

# Visual perceptions of ageing: A multi method and longitudinal study exploring attitudes of undergraduate nurses towards older people

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## Declaration by Candidate

Signature

A handwritten signature in dark ink, appearing to read "M. Ridgway", is written over a light blue rectangular background.

Date.....1.12.15.....

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## Abbreviations

The following abbreviations are used regularly throughout the thesis

Abbreviation	Meaning
DH	Department of Health
DS	Data set
KOP	Kogan (1961) attitudes towards older people scale
NMC	Nursing and Midwifery Council
NSFOP	National Service Framework for Older People
N=	Number of
P	Participant
Q	Question
UK	United Kingdom
ULL	Uniform of Later Life
US	United States of America
90/1	Participant number/data set

## Definition of Key Words

Word	Brief Definition
Ageism	A discriminatory action that sees people as different due to age (Butler, 1969).
Age UK	A charity organisation for older people (Age UK, 2015).
Age Concern	A former charity organisation to help older people now Age UK (Age UK, 2015).
Age Sensitive	A self-awareness or society awareness of being old or ageing, and that there is a segregation of young and old (Bytheway, 1995).
Agein Report	A research project of nurse education (ENB, 2002b).
Age Segregation	The separation of people due to their age (Hagestad & Uhlenberg, 2005).
Anomie	A lack of social and ethical standards of a group or groups (Merton, 1938).
Attitude	A belief about something (Ajzen & Fishbein, 1980).
Baby Boomers	A group of individuals that shaped the post war youth culture (Gilleard & Higgs, 2000).
British Nurse	A nurse working in the UK.
Closed Question	A question that can be answered simply for example a yes or no (Wilson & McClean, 1994).
Common Sense	Sees age as a starting point to critically explore rather than the answer itself, therefore is a practical approach to a phenomenon (Estes, Biggs, Phillipson, 2003).
Construct/ Social Construct	A phenomenon created by society, whereby the social imaginary of old age (what is old) is a product of societal beliefs and understanding (Gilleard & Higgs, 2015).
Constructivism	A theory from which meaning, knowledge and understanding are formed (Crotty, 1998).
Content Analysis	A process of counting the occurrence/frequencies of drawing variables (Rose, 2012)
Correlations(Pearson and Spearman)	A measure of strength between variables (Field, 2013)
Cronbach Coefficient	A statistical reliability test (Field, 2013).
Culture	The characteristics of a group/community of people influenced by multiple factors such as religion, education, politics, media, objects and environment (Gilleard & Higgs, 2000).
Demographic	Information about population structures (ONS, 2014).
Diachronic	How a culture/language changes over time (Ruspini, 2002).
Discourse of Ageing	A communication (written, verbal or visual) about age (Baar et al., 2014).
Discourse Analysis	A study of how language is used in text and visual (Rose, 2007).
Eastern Culture	A set of values and beliefs held by individuals from a Asian Country (Hweidi & Al-Obeisat, 2006)
Elder	A term to describe someone who is older (Butler, 1969)
Epistemology	The theory of knowledge (Crotty, 1998).
Frailty	Physical weakness or a person being infirm (Higgs & Gilleard, 2015)
Functional Disability	A person that has difficulty performing daily activities of living (Alabaster, 2007).
Gerontology	A term used to describe a field that explores ageing and old age (Estes et al., 2003).
Geriatrics	A term predominantly used in healthcare to describe someone who is older (NMC, 2010).
Help the Aged	A former charity organisation to help older people now Age UK. (Age UK, 2015)
Labelling	A sociological term when a meaning is given to a person, group or object (Hughes, 1995).
Learned Helplessness	A situation when a person gives up due to prior experience or perceived lack of control (Herrick et al., 1997).
Longitudinal	Over a period of time (Ruspini, 2014).
Medical Model	A set of assumptions about medical practice that focuses on diagnosis, treatment and cure (Slevin, 1991).
Middle Age	A period of time in an adult life typically occurring 35-55 (Calasanti, 2005).

Misanthropy	A dislike or hatred of humans (Kogan, 1961).
Mixed	A collective set of research methods used to answer a research question (Creswell & Plano Clark, 2011).
Methods/Methodology	A post industrialisation period of society (Crotty, 1998).
Modernisation	A story (Baar et al., 2014).
Narrative	When the response to a question is neither negative or positive (Kogan, 1961)
Neutral	
NMC	The regulatory body for Nurses and Midwives (NMC, 2010).
Nurse	A person who has undertaken an NMC approved programme and is registered with the NMC as a nurse (NMC, 2010).
Older Peoples	A person who advocates for older people (i.e. a nurse) (DH, 2001b)
Champion	
Open Question	A question that requires the participant to give a detailed explanation (Wilson & McClean, 1994).
Perception	How something is understood and interpreted (Bytheway & Johnson, 1990).
Personal Constructs	A phenomenon created by a single individual (Kelly, 1955).
Person centred care	Care that meets the needs of a particular individual (Angust & Reeve, 2006).
Photo Elicitation	A research method where interviews are used to extract meaning from visual data. (Rose, 2012)
Pragmatic	An approach where the problem is addressed in a logical manor (Creswell & Plano Clark, 2011).
Praxis	The practice of (Christ, 2013).
Prejudice	A preconceived idea not based on reality (McTavish, 1971).
Professional Discourse	A nurses (for example) communication about something (age, older people) (Baar et al., 2014).
Prospective	To happen in the future (Ruspini, 2002, 2014).
Public Discourse	A common communication about something (Gilleard & Higgs, 2000).
Recessive	Traits that make individuals stand back/let others take priority (Bowling et al., 2002)
Characteristic	
Representation	A proliferation of imagery via digital mediums that provides flows (dominant information) about a object/image that becomes an affect (beyond reality) (Rose, 2012)
Residential Units	A place where people live in a shared dwelling (Department for Communities and Local Government, 2012).
Signifier/Signified	A sound or images attached to an image/ A concept or object (Rose, 2012).
Snowball Technique	A technique used to describe a literature search process (Ridley, 2012).
Social Construction of Society	A phenomenon created by society, whereby the social imaginary of old age (what is old) is a product of societal beliefs and understanding (Gilleard & Higgs, 2015).
Society/ Societal	A community of people (Baar et al., 2014).
Social Perception	How something is understood and interpreted by a community of people (Gilleard & Higgs, 2000).
Social Gerontology	A discipline founded on the belief that people occupy specific roles during the life course (Baar et al., 2014).
Sociological	The study of human social behaviour (Crotty, 1998).
Stigma	A mark of distaste against a person (Goffman, 1963).
Substandard Care	Healthcare (nursing care) that does not meet the expected standards required (Francis Report, 2013a).
Triangulation	A process of measuring data from varying methods and processes (Glagowska, 2011).
Thurstone	Measurements scale (Oppenheim, 1992).
Townsend Report	A report on poverty and social exclusion in the UK (Townsend, 1979).
Trope	A figure of speech that bridges language and visual imagery gap asking the reader to make judgements (Margolis & Pauwels, 2011).
Undergraduate Nurse	A person undertaking a formal programme of study to meet the requirements of the NMC to register as a nurse (NMC, 2010).
Validity	The measurement of truth (Wilson & McClean, 1994).
Vulnerable/Vulnerability	A person who is susceptible to harm (Gilleard & Higgs, 2000).
Worldview	A theory of the world and how it is interpreted (Christ, 2013).

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# **Visual perceptions of ageing: A multi method longitudinal study exploring attitudes of undergraduate nurses towards older people**

Victoria Jane Ridgway

## **Abstract**

Ageism and negative attitudes are reported to be institutionally embedded in healthcare. The unprecedented increase in the older population together with social perceptions of later life presents all those involved in the delivery of healthcare with considerable challenges. It was therefore timely to examine attitudes and perceptions of healthcare professionals towards older people.

This study presents a critical visual exploration of the perceptions of ageing of undergraduate nursing students at a University in the North of England, based on the findings of a three year longitudinal study. The research employed a pragmatic standpoint where mixed methodology was adopted to explore perceptions and included the use of an attitude towards older people scale (KOP) (Kogan, 1961), visual methods (participants were asked to draw a person aged 75), a Thurstone scale and photo elicitation. The research design and construct was influenced by the epistemology of constructionism and discourse analysis.

The research was conducted alongside an undergraduate nursing programme, and followed the natural journey of 310 students from one intake and involved three waves of data collection.

The study established that the majority of participants had moderately positive attitudes towards older people the beginning of the programme and that these had improved for a significant number by the end of the study programme. From the quantitative data it was determined that age, gender, educational qualifications, practice learning, branch of nursing and contact with older people influenced the participants' overall attitude score.

The use of visual methods provided a narrative of the participants' perceptions of later life and appearance dominated the imagery via the physical depiction of ageing and the ascetics of clothing and grooming. The influence of role models was seen to impact upon the production of the image via the depiction of grandparents and people they knew and the drawings identified some older people being active.

The visual findings established that the undergraduate nurses in the study viewed older people from a socially constructed phenomenon and used symbols (hairstyle, clothing, mobility aids) to depict old age. The nursing programme was found to positively alter perceptions. The research findings have led to recommendations based on three prominent themes; 1) implications for nurse education and practice, 2) gerontology education and research and 3) future use of the research methods.

## **Chapter 1 Introduction and Background**

Demographic changes of the population have challenged the understanding of later life from a political, social, and economic perspective and morally from an individual's standpoint (Baar, Dohmen, Grenier, Phillipson, 2014). Negative views of later life in the United Kingdom (UK) often permeate cultural and social aspects of society from the media, advertisements, dominance of a youth culture, through to healthcare with an emphasis on dependence and frailty (Baar et al., 2014; Higgs & Gilleard, 2015). Consequently a public and professional discourse of ageing has emerged, misconceptions about old age have been formed, positive aspects of later life lost and a narrative of independence has been versed against frailty and dependence (Baar et al., 2014; Higgs & Gilleard, 2015). The discourse of ageing has permeated healthcare and examples of age bias, neglect, poor care and prejudice towards older people have been found. This prompted me to question how cultural and societal influences may affect the beliefs and ideas of student nurses, and how positive perceptions towards older people could be fostered to demystify how people construct the meaning of later life. It was therefore timely to explore the perceptions of later life of 310 undergraduate student nurses using a social constructivist perspective.

The chapter commences with my own personal and professional experience and position in gerontology. The background and context for the study are presented and critical focus is given to the ageing population, the principles of gerontology and nurse education. Finally the structure of thesis is presented. A glossary of key words is found at the beginning of this thesis to explain meaning in the context of this study.

### **1.1 Personal and Professional Experiences**

As a nurse and educator I developed an interest in older people during my career and completed a Master's degree in Gerontology whilst in professional practice. Therefore it seemed natural to make this the focus of my PhD studies. The interest in perceptions towards older people emerged from my own professional practice, the comments colleagues and students made about older people, from a specific learning activity I taught in the nursing programme and from commentary and publications in the field of gerontology.

Firstly, through my observation of colleagues and students I found that as an adult nurse, acute care seemed to be favoured and that working in older people settings as a nurse was viewed as a second choice or one that less competent nurses worked in. I began my career in a nursing home and found that on occasions peers judged this negatively and did not value my experience. Furthermore I observed that role models to promote and champion care of older people and the value of later life were generally lacking in clinical practice and



education. For example a student was advised that a career in “geriatrics” was for “less competent nurses”.

My second observation of perceptions towards older people occurred through a teaching session on the ‘sociology of ageing’ in the undergraduate nurse programme. Following background reading and in particular an article (Roberts, Hearn, Holman, 2003) I thought I would ask students’ to draw themselves at 75. This elicited humour but also revealed stereotypical views of old age. The drawings allowed me to challenge their perceptions and facilitated a discussion on attitudes and ageism.

Finally, through email communication, forums, attendance at conferences and publications in the field of nursing and gerontology, ageism, negative attitudes and perceptions emerged to be an inherent aspect of practice of which little seemed to be addressed within nurse education. A critical review of the literature made it apparent that although ageism and negative attitudes towards older people had been researched for a considerable period of time there were still examples of unsatisfactory and undesirable perceptions and that this phenomenon had not been addressed comprehensively in nurse education and clinical practice. In conjunction to my personal and professional experience I began to question why older people appeared to receive ‘substandard care’ (DH, 2001a; Health Advisory Service, 2000) and from this why a nurse would make a fundamental decision to provide unsatisfactory care to older people. I was aware that published evidence (Help the Aged, 2008 a&b) suggested that there was a recurring theme that nurses and healthcare consistently ‘failed’ older people. I thought there might be something inherent in the social construction of age, which transferred into a nurse’s/student nurse’s professional behaviour and perceptions.

I began to consider how perceptions could be explored. Following a preliminary literature review it was evident that research had predominantly utilised the positivist paradigm and had not explored the attitudes and perceptions in depth. The research had contributed significantly to the understanding in the field but identified attitudes at a point in time and had not explored how a programme influenced student nurses’ perceptions of later life.

Therefore it became clear that a study to measure whether student nurses perceptions towards older people changed over time and how the programme influenced this was needed (DH, 2008). It was evident that a longitudinal study (a study over a period of time taking repeated measures) would capture social change and evolution and this would provide a greater understanding of the phenomenon (Ruspini, 2002). Furthermore within gerontology Happ (2009) noted that there was an opportunity to use a pragmatic approach, and utilise mixed methods. For these reasons I considered how an alternative research

method would enhance understanding in the field. The literature review found there were limited studies that explored perceptions and attitudes via mixed methods and none that used a longitudinal study or visual methods. From these observations and considerations the rationale for study emerged to explore the perceptions of undergraduate nurses of ageing.

## **1.2 Background and Context**

Historically at the formation of the NHS in 1948, specific care was provided for those in later life. The Beveridge report highlighted the “problem of age” and acknowledged older people faced poverty (Beveridge, 1942), and aimed to eradicate the ‘five giant evils’; want, disease, squalor, ignorance and idleness. As a consequence the NHS emerged and set out to provide free access to services (National Service Act, 1946). For this reason the narrative about older people for the thesis began at this point. Discrimination on the grounds of age was found to be inherent within health and social care and two key publications from the Department of Health (DH) (DH, 2001a and b) facilitated a programme of reform. However the demographic population shift has created challenges for healthcare professionals and during the construction of this thesis reports have been published which suggest older people still receive substandard care. Health Service Ombudsman (2011) reports highlighted negative attitudes of staff towards older people which failed to recognise humanity and individuality and there was a lack of compassion (Parliamentary and Health Service Ombudsman, 2011). This reflected an NHS culture that did not meet the most basic standard of care for older people. The observation was further reinforced by various Care Quality Commission (CQC) reports, commentary on the Age UK website and the mid Staffordshire enquiry (Francis Report, 2013a). This is now discussed in the context of population ageing, gerontology theory, nurse education and nursing practice.

### **1.2.1 Population Demographics and Age Categorisation**

Unprecedented demographic change has occurred in western culture and the UK has an ageing population. There are 11.1 million people aged over 65, which equates to 17.4% of the total population in England and Wales (Office for National Statistics (ONS), 2013a). In comparison to the European Union (EU), England and Wales are positioned 18<sup>th</sup> highest just below the average of 18% of the total population of a country. The number of older people has increased by 17.3% since 2003 (ONS, 2013a) and there are 1.25 million adults aged 85 and above and women outnumber males 2 to 1 (ONS, 2013b) (Figure 1.1). Furthermore, globally in every country the proportion of those aged 60 and above is increasing at a faster rate than in any other age group (World Health Organisation (WHO), 2015).

Figure 1.1; Population Pyramid for the UK mid-2014 (ONS, 2014)

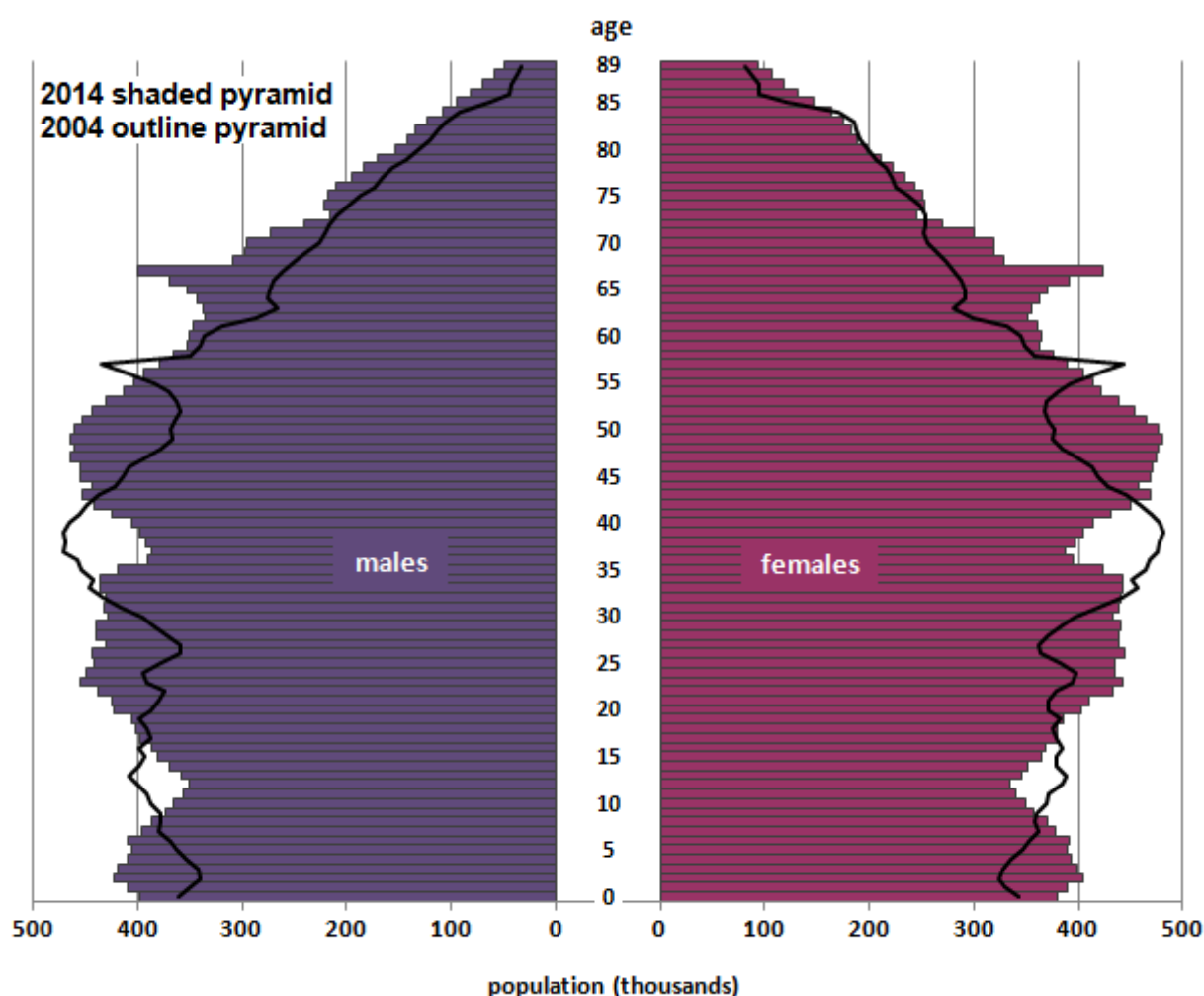


Figure 1.1; Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency, illustrates population change.

This demographic change is predicted to continue to shift and a greater number of the population will belong to the older age groups (ONS, 2012). The UK population average age is projected to increase to 42.8 years by mid-2037, compared to medium population age of 39.9 in 2010 (ONS, 2012). Furthermore between 2010 and 2051 the proportion of people aged 65 and above is projected to increase from 17% to 24% (ONS, 2012) (Figure 1.2). In addition for those aged 85 and above, the projected increase is from 2% to 7%, and it is predicted to more than double to 6 million by mid-2037 (ONS, 2012), whilst the number of individuals overall aged over 65 will increase by 50% (Age UK, 2013a).

Figure 1.2: Percentage age distribution, UK, year ending mid-1971 to year ending mid-2087 (ONS, 2012)

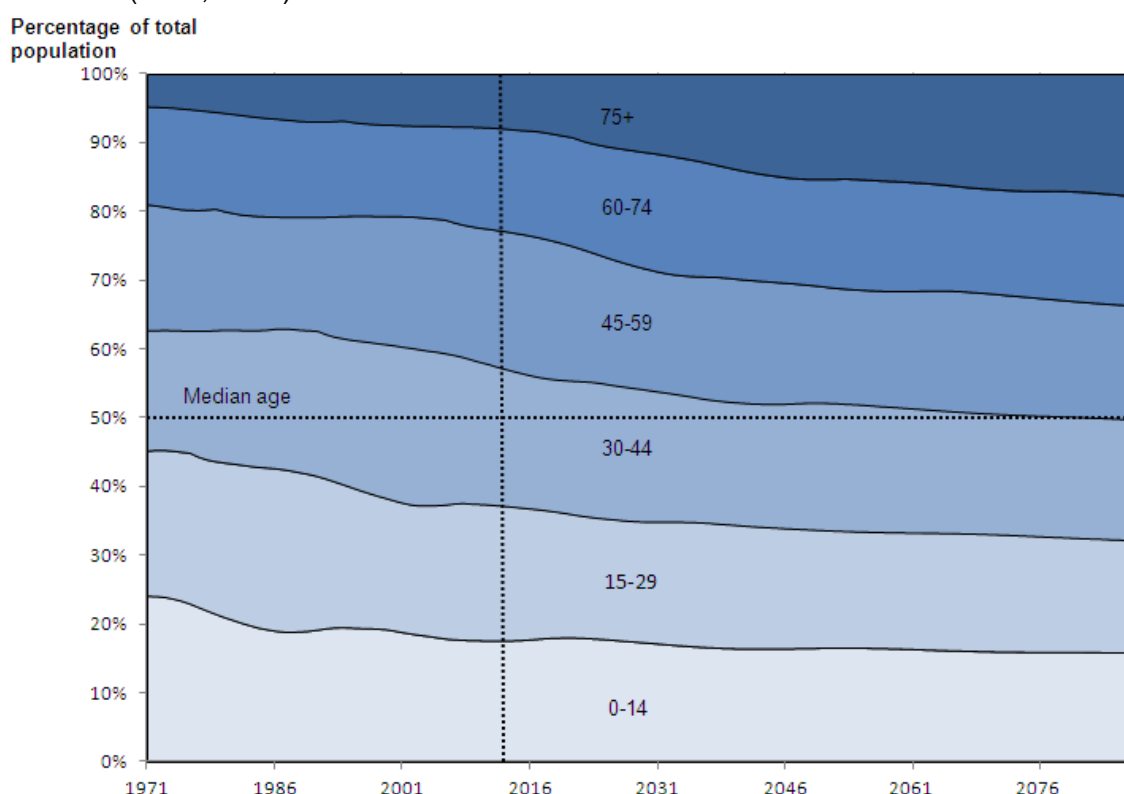


Figure 1.2 Source: Office for National Statistics; demonstrates the predicted change of population for those in later life, and illustrates a decrease in the population aged 29 and under, (ONS, 2012).

The ONS (2013c) analysis of the likelihood of individuals surviving to 100 predict that 1 in 3 people born in 2013 now will be expected to survive to 100 and their life expectancy will be 90.7 years for men and 94 years for females. It is predicted that for women aged 60 presently, 54,000 could survive to 100, whereas 30,000 males at the same age are estimated to survive to 100 (ONS, 2013c). Therefore life expectancy for men in 2051 past 65 will be an additional 25.9 years, whereas women will be 28.3 years (ONS, 2012). In comparison to 1981 this increase is considerable, women were expected to live a further 18 years whilst men another 14 years.

Reasons for these recent projections included a reduction in the prevalence of smoking, improved medical interventions and improved lifestyle (ONS, 2013c) and is attributed to the success of public health and socio economic development (WHO, 2015). However as a consequence of this success further challenges have been identified to ensure the continued health and wellbeing for older people. The global forum (WHO, 2014), established to explore innovations in the aged population identified that there was a widening gap between life expectancy and health life expectancy, thus they established the burden of disease and disability had increased

at the same time as the population had. Additionally they predicted there will be an increase in functional and cognitive decline (WHO, 2014), this was in line with an earlier Age UK report (Age UK, 2013a).

The most recent census also indicated that 50% of those aged 65 and above reported they were in good health whilst of those in communal living establishments 84% cited poor health, and 52% of the population above 65 had an activity limiting long term health problem (ONS, 2011). However, a more recent analysis by the ONS (2013b) established that 31% of men and 25% women aged 65 and above considered that they had very good or good health, whereas 24% of men and 26% women reported poorer health.

Finally, economic position was measured in the census and it was identified that 90% of those aged 65 were economically inactive, and this increased to 96% at 75 and above (ONS, 2011). In 2010 there was 3.2 million people of working age for each state pension and this is projected to decrease to 2.9 million by 2051 (ONS, 2012). In consideration of these demographic changes it can be seen to be important to measure perceptions and attitudes towards those in later life. Ageism is seen to permeate all aspects of society and healthcare is no exception, and older people are the major users of public services (NAO, 2003; RCN, 2008a).

### 1.2.2 Gerontology

Gerontology, the study of ageing, is research rich but theoretically poor (Estes, Biggs, Phillipson, 2003). It has been traditionally dominated by the 'medical model', and ageing has been viewed through the lens of disease, Higgs and Gilleard (2015) refer to this as the 'Alzheimerization' of ageing. The field of social gerontology in particular has focused on this, and healthcare provision has concentrated on how to manage the 'disease of later life', as a consequence the meaning of ageing in society has been marginalised. In spite of this gerontology knowledge and understanding has grown across many disciplines. These have moved away from the medical model and there has been a notable shift to the promotion of ageing well and a narrative of independence has emerged (Baar et al, 2014). However this is not yet fully apparent in healthcare. The emergence of the dependency culture identified in the Townsend report (1979) and the structured social policy of the UK have allowed older people to become a dependant on the state for health, economic and social wellbeing (Estes et al, 2003; Gilleard & Higgs, 2000). It has also been argued that modernisation of society has resulted in a negative view of ageing (Estes et al., 2003; Higgs & Gilleard, 2015) and has developed into a cultural language of later life. This

subsumes older people into a residual category (Higgs & Rees-Jones, 2009), has allowed their social status of being old to be altered (Higgs & Gilleard, 2015), and brackets them into a homogenous group. This has led to a social construction of 'the problem of old age' and has allowed culturally negative views of old age (Higgs & Rees-Jones, 2009) to dominate and ageism to be embedded. Undergraduate students have been shown to be culturally socialised into this and professionally socialized into regarding care of older adults as routine and unchallenging (McLafferty & Morrison, 2004).

Theories of ageing can be explored from micro and macro perspectives, they either focus on the individual or structure of society (Estes et al., 2003). There are two philosophical concepts, critical gerontology and humanistic gerontology. Critical gerontology was developed as a response to general research in the field and it was identified that there needed to be a clearer understanding of the social construction of dependency, largely as a consequence of the welfare state and stereotyping of older people (Baar et al., 2014). There was a need to critique the reliance of the biomedical model that age was associated with physical decline and disease and that gerontology lacked focus on social and economic structures (Estes et al., 2003; Llewellyn, 2009). Thus critical gerontology draws on the principles of structure and challenges that older people face in later life, their personal experience and maintains that the fundamental problem older people face is not biological but a construct of society and the subsequent inequalities (Baar et al., 2014; Estes et al., 2003). It questions why metaphors are used to explain ageing and why political and social structures frame older people's position in society (Estes et al. 2003) and uses a 'common sense' approach to make meaning. Under the philosophical understanding of critical gerontology Baar et al. (2014) stated that an individual can only highlight the structure and challenges faced. Therefore the contribution is limited to drawing attention to the problem via critical analysis from a personal construct and social inequalities and recommendations to facilitate behaviour change can be made. Perceptions, attitudes and ageism as socially constructed phenomenon align to this understanding and the study is set in this context.

Humanistic gerontology is an articulation of interpersonal meanings of old age (Baar et al., 2014). This approach focuses on the individual in later life and is a personal discourse of individual older people, such as the conceptualised personal experience of illness and separation and blames the individual (insufficient income or health) (Baar et al., 2014) rather than a collective professional group. However humanistic

gerontology via the narrative of older people's personal discourses does not support the exploration of perceptions of others.

The principle of an identity in later life whether positive or negative is constructed culturally and socially (Ylänne, 2012), has been part of the life cycle historically (Gilleard & Higgs, 2000). For example in William Shakespeare's play "as you like it" scene VII refers to 'the seven ages of man', describes the seventh age as the second childhood and oblivion, without teeth, eyes, taste and everything (Shakespeare, ©1990). Thus old age is viewed as a period of low status, exclusion, marginalisation, physical and mental decline and denigration (Gilleard & Higgs, 2000; Llewellyn, 2009). Further Erikson's (1950) theory of identity development argued that individuals passed through 'stages of development' during the lifespan, like other ageing discourses 'late adulthood' was either viewed as a satisfactory outcome or one of regret (integrity versus despair), thus social expectations are made about being older and positive aspects not fully appreciated (Baar et al., 2014; Ylänne, 2012). Laslett (1989) identified five distinguishable dimensions of age; chronological, biological, social, personal and subjective. From this Laslett wrote of a third and fourth age to distinguish between those with physical and mental ability (third age) and those who were impaired (fourth age), where the fourth age is seen through the dependant lens (Baar et al., 2014; Bytheway & Johnson, 1998) and as previously stated Higgs and Gilleard (2015) refer to this as the 'Alzheimerization of ageing'. Criticisms of the third age suggest that a division between the two ages has emphasised the benefits of health and wellbeing of the third age (activity and fulfilment), lifestyle and consumerism, and the desire to be youthful has shaped the culture of the third age (Higgs & Gilleard, 2015) and that as a consequence the fourth age is viewed negatively (physical and mental decline, and frailty) (Baar et al., 2014). Gilleard and Higgs (2014) refer to this as the 'black hole' or the 'dark vision' of age, where they postulate the fourth age is a social imaginary or a product of the social mind (Higgs & Gilleard, 2015). Therefore understanding the third and fourth age narrative is important to conceptualise the cultural construction of later life and holds resonance with the current research.

The conceptualisation of 'being old' needed to be considered at the outset of this thesis to allow a critical exploration of the phenomenon. The use of 65 as a parameter to measure old age is a political and social construct, and although useful to establish understanding writers in the field of gerontology have argued against such use. Baar et al. (2014) noted the tendency to use 60 to 65 as the entrance point to old age but argued that culturally older age can occur from 50 upwards. Laslett's

work defined no age boundaries to these life stages, but established that transition to the fourth age might not occur for some. It is also felt the fourth age will reduce, and Higgs and Gilleard (2015) postulate that deep old age (loss of bodily control) will become narrower. Therefore this study settled on the age of 75 as a boundary to measure perceptions, which was reflective of the population demographics (section 1.2.1) and drew on the principles of the age stratification model where specific generations are observed (Kydd, Duffy & Duffy, 2009).

The ageing body can be conceptualised via cultural influences and bodily appearance (Featherstone & Wernick, 1995; Twigg & Majima, 2014). Culturally and socially there is a narrative to stay young (Soden, 2012; Ylänne, 2012). Moreover a standard image of later life has emerged via social media and photography (Bytheway & Johnson, 1998; Featherstone & Wernick, 1995). Similar to Dyer's (1982 cited by Rose, 2012), work on human signs in advertisement and representations of body, manner, activity, props and settings, three broad approaches are said to exist in the construction of an image of age; 1) attention is given to the body and age signifiers, 2) appendages which represent age are depicted and 3) older people would be portrayed in a dependant relationship (Bytheway & Johnson 1998). These are considered aesthetically different from youth depictions (Featherstone & Wernick, 1995) and Gilleard and Higgs (2000) postulated that at some point on the lifespan, the age of an individual cause's disengagement from post modernistic practice of maintenance of self and the ageing body becomes a list of attributes that have failed. These myths of later life foster ageist stereotypes and older people are discriminated on the grounds of bodily appearance (Featherstone & Werner, 1995). Featherstone and Hepworth (1991) identified through a critical exploration of gerontology research a 'mask of ageing', whereby the personal identity of older people is concealed by physical characteristics of age. Through these observations it was felt that the use of visual methods will identify students' perceptions and provide an expression of their beliefs. The saying a 'picture speaks a 1000 words' was considered in so much that it was felt the use of drawings would encourage the participant to reveal their internalised perceptions of older people in a non-threatening manner. Further the study of images of older people has become more accepted in ageing research and Ylänne (2012) found that social and cultural processes can be seen in this form.

### 1.3.3 Nurse Education

Nurse education in the UK is governed by the Nursing and Midwifery Council (NMC) standards for pre-registration nurse education. The educational standards articulate



the competencies required to meet the criteria to register as a nurse (NMC, 2010). The NMC as part of their mission to ensure the health and wellbeing of the public provide mandatory guidance for educators upon the design and delivery of a pre-registration nurse programme.

The sample in this study was governed by the Standards of Proficiency for Nursing Education (NMC, 2004) which provided overarching principles for the nurse to practise. There were eight standards for education, and guidance on the structure and nature of the programme and proficiency for registration (NMC, 2004). The fundamental principle of these standards was the integration of theory and practice and that the individual was fit for practice. The standards outlined a programme of study of 4600 hours with equal weighting between theory and practice (NMC, 2004). The programme had to include a common foundation programme (CFP) of one year that provided a foundation for a two year branch specialism programme (NMC, 2004). The standards did not make specific reference to older people for theory. It stated that a health orientation for all was needed and referred to people of all ages and that adult branch nurses provided care for adults aged 18 to elder people (NMC, 2004). Within the four domains to measure proficiency, (professional and ethical practice, care delivery, care management and personal and professional development) there was a paucity of reference to older people. However for adult nurses the European Community (EC) Second Nursing Directive 77/453/EEC (updated by 89/595/EEC) indicated that care of the old and geriatrics was a requirement in practical experiences. Based on these standards the participants' experienced educational content based on the sociology and biology of ageing and there was a session on elder abuse. The students experienced an appropriate clinical placement associated with the EC directive, however the education content with specific reference to older people was lacking.

In 2010 the Standards of proficiency for pre-registration nursing education (2004) were revised (NMC, 2010). A strategic review of nurse education in 2007 commissioned by the NMC, facilitated Langley, Shaw and Dolan (2007) to produce a document 'Towards Nursing 2015'. This, alongside professional and public consultation, guided the revision of the NMC standards of proficiency for pre-registration nurse education. The changing population demographics, the predicted increased dependency ratio beyond 2020, the perceived burden of disease and long term conditions also influenced the report (Langley et al., 2007). It was recommended there was a need for a more generic worker and for nurse education

to become an all graduate professional, and that there would be four fields of nursing without a CFP (NMC, 2010).

The standards for education outlined standards of competence and included four domains; 1) communication and interpersonal skills, 2) professional values, 3) nursing practice and decision making and 4) leadership, management and team working (NMC, 2010). With specific reference to education concerning older people there was a requirement that theory and practice learning outcomes would take account of the essential physical and mental health needs of all people and that this included older people, a shift within nurse education (NMC, 2010). The theoretical and clinical instruction for general care for adult field nursing set out by the EU directive (2005/36/EC annex V.2) stipulated that theoretical instruction must be given on care of the old and 'geriatrics' and that clinical instruction must also include this (NMC, 2010), a positive development from the NMC 2004 proficiencies. The domain concerning professional values outlined that nurses must pay attention to the needs of an ageing population and promotes the rights, choices and wishes of all adults, to support and promote health and wellbeing of people who are ageing (NMC, 2010).

The communication and interpersonal skills domain stipulated that nurses needed to respond warmly and positively to people of all ages (NMC, 2010). Nursing practice and decision making drew attention to the need that nurses needed to assess and meet the full physical and mental needs of people of all ages that come into their care including older people (NMC, 2010). Finally, leadership, management and team working domain indicated that nurses must respond to the needs of people of all ages (NMC, 2010). Overall, requirements for pre-registration nurse education provided further guidance but remained deficient in consideration of older people specifically. There was little difference in programme content between the two curriculums.

#### 1.2.4 Nurse Practice and Education

Healthcare professionals need to consider the moral obligation to act with professionalism and integrity (NMC, 2010). For nurses the NMC (2015) code clearly stated the moral obligation to uphold dignity, act in the best interests of people, to practise effectively and preserve safety and to promote professionalism and trust. Inherent within the code is the need for personal commitment to uphold these standards, to be a model of integrity, to be self-aware and a realisation of how behaviour and beliefs influence and affect others. The essence of moral obligation should permeate all practice and although older people are not singled out and

ageism not discussed the inherent message is one of appropriate professional behaviour.

The Mid Staffordshire NHS Foundation Trust, Public Inquiry (Francis Report) (2013a) made a recommendation for the consideration of the creation of a registered 'older people's' nurse. As a direct consequence the Department of Health's (2014) mandate to Health Education England (HEE) specifically referred to the need for the nursing profession to develop a bespoke postgraduate 'older persons' programme that integrated mental and physical health. The document proposed an 'Older Persons' Nurse Fellowship' programme for nurses working with older people. Finally the mandate reinforced that nurse education and undergraduate medical education needed to ensure that all new nurses and doctors had the right skills and values to work with older people, and focused on dementia. Although it is encouraging that education about older people has been highlighted it is somewhat disappointing that emphasis has been given to dementia and the fourth age. The RCN (2008) stated that nursing was central to the implementation of government policy about care of older people, and that curriculum needs to be adopted to reflect the ageing population. Thus an exploration of perceptions during an undergraduate nursing programme appears pertinent, especially as the Department of Health in 2008 also highlighted the need for an investigation in professional ageism (DH, 2008).

### 1.3 Structure of Thesis

The thesis has been structured to give a logical account of the research study.

**Chapter two** presents the synthesis of existing literature in the field of gerontology. The chapter enfolds into a discussion on age, ageism, attitudes, discrimination, stereotyping and stigma. These concepts were explored in the context of healthcare policy, legislation and practices, and specific literature was reviewed in the context of nursing, care and nurse education.

**Chapter three** critically examines the ontology and epistemology of the study. In particular this focuses upon a synthesis of constructivism and discourse analysis which informed the philosophical principles of using visual mediums as a research tool. A critical justification for pragmatism and mixed methodology using a longitudinal study framework is articulated. This chapter shows that the employment of visual methodology was a valid and reliable tool to explore perceptions of undergraduate student nurses towards older people.

**Chapter four** discusses the methods employed for the study. Each is individually examined, beginning with the questionnaire which incorporated Kogan's (1961) attitudes towards older

people scale (KOP), and moves forward to present the use of drawings, a Thurstone scale and photo elicitation and how these interrelated to provide a comprehensive measure of perceptions. Ethical principles are discussed in conjunction with ethical approval. The chapter offers explanations for the sample selection, and provides an overview of the analytical process adopted for each method employed.

**Chapter five** presents the analysis and quantitative findings of the drawings and questionnaire. It commences with a detailed analysis and discussion of the demographic information of the participants. The chapter is divided in two main parts, the questionnaire and the content analysis of the drawings. The findings offered new insights into the study of perceptions and attitudes towards older people and informed the qualitative findings.

**Chapter six**, the qualitative findings for the drawings are presented in themes. Incorporated into this critical synthesis of the data are the outcomes of the photo elicitation and Thurstone scale panel. These both helped validate the analysis and provided the opportunity for deeper insight into the participants' perceptions. Key findings are presented at the end of both Chapters five and six.

**Chapter seven**, the study's findings are analysed and discussed and the qualitative and quantitative chapters are drawn together. The chapter uses the research questions posed as subheadings and draws on the literature review and contemporary research papers. Inherent within this discussion are the key findings of the study and the emergence of new knowledge, and a critical dialogue demonstrates how this can contribute to nursing, nurse education and gerontology.

**Chapter eight**, the thesis concludes with a number of recommendations focused on nurse education and practice, research methods and gerontology.

To contextualise the structure of the chapters, a 'thesis map' is included (Figure.1.3).

## **1.4 Summary**

This chapter has presented the background to the study and structure of the thesis. The principles of critical gerontology showed that perceptions of older people are a social construct, and have provided the conceptual understanding from which the research emerges. An articulation of the demographic landscape contextualised the importance of continued research in gerontology, whilst the critical commentary of nurse education provided insight into how a nurses' milieu is professionalised and constructed. The construct of identity in later life has been introduced, and is to be explored further within the next chapter which presents the literature review.

Figure.1.3 Thesis Map

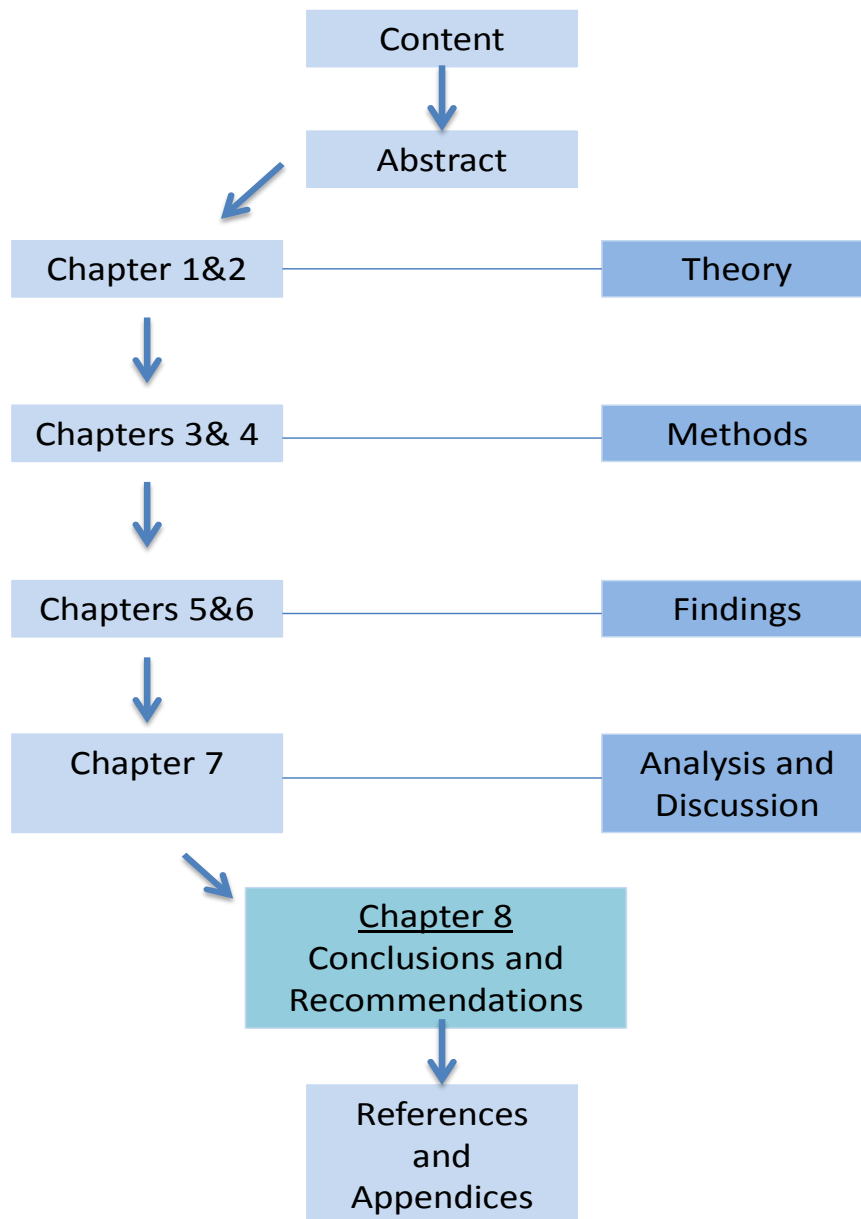


Figure 1.3; provides a visual summary for the content and structure of the thesis. Chapters one and two present the context for the study and theory that informed the research design. Chapters three and four provide the research design. Chapters five and six focus on the findings of the mixed methods whilst chapter 7 presents the analysis and discussion of the study.

## **Chapter Two: Literature Review**

This chapter presents a critical review of the literature surrounding the ageism, attitudes and discriminatory behaviour towards older people in both the wider societal context and specifically in relation to healthcare.

The purpose of a literature review is to conduct an extensive search of the research and theory in a given field, to draw together sources of information to produce a research problem, and illustrate potential gaps in the subject area (Ridley, 2012). There was a range of research noted within ageing research, from the seminal work of Butler (1969), Kogan (1961), Palmore (1990), Nelson (2005) and Bytheway (1995, 2005), to concurrent cross disciplinary national and international research papers.

The review identified that there was a paucity of literature that focused on positive aspects of ageing and ageism. The chapter commences with an overview of the search strategy utilised and explores the themes identified in detail.

### **2.1 Search Strategy**

The literature review commenced in 2008 in preparation for PhD registration and has been continually updated to ensure currency to the thesis. Several data bases were accessed; Cumulative Index of Nursing and Allied Health Literature (Cinahl), Cochrane Library, EBSCO, PubMed, Blackwell Synergy, Science Direct, NHS National library for health, University of Chester library catalogue, Department of Health, the websites of Age UK, Help the Aged, Kings Fund, British Gerontology Society, European Centre on Aging and Futurage. In addition to the above search, grey literature (informal and often unpublished academic literature) was accessed via Google scholar. Gerontology journal data bases (for example Age and Ageing) were searched using the same key words. Research and publications relevant to the thesis from personal records, email alerts and files on older people were scrutinised. In addition a snowball technique was used and all papers were hand searched for additional sources (Aveyard, 2014; Ridley, 2012). The inclusion criteria had no date restrictions made to the search, and the earliest paper found was 1961. The papers needed to refer to ageism, discrimination and attitudes and hold relevance to healthcare. The key words used are indicated in Table.2.1.

Table.2.1: Key words used in search

Key Word	Search Variations
Ageism	Ageism and healthcare; Ageism, nurses and older people/person: Ageism, nurses and elderly: Ageism, ethnic minority and elderly; Ageism, ethnic minority and older people/person.
Attitude	Attitudes, nurses and older adults: Attitudes, nurses and elderly.
Culture and ageism	Culture, ageism and older people: Culture, ageism and elderly.
Culture and Attitudes	Culture, older person/people and attitudes: Culture, elderly and attitudes.
Ethnicity	Ethnic, discrimination and older people; ethnic, discrimination and elderly.
Economic	Economic, ageism and elderly; Economic, ageism and older person/people.
Mental Health	Mental health, older person/people, ageism.
Communication	Communication, ageism and older people; Communication, ageism and elderly.

Table.2.1 illustrates the key words and search variations for the literature when accessing the databases.

From these searches 238 sources were deemed relevant (Table.2.2). Within nurse education research a number of international papers existed, in particular from the US, where similarities can be found with UK research and practice.

