homeostasis	35. They feel cold even in warm weather.
	99. They avoid going out in bad weather.
Digestion	3. They need less food than young people.
	9. They are poor eaters.
	13. They have to be careful of their diets.
	64. They have lost most of their teeth.
	72. They suffer from constipation.
Discomfort	110. They are very sensitive to noise.
	115. They suffer much discomfort.
Death	48. They die soon after retirement.
	98. They die of cancer or heart disease.
Sensory	1. Old people need glasses to read.
	44. They are hard of hearing.

Category	Statement
	49. They cannot taste differences in food.
Voice	93. Their voices break.
Fatigue	16. They need less sleep than younger people.
	22. They have to go to bed earlier.
	31. They need a nap every day.
	87. They feel tired most of the time.
Illness and Accidents	27. They have many accidents in the home.
	40. They never fully recover if they break a bone.
	76. They spend much time in bed due to illness.
	103. They develop infection easily.
	122. They have a high automobile accident rate.
	131. They die after a major operation.
Family	5. They spoil their grandchildren.
	14. They are proud of their children.
	17. They are not important in family affairs.
	23. They expect their children to support them.
	29. They are a burden to their children.
	41. They usually live with their children.
	63. They are good to children.
	68. They feel that their children have failed them.
	70. They frequently quarrel with their children and relatives.
	81. They get no sympathy from their relatives.
	90. They feel that their children neglect them.

Category	Statement
	116. They expect obedience and respect from their children and grandchildren.
	123. They get love and affection from their children.
Personality Traits	6. They are kind.
	19. They are grouchy.
	33. They are calm.
	34. They are hard to get along with.
	43. They are very talkative.
	47. They are stubborn.
	53. They like to give advice.
	54. They make friends easily.
	60. They are touchy.
	61. They have few friends.
	69. They are selfish.
	114. They are cranky.
	118. They are bossy.
	124. They like to gossip.
Attitude toward future	37. They think the world is headed for destruction.
	50. They believe in life after death.
	56. They think the future is hopeless.
	91. They are afraid of death.
	113. They are anxious about the future.
Best Time of Life	4. They are in the happiest time of their life.
	59. They would like to be young again.

Category	Statement
	62. They never had it better.
	95. They love life.
	137. They have a chance to do all the things they wanted to.
Insecurity	10. They get upset easily.
	11. They prefer to live alone.
	12. They prefer to be alone.
	20. They worry about unimportant things.
	25. They are easily moved to tears.
	30. They feel sorry for themselves.
	38. They become insane.
	52. They like to be helped across the street.
	55. They are suspicious of others.
	57. They worry about their health.
	74. They are afraid of the dark.
	75. They like to be waited on.
	78. They are lonely.
	88. They are bad patients with ill.
	92. They are fussy about food.
	102. They frequently are at loose ends.
	125. They feel miserable most of the time.
	133. They are helpless.
	135. They have a high suicide rate.
Mental	2. They are absent minded.
deterioration	7. They repeat themselves in conversation.
	8. They cannot learn new things.

Category	Statement
	21. They are better off in old age homes.
	24. They are forgetful.
	32. They just like to sit and dream.
	58. They cannot manage their own affairs.
	77. They cannot remember names.
	85. They like to doze in a rocking chair.
	89. They are in their second childhood.
	121. They cannot concentrate, even on simple tasks.
	127. They become less intelligent.
	128. They frequently talk to themselves.
	136. They are not useful to themselves or others.
Sex	71. They should not marry.
	104. They should not become parents.
	112. They marry persons much younger than themselves.
	120. They have no interest in the opposite sex.
Interference	111. They are in the way.
	117. They meddle in other people's affairs.
	132. They are a nuisance to others.
Cleanliness	39. They never take a bath.
	100. They are untidy and careless about their appearance.
	126. They are careless about their table manners.

Methodist Health Center
334 West Doty Street
Madison, Wisconsin 53703

Phone (608) 258-3288

October 16, 1984

Ruth Feldhaus
510 N. Henry
Madison, WI 53703

Dear Ms. Feldhaus:

I am granting you permission to interview nurses at the Health Center in relation to your study of perceptions of nurses working with the elderly, with the condition that you write a letter to the staff explaining the purpose for this study and include your name and phone number. Please include both RNs and LPNs in this study. The interviews will have to be conducted on the nurses' own time, and may be done at the Health Center providing the nurse is not on duty at the time. If you will send the letter to us, we will be happy to insert a copy in each nurse's mailbox.

Good luck with your study.

Sincerely,

Janice K. Proctor
Director of Nursing, Long-Term Care

JKP/rb

510 North Henry
Madison, WI 53703
November 9, 1984

Dear Ms. Proctor:

Thank you for permission to use your facility for my study.

From your letter I perceive a misunderstanding of the purpose of my study. It is to interview selected R.N. staff nurses extensively who have been identified as enjoying working with the aged. My study does not deal with L.P.N.'s. It is a selective theoretical sample of attitudes of staff nurses selected as participants.

I will write a letter to the R.N. staff as you suggested and enclose it with this letter.

Thank you for consideration of my project.

Sincerely,

Ruth Feldhaus

Ruth Feldhaus

510 North Henry
Madison, WI 53703
November 9, 1984

Dear R.N. Staff of Methodist Health Care:

I am involved in a study of the attitudes of R.N. staff nurses toward the elderly as a Master's Project at UW-Madison Graduate School of Nursing. It involves an extensive interview of a small number of nurses who would be willing to share his/her feelings with me for research purposes only. The interview will be tape-recorded for purposes of reexamination by myself to be sure I understood the subject's intent.

Any material will be strictly confidential. I will be calling to arrange an interview at a place of convenience to you on your own time. Ms. Proctor has kindly granted me use of the Methodist Health Care Center and has a copy of my proposal if you have any questions.

Thanking you in advance, I remain

Sincerely grateful,

Ruth Feldhaus

Ruth Feldhaus, R.N.

Methodist Health Center • Madison, Wisconsin 53703

MEMORANDUM

November 20, 1984

To: Staff RNs at the Health Center

From: Jan Proctor Jan

Re: Attached Letter Regarding Nursing Study

Please read the attached letter from Ruth Feldhaus, a graduate student at the School of Nursing, U.W.-Madison.

Please call her at her home, 251-3978, after 4 p.m. Monday through Friday if you would be willing to talk to her. You may meet her at the Health Center but it should be before or after working hours. The study appears to be one which will be worthwhile to geriatric nursing. Ruth can give you more details about the study if you call her.

St. Mary's Hospital
Medical Center

November 27, 1984

Ruth Feldhaus
510 Henry Street
Madison, Wisconsin 53703

Dear Ruth,

In response to your note of November 12, 1984. Per our discussion and upon receipt of the information you sent in September, I have no problem with your using, if necessary, St. Mary's facilities to interview individuals. I would ask that you contact myself in advance in order that we can schedule or make the nursing supervisors aware of this activity.

The preferred location in most instances would be the two small lounge areas off the educational center on fourth floor of the north building. I believe from your past work experience these rooms are known to you. If additional information is needed, please do not hesitate to call or contact me. Wishing you continued success in your research and academic pursuits. Also I hope you and your loved ones enjoyed a very happy and blessed Thanksgiving holiday.

Sincerely,

SMaryAnn

Sister MaryAnn Falbe, O.S.F.
Assistant Administrator
Patient Care Services

SMAF:pd