

**Title: Assessing ageist behaviours in undergraduate nursing students using the Relating to Older People Evaluation (ROPE) survey**

**Abstract**

Objective(s): Describe the prevalence of ageist behaviours of first-year undergraduate nursing students.

Method: A cross sectional survey design. The Relating to Older People Evaluation (ROPE) survey was administered to first-year undergraduate nursing students in one Australian university.

Results: 185 students responded (RR 85.3%). Up to 98% of students reported engaging in some ageist behaviours, with positive ageist behaviours ranked highest. Up to 87% of the cohort reported engaging in negative behaviours, such as talking slow and loud to an older person. Most students (63.2%) indicated that they would work in aged care in the future.

Conclusion(s): Nursing students report engaging in ageist behaviours that can have a negative effect on their future relationships with older patients. The ROPE survey can be used to make collective ageist behaviours explicit to students. Combining explicit collective information on ageist behaviours with educational strategies is proposed to address ageism in undergraduate nursing curricula.

**Key words**

Ageism, Undergraduate nurses, Student nurses, ROPE, behaviour

## Assessing ageist behaviours in undergraduate nursing students using the Relating to Older People Evaluation (ROPE) survey (1770wrds)

### INTRODUCTION

As in other developed countries, the Australian population is ageing, with 3.2 million people over the age of 65 years in 2012, which is 14% of the total population [1]. **The number of older people using health services is increasing.** Older people (over 65 years of age) account for 39% of **discharges from hospital** in acute care and 70% of **discharges from hospital** in subacute care [2]. The readiness of hospital and health service staff, including nurses, to work with older people is important to ensure the best outcomes for the older adult.

One of the risks to the healthcare of older people is a cultural attitude of ageism. Ageism can be considered as a means of categorising older people, whereby prejudice and discrimination are pervasive within the social climate [3]. Ageism promotes powerful social discourses that can lead to harm to older patients, both through omission of care due to lack of gerontology knowledge and skills, as well as through commission of acts that unintentionally harm [4]. **It is therefore important to address ageism in undergraduate health curricula, including nursing curricula.**

There is evidence to suggest that ageist attitudes in nursing students increase throughout their course, often confirmed through exposure to clinical settings [5]. In a Welsh study, implicit attitudes to older people were less negative among nursing students in comparison to practising nurses [6]. **The findings of another British study, confirm that nurses' negative attitudes towards older people influence students on clinical placement [7].**

Understanding ageism in nursing students can provide a focus to structure learning experiences that reduce ageist attitudes and practices. While the need to address the stereotypical and often

unfavourable perceptions of older people **was** identified 20 years ago [3], strategies to reduce ageism are not well developed in nursing curricula. Small studies have shown moderate improvements in student attitudes, **through** an integrated approach to the care of older people in undergraduate curricula [8], structured visits to older people for first-year nursing students [9], and high fidelity simulation [10].

One of the first steps in addressing ageism is to make ageist behaviours explicit [11]. The aim of this study is to **determine the** ageist behaviours in first-year nursing students, making these behaviours explicit for future educational interventions.

## **METHOD**

### **Study Aim**

This study aims to **report** the prevalence of ageist behaviours of first-year undergraduate nursing students **as measured by the Relating to Older People Evaluation (ROPE) survey.**

### **Design**

A cross-sectional survey design was used. **This design provides a snapshot of the prevalence of ageist behaviours as reported by undergraduate nursing students at one point in time.**

### **Setting and sample**

The target population in this study was first-year undergraduate nursing students enrolled in the first semester clinical unit at one Australian university. Students were recruited using a convenience sampling approach.