Table.2.2: Outcome of literature review and identification of Country of publication

Resource	Overall Number	Country of Publication;					
		UK	US/ Canada	Europe	Australia/ Asia	Middle East	Various
Peer Reviewed Articles	178	67	71	10	21	4	5
Books	19	12	7				
Website	3	3					
Reports, Policy and Position Papers	39	39					

Table.2.2; detailing outcome of the literature review and the country of publication.

There was an overwhelming dominance of quantitative studies using attitude and knowledge scales, and a paucity of qualitative research, adoption of mixed methodologies and longitudinal studies (Table.2.3). Aveyard's (2010) six questions to trigger critical thinking (where, what, how, who, when and why) was utilised to aid the thematic analysis.

Table.2.3 Research Studies Using Alternative Methods to Quantitative

Research Method	Number Found
Qualitative Interviews	5
Visual Research Methods	5
Mixed Methods	5

Table 2.3 detailing number of research studies using non quantitative methods.

There were eight themes identified, (Table.2.4). It was evident that there were dominant and subordinate themes (Miles & Huberman, 1994), for example ageism, ageism in healthcare, stereotyping and image, education and care and dependence had a significant number of papers referred to in the literature review. The themes will now be discussed.

Table.2.4; Number of UK and International Authors per Theme

Theme	Number of UK Authors Cited	Number of International Authors Cited
2.2 Age	3	5
2.3 Ageism	26	35
2.4 Ageism in Healthcare	55	27
2.5 Age Discrimination	9	3
2.6 Stereotyping and Image	24	25
2.7 Education	16	38
2.8 Care and Dependence	25	16
2.9 Attitude	8	34

Table 2.4 indicates the number of sources used in each theme and differentiates between UK based authors and research and those that were researched and published outside the UK.

## 2.2 Age

Age categorisation is an important label in society. Age Concern (2008) identified that younger adults felt youth ended at around 38, whereas the older adults in the survey significantly identified that youth ended towards the end of the fifth decade. Interestingly older people were grouped not by birth cohort but as a homogeneous group spanning more than 40 years. This supports Bytheway's (2005) work that older people had one common attribute that they had passed a landmark birthday (60) and entered "old age". Age marks a position in society, for example the retirement age (65), and this was linked to positive and negative attitudes, with later retirement age promoting more positive attitudes in a European report on predictors of attitude (Abrams, Vauclair & Swift, 2011). Within gerontology there has been some attempt to define age sub categories, for example the young-old (65-74), the middle-old (75-84) and the old-old (85+), and it had been suggested that those in the latter categories are subject to greater discrimination and an inherent danger that the final category (85+) would be labelled as dependant and preparing for death (Bytheway, 2005) and can be aligned to the fourth age previously discussed. Moreover Barrett and Cantwell's (2007) United States (US) study identified through their drawings four ways to define age; 1) functional (the need to support physically or mentally), 2) social (role in society for example a grandmother), 3) subjective (as old as you feel) and 4) chronological (evidence of age such as a birth certificate). These classifications to some extent can be supported by the results of a small scale New Zealand study that examined older women and chronic illness, where women talked about the double jeopardy of ageing and living with a chronic illness



(Giddings, Roy & Predeger, 2007). Age categories in the UK have been found to be based on physical and natural attributes, where individuals held a belief about a prototype for that category (Vauclair, Abrams & Bratt, 2010). Similarly Law (1995) referred to a hierarchical system of age relations, providing tasks and behaviours according to age.

### 2.3 Ageism

The term 'ageism' emerged from the seminal work of an American psychiatrist, Butler, in 1969. Butler (1989) on critical reflection of his work felt ageism was a disease, formed from negative attitudes and the practice of others which caused discrimination to older people. His original 1969 definition was developed from an observation of a housing project for older black people, in which he found that individuals were discriminated against. He observed ageism was a form of bigotry and that it manifested itself on many platforms of social life, from avoidance of contact, institutional, stereotyping, discriminatory practices and dislikes (Butler, 1989). In 1969 Butler defined ageism as

*"A systematic stereotyping of discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender"* (Butler, 1989, p.139)

Butler went on to state old people were

*"Categorised as senile, rigid in thought and manner, old fashioned in morality and skills"* (Butler, 1989, p.139).

And that the younger generation saw themselves as different

*"They subtly cease to identify with their elders as human beings"* (Butler, 1989, p.139).

The concept is a multifaceted and complex phenomenon, ageism is about prejudice, appearance, physical and cognitive decline and age. Butler's original definition referred to discrimination of a group of older people however the literature shows that ageism is not confined to one group of individuals as defined by Butler (1989). Palmore (1990) emphasised that ageism can occur across the lifespan but noted many definitions referred to older people singularly, thus ageism emerged as a problem of later life. A further complexity is that age categorisation is a characteristic that society, policy makers and individuals use age to make judgements (Bytheway, 1995; Nelson, 2004), for example the right to vote and passage to adulthood, and retirement and pension benefits. More fundamentally, age has been used as a demarcation of a person's ability and position in society, and these values have become an inherent aspect of societal structure and have a historical context. The

1960s facilitated a time of change and debates about the value of being older emerged; for example Cumming and Henry's (1961) disengagement theory (when older people withdraw from society) and there was an increase in societal awareness of marginalised groups, the advent of equal rights movements occurred and as a consequence the behaviour towards marginalised people altered. All of these aspects are crucial in understanding ageism (Bytheway, 1995). Therefore ageism is about age categorisation (Butler, 1969; Bytheway, 1995; Nelson, 2004; Palmore, 1990), prejudice, stigma, discrimination, behaviour (Calasanti, 2005; CPA, 2007), oppression (Law, 1995) attitudes (Calasanti, 2005; Slevin 1991), exclusionary behaviour (Calasanti, 2007), stereotyping (Slevin, 1991), can occur without apparent logic (Cohen, 2001) and be stable or covert (Butler, 1989).

The definition of ageism ultimately lies in the social construction of society and old age, which influenced and mediated social experience (Hughes, 1995). It has been argued that ageism is exacerbated by 1) social policy (Biggs, 1993; Bytheway & Johnson, 1990), 2) the obsession with youthful appearance (Allen, Cherry & Palmore, 2009), 3) cultural attitudes towards age (Calasanti, 2005) and 4) cultural behaviours (Kahan & Melendez-Torres, 2013). However these understandings have failed to address the phenomenon fully, for example they focus either on the sight of old age or the societal categorisation of age but not both.

In contemporary society ageism alongside other 'ism's' are understood and individuals acknowledge these as offensive (Bytheway, 1995). However unlike sexism and racism, there is an inevitability that people will experience ageism, as ageing is a universal concept (Hughes, 1995; Nelson, 2004; Palmore, 2001), and there are few penalties to discourage discrimination (Kane, 2008). To combat this lack of clarity, Bytheway and Johnson (1990) developed a definition, which drew on organisation structure alongside the more traditional knowledge of discrimination on the grounds of age and perceptions of later life. They stated;

*"1. Ageism is a set of beliefs originating in the biological variation between people and relating to the ageing process.*

*2. It is the actions of corporate bodies, what is said and done by their representatives, and the resulting views that are held by ordinary ageing people, that ageism is made manifest" (Bytheway & Johnson, 1990, p.14).*

This definition moved away from age categorisation and the notion of visibly being viewed as old as separate entities. The notion of institutional ageism was supported by Palmore (1990) and it was hypothesised that institutionalisation of age was threaded throughout society (Nelson, 2005). In the context of this study the actions of 'corporate bodies' are related to healthcare organisations. Bytheway and Johnson (1990) stressed that ageism legitimised

the use of chronological age to determine resource allocation and opportunities, and allowed people to patronise the older generation. To this core belief they postulated that ageism fuelled a fear of ageing and caused stereotypical assumptions about old age, and as a consequence stigmatised and devalued the identity of older people (Dobbs et al., 2008).

Clarke and Griffin (2008) suggested from their research that two definitions of ageism have emerged, one reflective of discrimination against older adults, whilst the other draws on the obsession in society of youthfulness. This aligned to Bytheway and Johnson's (1990) 'biological variations' and Butler's (1987) notes of discrimination 'because they are old'. It can be seen that ageism is multifaceted and is a set of social processes, which include environments such as the workplace, the social systems, and the family, the household and popular culture (Law, 1995). This suggests that ageism could be inherent with healthcare structures, organisations and personnel. These are now discussed in further detail.

One of the key principles of ageism is the fear of becoming old (Butler, 1969). Ageing is viewed from the biological perspective that people alter during the life course and allows older people to be viewed as fundamentally different from others (Bytheway & Johnson, 1990; Hughes, 1995). The physical change in appearance is the foundation and key characteristic of ageism. The fear of decline, ugliness and dependency rather than values based assumption of roles, continued activity and contribution to society governs opinion and Nelson (2005) postulated that younger adults form a negative attitude to distance themselves, denying the inevitable. This can be seen by the value given to adjectives used to describe people, such as "she looks good for her age", or "acted a lot younger than her age", thus Bytheway (1995) suggested we are applauded for being younger, and this becomes the most frequent type of ageist behaviour (Papadaki, Plotnikof, & Papadaki, 2012). Palmore (1990 and 2001) proposed there were types of ageism, positive and negative, discrimination and prejudice, which was either institutionally based or personal, based on attitudes or stereotypical iconic images. However while this was drawn from the literature surrounding ageism, Palmore's experience and results of his facts of ageing quiz on US citizens, rather than a particular research study (*appendix.1*), the outcome aligned to the work of Bytheway and Johnson (1990). The framework differentiated between prejudice (stereotyping and attitude) and discrimination (personal and institutional acts) and Palmore (1990) identified nine major stereotypes that reflected negative prejudice towards older people. These were; 1) illness, 2) impotency, 3) ugliness, 4) mental decline, 5) mental illness, 6) uselessness, 7) isolation, 8) poverty and 9) depression. It is apparent that these terms do not reflect concurrent terminology in healthcare and that whilst some stereotypes still hold resonance others need revision. However to date no research has superseded them.

Social policy relating to older people can be seen to be based on the societal assumption they are in a period of decline. This draws on Palmore's (1990) first common prejudice that older people are either sick or disabled. Dobbs et al. (2007) identified that stigma was related to disease and illness, both physical and mental and Palmore's (1990) negative prejudice of mental decline suggested that individuals felt that older people could not learn new information, and had a declining memory. In addition the concepts of ugliness and impotency from Palmore's (1990) survey emphasise the importance of beauty and youthful appearance in society and this has been in direct opposition to the natural ageing process, from this it can be assumed that there is a common perception that older people are asexual.

Palmore's (1990) stereotype of 'uselessness' versed the belief that older people were disabled or cognitively impaired, meaning that they cannot contribute in a meaningful manner. Palmore's concepts of poverty and isolation are also reflected in social policy. It could be assumed that people think that older people are economically poor, the state pension and fuel allowance indicate that the old people need support, and as a consequence of disability and income are isolated and lonely (Barrett & Cantwell, 2007). Supporting this, changes in cultural values, social structures and respect were found to be causes of discrimination in older peoples accounts (Help the Aged, 2007a). Indeed Dobbs et al. (2007) identified ageism was a socio-cultural aspect of stigma (discussed in 2.3.1) that included attitudes about social class, gender and race. Thus culture has set apart older people from the general population and Hendricks (2005) implied this has been woven into the social fabric. From this it appears that inequalities have been generated, normalised and remain unchallenged (Hughes, 1995), society has learnt to be age sensitive (Bytheway, 1995; Nelson, 2005) and ageism has evolved into a subtle concept (Palmore, 2001).

Palmore's (1990) stereotype of mental illness suggested that the sample viewed older people as senile and that mental illness was common and inevitable. Palmore (1990) ageism quiz established that 2/3 of his sample thought older people had mental impairments. Herrick, Percy and Ross (1997) also found people believed old age brought mental and emotional problems. Palmore (1990) established that as a consequence of the other eight negative stereotypes mentioned previously older people would naturally be depressed and used terms such as 'grouchy, cranky' and 'feel sorry for them', thus these assumptions draw upon layperson terms. It must be noted though that Palmore's classification of ageism was developed and published in 1990, was drawn from a US society which at the time of writing has not been explored in the context of the UK.

Palmore (1990) identified eight positive stereotypes that are rarely alluded to within the literature due to the dominance and focus on negative stereotypes. These include; 1) kindness (a grandmother figure), 2) wisdom (life experience), 3) dependability (reliability and trustworthiness), 4) affluence, 5) political power (grey pound), 6) freedom (retired and free to do what they want), 7) eternal youth (anti-aging products) and 8) happiness, alongside the negative stereotypes some of these are myths (for example the grandmother type figure) formed socially rather than reality. Affluence and political power are in direct opposition to the negative stereotypes of isolation and poverty. The stereotype eternal youth draws on a principal concept of ageism, to retain youthful status and in particular this relates to the mask of ageing (Featherstone & Wernick, 1995) and for women to engage in anti-age activity (Clarke & Griffen, 2008). The stereotype of kindness, dependability and wisdom were drawn on by Hummert, Garstka, Shaner, Strahm (1994) in their analysis of stereotypes, and these are explored further in section 2.6.

Another theme of ageism aligned to culture and social forces, has been the continued modernisation of society (e.g.; advent of technology). This has led older people to become devalued, their status and prestige altered (Palmore, 1990), and technological advances has made older peoples' contribution seem redundant. Biggs (1993) and Nelson (2005) supported this notion and postulated that modern living was a precursor to the formation of attitudes, imagery in later life and self-perceptions of old, all of which fuel ageism. Thus it can be seen that the social construction of ageing embodies stereotypical images of older people (appearance, hobbies and interests) which promoted discrimination and has led to the labelling of older people as different, therefore the socially constructed image of older people has become a product of ageism (Hughes, 1995; Nelson, 2004). This labelling of older people has become an inherent accepted language, such as senile, sad, lonely, dependant, ill, and demented. This is supported by Marshall (2007) who concluded that ageism was more than attitudes and beliefs but was embedded in society's philosophical outlook.

### 2.3.1 Stigma and Ageism

Stigma and social identity has been seen to become an aspect of ageism from the portrayal and imagery of being older (Ylänne, 2012). Goffman (1963) defined stigma as a sign or attribute (or a label) that exposed an individual as being unusual or bad. He went on to suggest this stigma was 'deeply discrediting', and allowed the person to be fundamentally viewed as different. Therefore the principles of stigma align to ageism in that it is associated with devaluing a person because of a determining characteristic. The consequences of stigma include stereotyping, dehumanisation

and dependence (Herrick, Pearcey, & Ross, 1997), all key characteristics of ageism and therefore may potentially impact on how a healthcare professional interacts and cares for older people.

Little was found relating to ethnicity, economic position and older people aligned to ageism. The papers were generally literature reviews or commentary rather than empirical research, for example Stone's (2012) publication. Discrimination on the grounds of ethnicity was noted by Bajekal, Blane, Grewal, Karlsen and Nazroo (2004) who established older black and minority ethnic groups tended to report poorer health. The same groups experienced lower quality treatment, inequalities and barriers in service provision (Blakemore, 2000; Moriarty, 2008; Parliamentary Office of Science and Technology (POST), 2007). Barriers identified by these authors included language used, professional stereotypical assumptions, different expectations, stigma attached to mental health diagnosis and a lack of service user awareness on information about services. Healthcare professionals were noted to have made assumptions about care based on the individuals culture and ethnic origin, and the service user felt marginalised or excluded and their needs were not taken seriously (POST, 2007).

Quality of life measures indicated that role, security and control were pertinent concepts needed in later life (Grewal et al., 2006), and that these underpinned the conceptual understanding of ageism in that to facilitate a positive quality of life older people needed a purpose, were valued, safe and not vulnerable. In addition an Australian study explored the social role of older people and argued communities needed to value older people more (Shotton, 2003).

The economic value of older people was also highlighted in some papers, yet no reference to ageism was made. Harvey and Thurnwald (2009) postulated that the social construction of age in Australian society has allowed older people to be seen as unproductive. British older people were found to be vulnerable to economic fluctuations due to financial arrangements in later life (Fenge, Hean, Worswick & Wilkinson, 2012) and were marginalised (Price, 2006).

### 2.3.2 Communication and Ageism

Communication with the older adult was found to be a focus of discussion within the literature. Nelson (2005) observed that even people with positive attitudes towards older people tended to use "baby" talk and over accommodated speech (shouted because old people are deaf). Basic and condensing language was established in

n=228 US social workers (Kane, 2006a) and there was a general assumption made that older people would have some cognitive impairment. This has been referred to as 'elder speak' (Williams, Kemper & Hummert, 2004) or 'elderness' (Polat, Karaday, Ulyer & Demir, 2014) and it was established that this was a generalised approach when communicating with older people rather than on individual need. Age UK (2011a) identified 44% of older people had experienced infantilisation during communication with younger adults and stated they were treated like children, whilst an Canadian study of n=33 residents in a long term care facility found 64% occurrence of elder speak (Lagacé, Tanguay, Lavallée, Laplante & Robichaud, 2012). Within healthcare both UK and international research papers indicated that professionals communicated and related differently to older people (Allen et al., 2009; Billings, 2006; Kane, 2006a; McLafferty & Morrison, 2004; Palmore, 2001; Papadaki, et al., 2012; Polat, et al., 2014; Tadd et al., 2011; Williams et al., 2004). Hummert and Mazloff (2001) established that US professionals impatiently tapped their feet and rolled their eyes when interacting with older adults from a focus group of older people. Dobbs et al. (2008) noted that n=309 family members expressed concerns about how US healthcare professionals communicated with older people and Polat et al. (2014) established nurses and physicians preferred to receive case history from relatives rather than older people. Kane reported that many US professionals' stereotype older people together, assuming that they were all cognitively impaired. From this, it can be seen that there is a language associated with how to communicate with older people. Hendricks (2005) and Kagan and Melendez-Torres (2013) refer to this as benign or compassionate ageism, for example "poor dear". In a UK study of n=57, staff assumed older people would not mind the use of nicknames (Billings, 2006). Language use in this context is considered to be a form of 'silent ageism', and individuals were unaware that it could be considered ageist and that it perpetuated ageism (Billings, 2006).

Tam et al. (2006) postulated that individual contact and self-disclosure with grandparents enhanced general attitudes towards older people and in turn enhanced communication. US studies by Barrett and Pai (2008) and Pinquart, Wenzel and Sörensen (2000) highlighted the importance of intergenerational communication and Lee (2009) established that those who communicated regularly with older adults had more positive attitudes. Walsh, Chen, Hacker and Broschard (2008) identified that n=22 American student nurses cited uncertainty in how and what to communicate with older people and valued a research intervention (art activity) in initiating conversations. What is not clear from these results was whether these students had

exposure to role models, such as grandparents. Interestingly a UK study of n=376 healthcare professionals found that 53% disagreed that communication with older people can be frustrating, whilst 30% were either unsure or agreed (Kydd, Wild, & Nelson, 2013). It also appeared that societal structure limited communication between birth cohorts, and alongside age segregation fuelled uncertainty and misinterpretations between older and younger people, and this facilitated ageism (Hagestad & Uhlenberg, 2005).

### 2.3.3 Media influences on ageism

Social media have been found to have a critical role in promoting ageism (Higgs & Gilleard, 2015). Older people were often portrayed as being in an inevitable period of decline, and Help the Aged (2007a) published older people's concerns about the patronising way they were portrayed on television. In addition an Age Concern (2008) survey identified that 58% of their sample felt that the media (newspaper, television) portrayed older people negatively. From this Age UK (2013b) remarked that newspaper editors should amend their code of practice to avoid prejudicial references to a person's age. Coombe and Schmander's (1999) US study established that ageing characters in comedies were often the 'butt' of jokes and Barrett and Pai (2007) noted the media's role in perpetuating ageist images. This was supported by Blakeborough (2008), who used a comment made on the US cartoon 'the Simpsons' that 'old people are useless' to highlight the stereotypical view of later life.

Age Concern (2008) also highlighted marketing strategies that used stereotypes to portray a product, for example traditional values and or a discriminatory advertisement campaign depicting dependence. Hilt and Lipschultz (1999) established n=211 US news producers had to use exciting videos in order to tell stories about older people, and suggested that older people were more likely portrayed as victims than having a contribution to society. Interestingly it was found that US television portrayed only 8% of characters as old (Nelson, 2004), a possible explanation of this suggested that the portrayal of 'bad' ageing by the media as a narrative had the potential to overwhelm society (Gilleard & Higgs, 2015) and therefore is avoided.

Calasanti (2007) analysed websites that depicted anti-ageing products and found that the sites allowed the legitimatisation of ageism, based on the visible characteristics of ageing, and found the power of being young emphasised that ageing was a 'disease' and that this should be controlled. Calasanti (2007)



suggested the anti-ageing industry drew on the social construction of age to draw in potential customers. Williams, Wadleigh and Ylänne (2010) identified that four distinct groups of older people were used in advertising: frail and vulnerable, happy and affluent, mentors and active and leisure-oriented, therefore stereotyping older people. Marshall (2007) suggested as a consequence of this that further research is needed across a variety of fields including healthcare.

#### 2.3.4 Ageism; the future of the concept

Biggs (1993) alluded to a then growing school of thought on whether ageism existed and questioned the validity of ageism as a concept. This originated from the complexity of the definition and the discrepancy between ageism, beliefs and attitude theory, and whether ageism was behavioural (Kogan, 1979; Schonfield, 1982). Biggs (1993) argued that ageism studies rarely examined older people's perspective and self-reported experiences. Hence the definition was built upon a younger person's philosophy. However discrimination studies have examined the concept of ageism from older people's viewpoint, for example Bytheway (1995) and Age UK (2011a&b) both found that through the examination of older people's everyday life there was evidence that ageism existed. Lagacé et al. (2012) identified that Canadian participants would rather accommodate and agree with care givers. This reinforced and legitimised ageism and reaffirmed silent ageism in so much that inbred attitudes and behaviours were accepted as normal to a percentage of the population. Age Concern (2005) reported that prejudice had increased against older people, and proposed this could be contributed to the ageing population. It would seem inevitable that as more people enter later life there will be more reported incidences. It could be assumed the increase in reported cases of discrimination are a consequence of increased understanding of ageism by the population in general, that older people have been heard or that there has been a cultural shift and those who now enter later life hold different opinions and are more aware of their rights than those born pre 1930. This rationale regarding the prevalence of ageism and the 'baby boomers' suggest old age will be reshaped, and ageism eroded (Bowling, Mariotto, & Evans, 2002; Biggs, Phillipson, Leach & Money, 2007). The assumption appears widespread (Longino, 2005), however little consideration has been given to the expansion of middle age in society, and people have postponed the transition to being old (Calasanti, 2005). Thus society has allowed middle age to be classified as different to old age and as a consequence ageism is fuelled further. Longino (2005) has suggested cultural ageism may still exist, fuelled by society's obsession of youth, but that structural ageism may be changed by the baby boomer cohort's expectations of

service (Angus & Reeve, 2006). This can impact upon the nurse (through social construction) and therefore understanding prejudice in this workforce is important. Age Concern (2005) recommended there was a continuing need to monitor ageism, fuelling the need for additional research, and it has been suggested that as the baby boomers age there will be an increased demand for research in this field (Bugental & Hehman, 2007). Finally Palmore (2005) postulated that society will overcome ageism and there will be an increasing awareness of this concept as the case is for racism and sexism, however contemporary practice has not managed this yet.

## **2.4 Ageism in Healthcare**

As a consequence of ageism, societal attitudes towards older people are embedded in health practices and culture, (Herrick et al., 1997; Papadaki et al. 2012), and are seen as custom and practice (Levenson, 2003). Papadaki et al. (2012) referred to this as ageist discourses. The term ageism within the UK health system can be divided into three concepts; health maximisation ageism, productivity ageism and a fair innings ageism (Tsuchiya, Dolan & Shaw, 2003), and all three concepts prioritise the younger person (CPA, 2007). Health maximisation ageism suggests that each unit of health is of equal value, no matter who and what the individual is, therefore for ageism to occur priority is given to a younger person because they will live longer, thus central to this concept is life expectancy (Tsuchiya et al., 2003). Similarly, productivity ageism prioritises younger people as they contribute more, thus as a person ages from birth their value increases to a pivotal point (middle age) and will decrease as their contribution lessens, making them a lower social worth than the young. Finally, fair inning ageism reflects upon a lifetime and refers to a threshold that beyond this point limited services occur (CPA, 2007; Tsuchiya et al., 2003). In addition to these concepts ageism will continue in healthcare when there are inadequate funds to meet demand of the population (Young, 2006).

Holding ageist assumptions has been shown to be inherent within healthcare, where older people are seen as a problem and in need of support and care (Age UK, 2011c; Help the Aged, 2008b; Kahan & Melendez-Torres, 2013). Healthcare professionals often stereotype older adults as frail, inflexible, intolerable, unattractive and complaining (Alabaster, 2007; Billings, 2007; Hawkins, 1996). As a consequence of this, national age related policies have been published directing healthcare personnel about conduct and care. Additionally there has been growing pressure from older people's organisations advocating for equal and fair treatment. The following section examines the political context (to contextualise; a timeline is included *appendix.2*) and the evidence of discrimination in healthcare.

#### 2.4.1 The Political Context

In 2000 the Health Advisory Service (HAS) inquiry into care of older people highlighted poor quality care, lack of leadership, skills and knowledge, lack of staff, poor communication, insufficient resources and lack of attention to basic care needs (HAS, 2000). Additionally a DH funded report, 'Caring for Older People, A Nursing Priority' highlighted similar concerns about deficits in fundamental care and stated that ageism was unacceptable (DH, 2001a). These reports laid the foundations for the National Service Framework for Older People (NSFOP), published in 2001, with a specific aim to 'root out' age discrimination, promote general hospital care and was produced as a strategy to ensure a fair and high quality service for older people (DH, 2001b). This ethos is found in the principle foundation of the NHS, to provide the provision of care irrespective of who the individual is. There were eight standards in the NSFOP. The origins of standard one, rooted in the ambition to ensure older people were not unfairly discriminated against in healthcare services was viewed as a positive step to combat discrimination (DH, 2001b). Fundamentally it stated that to deny access to services based on age alone was not acceptable, and that there was to be fair investment in services, age related policies were to be scrutinised and that older people's champions were to be established. It recommended that older people were part of the decision making process, and were members of committees in organisational structures. Supporting this standard the DH (2003a) published guidance on access to care services and prioritising need respectively, especially addressing discrimination.

Standard two of the NSFOP, person centred care, aligned to some principles of ageism and discrimination, and aimed to ensure that older people were treated and respected as individuals (DH, 2001b). However, an interim report that audited age discrimination highlighted a number of age related policies to combat unfair provision, but it also identified discriminatory practice from non-written policies (DH, 2002), and suggested there was a cultural 'custom and practice' approach to older people's care and embedded attitudes. However the Agein project found that staff was aware of ageism (ENB, 2002b). In 2003 a progress report suggested improvements had been made across the standards (DH, 2003b) and much of the report was upbeat in style and outlook. Evidence in 2004 suggested discrimination in healthcare had improved, and highlighted an increase of people over 75 having cardiac surgery (from 2.2% in 1993 to 10% in 2003) (DH, 2004). However some following research evidenced ageism and discrimination.

A lack of significant impact of the NSFOP was found six years later, in a Help the Aged (2007b) position paper, 'Less Equal than Others', which reported experiences of discrimination by n=450 older people, and the organisation voiced the need for legislation to end age discrimination. Of the sample 23.5% cited they had experienced ageism in healthcare. The common themes emerged included being seen as a low priority when compared to other age groups, and that they were going to die anyway. Other examples of discrimination were lack of health screening, the wait for hearing tests, care from emergency services, age related rationing in particular drugs for Alzheimer's, or ailments being put down to 'old age' rather than being treated individually, investigated or referred on for treatment. A final facet commented on was a general lack of person-centred care in hospitals, with older people being grouped together, poor care standards, lack of dignity and attitudes of staff. This suggested that the NSFOP had little impact and that person-centred care was problematic due to a shortfall in services, fragmentation of care and evidence of paternalism. In support of this the DH identified that some service providers still held stereotypical views of older people which further negated age discrimination policies (DH, 2008). Simultaneously, Help the Aged published ten stories of ageism, nine relating to healthcare, from misdiagnosis (pain dismissed due to age by doctors), to lack of rights for dementia clients, to assumptions of poor quality of life and dependence (Help the Aged, 2008a).

The Personal Social Services Research Unit (PSSRU) (2008) identified that support received by older people was significantly less than younger people. Conversely, Diwan et al. (2008) identified that 96% of hospital staff surveyed felt that older people should have equal access to services but ageism or attitudes per se were not examined. A review into age equality in health and social care established that discrimination remained an issue (Carruthers & Ormondroyd, 2009), and further suggested that the NSFOP had been ineffective in rooting out discrimination. A report by Age UK (2011c) observed that failure to meet dignity was ingrained within organisational practice and ethos. This theme continued in other publications, Tadd et al's'. (2011) report on dignity in practice, and The Parliamentary and Health Service Ombudsman (2011) identified poor and a lack of fundamental care, poor diagnosis and treatment and a loss of dignity.

Leading on from this and pressure from older people's forums (Age UK), and the Equality Act 2010, the DH published specific guidance in banning age discrimination in healthcare, and stated;

*“It will be unlawful for service providers and commissioners to discriminate, victimise or harass a person because of age” (DH 2012a, p.5).*

The document stated that it was unacceptable for a professional to make a judgement based on a stereotypical view of age, yet acknowledged that chronological age could be used and ultimately permitted service providers to consider discrimination. Another DH document in (2012b) referred to discrimination and stated that this would be banned. The publication of these supported the notion of productivity and health maximisation ageism.

Further evidence of discrimination in healthcare was detailed in the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) (2013a); Chapter 25 focused in particular on older people. In principle, the chapter drew on and recommended common goals and practices that included person centred care, communication skills and patient choices, all previously identified in the NSFOP in 2001. From this it could be concluded that the impact of NSFOP on care and subsequent attitudes had little influence on the culture of care for older people. The Francis Report (2013a) revealed a general lack of respect for older people, including the name they wish to be referred to, communication about their treatment, a lack of care and attention, that included medicines management, hydration and nutrition, attending to hygiene and toileting, and the report referred to staff attitude, poor leadership and staff numbers. It did not further extract attitudes and discriminatory behaviour or make recommendations about this but distressingly presented family and patients' extracts that highlighted a general lack of care for older people. An extract stated;

*“...have their call bell repeatedly taken away...be told to wet the bed because the nurses don't have time, apparently, to transfer somebody to a commode” (Francis Report, 2013a, p.1604),*

The report did observe concerns about the care and treatment of older people in hospitals and care homes, and referred to the regulation of healthcare workers. Fundamentally, the report did not tackle the wider cultural issue of ageism. The NMC (2013) response focused on the professionalism and integrity of nurses to raise concerns and again did not address ageism.

It became evident from the literature was that although a number of policies had been implemented; ageism and discrimination remained in health services, suggesting ageism was embedded into the culture and socialisation of workers. This was identified in a DH report, which proposed a negative attitude may consciously or

unconsciously affect policy makers and professionals (DH, 2001a). It implied that policy and service provision do not respond sufficiently to the needs of older people. Supporting this, recent publications ‘commissioning home care for older people’ (Social Care Institute for Excellence (SCIE), 2015), a Kings Fund report (Oliver, Foot, Humphries, 2014) and Ray, Sharp and Abrams (2006) paper all highlighted inflexible, poorly funded and integrated services, poorly trained staff and a lack of person-centred care and choice for older people. To date there has been no full evaluation of the NSFOP, the DH published the ‘next steps’ in 2006, ‘a recipe for care’ 2007, and ‘research to support NSFOP’ in 2008. The Welsh Health Board published an evaluation in 2012 for Wales. The 2006 report highlighted improvements in enabling older people to remain at home, the increase in health promotion and improvement in specialist services and access. It was reported that discrimination was less common but that deep rooted attitudes and behaviours towards older people existed (DH, 2006). It is difficult to establish the evidence used to support these statements however it does reflect commentary regarding care of older people. The document failed to draw out recommendations to address these attitudes, but rather focused on service provision and particular associated aspects of later life, for example that falls were ‘common’ in later life and needed to be managed (DH, 2006). Similarly the DH 2007 document suggested service redesign (DH, 2007). The Welsh healthcare system evaluation found that the NSFOP had impacted on care and that the profile of older people has been raised. They noted that full implementation had not been achieved (Care and Social Services Inspectorate Wales (CSSIW) National Office and Healthcare Inspectorate Wales (HIW), 2012). This Welsh report focused on dementia in particular, and there was little on discrimination and ageism, other than stating that care should be individualised and independence maintained. Finally, recommendations of the DH research report in (2008) suggested eight future research themes, including an investigation of professional ageism. It was therefore seen as important to measure the impact the NSFOP has had on healthcare professionals’ attitudes towards older people and incorporate this into a research study. A timeline to conceptualise this subtheme has been included in (*appendix.2*).

#### 2.4.2 Evidence of Discrimination and Ageism in Healthcare

Age has been found to convey a message in healthcare, been used to signify access to care and screening, and healthcare professionals use age to make assumptions on care needs and levels of dependence, this was noted internationally through the general literature (Levenson, 2003; Nelson, 2005), and research on nurses (Billings, 2006; Higgins, Van de Riet, Slater & Peek, 2007), social workers (Kane, 2006a;

Papadaki et al., 2012), occupational therapists (Davys, 2008; Giles, Patterson, Butler & Stewart, 2002; Horowitz, Savino, Krauss, 1999) and doctors (Age UK, 2013b; Craig, Brennan, Rabone, Hendry & Barber, 2008; Young, 2006). Continuing implementation of the medical model and disease management in acute care (Nelson, 2005) has also been found to influence ageism.

Services within healthcare were noted to be ageist and the term the 'Cinderella' service has been used to describe older peoples' provision. A focus group of British healthcare professionals (n=57) identified limited access to specialist units (coronary care, intensive care and neurological areas), across mental health services, and it was established that younger people took priority, and services like phlebotomy would visit wards for older people last (Billings, 2006). A Help the Aged survey identified ageism and negative attitudes in healthcare, in that older people were a low priority, waited longer and had restrictions on drug allocation (Help the Aged, 2008b). A literature review conducted by the CPA in (2009) concluded that ageist attitudes were present in secondary healthcare, and suggested that there was no firm evidence why this occurred and postulated whether it was reflective of wider society. Other examples of age limited services although dated were identified by Olde-Rikkert (1997) who cited a coronary care unit (CCU) with an upper age limit of 75, and Arino (1992) who found that older people were less likely to be admitted to British CCUs. Diwan et al. (2008) established that British staff perceived that older people waited longer for elective surgery (23%) and were given less expensive treatment (34%). This must however be noted with caution as it was based on staff perceptions rather than statistical evidence. Irrespective of this, a report from the Royal College of Surgeons and Age UK in 2012 found treatment rates dropped significantly for those over 70 (Age UK, 2013b).

Within the UK, ageism is prevalent in service delivery. Ageism in smoking cessation referrals was found and more people under 65 were referred post stroke (69%) compared to 43% of over 65's (Craig et al., 2008). This was supported by CSSIW and HIW (2012) who established that healthcare professionals were not proactive in cessation programmes for older people. Cardiac services were also found to be ageist and Bowling et al. (2001) reported that older patients (75 and over), and in particular women, were significantly less likely to undergo exercise tolerance testing and cardiac rehabilitation. The authors concluded that there was no medical reason for this and therefore found that clients were being discriminated against primarily because of age and sex. Similarly Harries, Forrest, Harvey, McClelland and Bowling (2007) found that 48% of cardiologists treated older people differently; overall the

research showed that doctors could see age as a contraindication for treatment. Young (2006) and Sudlow, Thomson, Rogers, Livingstone and Kenny (1998) evidenced similar findings. Guptha and Owusu-Agyei (2006) identified that brain imaging was performed in only a small proportion of older adults admitted with acute stroke, and Fairhead and Rothwell (2006) found there was a substantial under investigation in routine clinical practice for older clients. Dobson (2007) reported that older adults were less likely to be treated in a stroke unit than younger adults. Peake, Thompson, Lowe and Pearson (2003) established ageism in lung cancer management from a sample of 1652 patients and ageism in mammography was established by Birmingham (2008).

Ageism in British palliative care was highlighted and there was a different response to care needs according to age (Gardiner, Cobb, Gott & Ingleton, 2011). A review of clinical decision making in oncology by the Department of Health (2012c) found older people were offered less intensive treatments, and there was an over reliance on age as an indicator for treatment. This was also previously identified by the CPA (2009) with ageism occurring in multiple services that included diabetes management; screenings for cancer, Parkinson's disease, strokes, cardiology, and in the use of do not resuscitate orders.

A review of care received by older people undergoing surgery identified that only 37% of the sample was assessed by the advisors as receiving good care (NCEPOD, 2010). Factors negating good care included delays in treatment, poor nutritional management, poor pain assessment and a lack of monitoring pre and post-surgery. Mental health diagnosis in later life was another example of discrimination in the UK, with an estimated half of older people with depression being undiagnosed and untreated (Hurst & Minter, 2007). This field of research regarding mental health, dementia and older people is a growing area of expertise and concurrently there is a paucity of research.

However service improvements in the UK have been noted. Myint, Vowler, Redmayne and Fulcher (2006) found in the post NSFOP period there appeared to be an associated improvement in outcome with older people diagnosed with strokes, with a 32% increase of scanning of persons aged 65 and above. Hubbard et al. (2003) found no evidence of substantial age discrimination against clients who needed critical care. However little other evidence in empirical research suggests service enhancement.



Conversely in a UK comparative study of staff attitudes towards services provided for older people measured 10 years apart were shown to have become more positive. Kydd et al. (2013) found 63% of staff strongly agreed that older people should have access to appropriate medical and surgical procedures regardless of age, compared to 42% 10 years previously. However it was unclear whether the same sample was accessed on both occasions. These findings supported earlier by Age Concern's (2008) in a national survey that identified between  $\frac{1}{2}$  to  $\frac{2}{3}$  of the sample felt that access to services (including health) for older people was about right. However in a more recent report from a mixed sample of lay people and older adults it was recommended that universal access to essential services occurred, (Age UK, 2011b).

The recessive characteristics (acceptance of care, uncomplaining) of older people were examined by Bowling et al. (2002), who asked if they would give their place on a cardiac waiting list up to a younger person, and it was established that the older the person was the more likely they would cede priority. It was suggested that they valued themselves less or considered they had had a fair inning. Similarly an earlier UK study, (Pound, Gompertz & Ebrahim, 1999) found that older people when compared to younger people tended to conceal their disability less following a stroke and concluded they considered it a consequence of 'old age'. Fair innings also was found within Tsuchiya et al.'s (2003) study who found children were rated as first priority, those aged over 70 were last, and people aged in middle life were the most dominant voice in service provision. The CPA (2009) cited a survey in which 40% of the population felt age should be a deciding factor in healthcare treatment and suggests an acceptance of illness in later life. Several international studies also established that 'learned helplessness' occurred with older people when ill (Herrick et al., 1997) and Kane and Kane (2005) suggested older people accepted the stereotype of frailty. Minichiello, Browne and Kendig (2000) also found that older people perpetuated stereotypes by embracing the idea of old. Acceptance of care was another theme within literature from the UK; not complaining, accepting or not questioning poor practice and having low expectations (Tadd et al., 2011).

Ageism featured inherently in international research on long term care. Residential and nursing homes were a common aspect in later life and Palmore (1990) postulated this was because community services and/or the family cannot care for older people at home alongside the lack of power of older people in decision making (Palmore 1990). This was supported further by Kane and Kane (2005) who suggested that younger generations would not accept such care, finding it confining; this can be aligned to productivity ageism and fair innings ageism. Continuing on this

theme, Dobbs et al. (2008) found that ageism existed in long term care, that stigma was evident in relation to disease and illness, and long term care was seen as a stigmatised setting. They identified episodes of healthcare workers communicating with family members rather than older people. Previous work by Minichiello et al. (1999) also supported this and found that healthcare professionals withheld information, hindering access to preventative interventions and made decisions on behalf of the client. Conversely, social service professionals working in nursing homes in a US study expressed positive expressions of ageing (Allen et al., 2009). Although relevant, Dobbs et al. (2008) study was conducted in the US and in one particular area so cannot be generalised and Minichiello's study should be re-examined in the context of a contemporary health service.

Research that examined health services indicated that stereotypical attitudes may affect clinical decision making. Hopper, Boland, Benson, Richardson and Peichs' (1992) UK study discovered that nurses and medical students were more reluctant to discharge dementia patients home, and were happier to discharge them to residential settings which suggested a stereotypical view of old. Medical nurses in a Korean study were found to have more positive attitudes in caring for clients with dementia than surgical nurses (Kang, Moyle & Venturato, 2010), whereas negative attitudes towards older people from the US affected decision making about rehabilitation (Horowitz, et al., 1999). Whilst this is valued as important it is outside the scope of this study.

Ageism was not only evident in medicine and nursing. Horowitz et al. (1999) gave n=128 US occupational therapists two case studies which were only differentiated by age. It was found that the care plan around mobility and return to work differed for the older case study and suggested the occupational therapist used age to assess functional ability and drew on stereotypes of older people. However only 33% completed the study, therefore the reliability of the results is questionable. McGuire, Klein and Chen (2008) established the third most common form of ageism experienced by n=247 older people in their US study was health professional assuming ailments were caused by the individual's' age; 40% of the sample stated it had happened at least once, around cognition, hearing and disability.

The nursing literature on ageism referred to work preference and nurses tended to view care of older people as a second class career. Herdman's (2002) Hong Kong study found there were no clear links between attitude, care of older people, ageism and career preference. However this paper may reflect a different cultural

understanding of older people and not necessarily reflect current nurses' opinions in the UK. The results noted that as the students became more senior they became less likely to consider care of older people as a career, 64% in year 1 with a notable change to 33% by the final year (Herdman, 2002). Aday and Campbell (1995) identified that out of n=45 student nurses, only 13% ranked working with older people at the beginning of the programme in the top three, whilst 39% ranked the area at the bottom, however 38% ranked caring for older people in the top three at the end of the programme. Moreover several international studies, (Deltsidou, Gesouli-Voltyraki, Mastrogiannis, Mantzorou, Noura, 2010; Happell, 1999, 2002; Kaempfer, Wellman, Himbury, 2002; Reed, Beall, Baumhover, 1992; Rognstad, Aaslan, Granum, 2004) all identified a general lack of interest in nursing older people as a career option. A more recent comparative study of nurses in Scotland found there was no difference in attitudes over ten years and working with older people held no professional kudos (Kydd et al., 2013). This was despite the publication of the NSFOP and increased awareness of issues in later life. Gender also appeared to influence work preference. Lee, Wong and Loh (2006), found that Hong Kong male participants in their study reported working with older people was not enjoyable.

Preconceived ideas about the care of older people appeared to influence work preference. Happell (1999) ascertained that nurses had preconceived ideas of work preference prior to professionalisation and Pursey and Lukers' (1995) UK study highlighted that dependency negated a career in the field. This was supported by another British study (MacKintosh, 2005). Palmore (1990) also found that people assumed caring for an older adult was hard, un-rewarding, unpleasant and gloomy. In addition, Kydd et al.' (2013) study of gerontology nurses found that 81% felt that other healthcare professionals did not value older peoples nursing as highly skilled. This was also reflected in occupational health students from Hong Kong who identified the least desired area to work was older men with enduring mental health needs (Tsang, Chan & Chan, 2004). It is important to establish how an educational programme of learning may influence work preference. Walsh et al. (2008) recommended further research was needed to establish career choices and the research in this field is dominated by quantitative studies.

This section has provided an overview of ageism in healthcare and has suggested that in healthcare discrimination exists in various forms, appears to be derived from socialisation and therefore may be an inherent part of a nurses' persona.

## 2.5 Age Discrimination

Discrimination is understood to be the behaviour and actions from groups and individuals that can disproportionately and systematically harm marginalised groups (Marshall, 2007). The definition can be partitioned into direct discrimination, where an individual is treated less favourably in comparison with another, for example when older people are refused access to a service on the grounds of age, and indirect discrimination where a rule applies to everyone but puts a group of people at a disadvantage, for example makes it difficult for them to access the service (DH, 2012a). This moves on from the definition of ageism, as one is an attitude whilst the other is a notable difference in treatment (CPA, 2007). The concept of discrimination thus builds on the three types of ageism in healthcare; fair innings, health maximisation and productivity ageism.

Within British society, discrimination of older people was evidenced by Age UK (2011a) who identified that people over 70 years of age were often viewed as having the lowest social status, and workers that were most likely to experience discrimination were aged 50 and above and in particular those reaching retirement (Marshall, 2007). Manthorpe et al. (2007) established in a UK large scale study that older people were subject to age prejudice.

Ageism has been found to be the most widely experienced form of discrimination across Europe (Age UK, 2011b). Help the Aged (2007a) found that of 153 incidences of discrimination, 21% were from healthcare and Age Concern (2008) identified that 38% of those sampled reported older people experienced discrimination and 23% ageism. There appeared to be an increased awareness amongst the general population about ageism, and 51% believed it was serious. However it was perceived as being less serious than discrimination on the grounds of race, religion and disability (Age Concern, 2008). In a 2011 survey 35% of the sample reported unfair treatment on the grounds of age more than gender and ethnicity, an increase of 6% from the previous survey (Age UK, 2011b). McGuire et al. (2008) US study of older adults used Palmore's ageism survey and identified that approximately 84% of the sample reported having experienced ageism; the highest ranking questions related to jokes made about old age, a birthday card that joked about old age and denial of medical treatment by a healthcare professional as ailments integral to old age. McGuire et al. (2008) established that a significant proportion of the sample reported that they had been ignored or not taken seriously. This was similar to Palmore's initial findings in 2001 and a more recent Age UK's (2011) survey which cited 39% felt that they had been shown a lack of respect.

Age UK (2011b) documented less frequent discrimination examples; being denied accommodation, vandalism of homes and being victims of crime. McGuire et al. (2008)

identified there was a difference between rural and urban locations experience of ageism, and rural areas experienced less, however rural areas scored significantly higher about assumptions being made concerning individual cognition. Vulnerability in later life appeared to be a precursor for discrimination, as identified by a large qualitative sample of older people (Help the Aged, 2007a).

This section has specifically drawn on publications that have included older people's perspective. It can be seen that nurses' and students' view of discrimination requires exploration as they are required to advocate and support the reversal of ageism.

## **2.6 Stereotyping and Image**

Older people may be stereotyped by culture and society (Featherstone & Wernick, 1995) and this section explores the principle concepts associated with age. Definitions of stereotype note the standardisation of an ideology about a person or object, thus it could be postulated that people hold a set of beliefs about older people and the consequences of old age which has been constructed socially (Baar et al., 2014; Bytheway & Johnson 1998) and label individuals accordingly. Beliefs about a group or individual, influence perceptions and behaviours which in turn are influenced by culture or the social context they are set in (Featherstone & Wernick, 1995) and can be applied to old age. Gething et al. (2002) found significant stereotyping and misconceptions from n=147 nurses about older people in Australia. The image of old age is also a source of repeated misinterpretation, for example Thompson (1992) suggested it was an unbalanced version of reality whilst Overall (2006) called it a fiction. These, however, are opinion based papers.

A German study by Kruse and Schmitt (2006) proposed four age related stereotypes. Two formed from the third and fourth age, and two from generalisations about old age. The third age is seen to be a period of developmental gains, (individuals are open to new experiences and have the capability, status and power to do this). Gilleard and Higgs (2000) noted this was perceived as markedly different from any other age. The stereotype of the fourth age suggested that old age is a period of declining dependency and cognition, and older people are vulnerable, socially isolated and experience loneliness (Gilleard & Higgs, 2000). However there is some evidence anecdotally that in a person's later year's recognition is given to an older people, for example those reaching a century in age are commended for longevity. Kruse and Schmitt (2006) suggested two generalisations, firstly older people are socially downgraded and secondly they are a burden on society. Townsend, Godfrey and Denby (2006) supported these beliefs and proposed in their UK study there were heroines and villains in old age, where some people are categorised as not trying and were labelled as moaning and inactive, whilst heroines were seen as individuals who challenged the

stereotype of old age, and viewed themselves as active and coping. There also appeared to be a difference between those who viewed themselves as coping and those who were not, in particular those with cognitive impairment were singled out and this appeared to be a label many feared (Townsend et al., 2006). This 'labelling' was evident in another UK study of age perceptions, where the sample of n=356 older people stated they perceived they were younger than their chronological age (Sudbury, 2004) and thus avoided being categorised into 'old age'. Similarly in Canada, Hurd (1999) found the 'not old' used activity and group affiliation to define themselves, fought to maintain their youthful status and referred to others less fortunate, receiving healthcare, as the 'old' to legitimise their 'not old' status. There was general agreement in the international literature about negative stereotyping, Hummert, Garstka, Shaner and Strahm (1994) and Blaine (2013) found four attributes older people were portrayed as being; severely impaired (feeble slow and senile), despondent (sad, neglected, lonely, afraid), reclusive (quiet, timid, set in ways, live in past) and shrews (ill tempered, complaining, stubborn, nosy).

However, Hummert et al., (1994) and Blaine (2013) also established three positive stereotypes; perfect grandparent (kind, generous, family orientated, wise), Golden Ager (intelligent, productive, healthy, independent), and John Wayne conservative (proud, patriotic, wealthy, religious, conservative). These to some extent match Palmore's (1990) ageism categories and although Palmore's (1990) and Hummert et al's. (1994) work is dated and reflect US opinion it would be pertinent to explore this in contemporary British society.

Older adults were found to be stigmatized because of the visual ageing process. The most obvious exhibited common stereotypes (e.g. wrinkles and grey hair) were found to be indicators of this in several US studies, (Barrett & Cantwell, 2007; Hendricks, 2005; Lichtenstein et al., 2005; Ward, 1977). Lichtenstein et al's. (2005) American study of n=1944 school children's perceptions of old found that the most common physical feature drawn by them was wrinkles, which featured in 61% of the drawings and grey hair featured in 25%. Additionally self-expression of wrinkles and grey hair were found in a British study of n=41 older women and suggested that women experienced ageing through physical bodily appearance (Warren, Gott, Hogan, Richards, & Martin, 2012). However it is not necessarily the image itself that caused ageism but the inferred meaning of the changes (Calasanti, 2005). This was supported by Kydd et al. (2013), who found that the thought of being old worried their sample.

Appearance in particular seemed to aid stereotypical categorisation of being old, for instance, imagery of wrinkles, grey hair and saggy skin has become a common marker of old age (Calasanti, 2007; Lichtenstein et al., 2005). Women were seen to become old

sooner than men (Calasanti, 2007), and men tended to be offered status with greying hair whereas to women this became a problematic issue that needed to be managed if their status was to be maintained (Calasanti, 2005). Bernard (1998) examined n=41 British female nurses' fear of old age and identified that the nurses' major fear was looking old, and it could be postulated that culture emphasised beauty and youth and this cultural imperialism of youth (Law, 1995) caused this fear. Clarke and Griffin (2008) found that as women aged they become socially invisible, and postulated that this was caused by the physical signs of ageing, and the societal vision of youthfulness. Indeed in the limited research that used imagery to explore perceptions, older men were more frequently portrayed than women (Barrett & Cantwell, 2007; Lichtenstein et al., 2005). Clarke and Griffen (2008) suggested that n=44 Canadian women's experience of ageism was pivotal to their appearance and engagement in beauty treatments, hairstyle and use of make-up. In support of this, an examination of hair and later life through n=35 qualitative diaries of British older women established that if they looked old they would be treated old (Ward & Holland, 2011). Grey hair was seen to set them apart from younger women or they became invisible, coupled with this hairdressers held perceived ideas of how an older women should look, therefore looking old was viewed more harshly for women (Hatch & Russell, 2005). Hatch and Russell (2005) concluded that ageism towards older women in the US was deeply rooted in appearance and there were sexist perceptions of older women's bodies. This was supported by another US publication, Mitchell and Bruns (2010) who postulated women, were cast as successful or unsuccessful agers. Therefore women lose their social value as they age (Clarke & Griffin, 2008; Garner, 1999; Hatch & Russell, 2005), they are associated with grandmother type figures (Barrett & Cantwell, 2007) and all of this promotes the fear of ageing.

Imagery of later life has been an important aspect of stereotyping, common negative images within society support the cultural norm that older age is a period of physical decline and dependency. Lin and Bryant (2009) support this notion and highlighted UK road signs of an older person crossing the road being depicted as frail, slow and weak. The use of mobility aids in Britain was found to be common image and stereotype associated with old age. Gooberman-Hill and Ebrahim (2007) identified the stigma associated with the use of aids and being older in their study of 24 older adults. Mobility aids were also depicted in 30% of drawings produced by children (Lichtenstein et al., 2005) and 32% of drawings by n=183 US college students (Barrett & Cantwell, 2007). Physical characteristics of ageing were also observed in the images produced for Robert et al.'s (2003) British study of n= 134 students' self-perceptions of ageing. Barrett and Pai (2008) identified depictions of physical dependency in n= 83 US sociology student sketches. Additionally 51% of children's

drawings in Lichtenstein et al. (2005) study indicated health problems, with weakness being the most common at 22%.

It was observed internationally that society held differing views of disability, according to the age of the individual and generally equated disease and physical decline with old age (Calasanti, 2005; Dobbs et al., 2008), for example a common expression used; she was young to die of cancer. In the UK older adults have been viewed as frail, vulnerable and dependent (Bernard, 1998). Old age was also associated with death (Aday & Campbell, 1995). These stereotypes have become an inevitable part of old age and were seen as a burden on health services (Age UK, 2011a). Aday and Campbell (1995) suggested that a fear of disability caused negative attitudes, and Stratten and Tadd (2005) established that n=505 British people aged 13-59 articulated that old age was something negative and expressed a fear of ageing.

Activity in later life was also associated with successful ageing, and it was inferred in several studies that to remain physically and mentally active avoided disease and disability (Calasanti, 2005; Futurage, 2011; Townsend et al., 2006). It was established that activity and recreational activities featured poorly in Lichtenstein et al.'s (2005) study of school children's perceptions of older people. Walking was the most commonly depicted at 12%, with cooking, social activities and games and watching television ranging between 9% and 7% (Lichtenstein et al., 2005). Specific family roles featured in 22% of the drawings (i.e. grandparents). Interestingly 56% drew older people outside. Thus it appeared that a cultural stereotype existed of what an older adult can do and the role they undertake and it was apparent that those who did not belong to the successful ageing groups and had a disability or long term illness were marginalised. From this it could be suggested that apathy occurred towards older people who were not successful agers, as social worth and values were based on their contributions to society. Additionally Kruse and Schmitt (2006) identified that the older age group saw older people as a burden to others. This was also supported in British stroke research and older people, where a lack of motivation and self-esteem bred negative stereotypes and images of old age (MacClean, Pound, Wolfe, Rudd, 2002).

The use of the stereotype content model (SCM) by Age Concern (2008, 2005) and laterally by Age UK (2011b), have identified that older people are viewed as incapable, incompetent but friendly. In contrast, the same cross society study established younger people were classed as unfriendly but capable. This was also established in a US study by Cuddy, Norton and Fiske (2005) who suggested older people were stereotyped as warm but not competent when using SCM and the sample felt sorry for them. They found that the incompetence stereotype resisted change, and older people who behaved more incompetently, tended to



have greater warmth directed at them (Cuddy et al., 2005). However this was conducted on n=55 non-healthcare students, and therefore the perceived burden, influence and demands of caring have not been considered. Continued along this theme of friendliness, one in ten respondents felt that a person aged over 70 was unfriendly (Age Concern, 2005), however emotions were noted by Lichtenstein et al. (2005) who reported 45% smiling, 24% were seen as happy and 10% as sad/angry.

Age Concern postulated that middle aged people were the dominant age group in society and it was established that a UK sample perceived that youth ended at 35 and old age began at 59, whereas compared to Europe in the same survey youth ending at 40 and old age at 62 (Age UK, 2011a,b). Kruse and Schmitt (2006) established that the middle age group saw the old age group as a time of development gains and potential rather than a period of decline. Interestingly the studies also found that older people were seen as better equipped with tasks such as crosswords, and tasks involving interpersonal skills (mediating arguments and manners), whereas younger adults were viewed as competent at skills (learning new skills, technology, driving and exercise). Key descriptions of the attributes of older people included moral, intelligent and admirable, but they were also seen as pitiable (Age Concern, 2005). Additionally, older people were being labelled as cantankerous in a study of n=355 British nurses (McLafferty & Morrison, 2004) and Barrett and Pai (2007) found that US students' drawings used adjectives such as 'ill tempered, grumpy, and grouchy' amongst others to describe negative imagery. This was supported by Age Concern (2005) who provided evidence of a patronising view of later life, and generally suggested that respect was lacking. This was mirrored within healthcare and the reported lack of dignity (Francis Report, 2013a). Therefore older people were seen to lose power and become oppressed, and this can be contributed to function and activity, as those who were still active and contributed appeared to have mutual respect and value given to their role.

Gender and sexuality were further examples of stereotypical imagery and older people (Marshall, 2007). Barrett and Cantwell (2007) found that in a small number of images the gender was difficult to establish, this, they proposed, indicated older people were sexless, and they concluded older people were perceived to lack sexual desire. Parallel to this Kane (2006a) examined perceptions of age and gender and discovered through the use of a vignette that the thought of a naked women and man in their 70s was disturbing to the sample. This was in context of dating a younger adult, and confirmed that the stereotypical image of an ageing body was not beautiful. In the same study it was identified that older women particularly would not be seeking sexual partnerships. This reference to gender difference was also mirrored in an earlier Age Concern (2005) study that explored when old age began, it was established that women judged the end of youth began five years earlier

than males on average. Furthermore in Townsend et al.'s (2006) study the "villains" were often cited as men, so it could be concluded that women perceived the social need to maintain youthfulness. Therefore appearance and the use of gender were found to reinforce perceptions of old, the ageing body and fuelled ageism. Consequently it would be valuable to explore this with healthcare professionals. No literature has examined nurses' perceptions through the medium of imagery and it could be postulated that through the production of an image this topic could be investigated further.

Social status and self-perception were established as indicators of stereotype in older people. Ward's (1977) US research of n=323 older people, although dated, identified that those who labelled themselves as old had lower self-esteem; this was shown to alter when typical characteristics of later life were controlled (such as health and age related deprivation). Ward (1977) also noted that if an individual had a low self-esteem they tended to have a more negative attitude to later life. This was supported by a British study, Koch and Webb (1996), and international authors, Nelson (2005), and Calasanti (2005) who suggested that acceptance of a role lowered self-esteem and became a vicious cycle, where older adults believed they were no longer useful. Dobbs et al. (2008) found lowered self-esteem caused labelling which had further consequences for the individual's wellbeing, such as incompetence, lowered confidence, and decreased social interaction.

Economic wellbeing and health were established as important factors in stereotyping (Age Concern, 2005) and these could impinge upon attitudes and stereotypes held by healthcare staff. Age stereotypes varied according to economic status, occupational status, rates of unemployment and region (Kruse & Schmitt, 2006), and education (Palmore, 2001). Age Concern (2005) identified that there was a strong class based element to stereotyping, and the higher class were found to hold more negative views. Although not highlighted by the report this could be attributed to the power and status of the professional middle aged population. Interestingly social class D and E according to the report had a more balanced view with 22% each thinking that an ageing population would equally improve society or make it worse. Kruse and Schmitt (2006) found that German middle age (58-64) were more optimistic about old age when compared to the younger generation or the older individuals and this aligned to an Age UK (2011a&b) report.

The stigmatisation of old age has been identified via the imagery of older people. Lichtenstein et al. (2005) found 49% of school children's drawings were negative, 22 % neutral with only 29% positive. Positive and negative images were produced in Barrett and Cantwell's (2007) study with positive images depicting kindness, relationships and a small number portrayed activity whilst negative images depicted isolation, physical appearance,

emotions and frailty. This study focused on perceptions of general students and perhaps does not reflect healthcare professionals; therefore exploration of nurses' images of later life would aid understanding of attitudes towards older people.

The status of people over 70 was determined to be low, even within their own age group and was contributed to by a lack of intergenerational solidarity, with half the group not having any friends over 70 (Age UK, 2011a). However, within family networks there was evidence of inter-generational support and communication (Age UK, 2011a). This can influence the portrayed image of older people as people use stereotypes and experiences to make judgements. Indeed Clarke and Griffin (2008) found that the Canadian women in their study who had a good social and family support network tended to feel less pressure to engage in fighting their ageing appearance. Therefore a nurse without intergenerational interaction may have more negative stereotypes of older people and Age UK (2011b) recommended promotion of intergenerational relationships. Continuing on this theme Age Concern (2008) identified that those individuals who had close friendships with older people were less prone to ageist stereotyping. This was supported by the Age UK (2011a) follow up European survey that identified similar trends. Thus an age segregated society, like the UK will tend to promote stereotyping and ageism. Continuing in a similar theme, Kane (2006a) identified that there was a perception by his US sample that older people in the vignettes were lonely (79%), even though the only change to the vignette was age; from this he concluded the sample viewed older people, particularly the women, as different.

The media have an influence on the image of later life. Age UK highlighted many notable characters within British culture that portrayed stereotypical images of later life (for example; Victor Meldrew; Steptoe) however at a very basic level it could be considered that the media have only presented one view that has become dominant (old and grumpy) (Hatch & Russell, 2005). These stereotypes referred back to the principles of the stereotyping model and examined the competence and ability of an individual, thus the dominant stereotypical image of older people has been identified as dodderly but dear (Hatch & Russell, 2005; Nelson, 2004). This was supported by a US study, Donlon, Ashman and Levy (2005) who discovered that the greater exposure to television the more negative view of ageing an individual had, therefore confirming somewhat the influence the media had in shaping attitudes and behaviour. Anti-ageing products promoted by the media also helped to reinforce ageism, for example men were promoted as needing to maintain masculinity whereas women were predominantly portrayed by image and as a result attractiveness (Calasanti, 2005). Therefore through the examination of nurses' attitudes these stereotypes may become apparent. Overall it appeared important to examine image of later life using the

principles of visual methods like Lichtenstein et al.'s (2005) study with a student nurse population.

## **2.7 Education**

Nurse education has been found to impact upon attitudes and behaviour towards older people, both positively (Williams, Anderson & Day, 2007) and negatively (Stevens & Crouch, 1995). The English National Board for Nursing, Midwifery and Health Visiting (ENB) (2002a), outlined educational requirements about older people and recommended each organisation (e.g. HEI, NHS, Nursing home) had a lead person for older people, that service users and carers were represented in programme management and evaluation, and networks should be formed. Direction on educational content has been recently observed in policy documents, the NMC (2010) Standards of Education and the Francis Report (2013a) as prior to this implementation of the ENB's vision has occurred in pockets and in a wider context rather than a specific focus on older people. Age UK (2011c) stressed that pre-registration education must instil a better understanding of working with older adults and geriatric care, and Tadd et al. (2011) acknowledged that few qualified staff received education on care of older people, whilst Towner's (2006) US study found that students demonstrated a lack of understanding about older people. Moreover post registration gerontology education is poorly funded and unpopular, suggestive of a negative and embedded view of later life.

Stevens and Crouch (1995) and Slevin (1991) argued that nurse education in Australia and the UK fostered the development of negative attitudes due to its emphasis on science, use of the medical model (Joy, Carter & Smith, 2000) and acute care (Ryan, Melby & Mitchell, 2007). However, Williams et al.'s, (2007) Canadian study established that a context based curriculum increased positive attitudes towards older people, and Bernard, McAuley, Belzer and Neal (2003) found low intensity education with healthy older adults throughout the programme improved attitudes of US medical students. Curriculum content and a lack of emphasis on older people have been found to discourage careers in older people's settings in Australia (McCann, Clark, Lu, 2010). This can be correlated to the students' work preference as throughout the literature internationally there seemed to be a dominance of acute or critical care settings as first choice career option (Aday & Campbell, 1995; Happell, 2002; Herdman, 2002; Lee et al., 2006; Rognstad et al., 2004; Stevens & Crouch, 1995). Herdman's (2002) Hong Kong study identified that in the final year 25% of n=96 students selected accident and emergency or surgery. This was comparable to White's (1999) UK study that identified acute medicine and surgery were the most preferred areas of work. Reasons cited for the popularity of these areas included excitement, ability and skills acquisition and knowledge (Herdman 2002), and varied and challenging work (White 1999).

Herdman (2002) identified that the least desired areas included gerontology with only 8% selecting this speciality, community nursing also fared poorly with 7%. White (1999) identified non NHS work was the less preferred area, whilst Happell (2002) study identified nursing homes as the least preferred in Australia. Interestingly Herdman (2002) ascertained that their sample wanted to care but none wanted to do so for older people, and suggested influences on education perhaps included the media representation of nursing. However these studies are dated and a significant majority have been undertaken outside the UK, therefore may not reflect the opinions of current nursing students within the UK.

Knowledge and understanding of older people from n=125 nursing students in Hong Kong was measured by Lee et al. (2006) who used Palmore's (1990) 'ageing quiz'. They identified that knowledge was average despite educational interventions, and as the programme progressed the mean average of correct answers reduced; 42.25 in year two, compared to 37.84 out of 70 in year four. Similarly in two US papers, a study of dietetic students which used Palmore's (1990) quiz, the average score was 20, (Kaempfer, et al., 2002) and Ferrario, Freeman, Nellet, and Scheel (2007) found low knowledge scores amongst 117 senior student nurses. In two non UK studies, Mellor, Chew and Greenhill (2007) established deficits in clinical care and socio economic knowledge, and Suefert and Carrozza (2002) established out of n=526 nurses, incorrect answers were identified on a third of questions. Conversely Williams et al. (2007) Canadian study found a marginal improvement in knowledge with Palmore's 'ageing quiz'. Knowledge and understanding of older people was also found to be limited in the British Agein project (ENB, 2002b) where it was suggested that the student nurses drew on general misconceptions about old age. Similarly Haight, Christ and Dias (1994) in an US longitudinal study of a nursing programme, and Ryan et al.'s (2007) Northern Irish study of n=135 found that positive attitudes had increased by the end of year one, however Haight et al. (1994) found these had decreased by the end of year 3 in n=86 student nurses. There were several factors that could have contributed to these findings; the overwhelming amount of content in a nursing programme, the lack of importance given to older people by the student, favouring of acute care and the difficulties in caring for a client with dementia (Reed, et al., 1992). Haight et al. (1994) acknowledged that in the final year students would generally be caring for very ill people and therefore it could be suggested that this dependence affected the nurses' view of older people whereas Ryan et al.'s (2007) study focused on health and wellbeing in year 1 rather than chronic illness, explaining possibly their positive findings. Conversely Deltsidou et al. (2010), Lambrinou, Sourtzi, Kalokerinou and Lemonidou (2009), Söderhamn, Lindencrona and Gustavsson (2001) and Hweidi and Al-Obeisat (2006) found attitudes had improved following education, however these studies reflect a different cultural structure, with the

research conducted in, Greece, Sweden and Jordan respectively. In the US, Dellasega and Curriero (1991) and the UK White (1999) established that education did not have an impact on students' opinions, whereas Sheffler (1995) US paper identified that knowledge of older people promoted a more positive attitude.

It has been suggested that negative attitudes form during the programme due to exposure in clinical practice (Lookinland & Anson, 1994). Treharne (1990) found n=40 British nurses' attitudes were worse following an older people's ward placement, and in Australia popularity of caring for older people worsened during the educational process (Happell, 2002). Happell (2002) identified that part time employment of students in nursing homes influenced the students' attainment of positive attitudes. In the UK impoverished environments (during programme learning and in extra curriculum employment), poor care standards and staff attitudes to older people were also contributing factors (Brown, Nolan, Davies, Nolan & Keady, 2008). However positive attitudes were found to have increased following a clinical experience in an US hospital (Sheffler, 1995) and with n=88 US medical students (Duerson, Thomas, Chang, Stevens, 1992). Importantly, Happell (2002) established that the classroom made limited impressions on learning and placements had more impact. It appeared important that facilitation of a positive learning experience in nurse education theory and practice would support a more positive attitude towards older people. Aday and Campbell (1995) supported this and observed US students had fewer negative stereotypes at the end of the programme, but they indicated that the students considered their own mortality when caring for an older adult. It is a complex phenomenon, and one that does not have an easy solution. Authors have suggested further research, including the examination of professional socialisation and attitude formation (Slevin, 1991), and exploration of individual institutions students attitudes towards older people (Cozart, 2008).

Role models, for example, grandparents, appeared to have a positive effect on a student nurses' attitude towards older people in a range of countries including the UK and therefore had a strong influence on how individuals engaged with older people and information within the programme about ageing (Davis-Berman, 1996; Haight et al., 1994; Hweidi & Al-Hussan, 2005; Ryan et al., 2007, Synder, 2006). Haight et al. (1994) established that the majority of their sample valued relationships with older people either past or present and suggested that the positive effect of a well older adult had a lasting impact on attitudes. Interestingly in the same study previous experience of older people or education in the field had little effect on attitudes. Whereas in a comparative study of n=584 Swedish and Thai nursing students, Thai students had more negative scores towards older people, Runkawatt, Gustafasson and Engström (2013) suggested that this was caused by their experiences living in a multi generation environment with older relatives. Lecturers as role models in two US studies

impacted upon attitudes, and it was suggested the perceived attitude of the lecturer influenced attitudes of the student (MacNeil, 1991; Reed et al., 1992). In an analysis of n=32 British nurse lecturers' and students' attitudes towards hospitalised older adults, lecturers' attitudes were found to be more positive, but were least positive when keeping up to date with advances in the field and in promotion of the older adult (McLafferty, 2005), and is suggestive that knowledge and understanding of ageism existed but there was little motivation of lecturers to understand the concept. British lecturers were also found to focus on perceived negative aspects of ageing (McLafferty & Morrison, 2004). Similarly a Greek study established a lack of knowledge and interest in older people when lecturers' and students' attitudes were explored, and that students scored better than lecturers (Delsidou et al., 2010). Likewise, a study that examined the endorsement of ageist behaviour found Greek social work lecturers scored lower than students on some aspects (Papadaki et al., 2012). However little is written on lecturers as role models. It was acknowledged by the ENB Agein project (2002b) that education has the potential to influence students in care of older people and this warrants exploration in the UK.

Educational qualifications were also identified as causative factors of attitudes towards older people in the UK and internationally (Gallagher, Bennett, Halford, 2006; Haight et al., 1994; Hweidi & Al-Obeisat, 2006; Lookinland & Anson, 1995; Lookinland, Linton & Lavender, 2002; Ryan et al., 2007). Traditional school educational achievements were associated with better overall scores on the KOP scale, than those with other qualifications in the UK (Ryan et al., 2007). Interestingly more recent research in rural Ireland found no statistical difference in attitudes between n=190 qualified and unqualified healthcare workers (Doherty, Mitchell & O'Neill, 2011).

The literature on education and ageism to date has focused predominantly on pre-test post-test educational intervention, to challenge and change attitudes (Aday & Campbell 1995; Aday, McDuffie & Sims, 1993; Carmel, Cwikel & Galinsky, 1992; Dellasega & Curriero, 1991; Diwan et al., 2008; Ferrario et al., 2007; Haight et al., 1994; Knapp & Stubblefield, 2000; Moriello, Smey, Pescatello & Murphy, 2005; Puentes & Cayer, 2001; Rodgers & Gilmour, 2011; Ryan et al. 2007; Synder, 2005; Walsh et al., 2008; Williams et al., 2004). Of these 15 papers, 11 were from the US, whilst only two were British. All demonstrated the effectiveness of increased student awareness and attitudes towards older people. However the samples have been wide ranging and include nurses, medical students, social workers, criminology students, adolescents and allied healthcare students. Furthermore these studies have changed the context or manipulated the learning experience and therefore are not reflective of general practice. For instance Moriello et al. (2005) US study confirmed knowledge improved in the short term for pre-registration allied healthcare professionals but

that knowledge was not maintained and Diwan et al.'s (2008) British study found that education had increased awareness of ageism but had not established if this had impacted upon staff behaviour.

Globally the literature has established that nurse education did not foster ageism, but that a complex set of influencing variables existed. Drawing on the principles of Lee et al. (2006), Haight et al. (1994) and the Agein project (ENB 2002b) a study of UK undergraduate nurses' perceptions of older people would be important to explore.

## **2.8 Care and Dependence**

There is some evidence that ageist assumptions exist in the care of older people, and that individuals assume that older people will be more dependant, frail, and require increased resources. Functional disability was established to be a precursor for negative attitudes and US healthcare staff were found to rate characteristics and functional levels of n=33 older clients as positive and negative attributes (Elliot & Hyberston, 1982). Positive attributes were associated with older people's level of communication, other factors highly rated included co-operation, friendliness, cheerfulness, ability to self-care and independence. Negative attitudes were associated with dependence in the UK and US (Alabaster, 2007; Elliot & Hyberston, 1982), and incontinence (Elliot & Hyberston, 1982; McLafferty & Morrison, 2004) therefore suggesting the burden of caring and routine care (Salmon, 1993) had a negative effect on opinion. Sensory loss, which impeded communication (Elliot & Hyberston, 1982) was another area highlighted. British nurses tended to have unreliable information on the number of individuals that were dependant and underestimated levels of independence (McLafferty & Morrison, 2004). Moreover cognitive impairment was found to cause strain for Swedish carers (Nilsson, Lindkvist, Rasmussen & Edvardsson, 2012) and managing challenging clients was also cited as a negative variable (Elliot & Hyberston, 1982).

Student nurses working in the UK in a small scale study were shown to perceive that older people did not recover from illness, and care was mundane, routine or dull (McLafferty & Morrison, 2004). This was reaffirmed by a Turkish study (Polat, Karadağ, Ülger & Demir, 2014) who established the majority of nurses professed older people to be weak, ill, disabled and demented. Another common element found was that nursing students overestimated the care needs of older people, and the services they accessed (ENB, 2002b). Similarly Lee, Volans and Gregory's (2003) Hong Kong study found disability was over-generalised and Billings' (2006) UK study of n=57 nurses established assumptions about care were made. Bentley's (1988) unpublished thesis, although dated, found US nursing students had more stereotypical assumptions of 75 year old patients than those aged 45 and Alabaster (2007) established nurses saw older people as a problem and dependence had a negative impact



on care delivery. In another study providing care was also found to be tedious and basic care needs were distasteful (Dobbs et al., 2008). Perceived time to care was seen to marginalise older people in an Australian study, where nurses frequently stated they did not have enough time to provide care, Higgins et al. (2007) suggested this argument was made because of the tasks undertaken, such as feeding and hygiene and the sample was found to stereotype care of older people. Bytheway (2005) observed that age discrimination was most prevalent when transitions were dealt with, and inherent within healthcare is the engagement with older people in life transitions, thus it could be postulated that discrimination was inevitable.

Dependence as a result of ageing was feared by British female nurses in Bernard's (1998) study, and concerns were expressed about being dependant, disabled, and having physical and mental health problems. Fears were also expressed about losing dignity and identity and it could be concluded that these fears were a direct observation of practice and the social imagery of later life (Bernard, 1998). Similarly a photographic essay of older people in care (Knowles, 2006) evoked multiple negative comments about dependence and later life in New Zealand, and observations were made about the photographs being inappropriate. The explicit images of dependence, physical decline and older bodies shocked the readers and confirmed their own mortality according to commentary on the article, and supported Bernard's notion that nurses feared dependence. Bernard's (1998) sample expressed their observations about the women they provided care for and two concepts emerged from this study; individuality and vulnerability. Individuality referred to women as being resilient and human, whilst vulnerability referred to disability, dependence, being careworn and trapped in an ageing body.

Environmental factors and the type of care provided appeared to influence nurses' attitudes. British nurses in acute care felt it was an inappropriate environment to provide care for older adults (Tadd et al., 2011). Technology was another aspect associated with the environment, a lack of technology in older people's settings deterred British student nurses' (Ryan et al., 2007; White, 1999), and it was established that no special skills were required to care for Greek older people (Deltsidou et al., 2010). Moreover, highly technological areas were found to devalue less acute settings in the UK (Wade, 1999) and it was ascertained that technology negated against Korean nurses holding a positive attitude towards dementia clients in a surgical environment (Kang et al., 2010). British acute nurses also found looking after people with dementia and acutely ill clients together a challenge (McLafferty & Morrison, 2004). Nurses who worked in older people's care settings were critical of acute nurses' overall care to older people (McLafferty & Morrison, 2004). However Hweidi and Al-Hassan (2005) found that in their Jordanian study n=200 surgical nurses held more positive

views towards older people than those nurses working in medicine. Continuing along this theme a comparison between acute medical and acute care of older people settings established that n=76 British nurses in older people's care scored more favourably on an attitude scale (Hope, 1994), and it has been suggested that care is devalued in acute settings when older people take longer to recover from illness (McLafferty & Morrison, 2004). Interestingly Faulker's (2001) British study on empowerment and the care of older people identified that surgical wards empowered the individual more whilst the rehabilitation ward scored the lowest. It was suggested that although staffing ratios were similar, the rehabilitation unit had more unqualified carers therefore suggesting that education and knowledge impacted upon individualised care. This was supported by another UK study which established non-nursing staff had more negative attitudes (Gallagher et al., 2006). However, it was also found that n=26 British healthcare assistants were more likely to perceive clients in terms of their personality, whilst nurses tended to view the client according to their dependence (Cooper & Coleman, 2001). A more recent British small scale study identified empowerment and autonomy were important considerations to avoid the risk of vulnerable older clients becoming dependant, (Burke & Doody, 2012).

The environment and philosophy of care was identified by the ENB Agein project (2002b) as fundamental, and had the most impact on students' experience, where positive cultures of care were those who facilitated person centred care. A British study by Clarke, Hanson and Ross (2003) established that using a biographical approach to care encouraged staff to focus on the individual and see beyond the label of being old, leading to a positive effect on attitudes. Pursey and Luker's (1995) study established that n=136 British nurses had more positive attitudes to caring for older people if they could provide individual care and Salmon (1993) confirmed a more positive interaction between nurses and patient occurred when specialised care was implemented in the UK. Aspects of person-centred care tended to be lacking especially on assessment of sexuality in the UK for older people (Billings, 2006) and more recently a lack of person-centred care was noted by the Francis Report (2013a).

Impoverished environments deemed to be lacking in equipment and resources (staff), and staff that exhibited negative attitudes towards older people were considered unacceptable by the student (ENB, 2002a) and negated career choice (Bergland & Laerum, 2002). A recent study of n=376 nurses in Scotland established that the working environment and working conditions were regarded as detrimental to recruitment and values given to gerontology (Kydd et al., 2013). Inflexible care routines that lacked individualised care and the use of geriatric wards that segregated older people were suggested by Koch and Webb (1996) to fuel negative attitudes in the UK and this was more recently highlighted in a systematic review by Rees, King and Schmitz (2009). Tadd et al. (2011) also found that British care was

impersonalised, task based, fragmented and reactive, and suggested that this negated a positive attitude. A review of n=1600 older people reported that hospital treatment had improved in speed and quality, but that the environment was viewed as challenging, and insufficient care was highlighted, discharge planning was specifically noted to be disorganised, and overzealous (Manthorpe et al., 2007). These findings were reinforced by Tadd et al. (2011), who suggested nurses were too focused on product outcomes rather than care. Overall, staff appeared to be unable to act on instinct and use common sense, it also suggested that older people were not central in decision making and that care was driven by numbers rather than the individual.

The Agein study (ENB, 2002a) established that their sample found caring for older people was challenging and stimulating however on further examination few would select the speciality as a career option as the sample acknowledged that care was hard emotionally and physically. From the literature presented in this section it can be seen that care and dependence appeared to influence attitudes towards older people.

## **2.9 Attitude and Attitude towards' Older People**

The term attitude encompasses an umbrella term that is drawn from three distinct features, evaluation, the attitude object and the tendency of the individual or individuals (Ajzen, 2005; Eagly & Chaiken 2007). Attitudes are a psychological concept that is communicated by an evaluation of an entity (this could be a person, group of people or an inanimate object) that is either favourable or unfavourable (Ajzen, 2005; Eagly & Chaiken, 2007; Runkawatt et al. 2013). Attitudes are also an expression of a belief, a feeling or a past experience, and Lee (2009) and Ajzen (2005) proposed attitudes are reflected through cognition and affection and these influence behaviour (conative). Ajzen (2005) suggested that affective attitudes were better predictors of intention and behaviour, as cognitive was ultimately influenced by affect. However Eagly and Chaiken (2007) argued that the encounter with the entity allowed existence, but that tendency as a conceptual aspect of attitude definition could exist both short or long term and it could be postulated that predisposed social constructions could facilitate potential attitude formation but this could be challenged and changed. The influence of culture and society therefore are seen to shape attitudes, and this has been evidenced throughout this chapter in the examination of discrimination and ageism. It was also demonstrated that individuals who had contact with older people tended to have more positive attitudes, therefore it could be concluded that people with positive attitudes towards older people were likely to have favourable beliefs, feelings and behaviours (Runkawatt et al., 2013) and a positive encounter provides a residue of which future behaviour would evolve from (Eagly & Chaiken 2007).

Kogan (1961) recognised these factors when he designed the KOP which was developed from an ethnic minority and disability tool. The KOP measured anomie, authoritarian tendency, stereotype and feelings about older people with positive and negative paired statements. Kogan (1961) noted after the initial design and pilot the sample disagreed more with the statements that adversely commented on old people than agreed with statements that praised them. Interestingly Kogan (1961) identified that attitudes were associated more with feelings of anomie and concluded this aligned to the attitude that older people were in a period of decline, 'waiting to die'.

It has been identified that attitudes and behaviour are often inconsistent and difficult to measure (Herdman, 2002) and that individuals may hold both positive and negative attitudes (Lin & Bryant, 2009). It was suggested that attitudes are hard to change, as they become ingrained via socialisation pre adulthood (McGuire et al., 2008) and that this was true of healthcare professionals who were influenced by the same cultural structures (Palmore, 1990). Therefore attitude responses to a 'object' need to be made more evident through research, and an individual's non-observable hypothetical construction of attitude could be measured via alternative research mediums (Eagly & Chaiken 2007), for example visual methods.

Within the literature there is a prominent tool used to measure attitude, Kogan's (1961) KOP scale, a time line of the tool's use is included in (*Appendix.6*). An American survey that used the KOP found that student nurses scored significantly worse on the negative rated questions of the tool when compared to qualified nurses (Lookinland & Anson, 1994), whereas Lee (2009) found general students scored better on the positive scale. This suggested that nurses used feelings and emotions to influence behaviour whereas general students focused more on cognition (knowledge and understanding of older people). However there were mixed outcomes in the KOP's utilisation. A number of studies internationally demonstrated a lack of positive attitudes in nurses (Ferrario et al., 2007; Slevin, 1991) and social workers (Gellis, Sherman & Lawrance, 2003), whilst others had demonstrated a positive score (Adibelli & Kiliç, 2013; Lin & Bryant, 2009; Zampieron, Saraiva, Corso & Buja, 2012). Zverev (2013) found when using the KOP that 93% of Malawian medical and nursing students (n=305) had a mean score above the neutral point, and Runkawatt et al. (2013), Mellor et al. (2007) and Karlin, Emick, Mehls and Murry (2006) reported generally positive attitudes. However Zverev's (2013) research of Malawian medical and nursing students, Adibelli and Kiliç's (2013) Turkish nurse study, Runkawatt et al.s' (2013) comparative study of Thai and Swedish nursing students, Karlin et al.s' (2006) American study of nurses and psychology students, Lin and Bryant's (2009) cross cultural study of psychology students and Zampieron's et al. (2012) international study of renal

nurses may not reflect the UK, some were not nurses whilst others worked in specialised areas.

The theory of reasoned action articulated that the individual was aware of their action and Ajzen and Fishbein (1980) stated that the individual's behaviour was not controlled by "unconscious motives". This moves away from the principle understanding of ageism where it has been suggested that cultures or populations were unaware of their actions as ageism was engrained in social structures. Ajzen and Fishbein (1980) argued that individuals make considerations about the behaviour and the implications of an action before a decision is made whether to engage or not. Indeed Ajzen and Fishbein (1980) assume that the actions of social relevance are under volitional control. This was supported by McKinlay and Cowan (2003), who postulated that an individual follows a cognitive process on which a decision is made and that they commit to a course of action. This intention of behaviour was seen as the immediate determinant of action. However, would a healthcare professional make a decision to provide undignified and restricted care? Or are negative attitudes engrained into cultural practice such that the intention to act was not an informed decision? Ajzen and Fishbein (1980) have suggested that behaviours can be predicted, and barring unforeseen events the individual will act with their intention. Thus role models and peers could determine the intention to act in a given way and Calasanti (2007) suggested that individuals may or may not act in accordance with beliefs, and postulated that a set of exclusive behaviours could operate independent of intent. However, Ajzen's (1985) theory of planned behaviour added 'perceived behavioural control' which shape individual's intentions and behaviours and was seen as an extension to the original theory. This is conceptualised in relation to nursing in *appendix.3*.

People's beliefs about a group influence their perceptions, judgement and behaviours, thus behaviours can be modified according to the social context (Kruse & Schmitt, 2006). Ajzen and Fishbein's (1980) observation that the intention to predict behaviour did not provide the reason for the behaviour addressed some of the questions about why ageism and discrimination occurred. What is understood is that attitudes influence individual intention towards behaviour and the intention was directly related to the behaviour (Lee, 2009). Individuals with positive attitudes towards older people should have a set of beliefs that promote positive behaviours; likewise those with negative attitudes should emit more negative behaviours towards older people. In support of this McKinlay and Cowan (2003) found that British student nurses with positive behavioural beliefs generally had more positive attitudes. Additionally, research findings have suggested elements of behaviour could influence positive and negative beliefs, thus an individual may hold positive beliefs about older people's contribution to society but negative beliefs about their physical ability

(Lee, 2009). Ajzen and Fishbein (1980) acknowledged this and observed the influence of one variable (internal to the person, personal factors or external influences, social factors) may be different depending on a set of beliefs.

Personal factors were found to be influenced by that person's judgement on the action, either positively or negatively (Ajzen & Fishbein, 1980). This could be aligned to the tasks a nurse undertakes for older people, for example washing and toileting could be seen as degrading. Therefore the task could be viewed negatively so ultimately fuelling a negative attitude to older people. The second determinant that Ajzen and Fishbein (1980) highlighted was the person's perception of the social pressures put on them to act or not act in a certain way. Therefore the attitude could be influenced by education, social peers, personal experiences, the media and culture. Older people's portrayal within these societal groups will consequently influence the attitude or intention to act, and this can be aligned to Eagly and Chaiken's (2007) research findings where attitude objects (older people) could be abstract (ideological conceptualisation of old), concrete (policy associated with older people), individual (personal experience of older people) or collective (societal vision and stereotype of old). Ajzen and Fishbein (1980) referred to this as the "subjective norm", and postulated this was the belief an individual had regarding how a group or significant other attitudes to the behaviour was. Ajzen and Fishbein (1980) stated that measurement of an individual's attitude towards the act or behaviour allowed an understanding of a person's intention but the theory of reasoned action would be needed to explain why people held certain attitudes. However Werner and Medelsson (2001) suggested there was an extension to the theory of reasoned action to include moral norms alongside behavioural and subjective norms. Here the individual perceived the ethical dilemma of correctness, thus a healthcare professional should consider morally the right intention but evidence from this literature suggests otherwise. Therefore it can be seen that cognitive attitudes (stereotypes) are shaped by affective attitudes (emotional beliefs, prejudices), a notion supported by Lee (2009). McKinley and Cowan (2003) found that student nurses' attitudes towards older people were under volitional control, in so much that their cognition or understanding was influenced by the decision made and therefore committed them to a course of action.

Ajzen and Fishbein (1980) argued that beliefs that underpinned an individual's attitude were "behavioural beliefs", and these shaped an individual's attitude, for that reason these could be seen as the normal beliefs a person held. Therefore it must be questioned if this linked to the nurse's view (or society as a whole) that older people were in a period of decline and dependence. Ajzen and Fishbein (1980) also referred to "normative beliefs", seen as the perceived social pressure to behave in a certain manner; as a result the individual will perceive social pressure to behave in a given way. A person with a subjective norm, (the

belief of an individual regarding how a group or significant other's attitude to the behaviour was), may make the decision not to behave in that way or may decide to please another. McKinlay and Cowan (2003) in their analysis of attitude measurement found that subjective norms had a small but significant role in determining attitudes. Perceived behavioural control binds this concept together and introduced how the individual considers salient factors in determining whether or not they could perform the behaviour and how easy this was to do (Ajzen, 1985; McKinlay & Cowan, 2003). Two British studies found that some student nurses felt they could have a work persona and a public persona which could be different (McLafferty & Morrison, 2004) whilst participants (n=172) in McKinlay and Cowan's (2003) stated they had a high level of control over their behaviour; however this did not predict intention. Therefore regardless of an individual's belief or perceived control they could be influenced by others to act in a certain way, and this course of action may not align with their personal attitudes. What is more, this could be aligned to the conflicting stereotypes individuals have about the same social group, for example the acutely ill older adult and an older family member. From this it could be assumed that intentions are dependent on attitude to the object and subjective norms (perceived social pressure to behaviour in a certain way).

Research has demonstrated that students who communicated more frequently with older people held more positive attitudes and scored better on the KOP (Lee, 2009; Synder, 2006). Ryan et al. (2007) British study also used previous contact as a demographic variable and found those with regular contact had more positive attitudes towards older people, and Snyder (2006) recommended that future research should examine this variable.

Gender in a number of attitude studies was also significant. Lee (2009) found that US males responded significantly higher on KOP's negative scale. Slevin (1991) established similar results with n=85 British male secondary school children, and both western and Eastern male psychology students (Lin & Bryant, 2009), Norwegian male nurses (Söderhamn et al., 2001) and US male social work students (Gellis et al., 2003). Internationally, females were reported to have more positive attitudes (Deltsidou et al., 2010; Lookinland & Anson, 1995; Söderhamn et al., 2001). However, males were reported to have more positive attitudes in two Jordanian studies (Hweidi, Al-Obeisat, 2006; Hweidi, Al-Hassan, 2005). This could be due to ethnic variables and the role of female in that particular society and indeed Hweidi and Al-Obeisat (2006) hypothesised that the burden of caring for older relatives negatively impacted upon the attitudes of females. Gender socialisation, therefore may influence behaviour.

Age of participants was found to be another significant factor in attitude formation, and older students held more positive outlooks in a number of international studies (Deltsidou et al., 2010; Hweidi, Al-Obeisat, 2006; Hweidi, Al-Hassan, 2005; Runkawatt et al., 2013; Söderhamn, 2001). Conversely, Lee (2009) found no significant correlation to age and the attitudinal response, however this was not consistent with other research. Ward (1977) examined attitudes in older people and identified that those aged 60-92 who held more negative attitudes toward old people more often categorised themselves as in middle age, therefore they distanced themselves from the label of being old. This resonates with current practice, and the principle definition of ageism. Iwasaki and Jones (2009), Ryan et al. (2007), Söderhamn et al. (2001), Hweidi and Al-Obeisat (2005) and Moriello et al. (2005) used age as a demographic variable and found a correlation between age and attitudinal score.

Previous clinical experience was also found to enhance attitudes towards older people. Söderhamn et al. (2001) established that n=192 Norwegian first year student nurses with little or no experience generally had more negative perceptions of older people, and suggested the sample had not been socialised into nurse education and used their personal beliefs and values rather than professional. Two British studies also established that the influence of values and beliefs impacted upon the care delivery for older people (Slevin, 1991; Wade, 1999). McCracken, Fitzwater, Lockwood and Bjork (1995) found a correlation between positive attitudes and previous care experience with the older adult in a comparative study of Norwegian and US students. Similar US studies and one British study established different attitudes to older people existed according to the practice setting and those who worked with older people had more positive attitudes towards work and the opportunities available (Fox & Wold, 2006; Lookinland & Anson, 1995; Nolan, Davies & Grant, 2002; Polat et al., 2014; Sheffer, 1995). However, Happell (1999) observed that exposure to frail dependant older people, had a detrimental effect on Australian student nurses' views of the older adult, and was supported by Treharne (1990) who found attitudes of British student nurses became more negative following an older people's placement. This research appeared to indicate that behavioural beliefs influenced care and decisions about care.

Overall the formation of attitudes and subsequent beliefs can influence an individual's, group of individuals or society as a whole beliefs and values. This may provide insight into why ageism has been seen in a variety of forms from media representation, humour and age related jokes, poor care outcomes, stereotypical image, discriminatory practices and age segregation. Current research has examined attitudes and prejudices but has not explained why known negative attitudes towards older people exist. The need for further research has been emphasised, McKinlay and Cowan (2003) advised there needed to be a more rigorous



and concentrated study of attitudes, and Lee (2009) advocated little was understood about the affective and cognitive aspects of attitudes. Whereas, Runkawatt et al. (2013) suggested a scale and survey was needed to measure values. Therefore the continued measurement of attitudes is of value.

## **2.10 Summary**

This chapter has provided a critical review of literature concerned with ageing from 1961 to present. The focus of the review was more negative than anticipated but this was reflective of the findings of research and policy reviews. Culture featured inherently throughout the review; the present study was thus mindful of this narrative and how cultural differences could impact upon ageism. The literature review has presented a global understanding of the field as it was important to consider both international and national research, due to the dominance of US studies.