### **Data collection**

The survey instrument, known as Relating to Older People Evaluation (ROPE) [12] was used in this study. **The ROPE instrument is not specific to health workers, measuring self-rated behaviours in relating to older people in common social situations and is therefore suitable for first year undergraduate nursing students.** The ROPE survey consists of 20 items measured on a 3-point scale

where '0' indicates never, '1' indicates sometimes and '2' indicates often. Six items are worded to reflect positive ageist behaviours to the older person, whilst 14 items are worded to reflect negative ageist behaviours to the older person. Demographic information was collected on age and gender. Two questions related to working with older people now and in the future were also included. **These additional questions were added to ascertain if working in aged care were related to ageist behaviours captured in the ROPE.**

First-year nursing students were invited to participate in the study and information about the study was provided in both a lecture and on-line forum. **The recruitment presentation informed students that the survey explored attitudes towards the older adult.** Participants completed the survey during class, whilst on university campus, and posted them into the survey collection box available in the classroom.

### **Data analysis**

Data was entered into **Predictive Analytics SoftWare (PASW)** version 18 for statistical analysis. Descriptive statistics were used to describe the sample, including students' interest in working in aged care. The frequency and percentage of responses, and the mean and standard deviation of responses for each of the 20 items in the ROPE survey were calculated.

**Ethical Considerations.** Participant anonymity and confidentiality was maintained, with no personal details collected beyond demographic data to describe the population. Ethical approval was obtained from the University Human Research Ethics Committee (HREC 14-27).

## **RESULTS & DISCUSSION**

There **was a response rate to the survey of 85.3%**. Of these 15% were male (see Table 1), slightly higher than the Australian nursing and midwifery workforce rate of 10.4% [13](AIHW, 2013b).

15.1% of **participants** currently work in aged care. Consistent with the finding of a previous study [5], 63.2% of **participants** considered aged care to be an area where they could work.

Almost all **participants** indicated one or more ageist ways of relating to older people. The most frequent type of ageist behaviour, reported by 98% of **participants** (combined often and sometimes), was ‘hold doors for older people because of their age’ (see Table 2). The least commonly reported positive ageist behaviour was ‘vote for an older person because of their age’, with 26% of the participants admitting to practising this behaviour often or sometimes. The most frequent type of negative behaviour (87.5%) was ‘talk louder or slower to older people because of their age’.

Nursing students’ ageist attitudes become stronger as they progress through the program [5]. Several researchers are investigating educational strategies to address ageist attitudes in nursing students [8-10], yet there is a dearth of educational strategies to make students’ ageist attitudes explicit. In this study, the ROPE survey instrument was used to **provide a snapshot of** the prevalence of ageist behaviours **as reported by** first-year undergraduate nursing students. The findings confirm that nursing students, like social work [11] and other undergraduate students [12], readily admit to ageist behaviours. The high rate of admission to positive ageist behaviours reflects the ubiquitous nature of ageism in our society.

For nursing students, the high reports of negative behaviours of *‘talk louder or slower to old people because of their age’* (87.5%) and *‘when I find out an old person’s age, I may say, “You don’t look that old”* (84.8%) require attention. **Behaviours such as those described can cause distress to the older adult and are not conducive to therapeutic communication.**

In this study the prevalence of ageist behaviours was high. **We acknowledge the limitations of this study including a small sample size and the limits of operationally defining ageism as the behaviours**

listed in the ROPE survey instrument. We acknowledge the limited reliability and validity of the ROPE survey instrument, with borderline internal consistency in this study ( $\alpha = 0.69$ ), which is consistent with previous reported internal consistency ( $\alpha = 0.70$ ) [18]. Despite these limitations, the ROPE survey is a useful instrument to obtain insight into ageism in undergraduate students. Using the collective findings of the ROPE survey, an educational strategy of reflection can be undertaken. In this way, ageism is made visible to the students and once visible can be addressed through other structured educational strategies, such as high fidelity simulation with older person characters [10]. However, attitudes and behaviours take time to change and we suggest that educational strategies should be incorporated multiple times throughout the undergraduate programme.