A notable feature of the literature review was that there have been a range of methodological processes (questionnaires, interviews, focus groups, drawings), and a dominance of quantitative studies used in the research to date. Differences in results have meant that the evidence is inconclusive leaving questions unanswered. Some findings either cannot be generalised, others do not hold relevance to contemporary society and nurse practice and education. A substantial number of papers were international. Research on nurse education has drawn on a range of nursing programmes that were published pre and post 2001 and the NSFOP, has examined negative aspects of ageism, but has not explored positive attributes or that ageism is multifaceted (e.g. attitude, prejudice). This review demonstrated that published research has rarely questioned the original definitions of ageism. Calasanti (2007) suggested that gerontology research has not yet effectively examined how and why ageism occurs. Palmore (2001) argued further research should examine culture and an epidemiology of ageing was required. It has been suggested that a multi-method research approach should be adopted (Happ, 2009), Lee (2009) observed few studies employed mixed methods when examining attitudes, and Ferrario et al. (2007) suggested longitudinal designs should be used. Bytheway (2005) argued the need to focus on images of ageing, and the literature review identified limited studies that used visual methods and these were predominantly from the US. It would be valuable to use visual methods to explore nurses' attitudes, perceptions and stereotypes of old age.

Other authors have identified the need to examine feelings (Lee, 2009), or have a more rigorous and focused approach to the study of attitudes (McKinlay & Cowan, 2003) whilst Abrams et al. (2011) advocated examining people's stereotypes and assumptions. The DH (2008) suggested examining professional ageism and CPA (2009) advised a comprehensive

study of ageist attitudes of medical staff and individuals from the population to identify origins of ageism. It would be of equal value to study a cohort of student nurses. Futurage (2011) identified a range of research priorities and suggested the focus of future research should be on unequal ageing (how people age at different rates and times) and age related inequalities, understanding perceptions of ageing, discriminatory practices, ageist assumptions and the ageing process. Ryan et al. (2007) also suggested that strategies were needed to combat the prevalence of ageism in current healthcare to ensure this was not an inherent part of future care. The critical examination of each theme within the literature identified the need for further research (Table 2.5).

Table.2.5: Identification of Further Research

Theme	Areas For Further Research	Research question
Age	Nurses misconceptions of age	1-4
Ageism	Exploration of Palmore (1990) positive and negative stereotypes	
	Impact of ageism, stigma and stereotyping on healthcare professionals interaction and care giving	1,2
	Exploration of culture and ageism	
Communication and Ageism	The meaning and use of language towards older people	
Social and Media Influences on Ageism	Media influences on healthcare professional	
	Ageism and economic value	
Ageism the future Concept	To continue monitoring occurrences of ageism	1-4
Ageism in Health Care	Impact of NSFOP in healthcare professionals attitudes towards older people	
	Ageism, Dementia and older people	
	Influence of nursing programmes on career choice	3
Age Discrimination	Student nurses' view of discrimination and older people	
Stereotyping and Image	Exploration of Hummert et al. (1994) attributes of older people	
	Nurses view of appearance and imagery in later life	1-4
	Influence of role models and intergenerational contact on nurses' perceptions	3
Education	Professional socialisation, impact of education and attitude formation	3
	Nurse Lecturers attitudes towards older people	
	Educational qualifications and attitude	3
Care and Dependence	Functional disability and nurses' attitudes	
	Individualised care and nurses' attitudes	
Attitude	Alternative and more in-depth research methods to explore attitudes	1-4
	UK nurses' attitudes towards older people	1-4
	Age and gender of nurse and attitudes to older people	3

Table.2.5; this table highlights the areas where there are gaps in published knowledge on ageism and ageing and the areas the current research study addresses.

Overall attitudes from healthcare professionals have been demonstrated to be complex, and dependant on a number of variables including; covert and subtle ageism in society, role models, intergenerational contact and communication, education, culture and models of care, service provision and service shortfalls, dependence, perceptions of disease and disability, media representation of old age, stereotypes and image (visual representation of old age), prevalence and promotion of youth. Therefore it was pertinent and timely to examine the perceptions of ageing of undergraduate nurses.

The following research aim and questions were formulated to guide the research.

### **2.11 Research Aim and Question**

The overall aim of the study was to:

Explore the perceptions of undergraduate nursing students towards older people.

This was subdivided into five research questions;

1. What are the existing attitudes of undergraduate nursing students at the beginning of a programme of study towards older people?
2. How do the attitudes of the undergraduate nursing students evolve during their programme of study towards older people?
3. What was the impact of the programme upon the individual students in relation to ageing and older people?
4. What influenced the students' attitudes towards older people?
5. What are the implications of the findings for nurse education and practice?

## **Chapter 3 Theoretical and Methodological Approaches**

This chapter presents the theoretical approaches and the major conceptual assumptions that underpin this research study including the ontological, epistemological and methodological approaches. Fundamental to the philosophical approach is the social construction, language and meaning associated with later life and which has been guided by the conceptual assumptions of constructivism, discourse analysis and attitude theory. It was also important to establish a theoretical basis for visual methodological in relation to the current study as this was identified as being underutilised in healthcare research.

A pragmatic approach was adopted, when multiple theoretical assumptions (paradigms) can be used to answer a research question (Creswell & Plano-Clark, 2011). This was recommended from the literature review; Ferrario et al. (2007), Happ (2009) and Lee (2009) advocated for research designs centred on longitudinal studies that used mixed methods. The use of these approaches was to facilitate a greater understanding of the undergraduate nurses' perceptions of older people. These are presented in this chapter whilst Chapter four critically discusses the research methods.

### **3.1 Overview of Theoretical Approaches**

Research assumptions (paradigms) underpin all scientific enquiries, these assumptions are inductive (theory generation) and deductive (theory testing) reasoning which are abstract ideologies providing the foundation for social research (Crotty, 1998; Dewey, 1933; Gray, 2014). Positivism argues that reality exists, that is external to the researcher and inquiry is of a scientific nature that can be measured and tested, and as such is deductive and forms the objectivist epistemology (Crotty, 1998; Gray, 2014). Positivism was rejected as the sole approach for this study for two fundamental reasons; 1) Attitudes relating to older people can be measured and presented as objectionable facts however the positivist approach does not explain why attitudes towards people in later life exist. 2) The literature review identified a dominance of positivist approaches in gerontology research; some have been supplemented with other research methods and approaches however when used singularly the research approach did not answer the phenomenon fully.

An anti-positivist stance of interpretivism explores social and cultural processes, and is closely related to constructivism in that reality exists from multiple ideographic existences, truth emerges from engagement in the real world and it is inductive in nature (Crotty, 1998; Gray, 2014). In the context of this study, the literature review demonstrated that the use of interpretive methods had been supplemented by the positivist paradigm. Both Happ (2009) and Lee et al, (2009) have advocated for a pragmatic approach in future gerontology

research to address weaknesses of singular research approaches and to have more integrated data, therefore interpretivism was dismissed as an independent approach. An overview of the major theoretical approaches is summarised (Table.3.1), in consideration of this and of the recommendations made in the literature, pragmatism was the appropriate approach.

Table.3.1: A Summary of Research and Theoretical Approaches

Theoretical Approach	Methodology	Principle Methods	Advantages largely claim	Disadvantages largely claimed	Applied to this PhD
Positivist	Experimental	RCT's	Measureable Quantifiable Generalisable	No in-depth understanding generated	Non-experimental Questionnaire (KOP)
	Non-Experimental	Survey; Questionnaire			
Interpretivism	Phenomenology	Semi Structured interviews	Captures the lived experience of individuals and is humanistic	Not generalisable, not suitable for larger samples	Rejected on the grounds of approach.
	Ethnographic	Observation	Observes culture, provides detailed data	Can be standalone descriptions, reliability can be questioned. Not generalisable	
	Grounded Theory	Interviews/ Focus groups	Allows the development and generation of theory	Broader context can be lost. Unexplained findings. Not generalisable	Theory already understood (ageism)
	Visual Methodology	Photography and Drawings	Captures data in a visual form	Innocence of the image, not recognised in social science as an independent method. Not generalisable	Drawings of Older people
Pragmatism	Mixed Methods	Multiple	Allows a world view of a complex phenomenon	Researcher needs to understand all approaches Danger of inappropriate use of methods	Principle theoretical framework of study

Table.3.1 provides a summary of the major assumptions and research approaches used (Denscombe, 2007; Gray, 2014; Ritchie, Lewis, McNaughton-Nicholls & Ormston, 2014).

### **3.2 Ontology and Epistemology of the Study**

The ontological stance, the study of being, informs the epistemology, what it means to know (Crotty, 1998). Ontology, the study of reality (Gray, 2014), for this current study was considered in that there were multiple versions of reality of older people. Reality from a Westernised tradition has evolved from the entity of signs and language (visual physical ageing) and these realities are considered to be accurate representations (Gray, 2014). This reality evolves from individuals or groups version of events or constructs, and forms over a period of time and of which people are born into, meaning that cultural history and role expectations contribute to the reality (Crotty, 1998; Gray, 2014). Therefore the studies ontological approach is the examination of the fundamental existence or being of ageism (perceptions of older people and attitudes towards) and as such the social entity of attitudes and beliefs towards older people are explored. The ontological components of social norms and processes are evaluated and explicated based on the assumption that people hold attitudes towards older people and these attitudes are meaningful components of the social world (Mason, 2002) and contextualising visual methods, these perceptions and interpretations of social reality are questioned (Spencer, 2011). Thus the truth about the world can be determined by examining the underlying rules and structures of society, and draws on the principles of epistemology, what it means to know (Gray, 2014). Epistemology provided the philosophical framework for the current study and facilitated a decision on the knowledge to ensure it was legitimate and adequate (Gray, 2014). Consideration of these perspectives was essential in order to clarify the research design, providing an overarching philosophical structure and to recognise inappropriate ideas and methods (Gray, 2014) and these are now critically explored.

### **3.3 Visual Epistemological Stance**

Visual sociology and/or visual anthropology suggest that scientific insight into society can be gained by observation and analysis of visual matter, or in other words the social relationship of people and culture, and subsequent behaviour to that object (Banks & Zeitlyn, 2015; Margolis & Paulwel, 2011; Rose, 2012). The theoretical basis was challenging to specifically allocate visual methodologies to a philosophical understanding. Rose (2014) postulated that due to the proliferation of visual methods over fifteen years, has made the field become diverse. In addition, Holliday (2000) wrote of the lack of acknowledgement in social science and consequently greater emphasis is given to the benefits of visual methods. Publications have concentrated on the justification of visual methods as a tool to measure insight into social and cultural being, rather than providing a critical commentary and analysis. Therefore within visual methods a general consensus about epistemology amongst key authors was

not apparent (Banks & Morphy, 1997; Banks & Zeitlyn, 2015; Chaplin, 1994; Emmison, Smith, Mayall, 2012; Pink, 2007; Rose, 2007) however they agree that the principle research approach originates from a sociological basis. Rose (2007) advocates that the researcher does not have to follow a particular route and that the underpinning theoretical models suggested are not the only ones that can be applied. Within the visual method field most texts are concerned primarily with methods and process, rather than theoretical, ontological and epistemological principles, and there is no general agreement or best practice method, as a consequence there is not a unitary theory (Emmison et al., 2012), or as Margolis and Paulwels (2011) postulate, methodological depth.

The use of visual research methods is attributed to anthropology and the term visual anthropology emerged, this concept provided an exploration of the visual in culture and social situations (Banks & Morphy, 1997; Margolis & Paulwel, 2011; Rose, 2014) drawing upon ethnographic principles. Visual anthropology argues that a photograph is constructed from social and cultural representations from which detailed information that words cannot convey about the culture could be obtained and symbolic significance understood (Chaplin, 1994; Spencer, 2011). There are prominent authors within visual methodology that support the principle of anthropology as the epistemological stance (Banks & Morphy, 1997; Emmison et al., 2012; Pink, 2007). The application of this method can be seen historically by the eminent work of Mead and Bateson (1942) and their photographic analysis of the Balinese character and concurrently by Pink (2007) who used ethnographic visual methodology as a basis to research a phenomenon (women bullfighters). The diverse application however, has become a principle challenge for visual anthropology, as the breadth and depth of human life can be explored and as a consequence the research opportunity has become vast, but research texts do not acknowledge the methods (Banks & Zeitlyn, 2015). Therefore utilisation of visual anthropology facilitated wide interpretation and possible confusion (Spencer, 2011). This has become a fundamental disadvantage of the theoretical approach as the research has become fragmented, diverse, and has an “identity crisis” (Banks & Morphy, 1997).

Two juxtapositions have emerged, one routed in traditional social anthropology and the other emerging from semiotics and cultural studies (Emmison et al., 2012; Rose 2012). These schools have emerged from methodological processes rather than ontological and epistemological understanding, and the dominance of photography has been observed for social anthropology, whilst Rose (2012) argues social/cultural studies have used existing imagery. However Chaplin (1994), Banks and Morphy (1997) and Rose (2012) postulate that visual anthropology and to some extent cultural studies both interpret and produce knowledge therefore potentially crossing over epistemological beliefs. This argument was

further acknowledged by Emmison et al. (2012) who suggested visual anthropology had the same epistemological basis as cultural studies but with different aims and objectives. Chaplin (1994) argued that visual anthropology should be seen as an overarching umbrella capturing the recording of data to the interpretation and dissemination. Thus visual anthropology examined the construction, the contextualisation and the samples understanding of social identities, practices, processes, systems and relationships (Harrison, 2002) and has become a powerful hybrid of both schools (Emmison et al., 2012). This is also supported by Chaplin (1994), Banks and Morphy (1997) Guillemin (2004) and Rose (2007 & 2012) who highlighted the importance visual imagery has on society and have used the theoretical basis of anthropology to examine and study cultures.

Rose (2007) produced a theoretical framework (Figure.3.1) to apply epistemological understanding to visual materials, within this anthropology was clearly articulated; however in her 2012 edition the use of the term anthropology was replaced by ethnography. Rose (2012) outlined three distinct categories, to complement this Emmison et al. (2012) suggest four existing approaches to visual enquiry and these reinforce the observation of a lack of methodological depth and focus on process (Table.3.2).

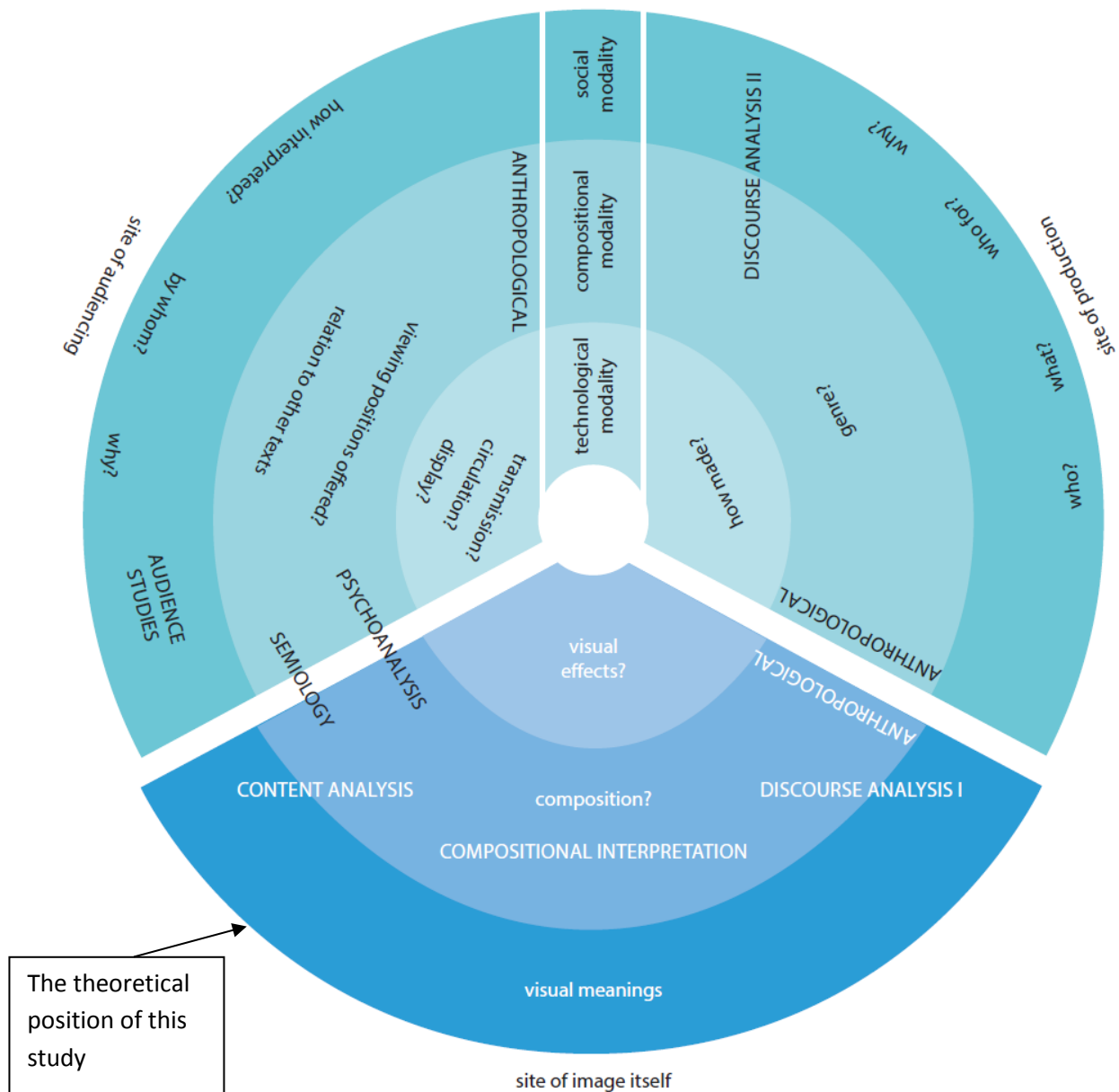
Table.3.2; Visual Research Approaches

Rose (2012) Categories for visual methods	Emmison et al. (2012) Approaches to visual Enquiry.
1) the site of production, whereby the circumstances of the images production influence the effect the image has	1) the use of researcher produced visual materials
2) the site of the image, where the images meaning are at the forefront of understanding	2) participant centred approach
	3) the analysis of existing visual materials
3) the site of audiencing, where the audience brings their own understanding and meaning to make knowledge	4) the use of visual materials generated by video technology

Table.3.2; provides a summary of the visual research approaches identified by Rose (2012) and Emmison et al. (2012).



Figure 3.1: Method of Visual Interpretation, (Rose, 2007).



Adapted from Rose (2007) "sites, modalities and methods for interpreting found visual materials" page 43 which provides the theoretical framework for visual methodologies from this the current study is positioned in the site of image itself (separated from the main diagram and coloured in a different blue). Permission was granted by Rose to reproduce the image and separate the diagram.

In relation to Figure.3.1 the study has been positioned in the site of image itself to draw out visual meaning, and represents Emmison et al's. (2012) participant centred approach whereby emphasis is given to the production of an image. This has been established to be particularly relevant in healthcare and for researchers to explore marginalised groups. The promotion of photo elicitation within this framework can be attributed Rose (2007) 'compositional interpretation', is concerned with the expression and appearance of an image (Rose, 2012) and is where the principle epistemological stance for this study is positioned.

The use of this framework in the study has drawn upon several epistemological principles; anthropology (ethnography; Rose's more recent version (2012) published after the design refers to this rather than anthropology), discourse analysis and content analysis, Rose (2007) suggested this allowed a toolbox approach to extract meaning in a broad sense. From this framework the principle theoretical understanding of the current research study arose, that of pragmatism, and the use of mixed methods which was underpinned by social constructivism and discourse analysis.

Social constructionism assumptions and theoretical basis are sociologically founded, and was seen as a collective group of principles, from a variety of disciplines that included Foucault (Crotty, 1998), and was termed the 'family' by Burr (2003). This family share recurrent features that form the grounding assumptions of social constructionism. First everyday knowledge is viewed critically and assumptions made about objects and categories are questioned. The presumption that ageism and a division between the young and old exist does not necessary mean that ageism will occur in practice. However Burr (2003) observed a 'grey area' where boundaries are crossed for example the extension of middle or third age.

This informed the assumption, that understanding of the world was driven by history and culture. The meaning of 'old' in Western culture has changed to that of declining ability and dependence, the understanding of people has been shaped by the history and culture they emerged from (Burr, 2003; Crotty, 1998) and the meaning of 'old' is reinforced. Cultural and historical meaning can be aligned to more recent work on ageism where it was suggested that this phenomena will not exist in the future. The third assumption was that knowledge was maintained by social process, therefore individuals, groups and society constructed meanings through daily life, and this knowledge as a consequence has become accepted practice, and social phenomenon's emerge (Crotty, 1998).

From this language and use of become a form of social action and facilitates the construction of meaning, this becomes the final assumption of constructionism and draws the concept together (Burr 2003). It could be said a language of old age has been constructed in society and culture whereby the influence of healthcare policy, the media, and language used for social process and interactions have constructed knowledge about older people. Burr (2003) suggested that each construction brings with it a set of actions (beliefs and behaviours) and Crotty (1998) observed individuals inherited significant symbols. In addition it can be postulated that these constructions sustain patterns of social order, power relations and permissions in how to behave and treat certain people. Thus constructivism explored the dynamics of social interaction and processes, and Crotty (1998) concluded that

culture allowed the individual to endow an object with meaning and ignore other things. In the context of older people they could be labelled into a homogenous group and generic perceptions are potentially formed. These conceptual assumptions can be aligned to attitude, where a response is made to the object (favourable or unfavourable) (Ajzen 2005). This suggests that the social construction of ageing within the UK embodies stereotypical images of older people (Hughes, 1995), and leads to discrimination and ageism (Thompson, 2005).

Discourse analysis is concerned with how people interact with language, via text, object, image or sound, and knowledge is created when these signs are interpreted critically (Punch, 2014). Therefore meanings are constructed not discovered, and occur when consciousness is engaged (Crotty, 1998; Denscombe, 2007; Punch, 2014). This draws on the principles of constructivism where language is formed into social action. In the application of discourse analysis to visual concepts Rose (2012) articulated Foucault's belief that people were produced, in particular Foucault the French philosopher and social theorist argued that identity was a form of oppression, where power prevented peoples' ability to move from specific categories (O'Farrell, 2005). Therefore beliefs and behaviours can be moulded via the discourse (culture), and culture was dependent on behavioural norms to shape and organise experience (Crotty, 1998), as a consequence the images of the older adult represent a language of meaning and has become a shared phenomenon. Chaplin (1994) reinforced this and articulated that representation is a key theoretical concept in constructivism. Therefore deconstruction of the text/image is an element of social constructionism, as the language produces a social or individual phenomenon (Burr, 2003; Denscombe, 2007). These discourses construct experience, and become a particular knowledge or special language that in turn becomes a subject, (Punch, 2014; Rose, 2012) and chosen words make meaning (Denscombe, 2007). Thus perceptions of older people could be communicated by this knowledge, and the special language of later life could provide a potential answer to how ageism and attitudes towards the older occur within healthcare organisations. Some literature suggest ageism is an attitude of mind (CPA 2007), and that it had an affective component (how an individual feels about older people), a cognitive component (beliefs and stereotypes about old age) and a behavioural competent (conative response) (how society or individuals discriminate), and how individuals evaluate attributes (older people) (Ajzen, 2005) these have become a discourse and a visual culture (Rose, 2012) or a visual representation (Spencer, 2011) of later life.

Rose (2012) and Emmison et al. (2012) argued that visual mediums can also be a discourse, whilst Ylänné (2012) highlighted that research on identity has used discourse analysis. It has also been suggested that the visual portrayal of older people to society as a

whole has become a discourse from which ageism and stereotyping has been culturally formed from (Ylänne, 2012). Azjen (2005) also acknowledged that pictures elicited reactions which influenced a response to a certain stimuli, for example images of older people. Thus meaning or a language can be drawn from images, and from what can be seen in society. Rose (2012) postulated that subjects will be produced and act accordingly to what was seen, and the unseen becomes forgotten, this draws on semiotic understanding ('logonomic systems') whereby a set of rules prescribe how things are seen and produced as social agents. Consequently old people are frequently viewed by society from a collective language of physical decline rather than by individual personality. This concept can be aligned to Foucault's work and in particular two essays have influenced the theoretical framework for this study. Foucault's (1982a) essay on 'Archaeology of Knowledge' which referred to discursive formation (the complexities and multifaceted rules and power that govern an individual). Foucault (1982a) argued that history mutates knowledge, and therefore meanings are connected together to provide a discourse but these are not rationale or realistic (Rose, 2014), become a product and new knowledge is established that characterise a group (Foucault, 1982a). Therefore discourse analysis may be used with different kinds of visual data (Rose, 2012, 2014) concerned with cultural meaning, and visual matter has become a social construct (Chaplin, 1994) of which value and social status can be attributed to (Spencer, 2011). Discourse analysis could allow the images hidden message (what is absent as well as what is seen) to be revealed and can be used in conjunction with existing philosophical understanding of a concept or phenomenon (Denscombe, 2007).

A discourse is also associated with power, and Foucault (1982b) essay on the subject of power postulated that power was everywhere in society like the discourse, this could be said of visual representations and how visual culture is interpreted (Emmison et al., 2012).

Therefore ageism and attitudes towards older people could be a powerful discourse in fuelling the continued negative belief of later life. Some discourses are dominant, and Foucault (1982b) noted the power institutions held about discourse, how these become the truth and are normalised (Strauss & Feiz, 2014). This theoretical position can be aligned to Bytheway and Johnson's (1990) definition of ageism, and the underlying assumptions made about older people. Burr (2003) suggested that this knowledge (power) allowed the marginalisation of groups or individuals. Thus discourses are embedded in institutional philosophy (the culture) and society in general, and form an ideology of beliefs and behaviours, that can have a substantial effect on an individual or a group of individuals, and ageism can be seen as a discourse. In nursing, Phelan (2011) argues that this power has enabled false representations of old to be formed. These concepts can be examined in opposing thoughts, or regimes of truth (Spencer, 2011) where the rights and wrongs of

society and the dilemmas individuals face can be defined according to the subject matter, and may explain why some aspects of ageism and discrimination were worse than others and align to Ajzen (2005) work on functional, inherent and behavioural consistency and the relationship between beliefs, feelings or actions. Within ageism these concepts are part of everyday life and culture, thus from a constructionist stance the language and power would have to change for the discourse to alter.

Visual discourses are associated with the language of the image and attention is given to the image itself and the social influences that have aided the construction, from which the truth is revealed (Rose, 2012). The signs and symbols used in the construction of the image can provide insight onto the understanding of cultural influences (Emmison et al., 2012; Rose, 2012). Interpretation of these could explore the cultural significance, as an attitude is a hypothetical construct that is invisible (Ajzen, 2005) and so the use of visual methods could draw this out. The macro constructionism explains how language becomes practice (Burr, 2003), this 'big' discourse is sociologically founded from individuals conversing and signifiers are formed and constructed (Gee, 2014). Foucault discourse principles refer to the social meaning, metaphors, images and representations objects/individuals are given (for example a painting), and suggest that what is recorded and read can be a discourse from which meaning or a narrative can be constructed (O'Farrell, 2005; Punch, 2014; Rose, 2012). However, Pink (2011) cautioned against this broad interpretation, as the social context in which the image was constructed and produced should be considered. Hence the interpretation of social knowledge (sensory experience) can be profound and the consequences of understanding social structures, cultures and social problems are fundamental to this interpretation. To address this, Rose (2012) suggested that meaningful clusters were explored, attention given to detail, the invisible explored and immersion encouraged. The coherence of the research to previous work and to the discourse under exploration provides reflexivity in relation to how images are socially constructed (Rose, 2012).

Burr (2003) postulated that language conveyed a message about the self to others, therefore by using a visual form of language, the meaning given to the image can be understood in the terms of an individual's depiction of internal states (thoughts and feelings). Hummel, Rey and Lalive d'Epinay (1995) established they could detect cultural influences within the children's drawing and that social representation and the child's internal model (an unconscious elaboration of materials drawn from experience) were present. Individuals may also hold a repertoire of language that is used differently according to the situation, and Burr (2003) suggested that this could be constructed on a non-conscious non-intentional level and supports the concept and principles of attitude formation. Therefore the power of

language can be profound and has been embedded into cultural and social constructions (Crotty, 1998). In reference to ageism, Kane (2006) and Slevin (1991) have suggested ageism was embedded in contemporary culture and that older people were undervalued.

Peoples identity is constructed from cultural discourses (language), and Burr (2003) referred to this construction as components joined together to make the individual. The manipulation (positioning) of the discourse may allow certain behaviours and this may not be intentional, but Burr (2003) acknowledged that individuals recognise the discourses they adopt. Therefore the individual develops a heightened awareness of a concept (language) and it becomes a subjective experience. Individual self-awareness can alter and manipulate the narrative and these patterns form constructions of which social meaning can be drawn from. This reconstruction of meaning via social rules can be seen to influence cultural reality. Crotty (1998) referred to this as the 'social milieu', whereby the individual sees the world via the lens bestowed upon them. Professional education could reconstruct the language and meaning of ageing for a group of individuals. Kelly (1955) observed that the individual had the power to change these constructions and were allowed to appreciate others own constructs (influence of peers, education, role models and practice learning) however change as a consequence of others may not occur, but could challenge personal constructs. Therefore as Spencer (2011) advised the narratives can be created visually and provide a thick description that could explore and help understand a concept. For these reasons the principle of discourse analysis has provided the underpinning theoretical framework to explore the perceptions of older people by undergraduate nurses during a longitudinal study.

### **3.4 Pragmatism; the Mixed Method Approach**

Pragmatism has been defined as a compromising, accommodating, open and progressive, (Crotty, 1998). The key definition forms from its practical application; which method works the most effectively to answer the research problem; this according to Crotty (1998) determines the truth. Therefore pragmatism can be defined as singular and/or multiple realities (Creswell & Plano-Clark, 2011). There have been some assertions that pragmatism is one of a number of philosophical bases associated with mixed methods, indeed Creswell and Plano-Clark (2011) suggest mixed methods are framed in philosophical world view or theoretical lens (ontological and epistemological views). Crotty (1998) describes a world view as the meaning individuals place on objects whilst Creswell and Plano-Clark (2011) use the term philosophical assumptions or individual reality and knowledge to define world views. There are multiple perspectives about ontology, epistemology and methodology and has given this the collective term of 'paradigmatic trichotomy', whereby critical realism, realistic

pragmatism and transformative actions align to a world view matrix (Christ, 2013). This current research found the principles of realistic pragmatism to be worthy, as theory is developed from practice (praxis) (Christ 2013) and the world view of pragmatism focuses primarily on the research question, research outcomes, and is pluralistic and problem centred (Creswell & Plano-Clark, 2011).

Mixed methods refers to research that combines several conceptual approaches under a single research project. This study therefore has crossed the conventional paradigms of qualitative and quantitative boundaries, the positivist, deductive approach and the interpretive, inductive methods (Creswell, 2014; Denscombe, 2007; Glogowska, 2011; Parahoo, 2006). The rationale for the choice of mixed methods centred on two fundamental principles, first the decision to use visual methods to answer the research question and as a consequence of this decision to incorporate drawings into the research there was a need to support this method with more conventional research processes. Second, identified within Chapter two there was a paucity of mixed methods when exploring attitudes and perceptions and it was evident that no singular method could capture the complex matrix of belief and behaviours of individuals. The main disadvantage of discourse analysis was considered, that verification of meaning was needed rather than to solely rely on research interpretation (Denscombe, 2007).

The principle of mixed methods in healthcare has seen resurgence in popularity, and examples included Towsley, Beck, Dudley and Pepper (2011) mixed methods study of staff in nursing homes and Carr (2008) study of pain management. Glogowska (2011) argued that there has been a paradigm shift, with acceptance of mixed methods, offering a multifaceted view of a phenomenon and is reflective of the complex field of gerontology (Glogowska, 2011; Happ, 2009).

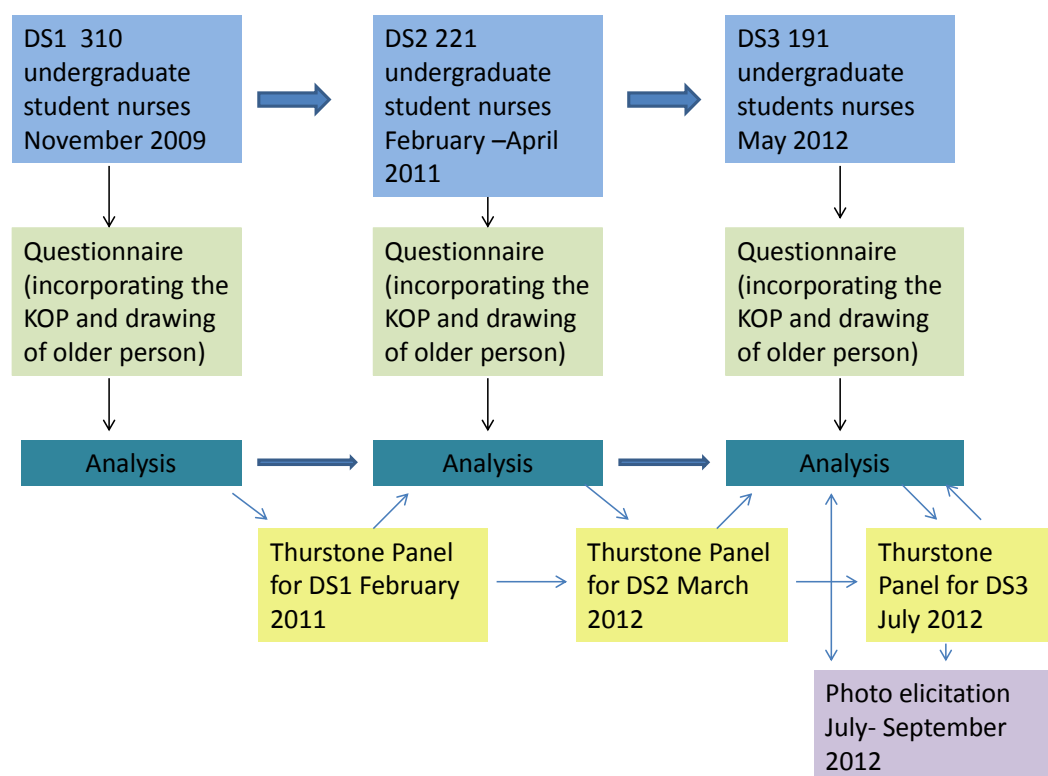
The mixed methods approach has four distinct characteristics; 1) the use of both qualitative and quantitative methods, 2) the occurrence of triangulation by the use of a combination of methods that answer the research problem, thus the researcher seeks convergence (Glogowska, 2011; Gray 2014; Happ, 2009). 3) Emphasises the practical approach to the research problem, and draws on the principles of pragmatism, whereby methods from different philosophical basis are used to address the research problem (Denscombe, 2007; Glogowska, 2011; Gray, 2014; O'Leary, 2014). 4) The need to improve the accuracy of research findings (Parahoo, 2006), to identify whether a particular method distorts potential findings (Denscombe, 2007), to build a comprehensive understanding of a phenomenon (Glogowska, 2011) and to expand and broaden the understanding of the concept (Gray, 2014). The use of visual methods was supported by the utilization of a validated attitude

scale (KOP), discussed in Chapter four. Mixed methods facilitated the monitoring of bias and allowed the use of innovative research methods, (visual methods) in healthcare. Hence the researcher draws on the strength of each method and compensates for their disadvantages (Glagowska, 2011; Gray, 2014; Happ, 2009; O'Leary, 2014).

The design of the mixed method approach, can be developed in a number of ways, however the mix and ordering of the qualitative and quantitative methods needs consideration. This may be sequential, convergent, multi-level or simultaneous and the research methods may be used interdependent or independent (Creswell, 2014; Denscombe, 2007; Gray, 2014) and these approaches do not have to have equal weighing attached (Creswell, 2014; Denscombe, 2007). Therefore it was decided to use a mixed multi-level design (Figure.3.2) of which the drawings and questionnaire were collected simultaneous, this reflected Creswell's (2014) transformative mixed method framework and Happ's (2009) recommendations for gerontology research to integrate data by a combination of methods. The transformative design according to Creswell and Plano-Clarke (2011), challenges social injustice and stereotype, and therefore aligns to the fundamental philosophy of the current study. Care was taken to address the three challenges in the use of a transformative design; Creswell and Plano-Clark (2011) highlight the development of trust with participants, the lack of written guidance in research texts and the justification of choice of approach. These challenges were addressed and overcome by the design of the current study.



Figure.3.2: Transformative Mixed Method Approach as Applied to the Research Study



Transformative Mixed Method approach adopted from Creswell (2014), which outlines the research design using a mixed multi-level design of the longitudinal study of one cohort of undergraduate nurses.

As with any philosophical base and methodological stance there are advantages and disadvantages. Creswell (2014) identified key controversial questions about mixed methods, and these include questions on philosophical understanding, research processes and methods. One fundamental challenge is that the definition has evolved from one where it was seen that qualitative and quantitative paradigms were mixed, to a stance now that mixing can occur at any stage (Creswell 2014). A mixed method approach can dramatically increase data, therefore intensifying demands on time and cost (Creswell, 2014; Denscombe, 2007). The establishment and maintenance of a clear dividing line between qualitative and quantitative is difficult and some debate about potential incompatibility of the paradigms due to philosophical understanding and methodological processes has occurred (Salehi & Golafshani, 2010) as both theoretical concepts need to be understood (O'Leary, 2014). The synthesis of understanding can be lost (Gray, 2014) and there is the potential for rigour not to be upheld (Glagowska, 2011). There is an inherent danger that the method becomes too mixed, anything goes approach detracts from the key principles of the philosophical approach and new innovative methods may not be supported (Denscombe, 2007; Glagowska, 2011), additionally the methods may not be integrated at the end product

(Bryman, 2006). Glagowska (2011) cautions that data analysis, presentation and integration of results may be challenging. Finally the findings from the mixed methods may not be consistent with each other, may not ensure validity and not be beneficial (Glagowska, 2011; Gray, 2014).

However advantages of this method allow a more comprehensive project and set of data (Creswell, 2014; Happ, 2009). It facilitates clearer links between methods and philosophical basis without the constraints of the underpinning theoretical principles and complex ideologies can be studied (Gray, 2014; Parahoo, 2006). Importantly triangulation is promoted and a practical problem solving approach to research is allowed (Denscombe, 2007) strengthening the validity of the research (Parahoo, 2006).

### **3.5. Longitudinal Study Design**

Longitudinal studies take repeated measures of the same set of people at pre-determined time intervals recording how behaviour changes over time (Gilbert, 2008; Gray, 2014; Oppenheim, 1992; Parahoo, 2006; Ritchie, Lewis, McNaughton-Nicholls & Ormston, 2014; Ruspini, 2002, 2014). The rationale for proposing a longitudinal study was drawn from the key principle of visual anthropology in that it explored an individual or groups socialisation and recorded the behaviour associated with them (Emmison et al., 2012), and how these change over time (Ritchie et al., 2014; Ruspini, 2014). Emmison et al. (2012) argued for visual methods the accumulation of images was important to measure cause and effect, and that a continuous cycle of analysis and validation supported the research process, this concept of causation is also a key strength of longitudinal studies (Gray, 2014). As identified in the literature review, Ferrario et al. (2007) recommended a study over a period of time was seen of value to build upon the knowledge and understanding in the field, and Ruspini (2002) and Gray (2014) articulated that longitudinal studies can examine attitude change over a period of time, facilitating explanations about attitude and belief change (Gilbert, 2008). Therefore recording the undergraduate nurses' journey throughout their programme would capture the influences of culture (nursing and education) upon their attitudes, behaviour and beliefs towards older people and how these evolved, as people's attitudes and behaviour, shape and change over time (Parahoo, 2006). Parahoo (2006) has drawn attention to nursing phenomenon that evolves over time and used the exploration of education as an example of a longitudinal study. Ruspini (2014) concurred and argued that healthcare was dynamic in nature thus longitudinal studies would capture this phenomenon, and trends measured. Within nursing research there is also a history of longitudinal studies to explore concepts, for example Spouse (2002) study of professional learning for student

nurses, Brown et al. (2008) exploration of gerontology nursing and Lo (2002) investigation of stress and coping mechanisms of undergraduate nurse students.

This is a prospective longitudinal study which repeatedly uses the same subjects over a time period and Ruspini (2002, 2014) affirms that true longitudinal studies are prospective and diachronic (evolves over time). The interval of data collection was planned to capture the potential changes of one cohort of undergraduate student nurses, a baseline at the beginning of the programme, the mid-way point and as they approached qualification. These points were considered appropriate as it allowed the development of professional identity via theory and practice. Richie et al. (2014) and Ruspini (2002) recommended the need to capture how individuals' thoughts change over time and referred to these as waves of field work, and indicated that the timing needed to be dynamic, and that analysis of the first wave of data should inform the remaining study.

Caution was needed for the potential of a 'cohort effect', for example the common life experiences that impact and influence intrinsic and extrinsic factors towards attitudes, beliefs and behaviours and older people, and this could lead to group and research bias (Oppenheim, 1992; Parahoo, 2006). The term cohort referred to the participants who were followed during the study and belonged to the same nursing intake, thus the data would reflect a particular time and place (Parahoo, 2006; Ruspini, 2002). As the participants were on a professional programme, the nature of their learning experience meant behaviour and perceptions were challenged and potentially altered, either by the programme or the research (Parahoo, 2006). However longitudinal studies place emphasis on the social and individual and how these correlate (Ruspini, 2014), therefore consideration of the intrinsic and extrinsic factors allowed them to be an integral part of the questionnaire design and are discussed in section 4.1.3. As data was captured on three occasions it could be argued that participant awareness was heightened and inadvertent behaviour changed occurred, Parahoo (2006) referred to this as the Hawthorne Effect which was identified by Landsberger (1958) following a critical review of data and subject behaviour in the Hawthorne factory. Evidence of the Hawthorne Effect has been questioned, a systematic review reported that there was some effect however little could be drawn from the evidence due to the conditions the studies operated under and further understanding on the concept was needed (McCambridge, Witton, Elbourne, 2014). The term is controversial, and has mutated since its conception, McCambridge et al. (2014) suggest the term use should be abandoned and that other causative factors influence the participant and impact on behaviour, such as intrinsic and extrinsic factors. To address this phenomenon data collection points were spaced at regular intervals, and other factors were measured that could potentially influence the findings. Another challenge of longitudinal studies was sample attrition (Gilbert, 2008;

Ruspini, 2014), however Chatfield, Brayne and Matthews (2005) systematic review of attrition and longitudinal studies established little was published on this matter. Therefore attrition was legislated against the nature of the professional programme and that participants were motivated to retain their place, however this did not facilitate participation.

The process of the study allowed the evolvement of the data and captured potential changes in professional behaviour and/or attitudes of the sample, (Parahoo, 2006; Ruspini, 2014). It was planned that at each data collection point the questionnaire and drawing would occur concurrently, and would precede a Thurstone panel (discussed in 4.4.3). Finally at the end of the study photo elicitation occurred. This multi method approach supported the qualitative method selected, as visual research methods cannot be used independently, but rather are used to enhance and complement other research data (Pink, 2007).

### **3.6 Summary**

This chapter has presented the theoretical position of the study, and provided a rationale for the epistemological choice of pragmatism. The principles of constructionism and discourse analysis have been utilised to explore the social construction of ageing and visual methodologies. The construction of the research is outlined in Figure.3.3; the overarching theoretical assumption was of pragmatism. Anthropological thinking and the principles of constructionism and discourse analysis guided the visual methods application and analysis of qualitative data.

Figure.3.3: Outline of the Thesis Theoretical Position

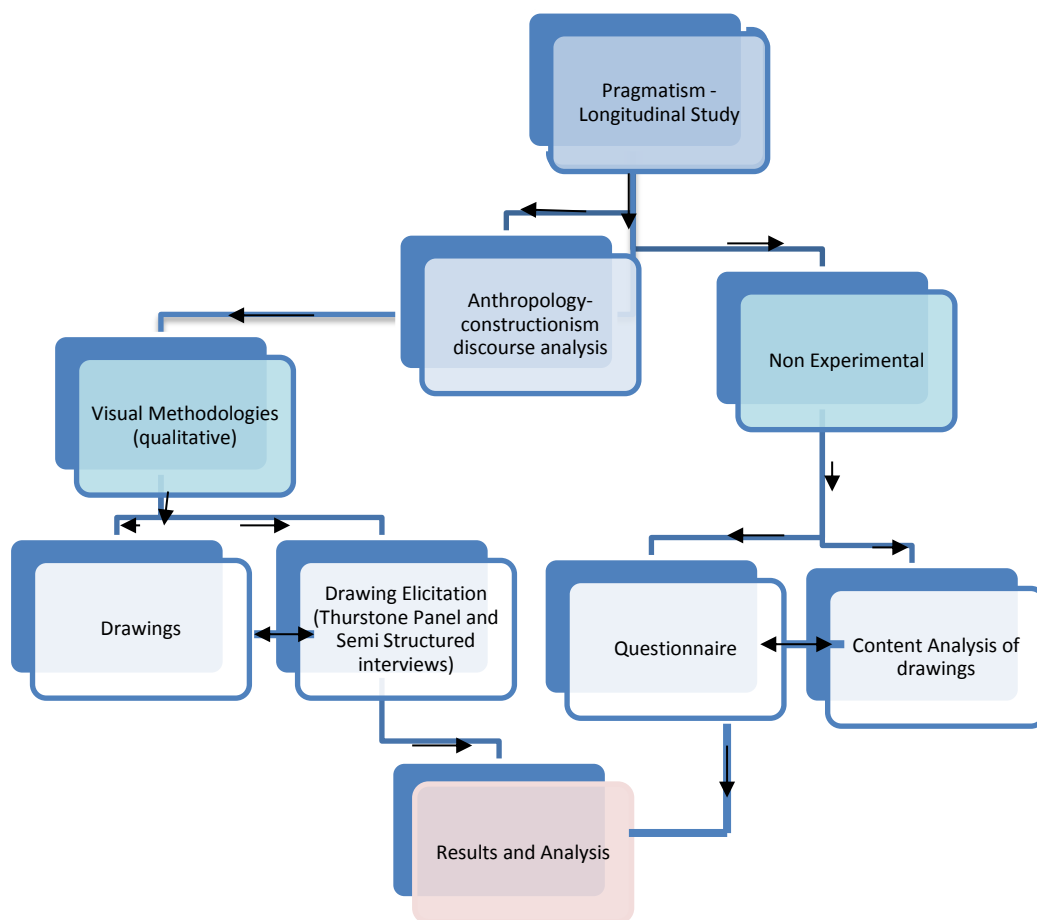


Figure.3.3; illustrates the theoretical position of the research, informed by the principle understandings of pragmatism. The visual research methods are understood in terms of the social construction of ageing which drew on constructionism and discourse analysis. The diagram further provides a visual understanding of the methods and how these align together.