## CONCLUSION

Recognition of ageism in one's own practice, is recognised as a starting point to combat ageist behaviours [14]. As the world's population ages, and the prevalence of the older adult in all areas of health care increase, it is important to recognise and combat these behaviours. Not only could the ROPE instrument be used with nursing students, but it could be used more widely in the clinical arena. The ROPE instrument coupled with structured reflection on ageist behaviours, could be implemented as an important part of continued education in the workplace.

Further research is needed to justify the widespread implementation of the ROPE within the nursing profession and both interventional and longitudinal studies are required to understand the benefits of educational techniques such as Mask-Ed™ in addressing these behaviours. Mask-Ed™ is a simulation technique in which a trained educator dons silicone props to portray a realistic character. This character becomes the platform for learning. This technique has the potential to influence ageist behaviours through the interaction and debriefing that occurs after the educator de-masks.

The numbers of older people using Australian health services is continuing to rise. **This study describes the ageist behaviours reported by an undergraduate nursing cohort. It is evident that addressing ageism in nursing students poses a moral imperative for academics to ensure that future care is person-focused and respectful of older people using hospital and health services.**

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**Table 1: Demographic characteristics of participants (n = 185)**

<b>Demographic characteristic</b>	<b>%</b>	<b>M (SD)</b>
<b>Age (years) (n = 180)</b>		24.5 (7.3)
<b>Gender</b>		
Female	82.7	
Male	15.1	
No response	2.2	
<b>Do you currently work in Aged Care?</b>		
Yes	15.1	
No	77.8	
No response	7.0	
<b>Is this an area you would consider working in?</b>		
Yes	63.2	
No	31.9	
No response	4.9	

**Table 2: Responses to each item in the survey (n = 185)**

<b>Item</b>	<b>Never (%)</b>	<b>Some-times (%)</b>	<b>Often (%)</b>	<b>M (SD)</b>
Hold doors open for old people because of their age. (n = 182)	2.2	22.5	75.3	1.73 (.49)
Enjoy conversations with old people because of their age.	2.7	41.1	56.2	1.54 (.55)
Compliment old people on how well they look, despite their age.	8.1	56.8	35.1	1.27 (.60)
Ask an old person for advice because of their age. (n = 183)	9.3	60.1	30.6	1.21 (.60)
Talk louder or slower to old people because of their age. (n = 184)	12.5	61.4	26.1	1.14 (.61)
When I find out an old person's age, I may say, "You don't look that old."	15.1	56.2	28.6	1.14 (.65)
Offer to help an old person across the street because of their age.	24.3	53.5	22.2	.98 (.68)
When a slow driver is in front of me, I may think, "It must be an old person." (n = 184)	27.7	56.5	15.8	.88 (.65)
Use simple words when talking to old people.	39.7	37.5	22.8	.83 (.78)
Send birthday cards to old people that joke about their age. (n = 184)	59.8	31.5	8.7	.49 (.65)
When an old person has an ailment, I may say, "That's normal at your age." (n = 184)	57.6	39.7	2.7	.45 (.55)
Tell old people jokes about old age. (n = 184)	60.3	35.3	4.3	.44 (.58)
Call an old woman, "young lady," or call an old man, "young man."	70.3	24.9	4.9	.35 (.57)
When an old person can't remember something, I may say, "That's what they call a 'Senior Moment'". (n = 184)	72.3	24.5	3.3	.31 (.53)
Vote for an old person because of their age.	74.1	23.2	2.7	.29 (.51)
Avoid old people because they are cranky.	74.6	24.9	0.5	.26 (.45)
Tell an old person, "You're too old for that." (n = 184)	86.4	10.3	3.3	.17 (.45)
Ignore old people because of their age. (n = 184)	96.2	3.8	0	.04 (.19)
Vote against an old person because of their age.	88.6	10.3	1.1	.13 (.36)
Avoid old people because of their age. (n = 184)	88.6	11.4	0	.11 (.32)