## **Chapter 4    Research Design**

In this chapter the study research design is presented, commencing with a critical discussion of the questionnaire, including the design and selection of the tool (KOP) and the pilot questionnaire. The chapter also offers a critical discussion of the visual methods that included the drawings, photo elicitation and the Thurstone Scale (Oppenheim, 1992) that encompassed a student and expert panel. The ethical considerations, pilot study, sample and data collection methods are discussed. Data analysis includes the analysis of the questionnaire, content and thematic analysis of the drawings, photo-elicitation and the Thurstone Scale.

### **4.1 The Questionnaire (KOP and Design)**

This section critically examines the principles of a questionnaire as a data collection tool and provides a rationale for the selection of the KOP. Within gerontology literature the use of the positivist paradigm has been prevalent and Kogan's (1961) questionnaire was dominant (Yun-e, Norman & White, 2013).

The questionnaire was employed for two reasons; 1) to allow the measurement of attitudes, enabling the findings to be compared to previous research (Hope 1994; Lee 2009; Ryan et al., 2007; Söderhamn et al., 2001). 2) To assist in the triangulation of data (the alignment of the overall KOP score from the questionnaire and the drawing). It is recommended that different methods can be used to gain a more detailed understanding of the phenomenon and allow corroboration between them (Creswell & Plano-Clark, 2011; Denscombe, 2007).

Questionnaires can be administrated in several ways, including postal, self-administered or group administered questionnaires (Bowling, 2014; Denscombe, 2014; Gray, 2014). All have advantages and disadvantages but the group administered questionnaire was selected (Table.4.1). The rationale for this aligned to the study's intention to collect data from a cohort of undergraduate nurses whilst in class. The key disadvantages of this were peer influence and the risk of copying between participants (Oppenheim, 1992) and that the chosen date for data collection potentially would capture only a proportion of the group. However, high success rates are noted (Denscombe, 2014; Gray, 2014).

Table.4.1; Advantages and Disadvantages of Questionnaire Administration

Postal and Self-Administration		Group Administration	
Advantages	Disadvantages	Advantages	Disadvantages
Uses a large population	Low response rate	Standard Format	Potential for coercion from peers
Standard Format	Lack of incentive to complete	Increased uptake	Potential that sample copy answers
Have to be made easy to understand	Lack of information about sample population	Access to population simultaneously	Difficulty gaining access to group
Cost Effective	No clarification from research can be given	Detailed information about the group easily obtained	Number available on day of data collection
Web based questionnaires help data processing	Sample works independently from researcher	Clarification can be given on questions when being completed	
Population accessible			

Table.4.1 presents the advantages and disadvantages of questionnaire administration, taken from Bowling (2014), Denscombe (2014), Gray (2014), Gilbert (2008) and Parahoo (2006).

The advantages of questionnaires include the structured format and the option for direct or indirect mode of administration (Wilson & McClean, 1994). The completion of a questionnaire is viewed as straightforward and as less intrusive than interviews, however the data collected can be superficial (Denscombe, 2014). This was compensated somewhat by the mixed method approach. Finally questionnaires can reach a large number of people, and provide a clear strategy for analysis via standardised answers, facilitating accuracy of data (Denscombe, 2007; Parahoo, 2006; Wilson & McClean, 1994). Associated disadvantages for questionnaires range from the; limited scope of information obtained, inability to reconfirm data with the respondents and limited flexibility of the questions. Other factors include questionnaire fatigue and labour intensiveness of the questionnaire, low response rates and time to review and design the tool (Denscombe, 2007 & 2014; Parahoo, 2006; Wilson & McClean, 1994). A further consideration of attitude questionnaires was the respondents desire to select answers that do not reflect personal opinion. This supported the mixed method approach by the utilisation of different methods which compensates for each principle methods weaknesses (O'Leary, 2014).

#### 4.1.1 Design of the Tool

For the purpose of this study it was the intention to use a predetermined attitude scale (KOP) (Kogan, 1961). To ensure the tool was abreast of current thinking additional information was needed and included demographic information, previous care experience, work preference on qualification and contact with older people. In

consideration of this, it was imperative that questions were only included that could capture appropriate data for analysis (Wilson & McClean, 1994). Wording and construction of the questions were fundamental for validity and reliability, Wilson and McClean (1994) recommended the need for unambiguous questions, and the consideration of cultural differences, expressions and meanings. Questions should be short, to the point, tailored to the sample, simple, concise and written indirectly (in the third person) (Denscombe, 2007; Oppenheim, 1992). Consideration was given to the length of the question, and the avoidance of double negatives, use of proverbs and double barrelled questions and technical jargon. Therefore the function of the question was to communicate clearly to the respondent and extract a meaningful answer.

Wilson and McClean (1994) argue that questions should be designed in a manner that the respondent does not disapprove of its content and that they are allowed to make the correct answer. This was a challenge when considering a topic such as attitudes and provided a further rationale to use a validated tool, as a single question (item) is unlikely to capture attitude traits (Ajzen, 2005) and attitude scales are influenced by a number of such traits, therefore utilising an existing tool overcame some potential problems. The use of open questions within the tool was considered as these allow the respondent to express thoughts and expand upon points. These however can be inadequately answered and demand effort on the respondents part (Denscombe, 2007). Consideration was given to the space provided for the answer and examples given as this suggested to the participant the amount of detail required (Oppenheim, 1992). As a result of these considerations clear instructions were provided (in the tools construction, *appendix.4*) and each section clearly outlined the expectations for the respondent to follow (Denscombe, 2007; Wilson & McClean, 1994). The coding frame was also an important aspect of the questionnaire design, and as such a code book was created (*appendix.5*). Each data element was given a numerical label to aid the development of the SPSS framework, and in line with the thinking of Denscombe (2007) this occurred prior to data collection.

Finally the sequencing of questions was considered, Wilson and McClean (1994) observed that factual questions should come first with attitudinal scales in the later part of the tool. This was in direct opposition to guidance given by Oppenheim (1992) who specifically highlighted that demographic data should come at the end of the tool unless there is a clear rationale not to do so. The format and sequencing of each variable needed careful consideration, for instance the production of the image was inserted at the end, as it was felt this would detract from the completion of the KOP if



included at the beginning. This format was supported by Denscombe (2007) who suggested that if the respondent has to face a complex request at the beginning of the tool this may deter successful completion. However it could be argued that the attitude scale potentially could influence the production of the image. Oppenheim (1992) and Denscombe (2007) both advocate a funnel approach to the design of the questionnaire whereby the tool starts with broad questions and then progressively narrows down to specific areas. This influenced the order and sequence of the tool, with demographic data first, followed by the KOP and ended with the drawing.

#### 4.1.2 Selection of the Tool

Wilson and McClean (1994) suggest that the questionnaire design is preceded by a small scale qualitative study to support the tools' development. This was not undertaken for a number of reasons, 1) the prominence in gerontology research of tools that measured attitudes, and 2) the reliability and validity of these tools. The critical review of the literature identified prominent tools (Table.4.2), each was explored with reference to validity, reliability and consistency.

Table.4.2; Summary of Gerontology Tools that Measure Attitudes

Title of Tool	Authors	Brief Overview	Rationale for inclusion/exclusion
Attitudes towards Older People Scale (KOP)	Kogan (1961)	34 point scale that measures positive and negative attitudes of individuals towards older people.	Most widely used tool internationally
Facts on Ageism Quiz	Palmore (1990)	Designed as a brief reliable and easily administered test of factual knowledge on ageing, can measure misconceptions of ageing and bias indirectly. Focus on elderly perception, physical health and mental health.	To use this scale with undergraduate nurses a revision of the questions would be needed.
American Ageism Survey	Palmore (2001)	Designed for older people to answer questions on prevalence, type and reporting of ageism.	It is not the intention of the study to measure knowledge
Aging Semantic Differential (ASD)	Rosencranz and McNevin (1969)	Assesses attitudes towards adults of different ages through a 32 adjective scale.	Recognised as a rigours tool but not as widely used as Kogan's.

Table.4.2; summarises the tools that measure attitudes.

Kogan (1961) developed the KOP based upon American society's view of older people and was adapted from an ethnic minority scale. The principles of ethnic prejudice, physical disability and mental health were drawn on and he hypothesised there would be a significant relationship between attitudes towards older people and personality dimensions, citing autonomy, achievements, nurturance, self-esteem, misanthropy, affection, care and attention (Kogan, 1961). Kogan postulated that those who exhibited stronger tendencies of self-esteem and nurturance were more favourably disposed to older people whereas those subjects more unfavourably disposed were expected to have stronger needs with respect to misanthropy (mistrust of mankind) and achievements. Kogan (1961) established that feelings of anomie (lack of moral guidance) rather than authoritarian tendencies existed in attitudes towards older people. This observation supports Merton (1938) theory of anomie, whereby cultural norms, social value and social structure are attributed to a malfunction of social structure.

The KOP scale assesses positive and negative attitudes of individuals towards older people with respect to norms, differences, stereotypes of older people and misconceptions about older people (Lee, 2009). Kogan (1961) devised 34 statements; each had a positive and negative version (the opposing pairs) for example;

Question (negative) " <i>Most old people tend to let their homes become shabby and unattractive</i> "
Question (positive) " <i>Most older people can generally be counted on to maintain a clean attractive home</i> "

Kogan (1961) used a 7 point Likert scale with neutral at the midpoint, from this scale an attitude score was produced, with a range 34-238. The respondent gains a score from each question answered, with 136 being neutral, a score above this was positive, a score below is negative. Correlations can be measured between the opposing pairs.

In the construction of building logical opposites Kogan acknowledged that subjects rejected or endorsed items of opposite meaning. Kogan (1961) proposed that this was due to ambivalent feelings regarding the object (older people and the statement being made), poorly constructed opposites or a combination of both. Kogan (1961) established the sample disagreed more with statements commenting adversely on old people than they agreed with statements praising old people. Hope (1994) also established that negative scores were on average higher than responses to their

respective positive statements and postulated whether this was the respondent's lack of understanding or the respondents faced a dilemma, that they should have a positive attitude but were exposed to societal forces which were more negative.

The scale has been used to measure a wide range of individuals within gerontology research and beyond, and included college students (Kogan 1961), nurse and healthcare professionals (Hope, 1994; Lee, 2009; Ryan et al., 2007, Söderhamn et al., 2001) and media personnel (Hilt & Lipschultz, 1999). Generally the scale has been used as a measured outcome of pre post-test gerontology education, and also compared attitudes of groups of students or different professional groups, a timeline of the scales use has been included (*appendix.6*).

The scale has been found to have high values for reliability, confirmed by a number of international studies (Doherty et al., 2011; Hweidi & Al-Obeisat, 2006; Rodgers & Gilmour, 2011; Söderhamn et al., 2001; Zverev, 2013). For example Söderhamn et al. (2001) used a Swedish version of the tool and had a high group comparison with a coefficient score of 0.79. There have been criticisms of the scale and revisions made. Kogan (1961) discussed the value of each paired statements and highlighted key aspects for revision, including some paired questions. The scale was found to measure prejudice (McTavish, 1971), and some questioned the initial development (Iwasaki & Jones, 2008) citing that no further analysis had occurred to clarify this. Coupled with this, Hweidi and Al-Obeisat (2006) observed Western influences upon the scale and its lack of sensitivity to measure different cultures. The use of American and outdated language (Iwasaki & Jones, 2008), the length of time to complete the scale (Hilt & Lipschultz 1999), the transparency of the items and awareness of stereotype (Hilt, 1997) have been noted. Finally Iwasaki and Jones (2008) found coefficients for the positive and negative variables were poor and the relationship between the two variables (positive and negative) was not as strong as expected, (*appendix.7* demonstrates the paired correlations and areas of concern).

To compensate and address these criticisms Hilt and Lipschultz (1999) revised the KOP and reduced it to a 22 item instrument, they believed this had a measurable impact on the score obtained and as a consequence the sample demonstrated a more positive attitude towards older people. However Hilt and Lipschultz (1999) were challenged by Iwasaki and Jones (2008) for this revision claiming the empirical evidence was weak for the development and that they provided a limited rationale for change. Justification to reduce the statements to 22 other than completion time reduction was not provided, and there was an uneven match of +ve / -ve questions.

Hilt and Lipschultz (1999) acknowledged these limitations and stated that the full 34 questions should have been used, then reviewed and revised. To support this Iwasaki and Jones (2008) proposed a re-examination of the scale due to its age and population and cultural changes. Consequently Iwasaki and Jones (2008) suggest the questions are updated and reflect contemporary concepts such as anti-ageing products, IT and technology questions and Courtney et al. (2000) suggest a caring dimension could be added. Further Iwasaki and Jones (2008) recommend avoidance of colloquialisms and multiple ideas within an item.

However the strength of KOP was to capture many relevant aspects of attitudes towards older people, and it is the most commonly used international tool in the field (Yun-e et al., 2013). To combat some of the criticism of the tool, authors have used the KOP in conjunction with other research methods for example Lee (2009) used personal journals and found that there was juxtaposition between the negative response in the journal and the tool. Walsh et al. (2008) used Reeds self-transcendence scale (STS) which enhanced the student's imagination and Knapp and Stubblefield (2000) used open ended question. This provides evidence for a mixed method approach.

To address the criticisms of the scale and have the ability to compare the research to previous studies it was decided to retain the tool in its original form. This was supported by Hilt et al. (1999) who acknowledged that the full scale should have been used initially then a revised version made. To date no known large UK based study has established a baseline with a nurse population has been found in the literature. Therefore it was proposed to use the original KOP and make recommendations for alteration if appropriate. Professor Kogan was contacted via email and he gave permission for the scale's use and for future alterations, (*appendix.8*). Appendix 8 also includes a brief biography of Professor Kogan.

#### 4.1.3 The Pilot Questionnaire; Rationale for Additional Questions

The construction of the demographic information (age, gender, ethnic origin, educational qualifications) for the questionnaire was added following the literature review. Wilson and McClean (1994) and Oppenheim (1992) support this process and suggest that once the research problem is clarified, identification of what is to be measured should occur, via a critical analysis of the literature. They suggest that the information is broken down into measureable elements or variables, and these are now discussed.

Gender and age have been shown to impact upon attitudes of the respondent with more negative statements being selected by males and younger participants (Lee, 2009; Söderhamn et al., 2001; Slevin 1991). Both had been used in other studies (Iwasaki & Jones, 2009; Ryan, et al., 2007) therefore it was deemed appropriate to include this variable.

A correlation between higher negative scores and non-white groups was established (Lee, 2009; Lookinland & Anson, 1995). Lee (2009) postulated that the non-white group generally lived with older adults thus were exposed to physical and mental decline and saw ageing negatively. Again this was a common variable (Iwasaki & Jones, 2009; Moriello et al., 2005), and inclusion was deemed relevant. Contact with older people when measured found that students who communicated more frequently with older people held more positive attitudes and scored better on the KOP (Aday & Campbell, 1995; Lee, 2009; Snyder, 2006). Ryan et al. (2007) also used previous contact as a variable and found those with regular contact had more positive attitudes towards older people, and Snyder (2006) recommended that future research should examine this variable, thus this was included.

Educational attainment was used as a demographic variable and established that those with higher educational qualifications had better positive scores (Ryan et al., 2007). Söderhamn et al. (2001) and Hweidi and Al-Obeisat (2005) used this variable and suggested educational qualifications in gerontology directly influenced attitudes. Consequently this was included in the questionnaire.

Difference in attitudinal scores between programme years has been established in previous studies, with a more negative mean score given to junior students (Aday & Campbell, 1995; Hweidi & Al-Obeisat, 2005; Söderhamn et al., 2001). Herdman (2002) found negative scores increased as students became more senior, and suggested the technological experience of acute care and work preference were causative factors. Therefore the recording programme year was vital to provide examples of educational impact in theory and practice upon the individual. Hweidi and Al-Obeisat (2005) suggest that the process of nurse education devalued care of older people and that nursing branch of an individual may impact upon attitudes towards older people. As a result this variable (nursing branch) was deemed an appropriate measurement criterion.

It was important to monitor potential extrinsic 'threats' to the research outcome. Prior experience of care needed to be ascertained and whether this impacted on attitude score. Ryan et al. (2007) acknowledged this as a limitation of their study and Snyder

(2006) recommended that future research needed to capture experiences of the sample prior to education, therefore this variable was added. In addition it was important to establish placement influence on the participant; attitudes towards older people vary according to practice setting, with those who worked in older peoples' care having more positive attitudes (Fox & Wold, 2006; Hope, 1994; Lookinland & Anson, 1994; Nolan et al., 2002; Sheffer, 1995). However, Happell (2002) established that exposure to frail and dependant older people had a detrimental effect, and Treharne (1990) found attitudes of student nurses became more negative following an older people's placement, therefore recording this was vital.

Finally a variable to measure career preference was added as older people's nursing has been shown to be an unpopular choice (Courtney et al., 2000; Happell, 2002: Hweidi & Al-Obeisat, 2005; Nolan et al., 2002: Ryan et al., 2007). Students also appeared to have preconceived ideas of desirable areas (acute or critical care) in which to pursue careers (Aday & Campbell, 1995; Happell, 2002) thus supporting the measurement of this variable during the longitudinal study.

These variables were added to the construction of the tool. Kogan (1961) recommended that the questions were randomly arranged, this was completed and it was ensured that the positive negative pair was separated. At DS3 two further questions were added one measured students perceptions of visual methods, and one asked "*Which placement do you think has influenced your professional development the most*" and "*Why was this*". This question was to complement the demographic data collected and focused on impact.

Finally section three was added with the instructions to draw a person aged 75 in a box and to provide an outline the meaning of the drawing (*appendix.4*).

## 4.2 Visual Methods

This section draws on the critical theoretical discussion (Chapter three) of visual methods focusing on the method of drawing. The validation of the drawing via the use of a Thurstone scale panel and photo elicitation will also be presented (sections 4.2.2 and 4.2.3).

The selection and use of a visual method was to address the limitation of previous studies upon attitudes towards older people (Lee, 2009; Lookinland & Anson, 1995) and it was observed that there was an untapped opportunity to utilise visual methodology in social science research (Mason, 2002). Guillemin (2004) concurred with this and suggested visual

method were marginalised, and that a mixed method approach allowed an innovative method to be used alongside a more conventional means. For this reason Guillemin (2004) advocated that the use of drawings as a research method had the potential to be used in mainstream social research. However within the field of gerontology few have utilised visual methods. Recently the New Dynamics of Ageing projects used photographs as a narrative, for example Warren et al. (2012) used photography to explore older women's self-representation of ageing. Whereas only five examples of the use of drawings and gerontology are found (Barrett & Cantwell, 2007; Barrett & Pai, 2008; Hummel, 1995; Lichtenstein et al., 2005; Roberts et al., 2003) and within the context of nurse education and professionalism only one example is found (Spouse, 2002). This allowed an opportunity for innovation and creativity in the study as the use of visual as a medium had been lacking. Within the field of visual methods, drawings are not widely utilised, with photography and video being dominant. In addition, none of the above studies have explored perceptions of ageing in a nurse population nor asked the sample to draw what they think older people look like. Therefore through the use of the visual, attitudes can be potentially extracted. The following sections will explore the use of drawings as a research method.

#### 4.2.1 Drawing

The use of drawings in social research until recently had been limited to children's perceptions of the social world and as such has been used predominantly in psychology, health promotion and attitudes towards the older adult (Ganesh, 2011; Lichtenstein et al., 2005). This lack of prominence may be due to the perception that drawings are most suited with an age group who are unable to articulate themselves fully and therefore drawings capture possible beliefs and emotions (Guillemin, 2004). Nevertheless for complex phenomenon such as attitudes or perceptions it could be assumed that adults also might have difficulty verbalising beliefs, values and emotions. Conversely they may control written or verbal information due to expected societal opinions and beliefs. It has also been argued that drawings can be psychologically enlightening (Gilroy, 2006). This may explain the emergence of studies which have focused upon adults and used drawings to establish attitudes towards illness (Guillemin, 2004) perceptions of older age (Roberts et al., 2003), gerontology education (Barrett et al., 2007 and 2008), understanding of electricity (Devine-Wright & Devine Wright, 2009) and professional learning (Spouse, 2003). These studies promoted the use of drawings for this study.

The use of drawings was seen as a form of visual speaking, which could be used to explore research ideas. Gray and Matlins (2004) view this process as a way of

allowing externalisation of thoughts, and as a consequence this becomes a process of communication and interpretation. Drawings have been used as a descriptive tool and with reference to the study could elicit meaning which in turn bestows understanding (Ganesh, 2011). Indeed Gray and Matlins (2004) used Leonardo DaVinci's work to express a point that visual inquiry is about organising, analysing and shaping thought. These thoughts (drawings) were annotated with notes and allowed the communication of the meaning to others and Gray and Matlins (2004) articulated that DaVinci's work contained dynamic expression and composition. Although participants may be unskilled in image construction and meaning, the principle of DaVinci's work remains and the drawings ought to communicate individual perceptions about older people.

Drawings therefore can be seen as more expressive than words or conversations, as they articulate an image that may not be verbalised or written down. Emmison and Smith (2000) and Rose (2007) support this view and stress that enquiries into social and cultural problems are ideal for visual methods, and that drawings are about how people see the world in simple and complex terms. This was reflected by Lichtenstein et al. (2005) who felt that through drawings, children shared their internal experiences. Certainly the visual could be said to connect with an emotional dimension that text based research cannot. This is reinforced by Spouse (2003) who viewed the illuminative artwork as an alternative means of expressing feeling, and that using a different form of communication helped the respondents express experiences that may have been difficult to verbalise. Rose (2007) suggested that drawings are a visual record of the individuals' perception of the subject/world or in other words what they understand about the situation at a particular time and place. As a result of this belief the longitudinal study will provide a narrative of the students' journey and capture the potential transformation of attitudes and beliefs (Ganesh, 2011).

This notion of capturing perceptions is further supported by Barrett and Pai (2008) who argued that drawing older people may identify implicit stereotypes rather than more traditional methods associated with research. Indeed stereotypical notions were established in Mead and Metreaux (1957) research which used drawings to explore children's perceptions of scientists; this again was noted by Samaras, Bonoti and Christidou (2012) in a similar Greek study. Thus subject specific drawings extract cultural understanding of groups of people and allowed individual understanding to be established (Ganesh, 2011).



There are disadvantages in the use of this method, for example the lack of technical ability of the respondent may hinder the process of communication and the ambiguous nature of visual data may hinder analysis and interpretation (Gray & Matlins, 2004). Pink (2007) implied that because the image is visible, it does not mean that it is correct. Indeed Rose (2007) highlighted the fact that visual imagery is never innocent and suggested that the image is produced through practices (for example previous care experiences, knowledge of society and older age). Therefore the construction of the image needs to be viewed within the context it is made. Hence the researcher must be mindful and question; 1) is it what the participant perceived they should draw, 2) what has influenced this process and 3) who and what is the image (Rose, 2007; Spouse, 2003). In addition to these considerations, Spouse (2003) found that students became used to the process of drawing and thought about what they might create. Embarrassment and self-belief in drawing ability may hinder the research process. Finally the researchers own interpretation of the image could be bias or the image itself may not be sufficient to interpret meaning (Woodhouse, 2014). However by the use of other methods of analysis this is reduced, such as content analysis (Rose, 2012). Thus the use of drawings in research has tended to be supported with other methods, for example Spouse (2002) used drawings as a topic for in-depth conversations whereas Barrett and Pai (2008) used an online discussion forum where participants were asked to make posts about ageism.

Unlike many other methods which have been extensively written and debated in social science, drawings and visual methods have not, and therefore there are no clear documented advantages. However it could be argued that the use of innovative practices will capture untapped perceptions of older people and this concept can be aligned to the phrase 'a picture speaks a thousand words' and the notion that drawings are a form of visual speaking. In further support of this visual speaking Woodhouse (2014) suggested that an image would capture an event in time thus with reference to the study it would record perceptions at a point in time for the sample.

Visual methods literature refers to the need to validate drawings, for example Gray and Matlins (2004) discussed a communicative validation of the data, and where the participants were asked to validate the analysis that has occurred to ensure misinterpretations did not arise. Thus it was decided that the participants would be asked to draw an individual aged 75 and then outline the meaning of the drawing. The selection of 75 aligned to Roberts et al. (2003) research but also reflected the principles of the third age rather than the fourth age which draws on decline,

dependence and frailty (discussed in Chapters one and two). The decision to ask for an explanation by the participant was supported in the literature, for example Lichtenstein et al. (2005) asked their sample to draw an image and written responses were requested in the form of questions, that included the drawn person's age, activities undertaken in the picture and the feelings and thoughts of the student in relation to themselves. Roberts et al. (2003) took a different approach and facilitated a 'draw yourself aged 75 workshop' whereas Barrett and Pai (2008) used a pool of existing sketches of older people for the participants to comment upon. Guillemin (2004) interviewed participants to clarify the meaning of the image created which explored the content, use of colour, spatial organisation and composition of the drawing. To summarise, after consideration of the above it was decided that the participants would be given instructions to draw a person aged 75, they were guided to use colour and a specific size box for the drawing was incorporated into the tool. To aid the analysis the participants were asked to outline the meaning of the drawing. To complement the drawings and interpretation of them two additional methods were decided upon.

#### 4.2.2 Photo Elicitation.

The concept of interviewing within the sphere of visual methods has been advocated by several authors (Margolis & Pauwels, 2011; Pink, 2007; Rose, 2012) and is referred to as photo elicitation, this method emerged through anthropological practices in the 1950s (Emmison et al., 2012). In simple terms it is when a photograph produced by a participant is used in an interview as a discussion point. This is now explored in the context of this study and drawings.

A collaborative approach with the researcher and respondent working together through discussion was observed to develop knowledge and allowed interpretation to become robust, and was seen as more ethically appropriate in visual ethnography (Pink, 2007). Pink (2007) further acknowledged this when she discussed the impact her photographs had upon the sample, how they viewed themselves, and what they saw, which was different to her own analysis and understanding. On reflection Pink (2007) felt that she gained a deeper understanding and a more informed representation of the cultural and social relationships. Thus through participant involvement particular emphasis was placed upon the meaningfulness of the image and social phenomena and provided insight into their lives (Rose, 2012). Hence through the application of photo elicitation participants will be able to discuss socially disparate opinions of later life without constraint and different information could be

extracted. The method can enable the participant to distance themselves from the image under discussion and facilitate the articulation of thoughts that remain implicit. In support of photo elicitation there have been published examples within visual methods in the use and production of images and then subsequent interviews (Devine & Devine, 2009; Spouse 2003). However much of the literature refers to the use of photography rather than drawings, thus via this study the concept of drawing elicitation emerged.

Consistent throughout the published work on photo elicitation is the recommendation that participants draw upon their own work. However this study needed to protect individual anonymity due to the sensitive subject and it would have been ethically difficult to link individual drawings to participants due to the possible connotations of the image drawn. After careful consideration it was decided to use this principle to aid analysis, but not to link individual participants to their own image. Therefore the use of photo elicitation was to establish participant validation in its broadest sense. The purpose therefore of the semi structured interview was to gain an insight into how the participant viewed an image. Further it was an opportunity to establish individual perceptions, feelings and observations towards older people, and attention were paid not only to the image and what was visible but the invisible (perceptions) were explored (Rose, 2012). This was captured in a non-threatening manner as they reviewed other participants' work. Therefore the semi structured interviews allowed the expression of thought via the medium of their peers' image, occurred individually and was recorded. To facilitate this process clear instructions were given to the participant to draw out the meaning (Rose, 2012). Lapenta (2011) established that this process could occur at any point during the research study, after consideration the principles of photo elicitation were applied to the research at the end of the longitudinal study. Within the constraints of the research design it was physically impossible to examine each image in-depth via photo elicitation therefore as recommended by Rose (2012) content analysis of the images occurred (section.4.7) and a final method of participation validation was considered, a Thurstone Scale.

#### 4.2.3 The Thurstone Scale: The Student and Expert Panel

The use of a Thurstone scale was considered once the pilot study was completed to aid in the validation and analysis of the images and to manage the large amount of data. Thurstone devised a scale to address the unwieldy nature of paired comparison techniques in attitude measurement (Oppenheim, 1992). Thurstone panels in their truest form have been found to be useful when exploring attitude change (Oppenheim, 1992). It was suggested that in social research the rationale for use would be that the researcher needed to establish the attitudes of a large sample towards a particular problem (Oppenheim, 1992). Therefore the use of a panel was pertinent in the study alongside photo-elicitation. Following extensive research in the field of visual studies it was found that this method was largely absent from texts, a matter also common in general research texts. To compound this, a database search in Cinahl that explored Thurstone scales identified one empirical paper, where a Thurstone Scale had been used to measure health outcomes (Krabbe, 2008). Krabbe (2008) argued that the scale could take quantitative objective measures.

A true Thurstone Scale pools a selection of items together (the drawings produced by the sample) and a group of individuals form as judges, the judges should be the same people from whom the judgements are being made (Oppenheim, 1992). The judges were obtained from the sample partaking in the study. Oppenheim (1992) explained that a scale is devised from which ratings can be given, to aid the process of rating, the questions need to be designed in such a manner that individuals are able to respond easily and consequently will be able to interpret the drawing, and reveal their own attitudes. Therefore a tool was devised (*appendix.9*) from which the 'judges' were able to rate the image 1-10, 1 being extremely negative and 10 being extremely positive. Following a presentation at the International Visual Methods Conference (September 2011), and discussion with the audience an additional question was added to the panel paper asking if the drawing stereotyped older people (*appendix.9*), as how individuals view the image depends on other stereotypical imagery on the subject (Rose, 2007). Much of literature on photo elicitation used the assumption that images can be used as a forum to draw upon meaning, participant knowledge and experience (Margolis & Pauwels, 2011; Pink, 2007; Rose, 2012). A Thurstone scale was seen to assist in this process and supported the management of a large DS and facilitated further understanding of the drawings.

#### 4.2.4 Summary to Methods

The mixed methods approach aimed to produce a holistic understanding of undergraduate student nurses' perceptions towards older people, and included the drawings, the Thurstone scale panel, photo-elicitation, and the questionnaire containing the KOP. The design of the tool has allowed each aspect to be individually aligned thus the individual participants KOP score and the drawing could be compared and understood.

The study design is supported by writings on visual methods who suggest the method cannot be used in isolation (Pink, 2007), are adjunct to other research methods and suit complex phenomenon (Graham, 2008; Guillemin, 2004; Mason, 2002; Pink, 2007) and who suggest triangulation can be achieved by using other methods. The use of several complementary research methods is seen to yield a critical and holistic view (Gray & Matlins, 2004). Therefore the use of multi methods was not just 'a pick and mix' but a set of principles that provided solutions to the research problem and sought convergence and corroboration (Gray, 2014) and provided a reliable and valid basis to draw conclusion from (Creswell, 2014).

#### 4.3 Ethical Considerations

The ethical considerations for the research have been guided by the Department of Health Research Governance Framework (2005), University of Chester Research Governance Handbook (2014), RCN guidance on informed consent in healthcare (2011) and the British Economic and Social Research Council Framework for Research Ethics (ESRC) (2012). The guidance set by these organisations is underpinned by six ethical principles, 1) beneficence (welfare of participants, to do good), 2) non-maleficence (to cause no harm), 3) fidelity (the development of a trusting relationship between the researcher and participant), 4) justice (being fair, 5) veracity (truthfulness) and 6) confidentiality (to maintain and protect information on the participant) (Beauchamp & Childress, 2008; Bowling, 2014; Denscombe, 2014; Punch, 2014). These six ethical principles form the foundation from which healthcare professionals conduct research and guard others from harm (Bowling, 2014; Ellis, 2013; Parahoo, 2006). These principles were applied to visual research methods and it was found that there were several pertinent issues that needed to be considered in the context of image use and image production, and Rose (2012) referred to these as ethical dilemmas. The ESRC (2012) particularly highlighted a minimum requirement for visual methods around the identification of individuals via visual mediums and the ESRC views visual methods a risk. However it must be considered in the context of any research process that there is a risk of identification. Further exploration of this risk suggests that the participant's anonymity may

not be maintained via the medium of photography or video or as a consequence of inadvertently capturing others in these forms (Pink, 2007; Rose, 2012). However since the visual methods employed for this study do not pose such risks the core principles of confidentiality and anonymous participation are considered.

It is recommended that research is carried out with integrity, transparency, is ethical, valid and of quality, that participants are fully informed about the methods, intentions, associated risks and outcomes of the research. Furthermore that confidentiality is maintained, that no coercion occurs and participation is voluntary, the participants are free from harm, and their dignity is maintained, and finally that the researcher remains impartial, trustworthy honest and fair (DH, 2005; ESRC, 2012; Parahoo, 2006; University of Chester, 2014). In response to this the following was considered and ethical approval was granted by the Faculty of Health and Social Care Research Ethics Committee (*appendix.10*).

#### 4.3.1 Non-maleficence

The avoidance of harm and distress (non-maleficence) is paramount in research, and in particular the challenges of managing psychological distress (Parahoo, 2006). Due to the nature of data collected it was envisaged that no harm or distress to the participant would physically occur. However careful consideration was given to the management of psychological distress; this was seen in the form of peer pressure in the production of the image, distress caused to the participant in the analysis of the image, and in particular managing a more negative image of older people. Thus all images were anonymised and support mechanisms were clearly outlined on the participant information leaflet (PIL) (*appendix.11*). The management of negative comments and imagery made during the data collection process was addressed through education and learning during the individuals programme of study. Advice from the Faculty Management Team and supervisors in the case of inappropriate behaviour being identified was planned, this was not needed.

#### 4.3.2 Informed Consent and Confidentiality

Informed Consent was sought and participants were given a PIL and consent form to partake in the study (*appendix.11*). The fundamental principle of consent was to ensure that participants were fully informed of the research, that they had the capacity to make an informed decision and understood the types of activity to be undertaken. They required an awareness of any associated risks, that no deception occurred and that they made an informed decision based on the appropriate giving of information (Gray, 2014; RCN, 2011; University of Chester, 2014). Opportunity to

discuss this with the researcher was facilitated. It was made clear to the participants that they were required to complete a questionnaire, which encompassed a drawing, further information on the panel and semi structured interviews (photo elicitation) were also provided, via a short description of the activity (Rose, 2012) which was written in plain jargon free language (University of Chester, 2014). Finally it was recommended that written consent was obtained, and signed and dated, this was undertaken (University of Chester, 2014).

In addition to the informed consent it was important to ensure that no coercion occurred, Gray (2014) reinforced this and added that careful consideration was required if the sample were considered vulnerable. The concept of vulnerability here does not refer to the participants being children or lacking capacity as defined by the DH (2005) but by the nature of sample's status as students. The notion of power was considered between the researcher (their programme leader) and them as students. It was made clear that they were under no obligation to partake in the study, their participation was voluntary, and that care and respect between the parties was upheld (University of Chester, 2014) and that their position on the programme would not be affected nor would their confidential information be breached unless for reasons of safety or professional suitability. This information was made transparent within the PIL and they were made aware that they were able to withdraw at any point without any detrimental effects, thus drawing on the principles of veracity and justice (Parahoo, 2006).

As the research explored perceptions and attitudes towards older people the participant's anonymity was maintained and general procedures, such as not recording individual names, ensured that they could not be identified. This was managed via the use of an anonymous questionnaire, and the subsequent use of codes for the drawings. Names were not purposefully recorded during the taped interviews and were altered in the transcripts as required. During the dissemination of data within this thesis and subsequent publications codes/pseudonyms are and will be used therefore maintaining confidentiality. The management of data also complied with the Data Protection Act (Office of Public Sector Information, 1998). All material gained during the data collection process was personally managed by the researcher with appropriate security being applied (stored in a locked draw, use of a password protected IT systems) and the use of pseudonyms/codes. Mechanisms were implemented to comply with the University guidance on data storage, for up to ten years from the date of the final report (University of Chester, 2014).

#### 4.3.3 Copyright

A further consideration was that of copyright. Rose (2012) raised the issue of image ownership and that within copyright law this usually remains with the individual who produced the image. Rose (2012) highlighted that in many visual research projects the owner is not the researcher, and as a consequence the consent and processes for dissemination need to be made clear at the onset of the study. Rose (2012) suggested that the participants need to be made aware of the type of audience the data will have thus consent is needed to reproduce the image. Reinforcing this Wiles, Clark and Prosser (2011) suggest dissemination strategies are made clear to participants. The principles of 'moral rights' was considered in so much as the images should not be shown in a negative or belittling manor (Wiles et al., 2011), and Pink (2007) suggested as long the researchers intentions are clear there should be no moral problems. The critical issue was one of providing sufficient information to the participant upon the intentions of the research and gaining their consent to participant and use the image, this was achieved via information in the PIL and on the consent form. However this could be said of many research projects and the presentation of data, therefore this was addressed via ethical approval and as Rose (2012) suggested each researcher should devise their own ethical practice.

#### 4.3.4 Beneficence

The principles of beneficence ('to do good') were considered, for the participant it was anticipated that they would develop their understanding of older people and may reflect upon care delivery. The sample undertook a research module during the programme therefore participation provided them with insight into research and the relevance of research in healthcare. As a direct result of the research education of future undergraduate student nurses may be adapted.

#### 4.3.5 Health and Safety

The University health and safety guidance was adhered to in reference to the researcher (University of Chester, 2014). Actual and potential risks were considered and it was identified that the equipment used to support the research was familiar and therefore posed a minimal risk and travel to the academic teaching sites was part of normal working practice. However it was noted that there would be an opportunity to seek additional guidance from the University Health and Safety Advisor if needed.



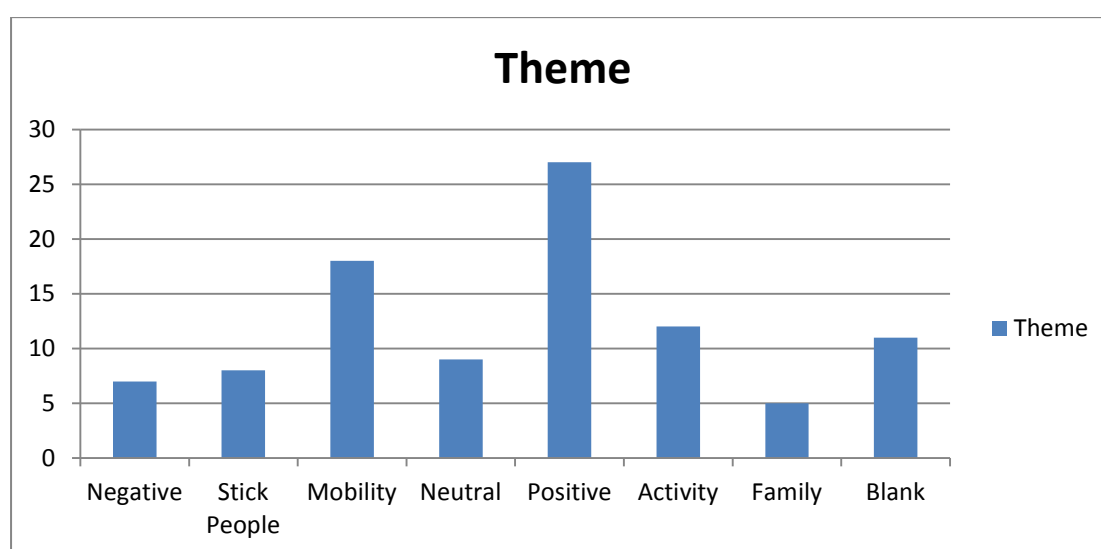
## 4.4 Pilot Study

The pilot study was conducted in September 2009. The purpose of the pilot was to explore weaknesses in the design, with particular attention being paid to the number of unanswered questions, patterns that emerged from answered questions, time taken to complete and the ability of the respondents to follow instruction (Denscombe, 2007; Oppenheim, 1992; Wilson & McClean, 1994)

Following ethical approval a cohort of undergraduate student nurses was accessed to test the tool during the final weeks of their programme of study, and these were different to the main sample. Out of a possible sample of n=160 students (n=112 adult, n=32 mental health, n=8 child and n=8 learning disability), n=104 completed the questionnaire, providing a 65% return, n=26 students consented to be interviewed, and n=5 attended.

The tool was successfully completed and took approximately 30 minutes. The instructions for the drawing task needed to be enhanced in particular the need to describe the meaning of the image, and this was made more obvious in the tools design. Overall the pilot study identified that the proposed visual method of drawing was viable. The KOP, after attention was paid to the correlations (+ve and -ve paired questions), was useable without amendment. The drawings from the pilot were analysed using a thematic approach (discussed in section 4.7). Eight themes were identified (Figure.4.1).

Figure.4.1: Thematic Analysis of Pilot Drawings



The findings overall demonstrated a mixture of attitudes, positive elements identified older people engaged with everyday activity such as shopping, whilst those drawings identified as negative, drew older people with walking aids, bent/deformed bodies and images of death. It

was established that there was some alignment to previous studies (Lichtenstein et al., 2005; Roberts et al., 2003). The application of photo elicitation method aided the analysis of images but that due to the volume of drawings a further process would be needed support the understanding and analysis therefore a Thurstone scale was designed for the main study.

#### **4.5 Sample**

The principles of non-probability sampling was chosen as the research project examined a group of undergraduate students at one university based across four academic sites, hence the sample was predetermined by the nature of the programme they had registered for. Non- probability sample is an unknown quantity and are made up by units of chance (Parahoo, 2006). Therefore following ethical approval the students who commenced the programme in September 2009 were selected. Those students who were already completing the programme or who did not belong to this cohort were excluded. The principles of purposive sampling were applied. This method deliberately selects those who can answer the research question, and the sample was selected with a specific purpose and reflected their relevance to the study (Denscombe, 2007; Gray 2014, Parahoo, 2006; Punch, 2014). As a longitudinal study was proposed it was important to follow the natural experience of a specific group through their unique programme.

For mixed methods the overall purpose of sampling was to answer the research question thus an identical design was undertaken (Gray, 2014), whereby the proposed sample equally participated in both the questionnaire and drawing and these were taken concurrently. In addition volunteer sampling was applied for the photo elicitation and Thurstone scale panel, as a smaller proportion of the larger sample was required (Parahoo, 2006) and these participants' self-selected. Participants who consented for the study were asked to indicate on the consent form if they would be willing to consent to the interview and panel and to include contact details. A separate sampling frame database was kept for each of these to ensure appropriate requests for participation was made. A potential disadvantage of volunteer sampling was the lack of control for the research and/or lack of respondents; however Parahoo (2006) outlined that if the audience was a captive population they may feel a moral obligation to volunteer, may have a self interest in participation or be reflective of their personality.

Access to the sampling frame for the research came from the researcher's position as a nurse educator at the university where the students were undertaking their programme. Permission was granted by the Dean of the Faculty and Head of Department for

Undergraduate Nursing. The size of the sample for both the pilot study and the main study were dictated by the number of undergraduate students enrolled on the programme in that particular cohort, and therefore there was no predetermined target. There was no exclusion criteria for the pilot study and all students were invited to participate. However for the main study there was n=1 exclusion (a relative of the researcher) to avoid bias.

#### **4.6 Data Collection**

Following ethical approval permission was granted to access the sample whilst they attended University for lectures. Participants were given the PIL and if they agreed to proceed signed a consent form, they completed the questionnaire which incorporated the KOP and to draw a person aged 75. The process of collecting visual data has not been well documented within visual methods texts, Wagner (2011) alluded to data collection as a stage of empirical research but provided little guidance on this and acknowledged that researchers have different approaches. Further visual ethnographic research focused primarily on video and photography (for example Pink, 2007) thus leaving drawing without description.

There were three data collection points, November 2009, February 2011 and May 2012 (Figure.4.2), this reflected the principles of a longitudinal study and captured the natural course of the undergraduate nursing programme (Gray, 2014). Four Thurstone Scale Panels occurred, three after each data collection point, and one expert panel after the initial data collection and analysis. Finally four photo elicitation interviews were conducted in the latter stages of the study.

Figure.4.2: Longitudinal Study Outline

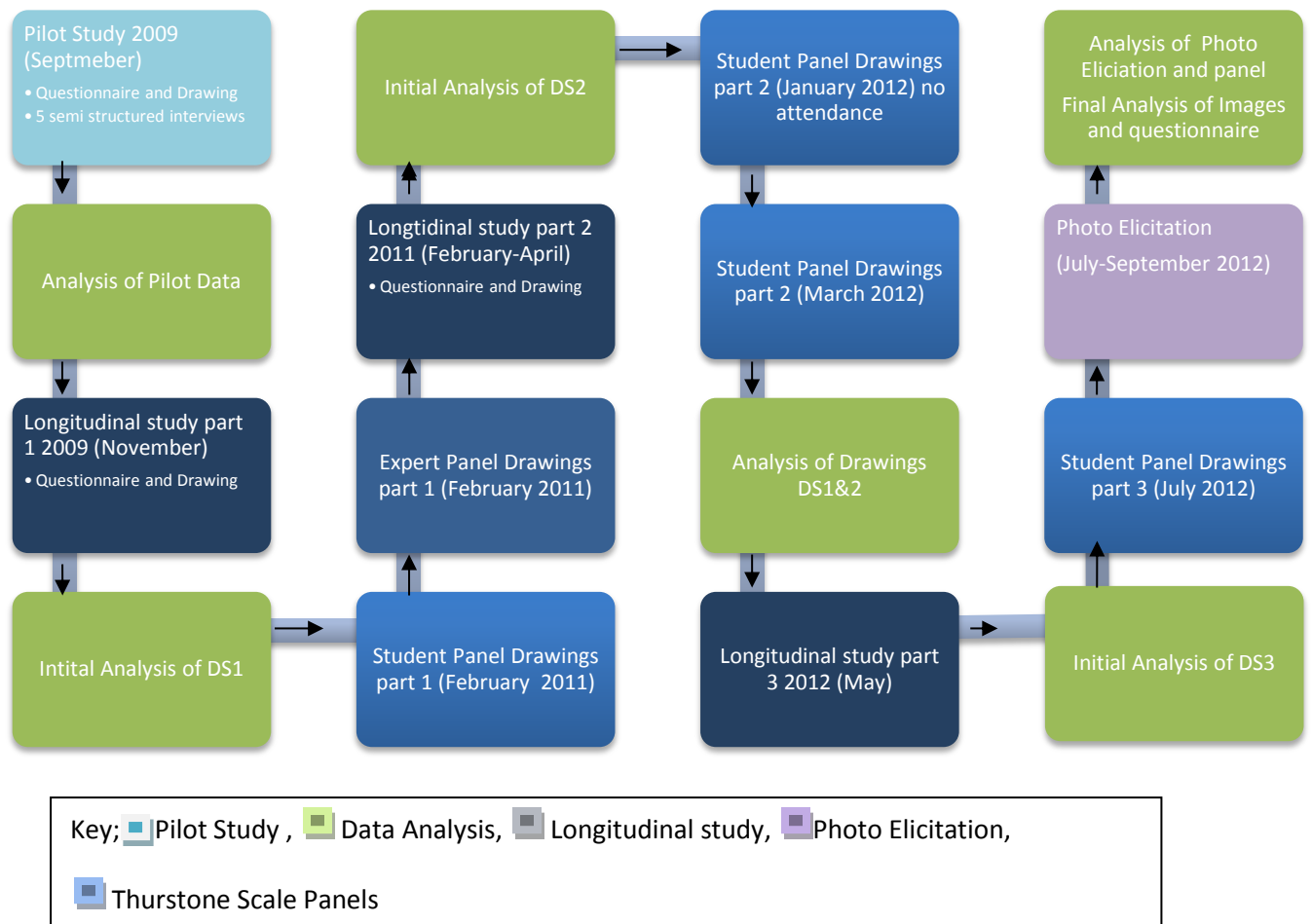


Figure 4.2 outlines the journey of the longitudinal study, starting in September 2009 and ending in September 2012

The participants from the main sample who consented to be involved in the Thurstone scale panel were contacted via email with a set of dates and locations and were asked to attend one of these. They selected the drawings themselves from a folder thus a randomised selection process occurred, panel participation and number of images reviewed is detailed in Table.4.3. The participants were asked to write their thoughts in a box when they looked at an image and rate it on a scale of 1-10, (1=extremely negative, 5=neutral, 10=extremely positive) (*appendix.9*). The comments and ratings made in general validated the analysis and theme allocation. (Further panel detail is included in *appendix.12* and discussed in Chapter 6).

Table.4.3: Sample and Data Collection of Thurstone Scale Panel

Panel	Number of Participants	Number of Drawings Reviewed
DS1 (February 2011)	8	26
DS2 (March 2012)	10	21
DS3 (July 2012)	16	23
Expert Panel (February 2011)	7	108

During the analysis (content and thematic) of DS1, a difference in n=23 (7%) image ratings was noted. Although only 7% were rated differently and signalled robust analytical process, a decision following a supervision meeting was made to hold an expert panel (Thurstone scale) to quantify this. Healthcare lecturers were requested to participate and independently rate the images, n=7 consented and n=108 panel responses were made (Table.4.3). In n=13 drawings an agreement was made and a core rating established. The final n=11 there was general inconsistencies in ratings, a critical examination found n=6 were rated as either negative to neutral or positive to neutral and demonstrated that the image was problematic to rate. One drawing was not reviewed by the panel. The final four were rated by the panel across the positive, neutral, negative continuum and it was concluded that the production and quality of the image lead to this (*Appendix.12*).

The data collection for the photo elicitation occurred towards the end of the study.

Participants who consented to be interviewed were contacted via email between July and September 2012, four volunteered (Table.4.4).

Table.4.4: Photo Elicitation Sample

Participant	Gender	Age
P1	Male	17-21
P2	Female	17-21
P3	Female	17-21
P4	Male	22-29

At each interview the drawings from DS3 were available and the participants were invited to select a drawing and talk about the image drawing on the principles of photo elicitation. The interviewees drew out the meaning of the pictures and explored wider issues, overall the interviews reflected the thematic analysis presented in Chapter 6, however only a small number of pictures were examined n=42.

## 4. 7 Data Analysis

The simultaneous collection of the drawings and questionnaire allowed the direct comparisons between the image produced and KOP score. To ensure a non-bias approach the quantitative and qualitative analytical processes occurred at separate intervals. For both the quantitative and qualitative analysis of the drawing each image was rated positive, negative or neutral.

### 4.7.1 Quantitative Data Analysis

For the analysis of the quantitative data, calculations of correlations and statistics the Statistical Package for Social Sciences (SPSS) versions 17-21 software was used. The multiple versions of SPSS reflected the nature of a longitudinal study over three years and the change to the product licence during the study. To assist the data analysis a three day in house University Course on SPSS and data analysis was undertaken and a peer consulted to guide the process.

#### 4.7.1.1 Questionnaire Analytical Processes

The pilot informed the formation of categories, and the data was attributed to a number for a variable and a code book developed (*appendix.5*). In total there were 54 variables, 35 associated with the KOP scale (34 questions and an overall ratings score), the remaining variables captured demographic data, education, practice experience, contact with older people and anticipated area of future employment. This provided nominal and ordinal data (Field, 2013).

The use of the KOP scale provided descriptive statistics (the ability to describe data in a meaningful way and present patterns and connections, Denscombe, 2007). Hweidi and Al-Obeisat (2006) used the  $t$  test (to establish whether two means from an independent sample differ, Field, 2013) to measure the effects of nursing students' characteristics and their attitudes towards older people. Iwaski and Jones (2008) measured correlations using Pearson (a measure of strength between variables, Field, 2013), standard deviations (a square root of variance, Field, 2013) and Cronbach's  $\alpha$  coefficients (a measurement of reliability, Field, 2013), as did Söderhamn et al. (2001). Descriptive statistics that produced frequencies were used, Pearson's and Spearman correlations were measured and standard deviations captured. Independent sample  $t$  test were used to measure variables (age, gender) and overall score. Cronbach  $\alpha$  was used to determine reliability.

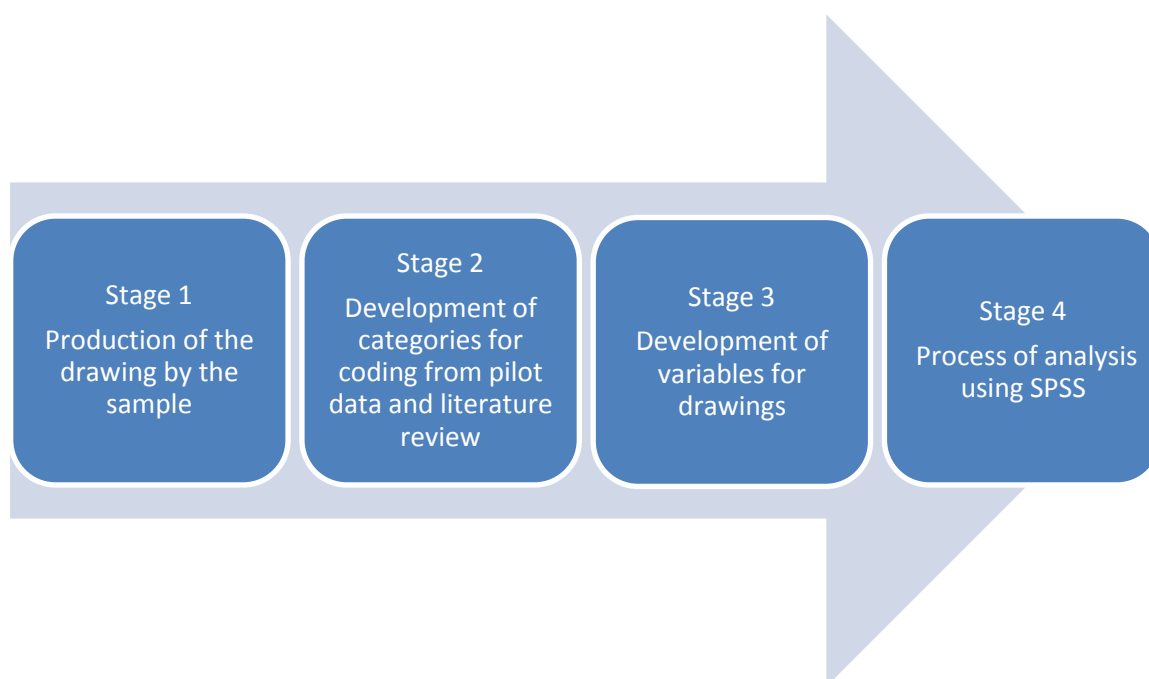
The overall rating score for the KOP was established by the allocation of a number to all answers strongly agree to strongly disagree and these were added together. The minimum score possible to obtain was 34, and indicated an extremely negative attitude towards older people, whilst the maximum score of 238 indicated an extremely positive score. Mean and standard deviations were taken from this.

#### 4.7.1.2 Content Analysis of the Drawings

Content analytical processes can be determined by the individual (Margolis & Pauwels 2011), and as such visual research authors provide limited guides. However Rose (2007) recommended that for large amount of data content analysis was appropriate, Emmison et al. (2012) concurs, and this principle has been adopted by Lichtenstein et al. (2005) within gerontology research.

Rose (2012) outlined a four stage process for content analysis (Figure.4.3). 1) The identification of images (sample produced drawings). 2) The development of categories for coding, the pilot data and the characteristics established by Lichtenstein et al. (2005) were used as a template to explore potential codes. 3) The images were coded (Rose, 2012), and 16 variables were developed on SPSS (gender, hair, facial features, emotions, mobility, sensory, clothing, body, environment, activity, company, accessories, overall rating, cartoon features, name). The overall attitude score for KOP was inputted to allow comparisons between the questionnaire, drawing and DS. 4) The identification of a process to analyse the results (Rose, 2012), therefore a counting process that captured frequencies of the drawing characteristics was used. Lichtenstein et al. (2005) in addition used non-parametric correlations to examine associations between the characteristics and the drawings; however their internal consistency was poor, they failed to validate the coding of the drawings with the sample and did not refer to a theoretical framework from which the coding of the data emerged. However, the principle of using content analysis appeared to be a valid process of analysis and as such was adopted.

Figure.4.3: Four Stage Process for Content Analysis



The four stage process for content analysis of drawings adapted from Rose (2012), stage 1-3 occurred in 2009 after the pilot and DS1. Stage 4 occurred after each DS in the study.

#### 4.7.2. Thematic Analysis of the Drawings

The principles of discourse analysis were used, where the cultural significance of the images were interpreted, and symbols and signs were examined to drawing out meaning, and provide accounts of the social world (Rose, 2012). Unlike qualitative analysis in general there was no analytical framework in visual methodologies, and many authors highlight a three step process for thematic analysis; 1) data reduction, 2) data display and 3) data analysis (Miles & Huberman, 1994; Rose, 2007, 2012; Spouse, 2003). Others have used pre-existing thematic categories and allocated data accordingly (Roberts et al., 2003) or used other methods in conjunction to analyse the data such as interviews (Devine-Wright & Devine-Wright, 2009; Guillemin, 2004). The pilot study enabled the testing of the three stage analysis and was found to be appropriate.

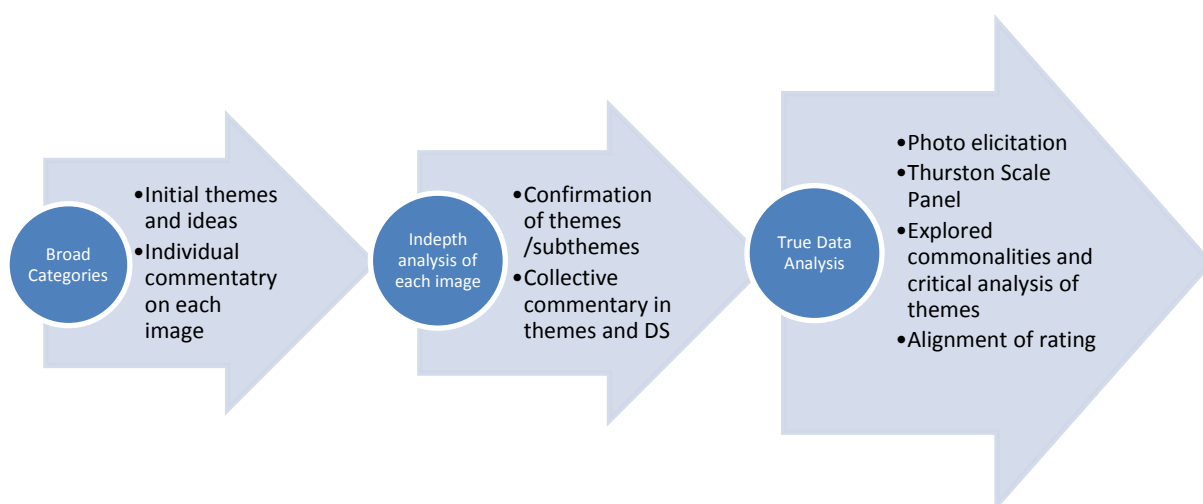
It was decided to follow Rose's (2007), three stage analysis (Figure.4.4). 1) The data was viewed and sorted into broad categories according to the overarching impressions the image gave at each DS. 2) A more in-depth analysis of each image occurred, and as a consequence themes were reorganised and sub themes emerged, in each DS descriptions were written for each image, drawing together similarities and provided a transcript for the final phase. 3) True data analysis within



each theme and sub themes and between the DS drawing on commonalities of the images, this allowed them to be critically reviewed. The alignment of ratings between the thematic and content analysis and use of photo elicitation and Thurstone Scale Panels assisted this stage to form concrete understanding (Rose, 2007).

During this three stage process in DS2, new themes emerged, (stereotyping, mobility, emotions and clothes) and moving forward into DS3 it became apparent that the analysis for DS3 appeared more comprehensive. As a consequence, a review of all analytical processes occurred in October 2012, using the thematic framework of DS3 as a template, further analysis of DS1 and 2 occurred. It became apparent a naive analysis happen in DS1, and critical examination of the drawings facilitated some amendments from each of the themes; (*appendix.13*) presents the final theme allocation.

Figure.4.4: Three Stage Analysis of Drawings



Three stage analyses of images adapted from Rose (2007) guidance on thematic analysis.

#### 4.7.3 Data Analysis of Photo Elicitation

For photo elicitation a basic thematic analysis was undertaken, 1) data preparation, (interviews were audio recorded and transcribed verbatim), 2) initial exploration of the data (exploring themes and memo writing), 3) analysis of the data (grouping the themes), and 4) representation and data display (written analysis and example quotes). A fifth stage of triangulation was recommended (Denscombe, 2007), which was an inherent aspect of the mixed method design. Themes that became apparent, from the discussion included role models, the 'rights and wrongs', stereotyping,

influence of wider society, influence of the nursing programme, individuality, emotion, health, appearance and activity, and reflected themes identified in Chapter six.

#### 4.7.4 Data Analysis of the Thurstone Scale Panel

The analysis of the Thurstone scale panel considered the spread of judgements made (Oppenheim, 1992), thus a table was produced from each panel which explored how the images were rated, and these were compared to the ratings given to the images during the content and thematic analysis (illustrated in *appendix.12*). Scores of 1-4 were negative, 5 neutral and 6-10 positive. Simple thematic analysis of the comments occurred and was used to validate the presentation of results in Chapter six. There were some differences found between the ratings and the meaning of the content, these are discussed in Chapter six.

### 4.8 Reflexivity in the Study

I had to consider carefully my position on ageing and attitudes and in particular the use of visual methods. An image can be read in divergent ways according to the social experience and social construction of an individual (Emmison et al., 2012). Consideration was given to my personal constructs and what would be produced if I was a participant. Would it be a positive role model, for example; my grandmother aged 90, my mother-in-law, my parents and their peer group, a neighbour or would I draw a person from my professional experience as a nurse. Therefore my social construction of age might be considerably different as a consequence of my own personal and professional discourse.

Reflexivity can be addressed via a critical visual methodology and Rose (2012) has highlighted three major considerations. First the image is taken seriously and explored carefully. Second, consideration is given to the social conditions and cultural practices that the image was produced in. Finally Rose (2012) articulated that the researcher needs to consider how they examine and critique the image. Following examination of personal and professional discourses and having found that the epistemological considerations of discourse analysis were reflexive (Phillips & Hardy, 2002) due to the attention paid to social constructions confidence was ensued that the image would be seen and read appropriately. Discourse analysis was utilised to inform the construct and design of the study, which illuminated personal reflexivity.

## 4.9 Summary

This chapter presented the methods associated with the study. Chapters five and six present the findings of the study.

The presentation of the findings, analysis and discussion together was considered however it has been suggested that the presentation needs to be ordered, sequential, detailed and stimulate the reader (Dey, 1993: O'Leary, 2014). The presentation of the findings in two distinct chapters provided the story (Dey, 1993) as it was recommended that division of the qualitative and quantitative findings after the sample information in mixed methods helped the presentation (Punch, 2014). Miles and Huberman (1994) outlined there was no standard structure to the presentation of results and that each research project craft their own, according to the audience and study. Therefore it was decided for clarity to present the qualitative and quantitative findings in separate chapters. To this end Chapter five presents the demographic data of the research, the quantitative findings of the questionnaire and the content analysis of the drawings. Chapter six presents the qualitative findings of the drawings.

## Chapter 5 Quantitative Data Findings and Correlation Analysis

This chapter documents the quantitative findings and correlational analysis for the study. It is presented in three distinct sections; the demographic characteristics, the questionnaire data and the content analysis of the drawings and reflects the journey of the longitudinal study for each DS. The chapter commences with the findings of the samples demographic characteristics. The findings of the KOP's 17 paired statements are presented in themes, and the correlational analysis of the paired questions is examined. An exploration of the KOP overall score follows and how this aligned to the demographic information collected (age, gender, education). In section 5.7 the content analysis of the drawings will be presented.

### 5.1 Demographic Characteristics

To provide contextualisation of results this section presents an overview of the sample, and will focus on the demographic data obtained.

#### 5.1.1 Sample

A cohort of 317 undergraduate student nurses' was invited to participate in the research study, n=310 students' consented and completed DS1. There were three spoilt questionnaires, (the questionnaire was not completed fully) making a true sample of n=307 and a 97% return rate. In DS2 the sample size changed due student attrition and 76% (n=221) completed the questionnaire, n=1 was incomplete therefore excluded. The timing of the data collection influenced the number of participants who were available; poor attendance on the day of data collection (n=221 out of a possible n=289) and participants had left early (these were then contacted by letter for participation); however of those who were available there was a return rate of 93-100%, (Tables.5.1 and 5.2). In DS3 72% (n=191) questionnaires were returned, n=2 were spoilt.

Table.5.1: Sample Size and Completion of Question in DS1-3

DS	No. In the Group	No. Completed Questionnaire	Percentage return rate
DS1	317	310	97%
DS2	289	221	76%
DS3	267	191	72%

Table.5.2: Return Rate at DS2

Site/branch of Nursing	Total Number in group	Number of students present on the day	Return Rate
Learning Disability	11	9	9 (100%)
Adult Site 1	37	34	32 (94%)
Adult Site 2	54	46+ (4)	50 (93%)
Adult Site 3	69	42	39 (93%)
Adult Site 4	59	53	52 (98%)
Child	15	-	12 (80%)++
Mental Health	44	28*	27 (100%)
<b>TOTAL</b>	<b>289</b>	<b>228</b>	<b>221 76%</b>

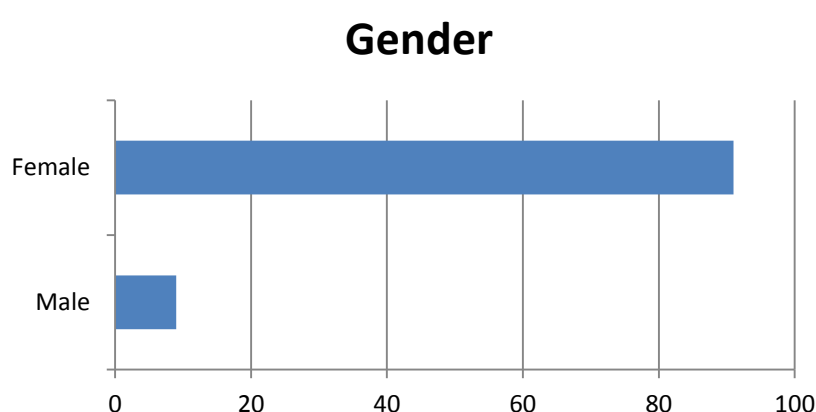
\* One student excluded from the study. + Four students offered to complete the questionnaire who were absent on the day taking the total to 50 at Adult site 2, ++ child participants were contact by letter as class was absent on day of collection.

The attrition of 38% (n=119) during the study can be contributed to natural programme occurrences (failure to progress, wrong course chosen), attendance at University on the day of data collection and the nature of longitudinal studies (discussed in section 3.5).

### 5.1.2 Sample Gender

The sample consisted of 9% (n=28) males and 91% (n=279) females at DS1, at DS2 males were 9% (n=19) and 91% (n=201) females and DS3 males were 7% (n=14) and females were 93% (n=175) (Figure.5.1), and was reflective of nursing in the UK. McLaughlin, Muldon and Moutray (2010) identified a similar gender spread in their longitudinal study of gender and nursing.

Figure.5.1: Sample Gender at DS1

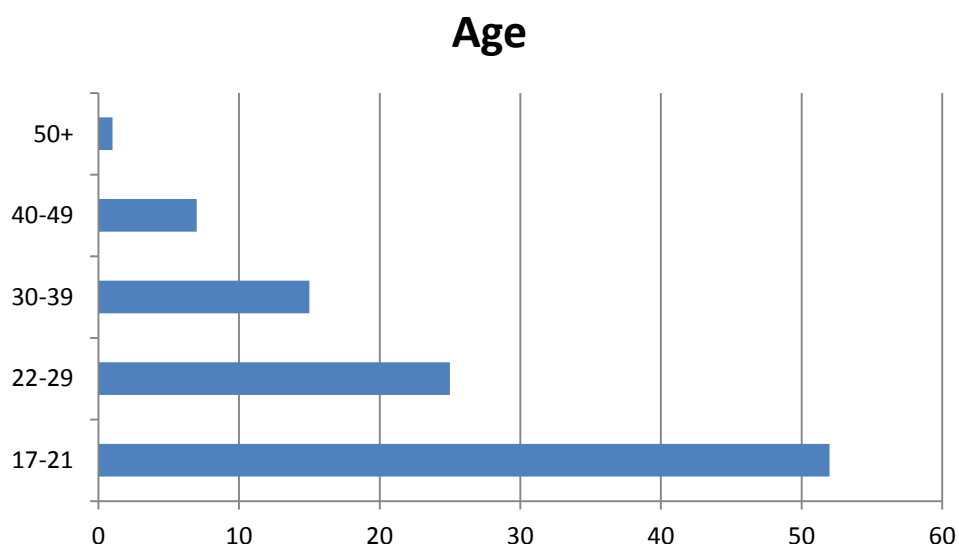


### 5.1.3 Sample Age

Exploration of the participants' age established that 52% (n=158) were aged 17-21, this decreased in number in each subsequent age group, 25% (n=78) age group 22-29, 15% (n=47) age group 30-39, 7% (n=21) age group 40-49 and 1% (n=3) above

50 (Figure.5.2). On the conclusion of the study 40% (n=76) were aged 22-29. The change in age was reflected by the passage of time in the longitudinal study, three years, and during this time participants' aged.

Figure.5.2: Sample Age at DS1



#### 5.1.4 Sample Ethnic Origin

The ethnic origin of sample was predominantly White British 95% (n=290). 1% (n=3) were white Irish, 1% (n=3) black, 2% (n=6) white other and 1% (n=3) were Chinese, mixed or other ethnic groups. The ethnic origin was reflective of the general population in the geographical area of the study, 95% being White British (CWAC, 2014).

#### 5.1.5 Sample Educational Qualifications

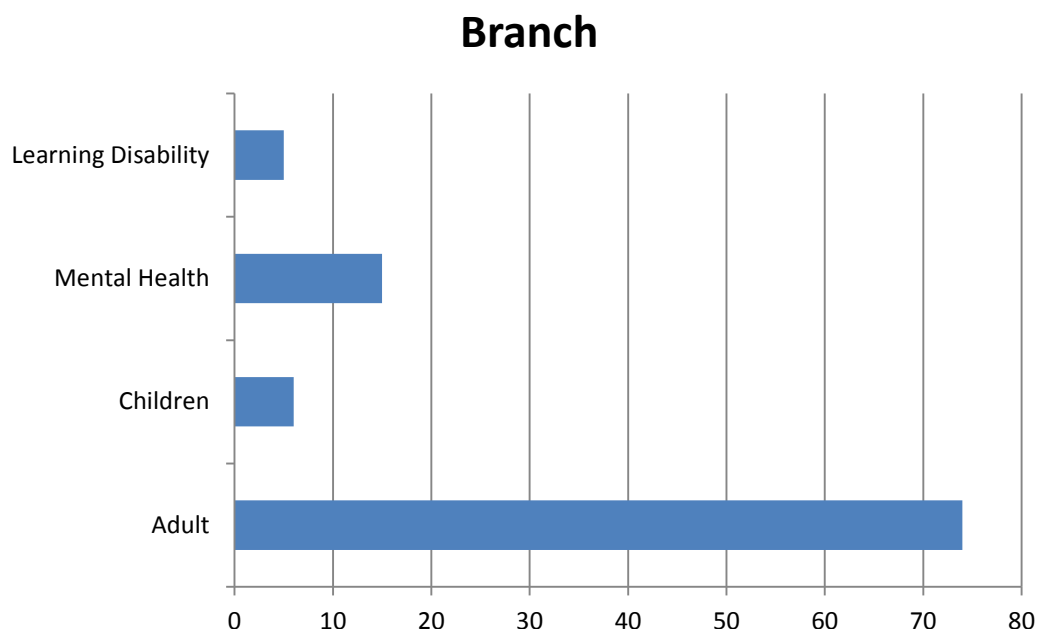
Educational qualifications were reflective of the entry requirements to a degree/diploma programme 41% (n=126) had A' levels, 23% (n=71) had an NVQ, 16% (n=48) a diploma, 4% (n=13) a degree, 9% (n=29) GCSE's and 6% (n=20) had other qualifications. It was established in sections 2.9 and 4.1 that higher educational attainment was attributed to a more positive attitude (Ryan et al., 2007; Söderhamn et al., 2001).

#### 5.1.6 Sample Branch of Nursing (Adult, Child, Learning Disability & Mental Health)

The branch of nursing was recorded as this potentially would have an impact upon attitudes, 74% (n=228) were adult student nurses, 15% (n=46) were mental health

student nurses, 6% (n=18) were children student nurses and 5% (n=15) were learning disability student nurses (Figure.5.3).

Figure.5.3: Sample Branch of Nursing



#### 5.1.7 Samples' Previous Care Experience

Previous care experience was captured at DS1. It was established that 62% (n=192) of participants had care experience, and 38% (n=115) had not. Of those who had this experience 20% (n=62) reported they had cared for older people. Participants also cited community care 5% (n=15), private sector 4% (n=12), acute adult care 9% (n=28), 5% (n=14) child care, mental health experience was 1% (n=3), and learning disability 2% (n=6), whilst 15% (n=46) said they had other related healthcare experience, for example caring for family members. This sample had 41% higher percentage with previous care experience, in comparison to the RCN (2008), where 21% of entrants to nursing had previous experience. The reason for the high percentage of students with previous care experience is not fully understood. The programme specifically asks for care experiences and this is the most obvious explanation.

## 5.2 Findings of KOP Scale

The findings for the questionnaire will be presented in variables, commencing with discussion of frequencies of the KOP statements; these are grouped together under themes. The section will move forward to present the reliability and correlations between the KOP

positive and negative statements, concluding with a summary of the overall score indicating attitudes towards older people.

### 5.2.1 KOP Housing and Community Environment Questions

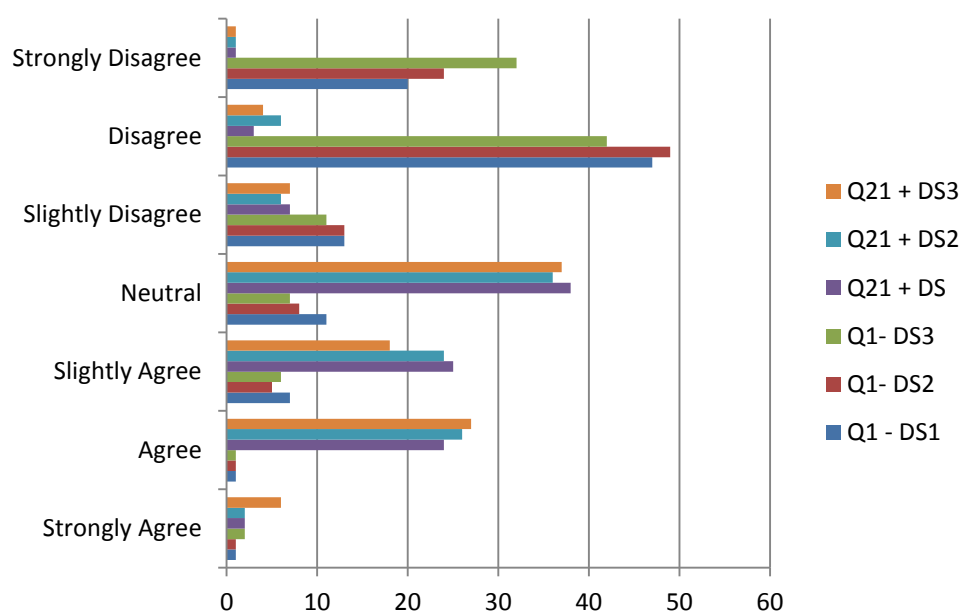
Three paired questions focusing on housing and community living are explored in this section. The questions were influenced by common perceptions about older people, and it was established that a greater positive response was made to the negative statement whilst the sample were unsure of the positive statements and a greater number selected neutral.

#### 5.2.1.1 Q1 and Q21

Q1 (negative) stated “***Most old people tend to let their homes become shabby and unattractive***” and was paired with Q21 (positive) “***Most old people can generally be counted on to maintain a clean attractive home***”.

The responses to Q1 reflected a positive attitude towards older people, 80% disagreed in DS1, and increased to 86% in DS2, and more participants’ strongly disagreed. Q1 remained stable in DS3, 85% overall still disagreed, and strongly disagree increased again (Figure.5.4).

Figure.5.4: Housing and Community Environment Percentage Response Rate to Q1/Q21 DS1-3





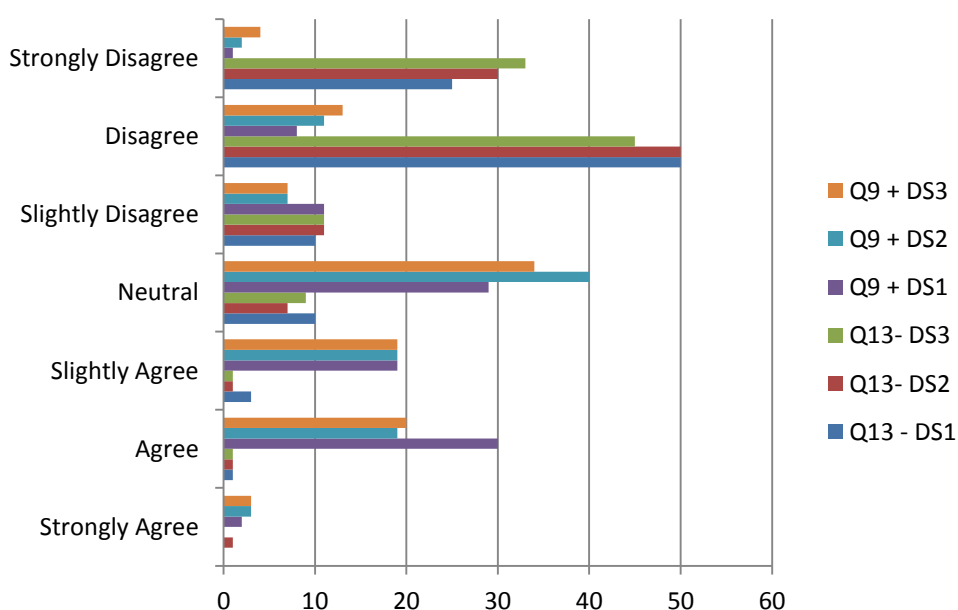
However in Q21, 52% agreed overall in DS1 and 38% selected neutral, this was a poor positive response, there was a marginal increase in DS2 (53%), and this remained similar in DS3, (51%), nevertheless those who strongly agree improved.

#### 5.2.1.2 Q9 and Q13

Q9 (positive) stated “***You can count on finding a nice residential neighbourhood when there is a sizeable number of old people living in it***” and was paired with Q13 (negative) “***In order to maintain a nice residential neighbourhood it would be best if too many old people did not live in it***”.

A poor positive response for Q9 was illustrated, (Figure.5.5). In DS1 only 51% agreed overall, DS2 there was a higher percentage that selected neutral and less agreed overall, 41%. In DS3, Q9 response become worse, although 42% agreed, more disagreed. Q13 however was more positive, in DS1, 86% disagreed, this elicited a positive response in DS2, 91% of participants overall disagreed, and more strongly disagreed. In DS3, 90% overall disagreed, and strongly disagreed increased indicating a positive response.

Figure.5.5: Housing and Community Environment Percentage Response Rate to Q9/Q13 DS1-3

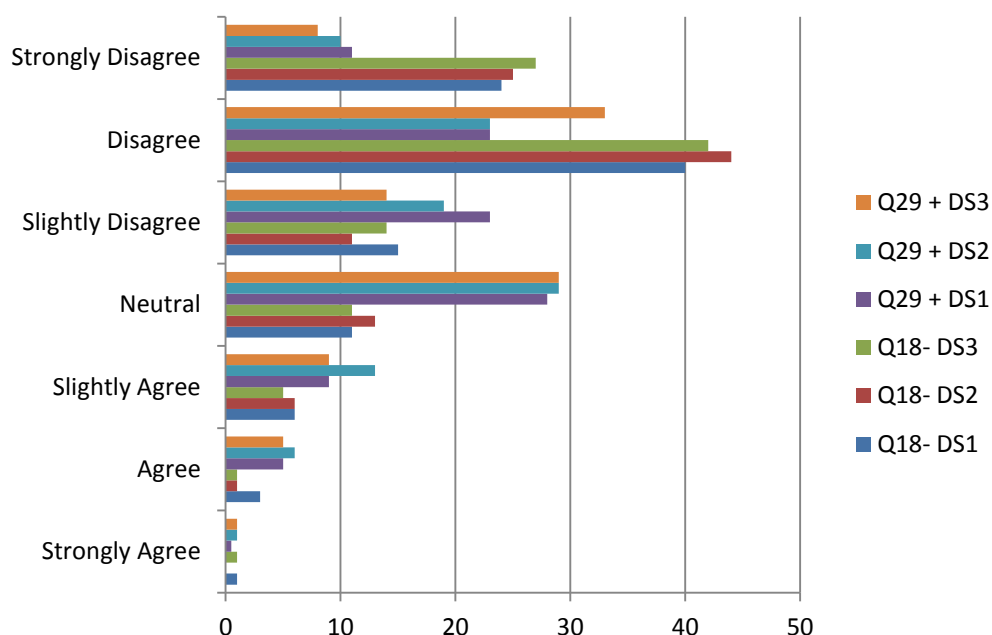


### 5.2.1.3 Q18 and Q29

Q18 (negative) stated ***“It would be better if most old people lived in residential units with people of their own age”*** and was paired with Q29 (positive) ***“It would be better if most old people lived in residential units that also housed younger people”***.

There was a poor positive response to Q29, in DS1 only 15% overall agreed, and more selected neutral (28%), again in DS2, more selected neutral, and the overall agree score was 19%, in DS3 a greater number disagreed (55%) and the number of participants who agreed was reduced (16%), neutral response remained stable. In DS1 the response to Q18 was positive, 80% overall disagreed. In DS2 little changed, the overall disagree score was 81%, whilst in DS3 there was an increase in those who strongly disagreed and overall 83% disagreed (Figure.5.6).

Figure.5.6: Housing and Community Environment Percentage Response Rate to Q18/Q29 DS1-3



### 5.2.2 KOP Personal Attributes of Older People Questions

Eight paired questions focused on the personal attributes of older people, these ranged from respecting others privacy, being wise and personality, and are explored in this section. The response to the statements indicated that the sample held fixed

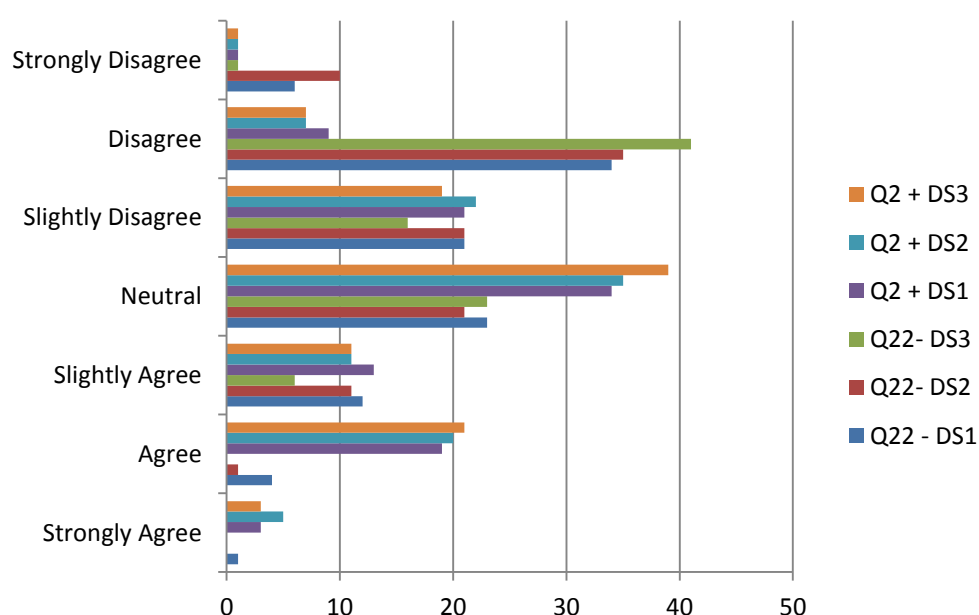
opinions about some traits of being old for example respecting privacy and giving unsought advice was more negatively perceived than personal faults. For some statements the positive question received a less positive response.

#### 5.2.2.1 Q2 and Q22

Q2 (positive) stated “***Most old people respect others privacy and give advice only when asked***” and was paired with Q22 (negative) “***Most old people spend too much time prying into the affairs of others and giving unsought advice***”.

In Q2 a significant percentage selected the neutral response, and there was a poor positive response to the question, (Figure.5.7). In DS1 only 35% agreed overall, whilst 31% disagreed, this continued in DS2 when 36% agreed overall and DS3 34% agreed overall, however more opted for a neutral response.

Figure.5.7: Personal Attributes of Older People Percentage Response Rate to Q2/Q22 DS 1-3



A significant number of participants had a positive response to Q22. In DS1 60% disagreed overall, yet 23% selected the neutral response. In DS2 a greater percentage selected strongly agree but more disagreed overall (66%). In DS3 Q22 improved and 71% disagreed, less agreed, but more selected neutral.

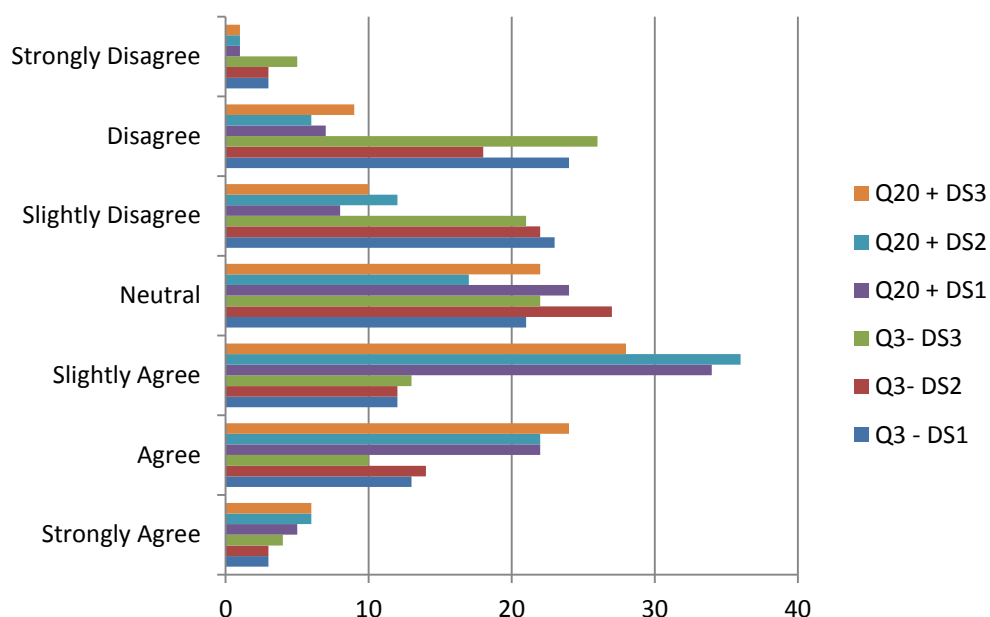
### 5.2.2.2 Q3 and Q20

Q3 (negative) stated “***It is foolish to claim that wisdom comes with old age***” and was paired with Q20 (positive) “***People grow wiser with the coming of age***”.

The participant response varied for both Q3 and Q20, a significant number had a more negative response to the statements (Figure.5.8). In DS1 50% overall disagreed with Q3, 21% selected neutral, and 28% held a more negative view. In DS2, the neutral response for Q3 increased (now 27%) and the overall percentage who disagreed reduced (now 44%), whilst the overall agree response increased. In DS3, those participants who disagreed increased to 52% overall, however 22% remained neutral and 27% agreed overall.

In DS1 for Q20, 61% agreed overall with the statement, and 15% disagreed. In DS2 there was a small increase in those who slightly agreed, the neutral response decreased, but more disagreed. In DS3 the response became worse, only 58% agreed, more selected neutral and disagree.

Figure.5.8: Personal Attributes of Older People Percentage Response Rate to Q3/Q20 DS1-3

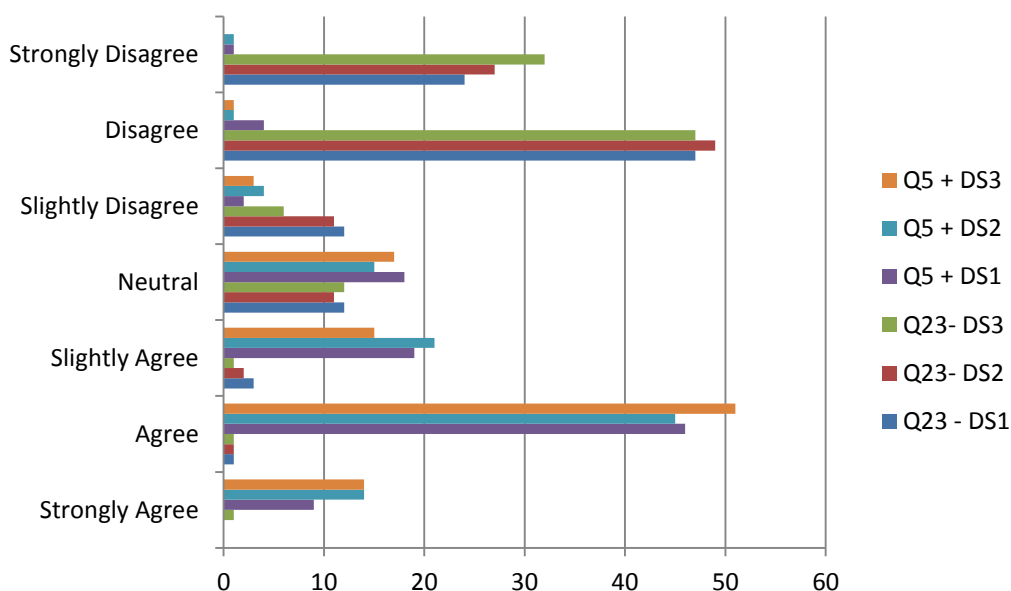


### 5.2.2.3 Q5 and Q23

Q5 (positive) stated “***When you think about it old people have the same faults as anybody else***” and was paired with Q23 (negative) “***If old people expect to be liked, their first step is to try to get rid of their irritating faults***”

The results indicated a positive response to both statements (Figure.5.9). In DS1 75% agreed overall to Q5 and 9% strongly agreed. In DS2, Q5, more agreed overall (80%), more strongly agreed and less selected neutral. In DS3 Q5 80% overall agreed. For Q23, DS1 84% disagreed overall and 24% strongly disagreed. Similar to Q5 in DS2 Q23 improved and 87% overall disagreed, and there was an increase in the strongly disagree response. In DS3 the response remained stable overall, 86% disagreed, and strongly disagree increased.

Figure.5.9: Personal Attributes of Older People Percentage Response Rate to Q5/Q23 DS 1-3

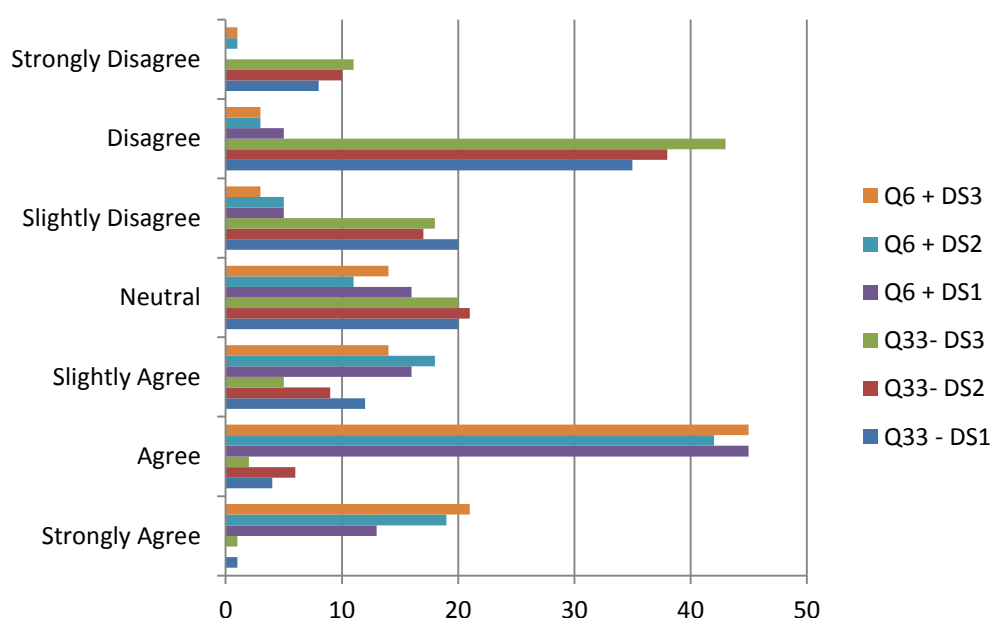


### 5.2.2.4 Q6 and Q33

Q6 (positive) stated “***It is evident that most old people are very different from each other***” and was paired with Q33 (negative) “***There are a few exceptions but in general most old people are pretty much alike***”.

The statements elicited a positive response overall (Figure.5.10). In Q6, DS1, 74% agreed overall with the statement, and the majority selected agree. In DS2 the positive response increased, 80% now agreed overall, and an increase in strongly agreed response was noted. Finally, DS3 80% overall agreed, there was a decrease in those who selected slightly disagree, and the neutral response increased suggesting a positive shift in opinion. In Q33, DS1, 63% disagreed overall, however more selected neutral. In DS2 the number who disagreed, increased to 65%, and there was an increase in strongly disagree. In DS3, 73% now disagreed overall, and less agreed.

Figure.5.10: Personal Attributes of Older People Percentage Response Rate to Q6/Q33 DS1-3



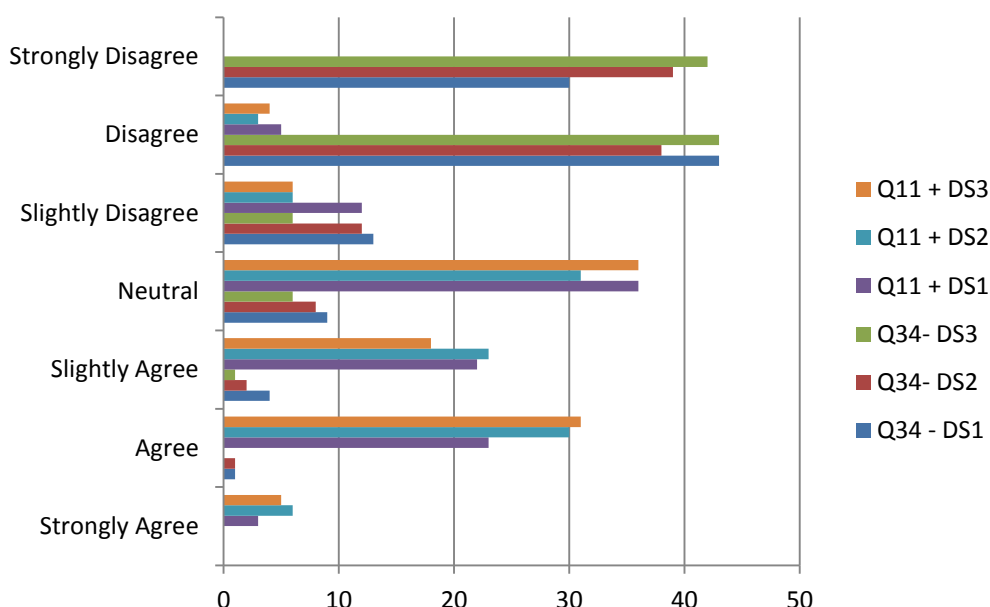
#### 5.2.2.5 Q11 and Q34

Q11 (positive) stated ***“Most old people are cheerful, agreeable and good humoured”*** and was paired with Q34 (negative) ***“Most old people are irritable, grouchy and unpleasant”***.

There was a significant neutral response to Q11 (Figure.5.11), only 48% agreed, and 36% selected neutral in DS1. In DS2 Q11, 59% agreed overall. In DS3, 55% overall agreed, a decrease from DS2, and a high percentage (36%) remained neutral. Q34 however had an extremely positive response to the statement. In DS1, 86% overall disagreed, in DS2, the overall disagree

response increased, and more selected strongly disagree. In DS3, Q34, 93% overall disagreed, and of that 42% strongly disagreed.

Figure.5.11: Personal Attributes of Older People Percentage Response Rate to Q11/Q34 DS1-3



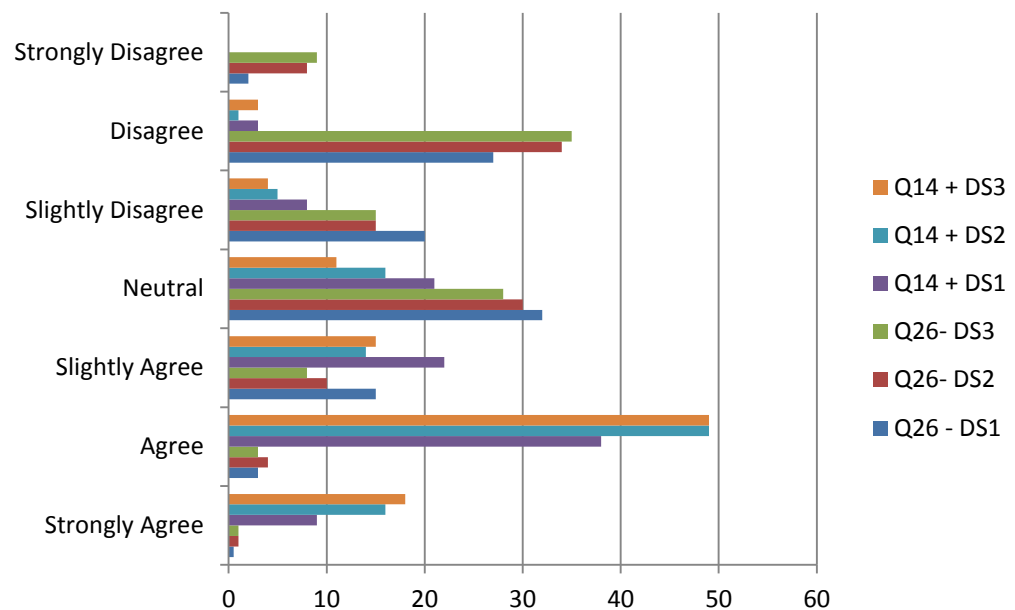
#### 5.2.2.6 Q14 and Q26

Q14 (positive) stated ***“Most old people are really no different from anybody else: they’re as easy to understand as younger people”*** and was paired with Q26 (negative) ***“There is something different about most old people: it’s hard to figure out what makes them tick”***.

There was a positive response overall to Q14 (Figure.5.12). In DS1, 69% agreed overall, in DS2 this improved, and 78% agreed overall, and number of participants who strongly agreed increased. In DS3 again the overall agree score increased to 83% and strongly agree increased.

In Q26 DS1, 49% disagreed overall, and a significant percentage selected neutral (32%). In DS2 the overall disagree score increased to 57%, more strongly disagreed and there was a reduction in the neutral score. In DS3 60% disagreed overall and 28% remained neutral, nevertheless responses had improved demonstrating advancement in opinion.

Figure.5.12: Personal Attributes of Older People Percentage Response Rate to Q14/Q26 DS1-3



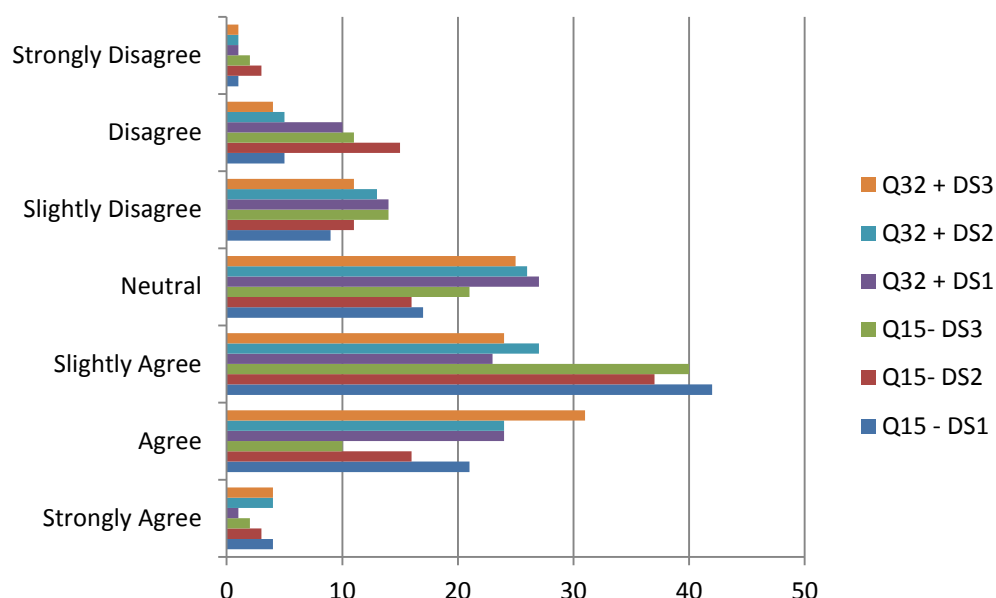
#### 5.2.2.7 Q15 and Q32

Q15 (negative) stated ***“Most old people get set in their ways and are unable to change”*** and was paired with Q32 (positive) ***“Most old people are capable of new adjustments when the situation demands it”***.

The results illustrated that Q15 in DS1 had a poor positive response, only 15% of participants’ disagreed whilst 67% agreed overall. In DS2 the number who disagreed increased to 28%, but considerably more still agreed overall, 56%. In DS3, 28% again disagreed overall however less, 52%, agreed overall. For Q32 the positive response was again limited, in DS1, 48% only agreed overall. This improved in DS2, 56% of participants’ agreed, finally in DS3 59% overall agreed (Figure.5.13).



Figure.5.13: Personal Attributes of Older People Percentage Response Rate to Q15/Q32 DS1-3

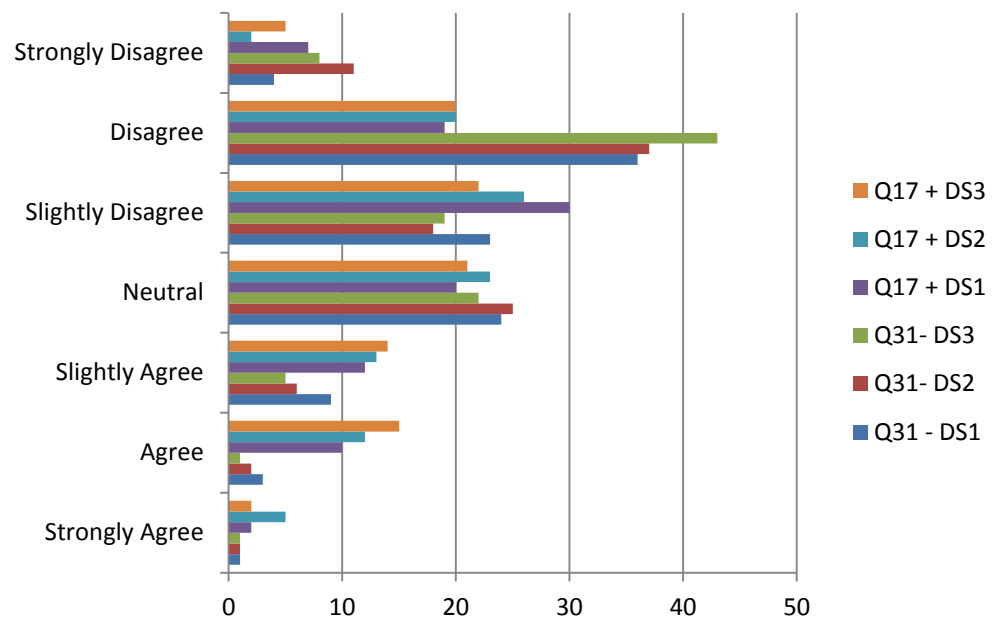


#### 5.2.2.8 Q17 and Q31

Q17 (positive) stated ***“Most old people need no more love and reassurance than anybody else”*** and was paired with Q31 (negative) ***“Most old people make excessive demands for love and reassurance”***.

There was a poor positive response overall for Q17 (Figure.5.14). In DS1, 24% overall agreed. In DS2 the positive response increased, 30% now agreed overall and in DS3 the response improved, 32% overall agreed with Q17. A greater positive response was observed for Q31, in DS1 63% overall disagreed, whilst in DS2 66% overall disagreed and in DS3 71% disagreed overall.

Figure.5.14: Personal Attributes of Older People Percentage Response Rate to Q17/Q31 DS1-3



### 5.2.3 KOP Communication with and to Older People Questions

Communication with and to older people was measured by the KOP and this section presents three questions associated with this theme. The response to these statements conveyed a view that students held common social perceptions of older people, such as complaining about the younger generation, and it appeared they experienced unease in communication with their elders. Two questions had a significant neutral response.

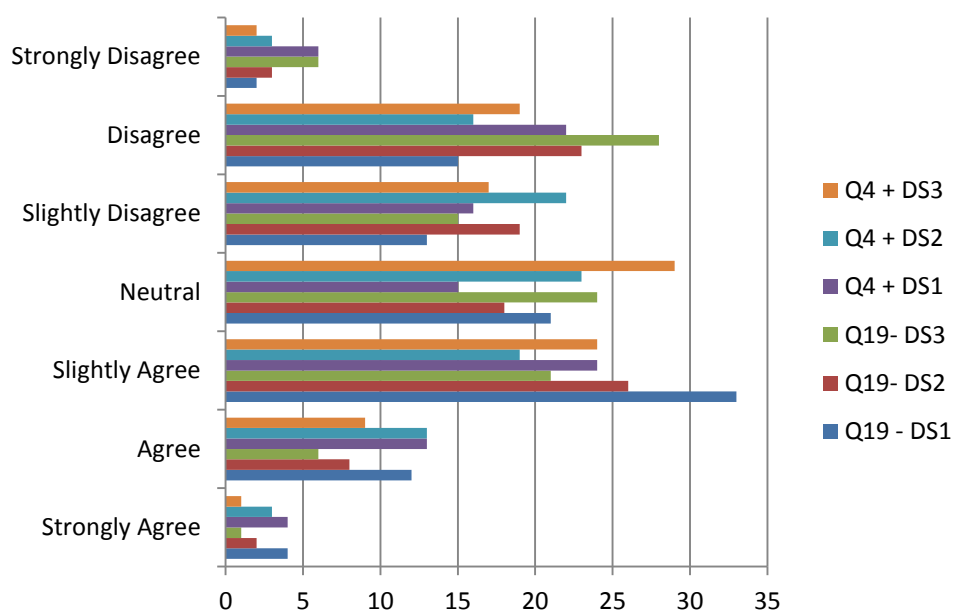
#### 5.2.3.1 Q4 and Q19

Q4 (positive) stated “***One seldom hears old people complaining about the behaviour of the younger generation***” and was paired with Q19 (negative) “***Most old people are constantly complaining about the behaviour of the younger generation***”.

In DS1 Q4 elicited only a 41% positive response (agreed), whilst 44% disagreed overall. In DS2 Q4 indicated a more negative response, although less disagreed, more selected neutral and less agreed (35%). Again in DS3, Q4 only 34% agreed overall and neutral increased. Similarly, Q19 in DS1 30% overall disagreed, whilst 21% opted for a neutral response and 33%

slightly agreed. In DS2 the number who disagreed overall for Q19 increased to 46% and neutral and agree responses' decreased. Finally in DS3, Q19 improved, 48% disagreed overall, less agreed and neutral increased, (Figure.5.15) however for half the participants at each DS the positive response was absent.

Figure.5.15: Communication with and to Older People Percentage Response Rate to Q4/Q19 DS1-3

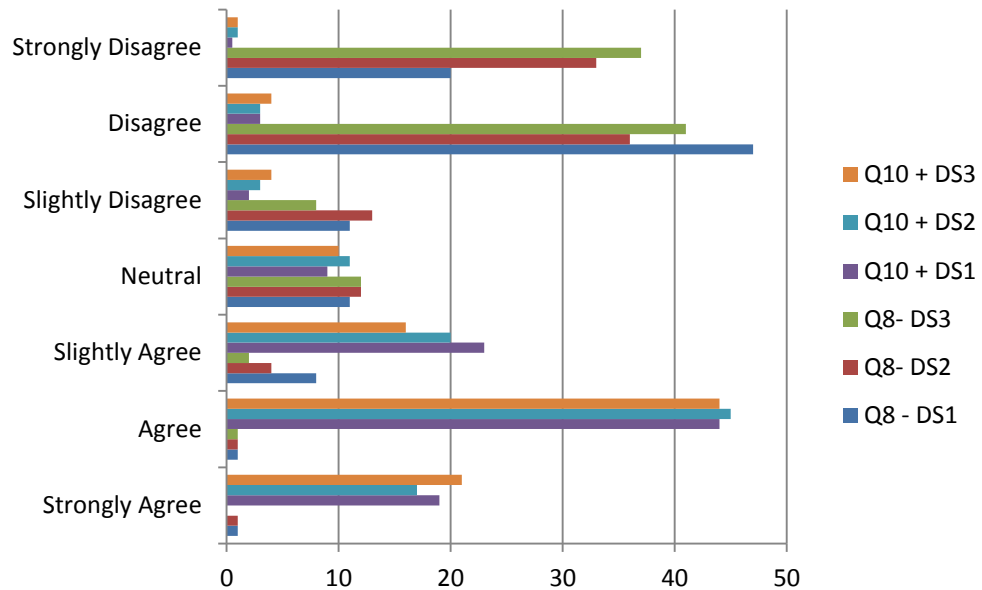


#### 5.2.3.2 Q8 and Q10

Q8 (negative) stated ***“Most old people bore others by their insistence on talking about the good old days”*** and was paired with Q10 (positive) ***“One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences”***.

A positive response to the statement was evident for Q8. In DS1 79% disagreed overall whilst in DS2 this had slightly increased, 82% disagreed overall and more strongly disagreed. Finally in DS3 86% overall disagreed and strongly disagree improved. A positive response was also noted in Q10, in DS1 86% overall agreed, however in DS2 this was reduced to 82% and there was a slight increase in neutral and disagree responses. In DS3 a small decrease occurred in the overall agree score (81%), and overall disagree increased (Figure.5.16).

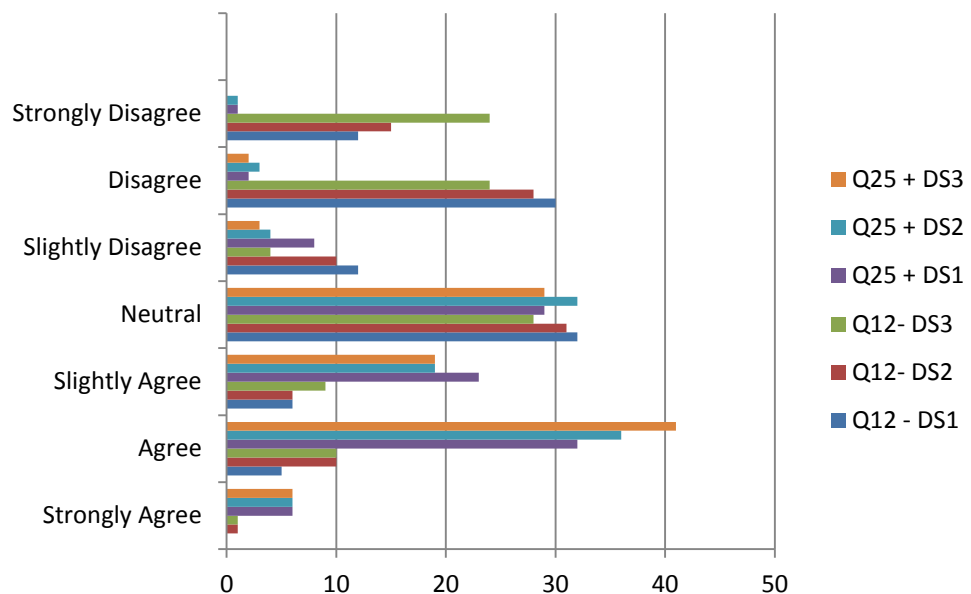
Figure.5.16: Communication with and to Older People Percentage Response Rate to Q8/Q10 DS1-3



#### 5.2.3.3 Q12 and Q25

Q12 (negative) stated ***“Most old people make one feel ill at ease”*** and was paired with Q25 (positive) ***“Most old people are very relaxing to be with”***.

Figure.5.17: Communication with and to Older People Percentage Response Rate to Q12/Q25 DS1-3



There was a high neutral response for both statements (Figure.5.17). In DS1, Q12 the overall disagree score was 54% and remained similar in DS2 (53%),

and in DS3 was 52%. Q25 in both DS1 and DS2 61% overall agreed, however in DS2 less slightly agreed. In DS3 the overall agree score was 67%, again more selected agree.

#### 5.2.4 KOP Role of Older People Questions

Two questions focused on role and position in society of older people, and will be explored in this section. Overall the response elicited was very different between the two questions, the sample reflected common stereotypes about power (that older people did not need to contribute to business and politics) but felt older people should be independent.

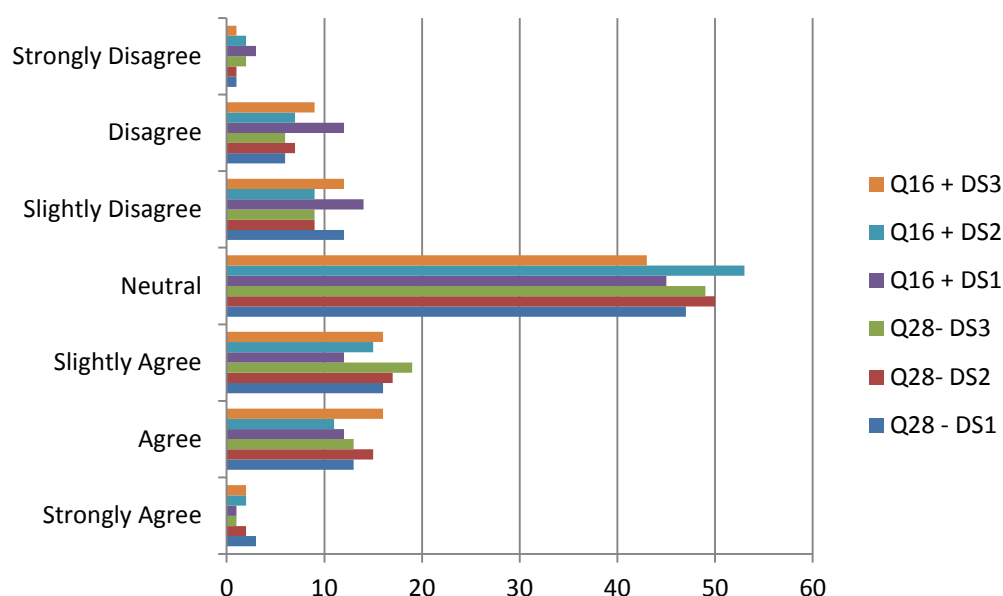
##### 5.2.4.1 Q16 and Q28

Q16 (positive) stated ***“Old people should have more power in business and politics”*** and was paired with Q28 (negative) ***“Old people have too little power in business and politics”***.

There was a poor positive response to Q16. In DS1 only 25% agreed overall and the question elicited a high neutral response. DS2 still indicated a poor positive response, only 28% of participants were able to agree overall, and the neutral response was 53%. In DS3, 35% agreed overall, whilst 22% disagreed. There was a small increase in the positive response but this was disappointing overall.

This was also found in Q28. In DS1, 20% disagreed overall, and there was a high neutral response, in DS2 only 19% overall disagreed with the statement, and 50% remained neutral. Finally in DS3, only 17% disagreed overall, whereas 33% agreed (Figure.5.18).

Figure.5.18: Role of Older People Percentage Response Rate to Q16/Q28 DS1-3

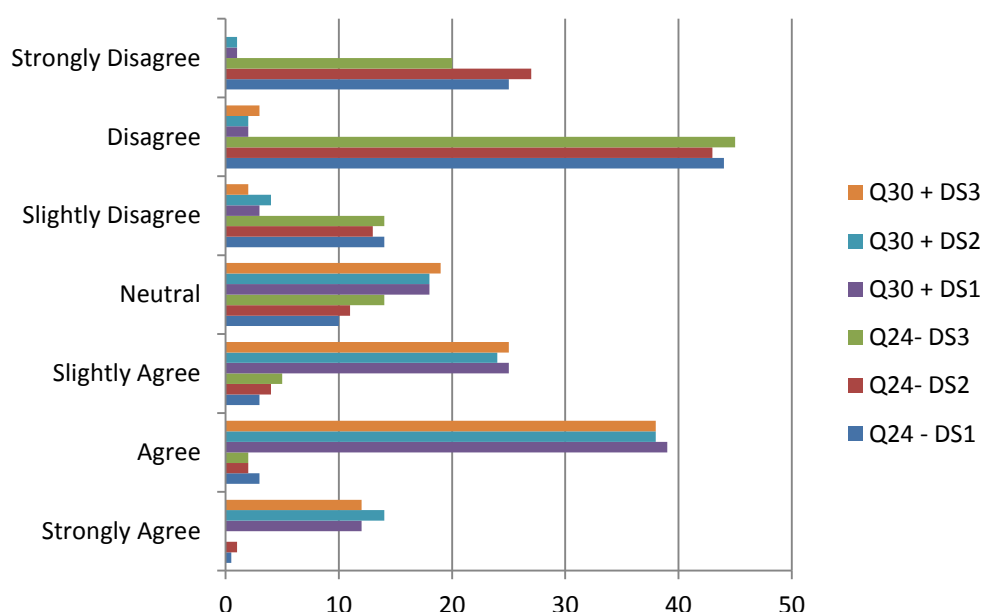


#### 5.2.4.2 Q24 and Q30

Q24 (negative) stated ***“Most old people would prefer to quit work as soon as pensions or their children can support them”*** and was paired with Q30 (positive) ***“Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody”***.

It was established that in Q24 there was a positive response to the statement and in DS1 83% disagreed overall. In DS2 the responses remained similar and more participants strongly disagreed (27%). However in DS3, the number of positive responses was reduced, 79% overall, there was a decline in strongly disagree, more selected neutral and agree responses. For Q30 in DS1, 76% overall agreed, in DS2 there was a slight increase in strongly agreed (14%). Overall Q30 remained stable during the study and had a positive response (Figure.5.19).

Figure.5.19: Role of Older People Percentage Response Rate to Q24/Q30 DS1-3



## 5.2.5 KOP Appearance Question

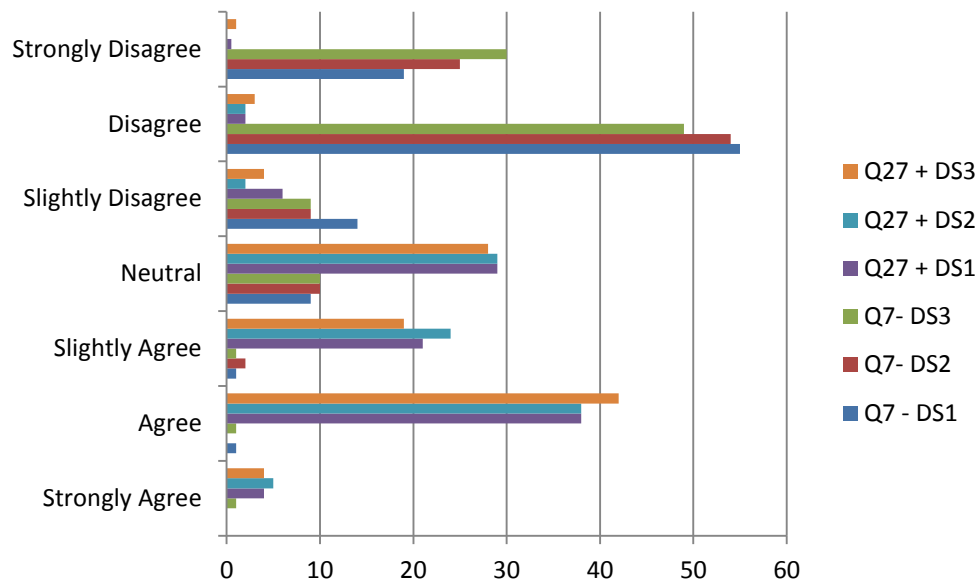
One question focused on appearance of older people this is explored below, overall less agreed with the positive statement.

### 5.2.5.1 Q7 and Q27

Q7 (negative) stated “**Old people should be more concerned with their personal appearance: they’re too untidy**” was paired with Q27 (positive) “**Most old people seem to be quite clean and neat in their personal appearance**”.

It was established that Q7 had a positive response overall (Figure.5.20). In DS1, 89% overall disagreed, in DS2 more participants’ strongly disagreed. In DS3 88% disagreed overall and again there were more strongly disagree responses. Again Q27 had a positive response but less participants’ agreed with the statement, in DS1 63% overall agreed and there was a high neutral response (29%). In DS2, less participants’ disagreed and more agreed, and in DS3, 65% agreed overall, but the number who selected disagree increased to 7%, and was comparable to DS1.

Figure.5.20: Appearance Percentage Response Rate to Q7/Q27 DS1-3



### 5.3 Reliability and Correlations Coefficients of Paired Questions

This section presents the reliability and correlation coefficients of the KOP paired questions. Overall the majority of paired questions had some correlation, these are now discussed.

#### 5.3.1 Correlation Coefficients

Correlation Coefficients have been used in the analysis of the KOP (discussed in sections 4.1.2 and 4.7.1.1). These are generally recorded using Pearson's correlation coefficient as this measures the strength of linear relationships between the normally distributed variables (Field, 2013). Kogan (1961) however used Spearman rho, which is a non-parametric test based on rank, and its use combats extreme scores (Field, 2013), which have been found in the DS, therefore Spearman rho correlations coefficients were used. In DS1 n=12 paired questions had a significant correlation (Table.5.3), the perfect positive relationship ranged from .154 (Q7/27) to .373 (Q3/20) whilst the perfect negative relationship ranged from -.117 (Q17/31) to -.141 (Q18/29). In DS2 n=14 correlated, paired questions Q2/22, Q5/23 and Q14/26 now correlated whilst Q17/31 did not. The perfect positive relationship ranged from .146 (Q2/22) to .398 (Q6/33) and the perfect negative relationship ranged from -.139 (Q18/29) to -.392 (Q16/28). In DS3 n=14 correlated again, Q17/27 did not have a significant correlation, whilst Q18/29 achieved a correlation of -.253. The perfect positive relationship ranged from .162 (Q15/32) to .429 (Q24/30) and the perfect negative



relationship ranged from -.253 (Q18/29) to -.526 (Q16/28). There were n=3 paired questions that did not yield significant correlations during the study.

Table.5.3: Correlation Coefficients of Paired Questions DS1-3

Paired Questions	DS1		DS2		DS3		Complete DS Spearman's rho
	Pearson n	Spearman rho	Pearson n	Spearman rho	Pearson n	Spearman rho	
<b>Q1 /Q21</b>	<b>.264*</b>	<b>.239**</b>	<b>.162**</b>	<b>.217**</b>	<b>.283**</b>	<b>.327**</b>	<b>.258**</b>
Q 1 (negative) "Most old people tend to let their homes become shabby and unattractive" Q 21 (positive) "Most older people can generally be counted on to maintain a clean attractive home"							
<b>Q2/Q22</b>	<b>No correlation</b>		<b>.141**</b>	<b>.146*</b>	<b>.257**</b>	<b>.247**</b>	<b>.153**</b>
Q 2 (positive) "Most old people respect others privacy and give advice only when asked" Q22 (negative) "Most old people spend too much time prying into the affairs of others and giving unsought advice"							
<b>Q3/Q20</b>	<b>.364**</b>	<b>.373**</b>	<b>.263*</b>	<b>.265**</b>	<b>.394**</b>	<b>.389**</b>	<b>.343**</b>
Q3 (negative) "It is foolish to claim that wisdom comes with old age" Q20 (positive) "People grow wiser with the coming of age"							
<b>Q4/Q19</b>	<b>-.129*</b>	<b>-.127*</b>	<b>-.262**</b>	<b>-.253**</b>	<b>-.269**</b>	<b>-.266**</b>	<b>-.198**</b>
Q4 (positive) "One seldom hears old people complaining about the behaviour of the younger generation" Q19 (negative) "Most old people are constantly complaining about the behaviour of the younger generation"							
<b>Q5/Q23</b>	<b>No correlation</b>		<b>.244**</b>	<b>.314**</b>	<b>.177*</b>	<b>.184*</b>	<b>.149**</b>
Q5 (positive) "When you think about it old people have the same faults as anybody else" Q23 (negative) "If old people expect to be liked, their first step is to try to get rid of their irritating faults"							
<b>Q6/Q33</b>	<b>.229*</b>	<b>.250**</b>	<b>.339**</b>	<b>.398**</b>	<b>.291**</b>	<b>.348**</b>	<b>.328**</b>
Q6 (positive) "It is evident that most old people are very different from each other" Q33 (negative) "There are a few exceptions but in general most old people are pretty much alike"							
<b>Q7/Q27</b>	<b>.175**</b>	<b>.154**</b>	<b>.175**</b>	<b>.192**</b>	<b>No correlation</b>		<b>.121**</b>
Q7(negative) "Old people should be more concerned with their personal appearance: they're too untidy" Q27 (positive) "Most old people seem to be quite clean and neat in their personal appearance"							
<b>Q8/Q10</b>	<b>.249**</b>	<b>.302**</b>	<b>.135*</b>	<b>.201**</b>	<b>.171*</b>	<b>.278**</b>	<b>.260**</b>
Q8 (negative) "Most old people bore others by their insistence on talking about the good old days" Q10 (positive) "One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences"							
<b>Q9 /Q13</b>	<b>No correlation</b>		<b>No correlation</b>		<b>No correlation</b>		<b>.035 No Correlation</b>
Q9 (positive) "You can count on finding a nice residential neighbourhood when there is a sizeable number of old people living in it" Q13 (negative) "In order to maintain a nice residential neighbourhood it would be best if too many old people did not live in it"							
<b>Q12/Q25</b>	<b>No correlation</b>		<b>No correlation</b>		<b>No correlation</b>		<b>.051 No Correlation</b>
Q12 (negative) "Most old people make one feel ill at ease" Q25 (positive) "Most old people are very relaxing to be with"							
<b>Q11/Q34</b>	<b>.233**</b>	<b>.221**</b>	<b>.135*</b>	<b>.160*</b>	<b>.169*</b>	<b>.219**</b>	<b>.210**</b>
Q11 (positive) "Most old people are cheerful, agreeable and good humoured" Q34 (negative) "Most old people are irritable, grouchy and unpleasant"							
<b>Q14/Q26</b>	<b>No correlation</b>		<b>.183**</b>	<b>.231**</b>	<b>.184*</b>	<b>.263**</b>	<b>.199**</b>
Q14 (positive) "Most old people are really no different from anybody else: they're as easy to understand as younger people" Q26 (negative) "There is something different about most old people: it's hard to figure out what makes them tick"							
<b>Q15/Q32</b>	<b>.365**</b>	<b>.341**</b>	<b>.323**</b>	<b>.292**</b>	<b>.166*</b>	<b>.162**</b>	<b>.294**</b>
Q15 (negative) "Most old people get set in their ways and are unable to change" Q32 (positive) "Most old people are capable of new adjustments when the situation demands it"							
<b>Q16/Q28</b>	<b>-.402**</b>	<b>-.440</b>	<b>-.371**</b>	<b>-.392**</b>	<b>-.519**</b>	<b>-.526**</b>	<b>-.445**</b>
Q16 (positive) "Old people should have more power in business and politics" Q28 (negative) "Old people have too little power in business and politics"							
<b>Q17/Q31</b>	<b>No correlation</b>	<b>-.117</b>	<b>No correlation</b>		<b>No correlation</b>		<b>-.019 No Correlation</b>
Q17 (positive) "Most old people need no more love and reassurance than anybody else" Q31(negative) "Most old people make excessive demands for love and reassurance"							
<b>Q18/Q29</b>	<b>No correlation</b>	<b>-.141*</b>	<b>No correlation</b>	<b>-.139*</b>	<b>-.196**</b>	<b>-.253**</b>	<b>-.106**</b>
Q18 (negative) "It would be better if most old people lived in residential units with people of their own age" Q29 (positive) "It would be better if most old people lived in residential units that also housed younger people"							
<b>Q24/Q30</b>	<b>.286**</b>	<b>.295**</b>	<b>.306**</b>	<b>.349**</b>	<b>.388**</b>	<b>.429**</b>	<b>.346**</b>
Q24 (negative) "Most old people would prefer to quit work as soon as pensions or their children can support them" Q30 (positive) "Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody"							

Table.5.3; presents the correlation coefficients of the paired KOP questions for each DS, demonstrating the journey in the longitudinal study. The final column provides an overview of the complete correlation for that paired question. \*significant at the 0.01 level \*\*significant at the 0.05 level

### 5.3.2. Analysis of Correlations

Correlations of paired questions using KOP are not widely published within the literature, for example; Kogan (1961), Iwasaki and Jones (2008) and Hilt and Lipschultz (1999) appear to be the only authors to present correlational findings. Therefore it was difficult to explain and compare what was not known. Hilt and Lipschultz (1999) did not present all correlations (it was unclear from their article why the full set were not published) and those presented were not the matched pairs hence it was problematic to extract meaning and their correlations have not been used further in this discussion.

The analysis and use of the correlations identified they had a medium effect (Table.5.4), suggesting that the tool should be rebuilt (Oppenheim, 1992). Poorer correlations have been a consistent feature of the KOP and these results support the need to develop the tool to reflect contemporary practice (Iwasaki & Jones, 2008). Spearman Correlations coefficients were used following Kogan (1961) own statistical analysis. A coefficient score of zero indicates no linear relationship therefore the greater the distance between zero and the score to -1/+1 the greater effect, this principle implied a .3 score is a medium effect, a .5 has a large effect, and a plus score indicates a perfect positive relationship (Field, 2013).

The paired questions that illustrated a perfect positive relationship ranged from .121 to .346 (Table.5.4). Compared to the literature, those that ranged from .10 to .19, shaded grey (Table.5.4), were similar to Iwasaki and Jones (2008) and Kogan (1961), Q7/27 was different in comparison, further exploration suggested the statement (appearance) resulted in a difference mean outcome (Table.5.4) between the opposing pairs, thus the correlation was less likely. The lack of correlation in DS3 reduced the overall correlation and was comparable to Lookinland et al.'s (1995) study who established no correlation existed. Equally poor correlations might be reflective of the high neutral response in the study. Overall these correlations implied the tools low inter correlation was due to colloquialisms and old fashioned terminology, and thus had a low effect as they were answered neutrally.

Correlations that ranged .20 to .29, shaded blue (Table.5.4), were in the main comparable to previous research, however Q11/34 was not, an exploration of the paired questions, illustrated that for Q11 participants' answered the statement more conservatively and had a higher mean (Table.5.4) 3.27 than Q34 mean of 2.01. This implied the paired question is in need of a revision. Overall these questions had a low correlation effect. Finally three paired questions had correlations of .30-39 (green

shaded area, Table.5.4), Q24/30 aligned with both Kogan (1961) and Iwasaki and Jones (2008) and implied there was consistency with the tool between studies. However Q3/20 differed considerably with both comparable correlations being above .40. Q6/33 was comparable to Kogan's (1961) lower end correlation, despite this, Iwasaki and Jones (2008) contemporary study of the tool achieved a greater correlation. Further exploration established there was a disparity between the correlations from DS1 .25 to DS2 and 3 correlations of .39 and .34, and implied that the later stages of the study aligned more to previous research (Iwasaki & Jones, 2008; Kogan, 1961), there was also a moderate neutral response and a reasonable equation between the opposed pairs, the mean also reflected this Q6 2.58 and Q33 2.96.

Table.5.4: Comparison of DS Correlations to Kogan (1961) and Iwasaki, Jones (2008)

Paired Questions	Complete DS Spearman's rho	Kogan (1961)	Iwasaki and Jones (2008)
Q1 /Q21	.258**	.21-.42	.26
Q2/Q22	.153**	.25-.29	.18
Q3/Q20	.343**	.40-.41	.48
Q4/Q19	-.198**	.34-.50	.48
Q5/Q23	.149**	.07-.14	.20
Q6/Q33	.328**	.33-.41	.43
Q7/Q27	.121**	.44-.61	.29
Q8/Q10	.260**	.16-.26	.32
Q9 /Q13	.035 No Correlation	.06-.31	.12
Q12/Q25	.051 No Correlation	.30-.44	.09
Q11/Q34	.210**	.27-.40	.43
Q14/Q26	.199**	.18-.27	.15
Q15/Q32	.294**	.17-.35	.32
Q16/Q28	-.445**	.12-.24	.24
Q17/Q31	-.019 No Correlation	.11-.27	.03
Q18/Q29	-.106**	.34-.50	.38
Q24/Q30	.346**	.31-.38	.35

\*significant at the 0.01 level \*\*significant at the 0.05 level

Table.5.4 provides a comparison of this studies results to previous research, and indicates the correlational outcome; Grey indicates a perfect positive response with a correlation range .121-.199; Blue indicates a perfect positive response with a correlation range .20-.29; Pink indicates a perfect negative response with a correlation range .106-.445; White indicates no correlation; Green indicates a perfect positive response with a correlation range .30-.39.

Several correlations elicited a minus score (pink shaded area Table.5.4), these were paired questions Q4/Q19, Q16/Q28 and Q18/Q29, and reflected a perfectly logical inconsistency, and indicated a perfect negative relationship (Field, 2013). All three paired questions were not comparable to Kogan (1961) and Iwasaki and Jones

(2008), both illustrated a perfect positive relationship and had greater correlations in Q4/19 and Q18/29. It was apparent that the sample answered the opposing statements in the reverse order for example Q29 (Figure.5.6), 15% agreed whilst it would have been expected that this would be a potential 'disagree' score. The mean scores for Q4, 4.14 and Q19, 4.79 suggest a large number selected neutral and Q18/29 there was a disparity in the opposing pairs. Of significance Q16/28 illustrated a correlation of  $-.45$ , an improvement from previous research.

There were three paired questions that did not correlate (white in Table.5.4), this was comparable to Iwasaki and Jones (2008) Q17/31 and Q12/25, and Lookinland (1995) Q12/25. It was established the lack of correlations was due to the inter correlation between the pairs and the wording of the statements. What became apparent, Q12/25 terminology 'ill at ease' was possibly too American and used outdated language; this was reflected in the high neutral score. Equally attention of wordage for Q9/13 has been suggested, (Hilt & Lipschultz, 1999). Both Kogan (1961) and Iwasaki and Jones (2008) yielded a weak correlation with Q9/13, possible explanations for the difference between their results and this study is their use of a non-healthcare sample. Equally the weak correlation questions the reliability of the paired questions and therefore revision of all these questions is of paramount importance to maintain the tools viability.

There was a notable weakening of correlations in DS2, for  $n=6$  pairs (Table.5.5), for example Q1/ 21, it could be suggested that the placement circuit and the educational content of the programme (focus on acute care) influenced attitude. It was identified that the questions which focused on communication, appearance of self and accommodation, wisdom and power all had poorer outcomes. Interestingly these recovered by DS3 except Q15/32 which continued to decline. This implied the sample was distancing themselves from the qualities of older people, and it could be postulated that appearance of being old and the social construction of ageing had influenced attitudes and supports what is already know about stereotypes (Palmore, 1990; Nelson, 2004).

Table.5.5: Changed Correlation Coefficients of Paired Questions DS2

Paired Questions	DS1		DS2		DS3		Complete DS Spearman's rho
	<i>Pearson</i>	<i>Spearman rho</i>	<i>Pearson</i>	<i>Spearman rho</i>	<i>Pearson</i>	<i>Spearman rho</i>	
Q1 /Q21	.264*	.239**	.162**	.217**	.283**	.327**	.258**
Q3/Q20	.364**	.373**	.263*	.265**	.394**	.389**	.343**
Q8/Q10	.249**	.302**	.135*	.201**	.171*	.278**	.260**
Q11/Q34	.233**	.221**	.135*	.160*	.169*	.219**	.210**
Q15/Q32	.365**	.341**	.323**	.292**	.166*	.162**	.294**
Q16/Q28	-.402**	-.440	-.371**	-.392**	-.519**	-.526**	-.445**

Table.5.5 illustrates the change at DS2 of a number of paired questions.

### 5.3.3 Measurements of Internal Consistency and Mean

Cronbach alpha ( $\alpha$ ) was used to measure internal consistency, in each DS; a good reliability was found (Field, 2013) (Tables.5.6-5.8).

Table.5.6: Cronbach Reliability DS1

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.763	.781	34

Table.5.7: Cronbach  $\alpha$  Reliability DS2

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.809	.826	34

Table.5.8: Cronbach  $\alpha$  Reliability DS3

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.771	.791	34

The measurement was found to be reliable on the basis of the data obtained at each DS had Cronbach  $\alpha$  scores of  $\approx .76$ ,  $.80$  and  $.77$  respectively. This was comparable to Yen et al. (2009) Cronbach  $\alpha = .82$ , Ryan et al. (2007) Cronbach  $\alpha (\approx .80$  and  $.81)$

and Doherty et al. (2011) Cronbach  $\alpha$  =.75. Field (2013) suggests the Cronbach  $\alpha$  is the most common measure for reliability, the score of the questionnaire .76-.80 implied the tool had good reliability (Kline, 2000), however the figure equally might reflect the large number of items on the scale and Field (2013) proceeds with caution, as opposing questions if not inputted correctly can alter results. However if prior to the calculation scores are reversed, as with KOP, the problem is addressed (Field, 2013). Therefore the Cronbach  $\alpha$  for the questionnaire can be concluded as a reliable measure.

The mean score of the positive and negative KOP implied that the majority of questions were answered as expected (participants answered agree or disagree), those whose mean was 4 reflected a higher neutral response whilst a score of 3 indicated the sample slightly agreed/disagree, some had a mean of 2, for example Q34 (2.01) had a high strongly disagree score. The mean of the positive statements was 3.34 with a range of 2.60 (min)-4.79 (max), whilst for the negative statements was 2.89, with a range of 2.01(min)-4.47(max) (Table.5.9).

Table.5.9: Mean and Standard Deviation of the complete DS

Positive KOP	Mean	SD	Negative KOP	Mean	SD
Q15(pair32)-ve	4.47	1.339	Q2(pair22)+ve	3.79	1.341
Q18(pair29)-ve	2.38	1.281	Q4(pair19)+ve	4.14	1.505
Q19(pair4)-ve	3.88	1.472	Q5(pair23)+ve	2.60	1.157
Q22(pair2)-ve	2.96	1.262	Q6(pair33)+ve	2.58	1.290
Q23(pair5)-ve	2.17	1.087	Q9(pair13)+ve	3.61	1.373
Q24(pair30)-ve	2.35	1.237	Q10(pair8)+ve	2.44	1.210
Q28(pair16)-ve	4.24	1.145	Q11(pair34)+ve	3.27	1.189
Q31(pair17)-ve	2.96	1.254	Q14(pair26)+ve	2.64	1.209
Q33(pair6)-ve	2.96	1.326	Q16(pair28)+ve	3.93	1.236
Q34(pair11)-ve	2.01	1.053	Q17(pair31)+ve	4.35	1.500
Q26(pair14)-ve	3.23	1.282	Q20(pair3)+ve	3.32	1.332
Q7(pair27)-ve	2.13	.984	Q21(pair1)+ve	3.32	1.164
Q8(pair10)-ve	2.29	1.259	Q25(pair12)+ve	3.01	1.169
Q3(pair20)-ve	3.68	1.499	Q27(pair7)+ve	2.98	1.126
Q12(pair25)-ve	3.10	1.519	Q29(pair18)+ve	4.79	1.368
Q13(pair9)-ve	2.09	1.031	Q30(pair24)+ve	2.69	1.181
Q1(pair21)-ve	2.33	1.242	Q32(pair15)+ve	3.45	1.301

Table.5.9 indicates the mean and standard deviation of the complete DS, the table demonstrates that the questions were answered as disagree or agree. The questions with a mean of 4 indicate a more neutral response to the statement.

## 5.4 KOP Overall Score of Attitude

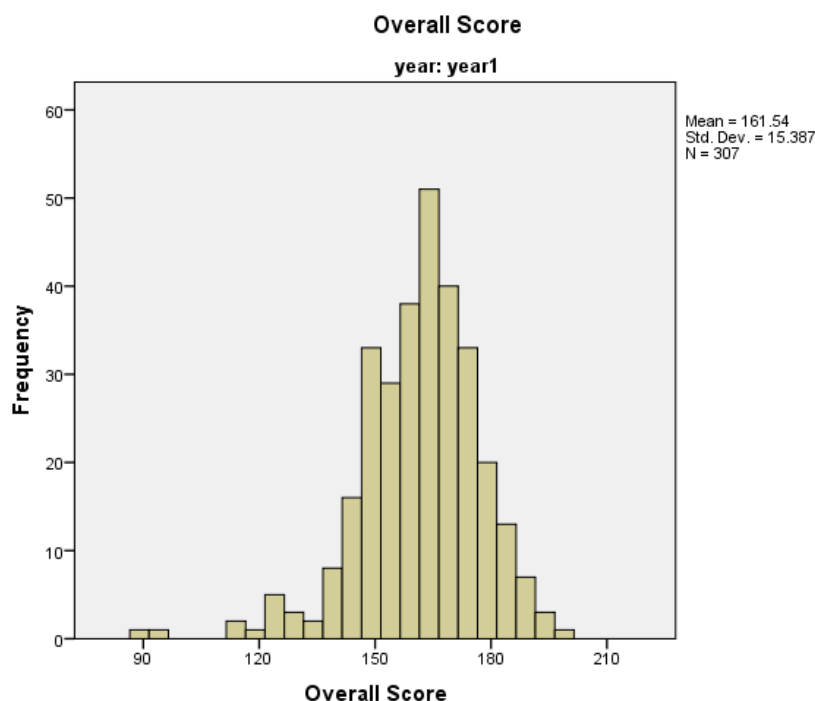
This section of the chapter presents the results and analysis of the KOP overall score. A mean score for each DS will be outlined alongside test for normality. Overall it was established that a significant majority scored above the neutral point of the scale.

### 5.4.1 Results of KOP Overall Score

Scores were grouped in clusters according to the continuum of the overall scale. A score of 34-67 indicated very negative attitudes; 68-101 indicated negative attitudes, whilst 102- to the neutral score of 136 indicated slightly negative attitudes. To demonstrate slightly positive attitudes the sample needed to score between 137-169, positive attitudes 170-203 and extremely positive attitudes was scores between 204 and 238.

The overall score of attitude in DS1 ranged from 89 to 198, 1% (n=2) illustrated a negative attitude and 5% (n=13) were slightly negative, the majority of the sample, 66% (n=209) scored 137-169 therefore had slightly positive attitudes, and finally 28% (n= 87) had positive attitudes. None of the sample scored above 204, therefore did not demonstrate extremely positive attitudes. The mean score was 161, with the standard deviation being 15.387, with n=13 scoring 164 or 165, (Figure.5.21).

Figure.5.21: Overall KOP Scores and Means for DS1



The test for Normality was undertaken for DS1 (Table.5.10), this did not indicate a significant outcome, consequently visual analysis of the Q-Q plot was undertaken (Field, 2013) and confirmed equal distribution (Figure.5.22).

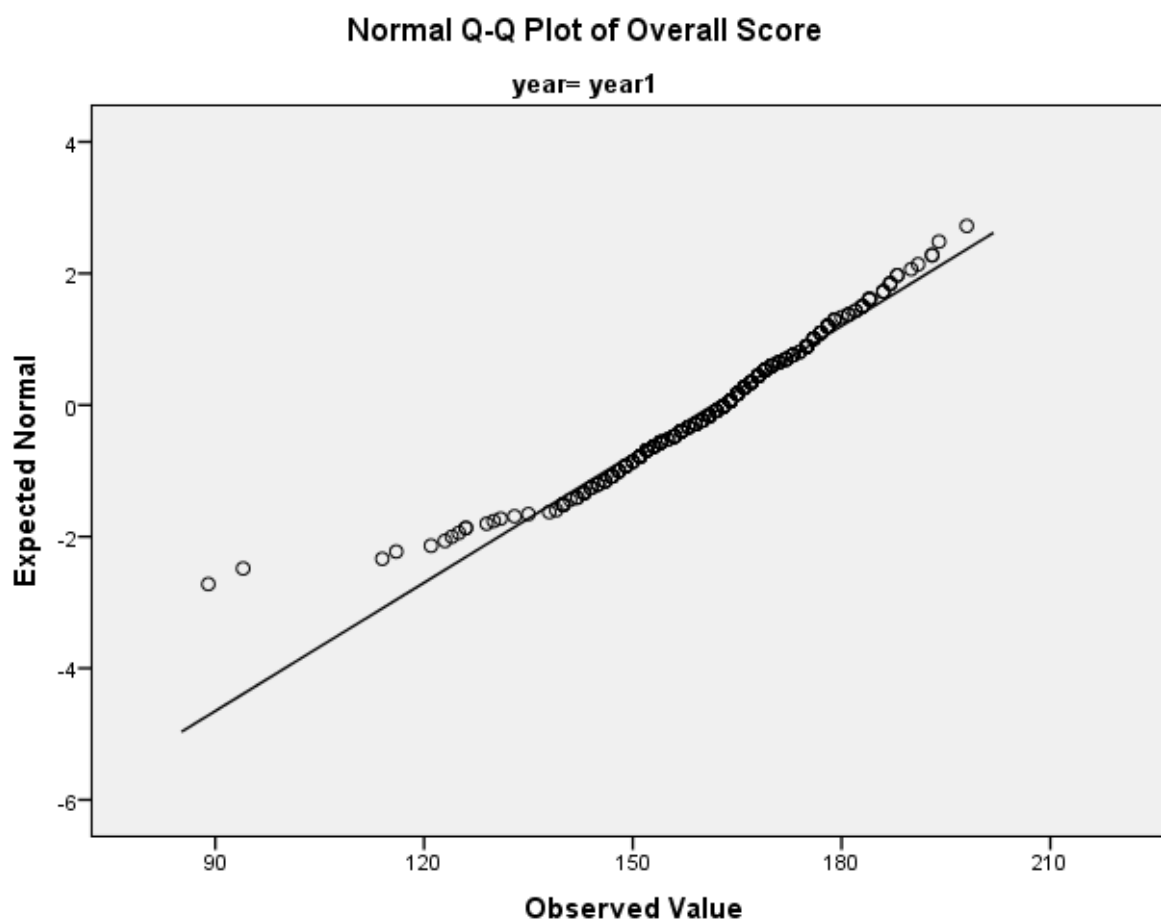
Table.5.10: Test for Normality DS1

Tests of Normality <sup>a</sup>						
	Kolmogorov-Smirnov <sup>b</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Overall Score	.069	307	.001	.960	307	.000

a. year = year1

b. Lilliefors Significance Correction

Figure.5.22: Q-Q Plot of KOP Overall Score DS1

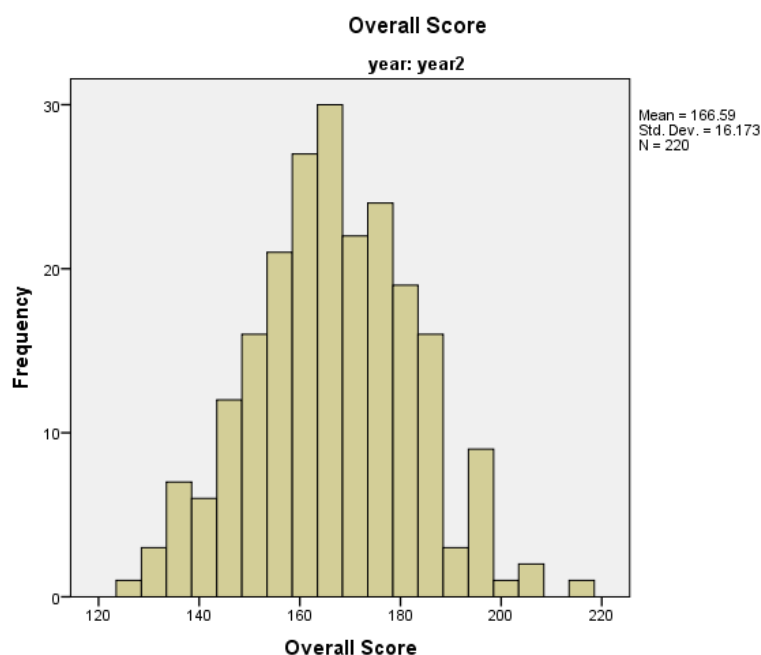


The KOP overall score of attitude in DS2 ranged from 126 to 216 (Figure.5.23). There were no negative attitude scores and 10% (n=8) were now slightly negative (including n=2 that scored 136), the majority of the sample 48% (n=114) still scored



137-169, therefore had slightly positive attitudes, this had decreased from DS1. Finally 40% (n=90) had positive attitudes, and scored 170-203, an increase of 31%, whilst 2% (n=3) scored above 204, therefore demonstrated extremely positive attitudes. The mean score was 166, with n=9 each scoring 174, again a positive change from DS1. Overall there was a positive shift in attitude.

Figure.5.23: Overall KOP Score and Mean for DS2



The test for Normality was undertaken for DS2 (Table.5.11), this indicated a significant outcome, and visual confirmation of equal distribution was confirmed by exploration of a Q-Q plot (Figure.5.24).

Table.5.11: Test for Normality DS2

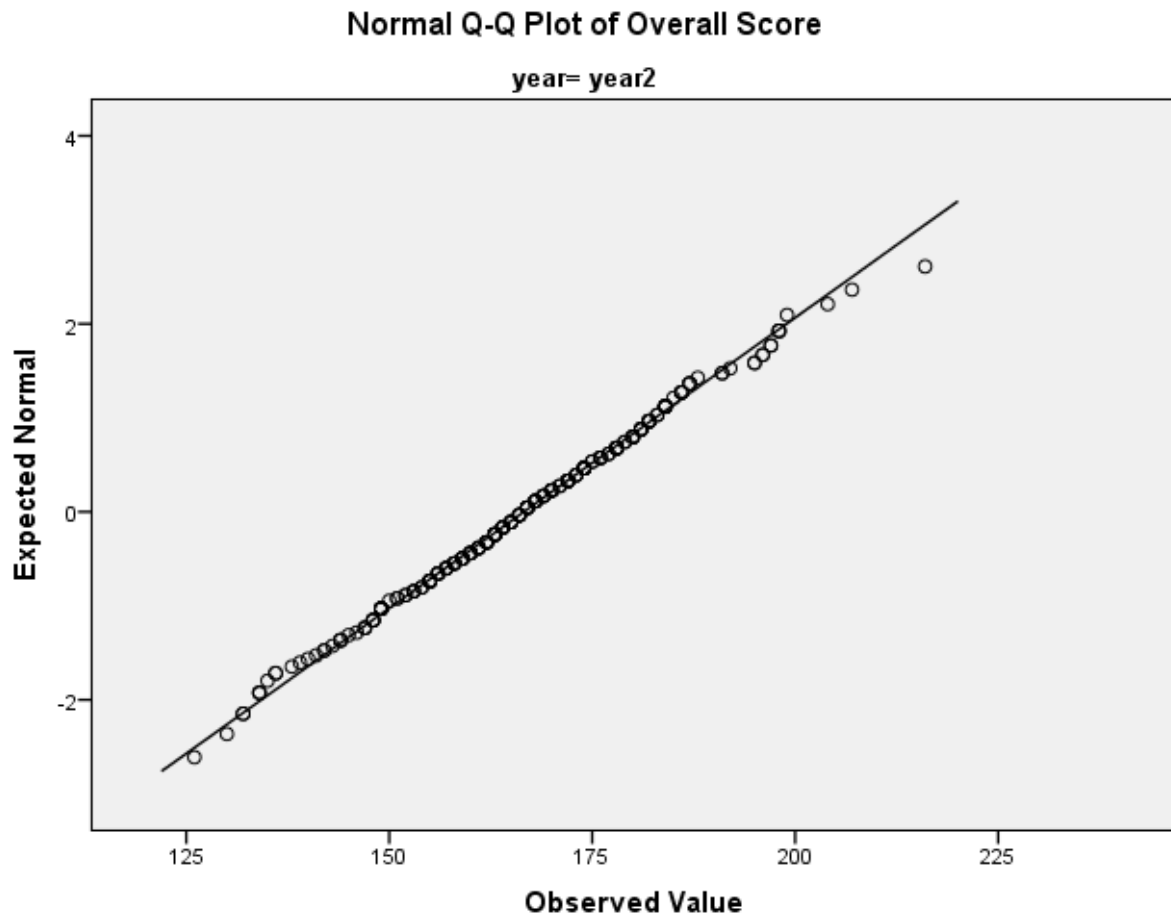
Tests of Normality <sup>a</sup>						
	Kolmogorov-Smirnov <sup>b</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Overall Score	.030	220	.200*	.996	220	.855

\*. This is a lower bound of the true significance.

a. year = year2

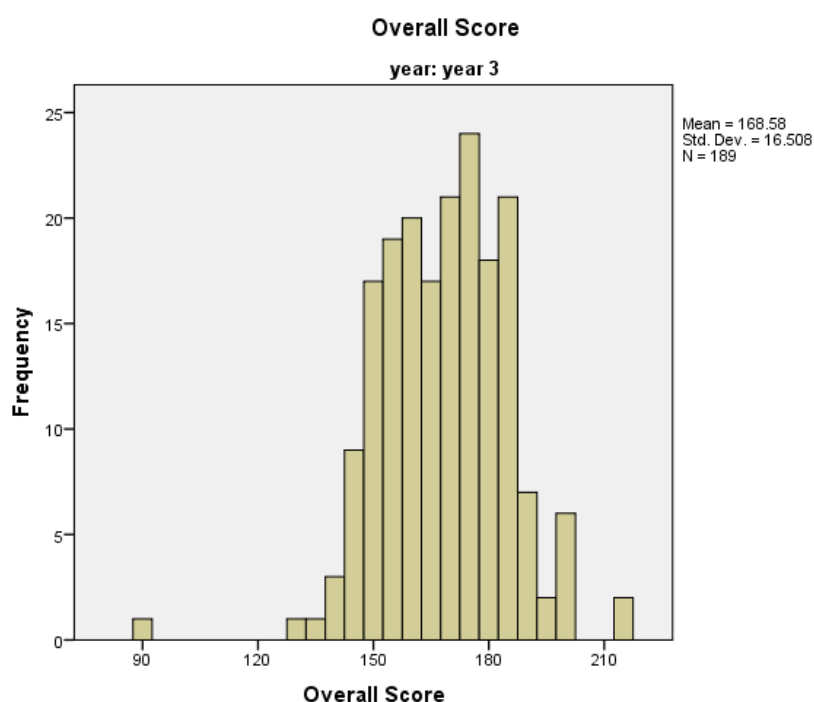
b. Lilliefors Significance Correction

Figure.5.24: Q-Q Plot of Overall Score DS2



The overall KOP score of attitude in DS3 ranged from 90 to 213 (Figure.5.25). Similar to DS1 1% (n=2) indicated slightly negative or negative attitude scores, 47% (n=91) still scored 137-169, therefore had slightly positive attitudes, and was a decrease from DS1 and 2. Whilst now the majority of the sample, 50% (n=94), had positive attitudes, and scored 170-203, finally 1% (n=2) scored above 204, a reduction from DS2 but demonstrated extremely positive attitudes. The mean score for the sample was 168, with n=8 scoring 176, again a slight change from DS1 and 2.

Figure.5.25: Overall KOP Score and Mean for DS3



The test for Normality was undertaken for DS3 (Table.5.12), this indicated a significant outcome, and visual confirmation of equal distribution was confirmed by exploration of a Q-Q plot (Figure.5.26).

Table.5.12: Test for Normality DS3

Tests of Normality <sup>a</sup>						
	Kolmogorov-Smirnov <sup>b</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Overall Score	.049	189	.200*	.974	189	.001

\*. This is a lower bound of the true significance.

a. year = year 3

b. Lilliefors Significance Correction

Figure.5.26: Q-Q Plot of Overall Score DS3



Tests for normality aligned to Doherty et al. (2011) study. Normality was performed for each DS as the larger the sample the harder it is to declare that data is normality distributed, and it is recommended that data sets are examined separately (Field, 2013). This implied the sample size at DS1 impacted upon the distribution of normality and may explain the lack of significance, as DS2 and DS3 were distributed. Figures.5.21, 5.23, and 5.25 do not significantly align to a normal distribution; equally they do not reflect a positive or negative skew, a leptokurtic or platykurtic distribution or a bimodal or multimodal distribution (Field, 2013). Therefore Q-Q plots to inspect the quantile were undertaken, due to the size of the data, any deviation from the line represents a deviation from normality (Field, 2013). All three Q-Q plots indicated there was some deviation from normality at the extremely negative and extremely positive of the scale, therefore exploration of the response to questions is suggested (Field, 2013) and was undertaken (section 5.2). As indicated several individual KOP questions (section 5.2) elicited an unexpected response and the correlations or lack of, suggest a revision of the tool is needed.

## 5.5 Comparison of Overall KOP Score Means to Demographic Data

In this section the overall KOP is directly compared to age, gender, nursing branch, care experience, educational qualifications, work preference and contact with older people, as it was identified in section 4.1.3 that these had an impact upon attitude score. Direct correlations between these variables and the overall score were noted.

### 5.5.1 Age and Overall KOP Score

Age difference and overall KOP score established in DS1 that those aged 17-21 (n=158) mean was 159, whereas other age groups did not necessarily improve by age (Table.5.13).

Table.5.13: Mean and Standard Deviation between Age and Overall KOP Score DS1

Age	Number	Mean	Standard Deviation
17-21	n158	159.75	14.702
22-29	n77	164.27	14.861
30-39	n46	161.67	13.949
40-49	n21	165.52	21.584
50-59	n3	162	12.166

In DS2 means by age were examined (Table.5.14), when comparisons were made between DS1 and DS2, all age group means had improved.

Table.5.14: Mean and Standard Deviation between Age and Overall KOP Score DS2

Age	Mean DS1	Mean DS2	Standard Deviation
17-21	159.75	166.11	14.588
22-29	164.27	165.28	16.165
30-39	161.67	165.53	18.054
40-49	165.52	173.70	16.952
50-59	162	189	8.485

In DS3 means by age (Table.5.15), had improved in some groups, however in age group 22-29 it had remained stable and in 50-59 the mean had reduced marginally.

Table.5.15: Mean and Standard Deviation between Age and Overall KOP Score DS3

Age	Mean DS1	Mean DS2	Mean DS3	Standard Deviation
17-21	159.75	166.11	168.63	15.623
22-29	164.27	165.28	165.07	17.246
30-39	161.67	165.53	171.14	11.785
40-49	165.52	173.70	174.73	20.131
50-59	162	189	188	1.414

Tables 5.13-5.15 provide an overview of the mean KOP score and age across the DS, in all age groups there was an improvement in score from DS1 to DS3.

In DS3 there was a correlation between age of the participant and their overall KOP score (Table.5.16).

Table.5.16: Correlation between Age of Participant and Overall KOP Score

		Age	Overall Score
Age	Pearson Correlation	1	.152 <sup>*</sup>
	Sig. (2-tailed)		.037
	N	189	189
Overall Score	Pearson Correlation	.152 <sup>*</sup>	1
	Sig. (2-tailed)	.037	
	N	189	189

\*. Correlation is significant at the 0.05 level (2-tailed).

### 5.5.2 Gender and Overall KOP Score

The overall KOP score of the participant and their gender was examined for DS1-3 (Table.5.17). It was established females scored a higher mean than males in the group, but at each collection point the means improved for both genders.

Table.5.17: Gender and Overall KOP Score DS1-3

Gender	DS1	Standard Deviation	DS2	Standard Deviation	DS3	Standard Deviation
Male	159.11	13.631	163	18.676	165.93	15.127
Female	161.79	15.554	166.93	15.928	168.79	16.635

### 5.5.3 Branch of Nursing (Adult; Child; Learning Disability; Mental Health) and Overall KOP Score

The branch of nursing and overall KOP score was examined using an independent t test (Tables.5.18-5.20). At DS1 there was little difference between the four branches of nursing. In DS2 the mean scores had improved overall for all nursing branches with Learning Disability advancing the positive score significantly. In DS3 branch of nursing and overall KOP score had improved in all branches except child which had decreased.

Table.5.18: Branch and Overall KOP Score DS1

Branch of Nursing	Mean Overall Score	Standard Deviation
Adult	161.92	15.058
Child	158.33	23.442
Learning Disability	158.53	9.117
Mental Health	161.93	14.994

Table.5.19: Branch and Overall KOP Score DS2

Branch of Nursing	Mean Overall Score Data Set 1	Mean Overall Score Data Set 2	Standard Deviation
Adult	161.92	166.43	16.498
Child	158.33	167.50	8.980
Learning Disability	158.53	171.89	9.212
Mental Health	161.93	165.41	18.471

Table.5.20: Branch and Overall KOP Score DS3

Branch of Nursing	Mean Overall Score Data Set 1	Mean Overall Score Data Set 2	Mean Overall Score Data Set 3	Standard Deviation
Adult	161.92	166.43	168.29	16.917
Child	158.33	167.50	161	18.886
Learning Disability	158.53	171.89	172.29	7.365
Mental Health	161.93	165.41	170.52	15.685

Tables.5.18-20 illustrating branch and overall KOP score.

#### 5.5.4 Care Experience and Overall KOP Score

Overall KOP scores were examined in conjunction with previous care experience, those who had no experience mean overall score was 160.46(*SD 12.948*), whereas those with care experience mean was slightly higher overall at 162.19(*SD 16.677*), when examining care experience in specific categories those who had experience caring for older people mean score was 161.60(*SD 18.09*), and those in acute adult care was 163.54 (*SD 14.978*).

#### 5.5.5 Educational Qualifications and Overall KOP Score

Educational qualifications on entry to the programme and overall KOP scores were examined (Table.5.21), those with a degree scored a higher mean, whilst those participants with an NVQ had poorer means. However all means were above the neutral KOP score thus were reflective of a positive outcome.

Table.5.21: Mean Overall KOP Score and Educational Qualifications DS1

Educational Qualification	Mean Overall Score	Standard Deviation
GCSE	164.28	12.646
A 'Level	160.99	14.400
NVQ/GNVQ	159.94	16.026
Diploma	157.81	18.782
Degree	167.75	10.972

The mean overall score improved during the study, and those who had entered the programme with A' Levels' made the most significant improvement (Table.5.22).

Table.5.22: Mean Overall KOP Score and Educational Qualifications DS3

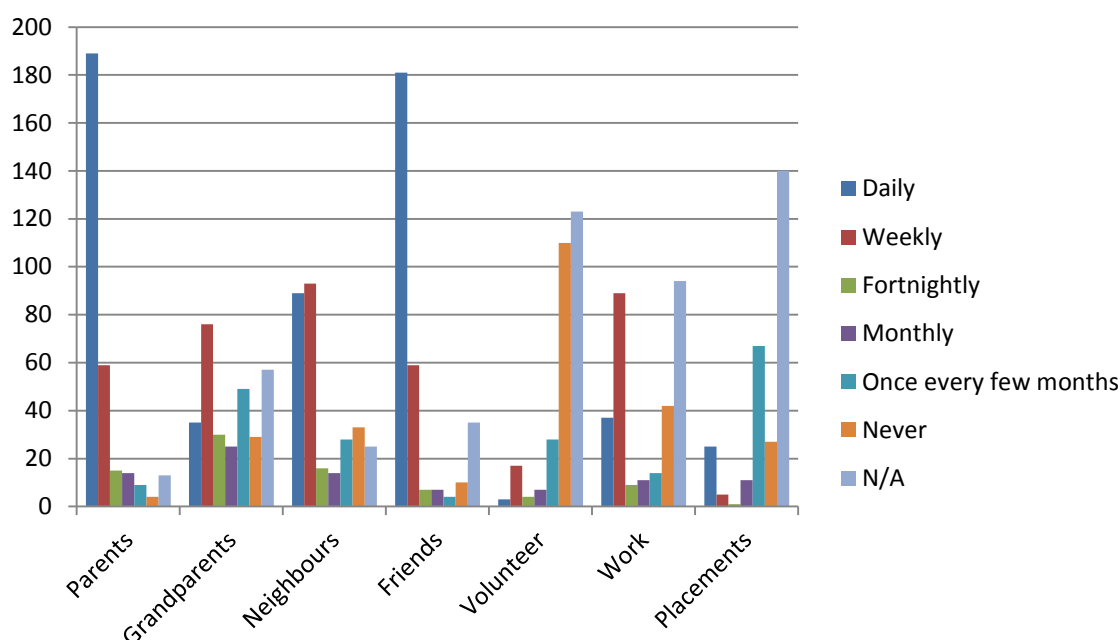
Educational Qualification	Mean Overall Score DS1	Mean Overall Score DS3	Standard Deviation
GCSE	164.28	165.11	22.257
A 'Level	160.99	171.52	14.634
NVQ/GNVQ	159.94	167.38	15.519
Diploma	157.81	162.48	20.624
Degree	167.75	170.78	16.487

#### 5.5.6 Frequency of Contact with Older People and Overall KOP Score

Frequency of repeated contact of older people was measured. Participants' indicated the amount of contact they had with people over 65 including; parent, grandparent, neighbour, friend, volunteer setting, and care settings- during university time and outside work. In DS1 a high number, 70% (n=215) had contact with a grandparent, (Figure.5.27), whilst nearly all had some contact with parents. The overall the mean score for those who had weekly contact with grandparents was 162.70 (*SD 15.185*), whilst daily contact was less at 161.26 (*SD 12.601*). The mean score of those who had contact with parents daily was 160.47 (*SD 15.219*) whilst weekly yielded a mean score of 165.63 (*SD 15.844*). Drawing conclusions from DS1 it could be suggested that the participants' misinterpreted the question, as 44% (n=136) answered the placement question; the data was obtained prior to their first clinical experience and a considerable amount cited being friends with older people 86% (n=268), it is difficult to ascertain is this was accurate or a flaw in the question.

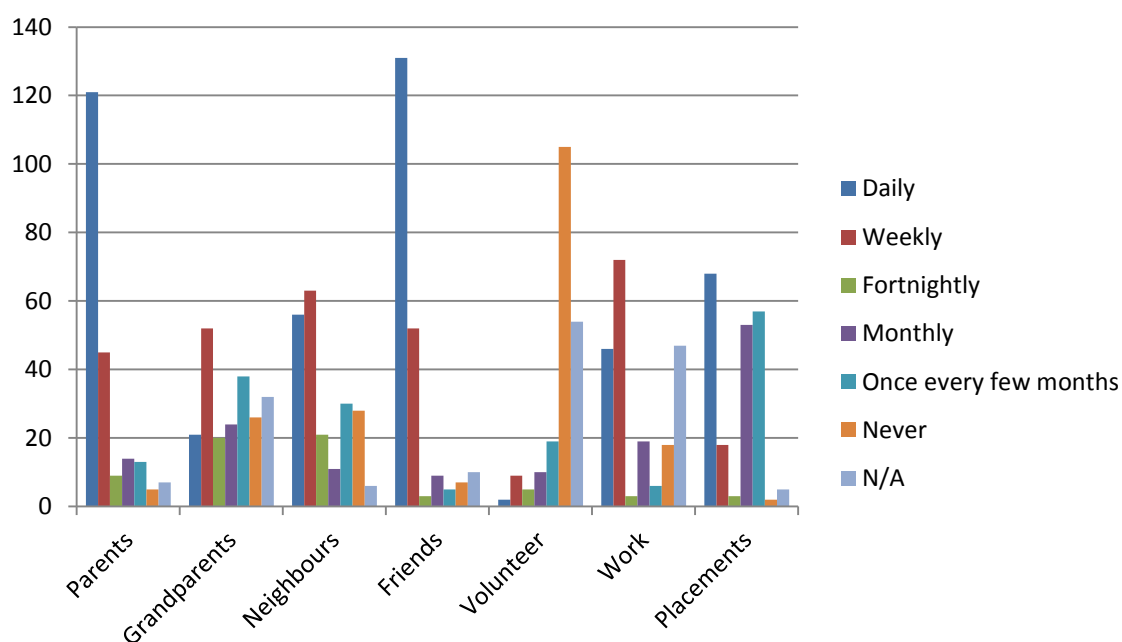


Figure.5.27: Contact with Older People DS1



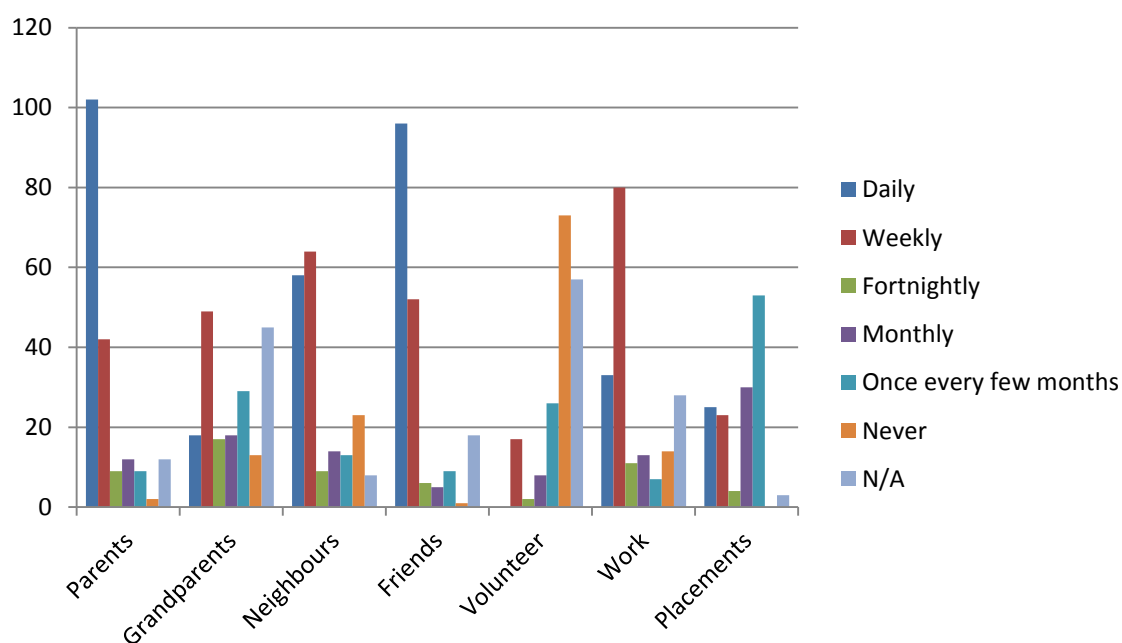
In DS2, contact with parents remained stable, whilst contact with grandparents decreased becoming less frequent, perhaps reflective of student life, contact with neighbours and friends remained constant, and more found they had contact with older people in work (Figure.5.28). In DS2 those who had daily contact with older people whilst on placement mean overall score was 165.32 (*SD*10.262), however those who cited weekly contact the mean was higher 168.33 (*SD*14.524). Those who had contact with grandparents daily mean was 165.86 (*SD* 17.454), whilst weekly contact was higher 168.79 (*SD* 14.826), these means had improved from DS1.

Figure.5.28: Contact with Older People DS2



In DS3 contact with parents and grandparents was found to be similar to DS2, there was a noticeable reduction in contact with older people with undertaking work outside the university (Figure.5.29).

Figure.5.29: Contact with Older People DS3



Those who had contact on a daily basis with older people whilst on placement mean overall score was 167.61 (*SD* 15.586), and those who cited weekly contact the mean was again higher at 170.43 (*SD* 14.948). Finally those who had contact with grandparents on a daily basis mean were 171.17 (*SD* 14.280), whilst weekly contact was 166.96 (*SD* 17.751).

## 5.6 Work Preference and Placement Influence

This section explores the participants anticipated work preference on qualification and placement influence, significantly very few cited working with older people as a career choice.

### 5.6.1 Participants Work Preference

The participants in DS1 were asked to list the area they anticipated working in as a qualified nurse (Table.5.23), 21% (n=65) did not know, a similar number anticipated working in acute care (adult or mental health) 24% (n=68), critical care 19% (n=57), less selected community setting 11% (n=33), 5% (n=14) children's, oncology 4% (n=11), learning disability 1% (n=3), other was 16% (n=48), whilst only 3% (n=8) cited they would work in older people settings. The mean overall scores compared to anticipated area of work, indicated working in older people settings had the lowest mean score.

In DS2 fewer participants 17% (n=37) did not know, a similar number anticipated working in a community setting 16% (n=34), acute care (adult or mental health) was 22% (n=48) and critical care 13% (n=28) reduced. Only 2% (n=5) cited they would work in older people settings. There were significant rises in overall mean score for those participants selecting older people and learning disability settings.

Finally in DS3, 5% (n=10) now did not know, there was an increase in the number who anticipated working in a community setting 23% (n=44) and in acute care (adult or mental health) 34% (n=63), and a reduction in critical care 18% (n=33) as a choice. There had been a slight increase with 5% (n=9) cited they would work in older people settings. The mean overall scores in all categories had improved from DS1, however for those wanting to work with older people the mean had reduced slightly.

Table.5.23: Overall KOP Score Mean and Work Preference DS1-3

Anticipated Area of Work	Overall Score Mean/SD Data Set 1		Overall Score Mean/SD Data Set 2		Overall Score Mean/SD Data Set 3	
Community	164	12.199	168	13.654	166.6	16.843
Adult Learning Disability	161	2.00	172	11.314	173.50	3.536
Acute Adult	162.13	17.266	168.79	15.986	171.39	15.767
Older People	156.50	18.400	182.60	22.777	178.67	11.303
Critical Care	165.72	10.993	164.50	16.269	166.85	11.856
Acute Mental Health	167.78	15.109	165.08	19.916	169.39	16.108

### 5.6.2 Placement Influence

The participants were asked to highlight the placement that had influenced their professional development the most. The majority either selected critical care 23% (n=43), acute care 28% (n=54) or community 20% (n=39), whilst 6% (n=11) stated it was caring for older people. Interestingly 3% (n=6) stated that they had not been influenced by any placements. The responses indicated that the students valued high tech skill development and the opportunity to learn, the pace and variety of work and mentor support. The participants that choose older people settings, communication was specifically highlighted and the ability to provide holistic care. The focus of acute and critical care for this question supports the responses made in the questionnaire surrounding work preference.

## 5.7 Quantitative Findings of the Content Analysis of the Drawings

This section will present the quantitative findings of the drawings evolved from the content analysis. The section will firstly explore the rating of the images and how this aligned to the KOP score and will proceed to present the findings in themes. Finally this section will end with a summary of the correlations between the individual variables.

In DS1 there were 310 completed questionnaires therefore 310 potential images to analyse, 8% (n=24) of the sample choice not to draw an image and left the section blank (this included 3 questionnaires that were spoilt). This left n=286 images available for content analysis. In DS2 221 questionnaires were completed, 11% (n=32) of the sample choice not to draw an image and left the section blank (including 1 spoilt). This left n=188 images available for content analysis. In DS3 there were 191 completed questionnaires, 10% (n=20) of the sample choice not to draw an image and were blank, this included n=2 spoilt

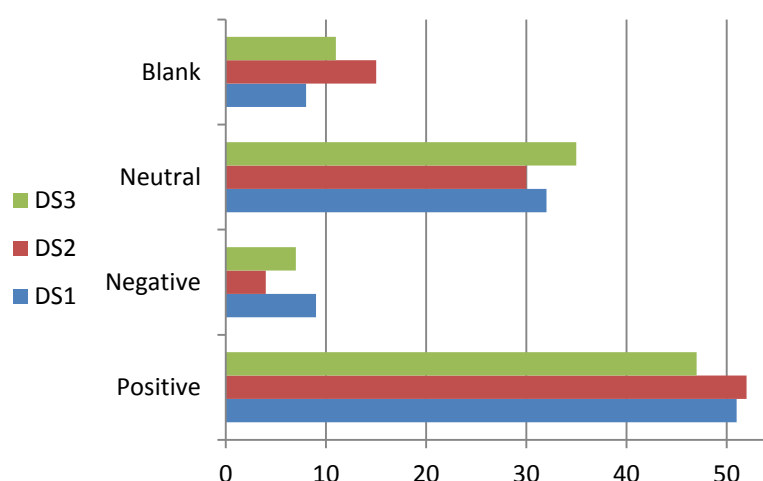
questionnaires, leaving n=171 images available for content analysis. Therefore in total there were n=645 images available for content analysis.

### 5.7.1 Rating of Drawings

The images were rated on the portrayal of the person drawn and categorised as positive, negative and neutral (Figure.5.30). Lichtenstein et al. (2005) described these characteristics as, positive indicating independence and social interaction, whilst Roberts et al. (2003) positivity included symbols of happiness (sunshine, flowers and butterflies). Lichtenstein et al. (2005) described neutral as descriptive with no values, whereas Bugental and Hehman (2007) indicated that stereotypes held positive and negative combinations, thus the neutral category reflected this juxtaposition, and drawings that contained minimal detail were also reflected in this category. Negative ratings were seen as dependant and isolating (Lichtenstein et al., 2005), whereas Roberts et al. (2003) negative symbols were sad faces. The content and thematic analysis of the drawings and ratings were applied separately, and these when examined were comparable.

In DS1 51% (n=159) were deemed to be a positive portrayal of older people. In DS2, 52% (n=114) were a positive portrayal of older people, and there were less negative and neutral. Finally DS3, 47% (n=89) were a positive portrayal of older people, a reduction from both DS1 and DS2, and more found to be negative and neutral.

Figure.5.30: Overall Ratings of Drawings DS1-3



Overall rating of DS1 drawings were compared to the KOP overall score, those rated positively had a higher mean score on KOP scale compared to those who scored negatively (Table.5.24).

Table.5.24: KOP Overall Score with Drawing Overall Rating DS1

	overall rating	N	Mean	Std. Deviation	Std. Error Mean
KOP Overall score	positive	159	164.97	12.951	1.027
	negative	29	155.10	13.767	2.556
	neutral	98	158.93	17.570	1.775
	blank	21	156.52	17.885	3.903

Table 5.24 provides a summary of an independent t test to measure the relationship between the rating given to each drawing and the KOP score of the participant in DS1.

In DS2 overall rating of the drawings were compared to KOP overall score, the drawings that had been rated positively had a higher mean score on KOP's scale compared to those who scored negatively (Table.5.25). The mean score had improved in all but the drawings rated negatively which had decreased (155.10 DS1).

Table.5.25: KOP Overall Score with Drawing Overall Rating DS2

	overall rating	N	Mean	Std. Deviation	Std. Error Mean
KOP Overall score	positive	114	169.74	14.938	1.399
	negative	8	151.00	18.540	6.555
	neutral	66	164.45	15.516	1.910
	blank	32	163.72	18.320	3.239

Table 5.25 provides a summary of an independent t test to measure the relationship between the rating given to each drawing and the KOP score of the participant in DS2.

Finally in DS3 the drawings that were rated positively again had a higher mean score on KOP's scale compared to those who scored negatively, the mean score further had increased for the positively rated drawings, whilst the mean score for negative rated had recovered from DS2 (Table.5.26).

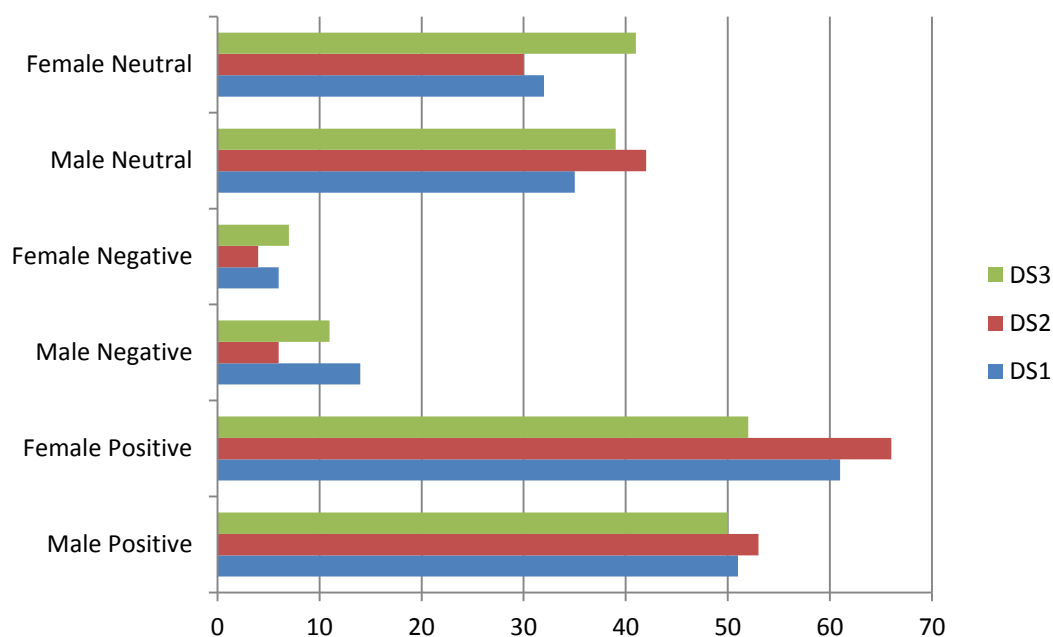
Table.5.26: KOP Overall Score with Overall Rating DS3

	overall rating	N	Mean	Std. Deviation	Std. Error Mean
KOP Overall score	positive	89	170.73	16.822	1.783
	negative	13	158.15	11.531	3.198
	neutral	66	169.03	14.890	1.833
	blank	20	163.85	20.474	4.578

Table 5.26 provides a summary of an independent t test to measure the relationship between the rating given to each drawing and the KOP score of the participant in DS3.

Gender was pivoted to establish whether there was a difference between the ratings and the gender of the person drawn, (Figure.5.31) , more females drawn throughout study were positive portrayals, however the percentage peaked in DS2 and decreased in DS3, coincidentally negative ratings increased in DS3, whereas neutral scores were balanced.

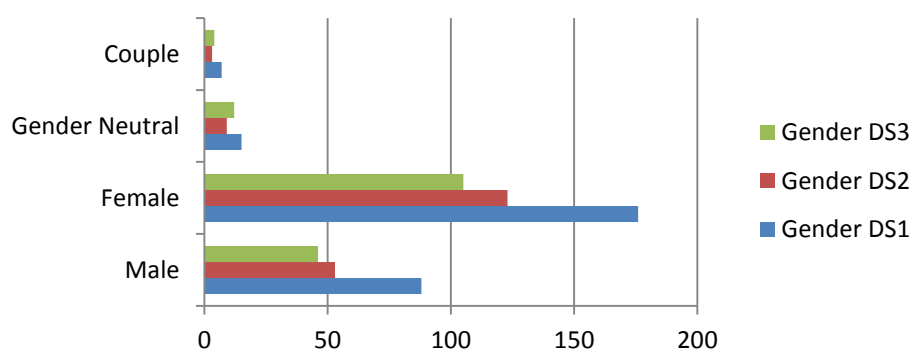
Figure.5.31: Gender of Image Aligned to Rating



### 5.7.2 Gender of Older People Drawn

The drawings were examined by gender (Figure.5.32), in all DS's more females was drawn, a small number of drawings the gender was not identifiable, and a small percentage depicted couples.

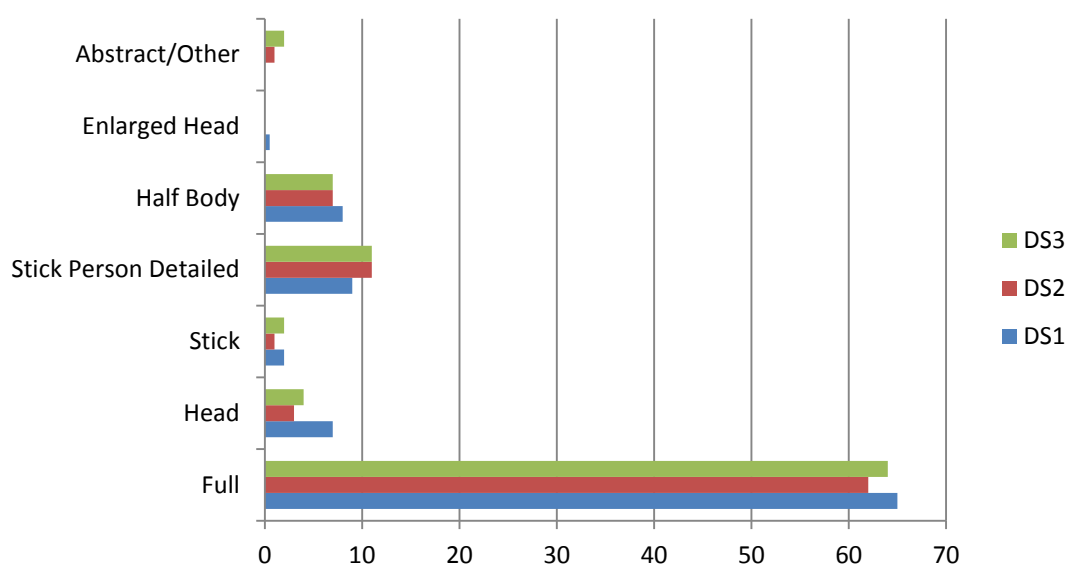
Figure.5.32: Gender DS1-3



### 5.7.3 Body Form of the Older People Drawn

The drawings depicted various body forms and this remained similar throughout the study. In DS1 65% (n=202) drew a whole person, 7% (n=23) a head and 9% (n=35) were depicted as stick people (Figure.5.33). In DS2 62% (n=137) drew a whole person, 3% (n=7) was a head, 11% (n=27) were depicted as stick people, and n=1 image was not of a person. In DS3 64% (n=109) drew a whole person, 4% (n=7) were heads and 2% (n=3) were not of a person.

Figure.5.33: Body Form DS1-3



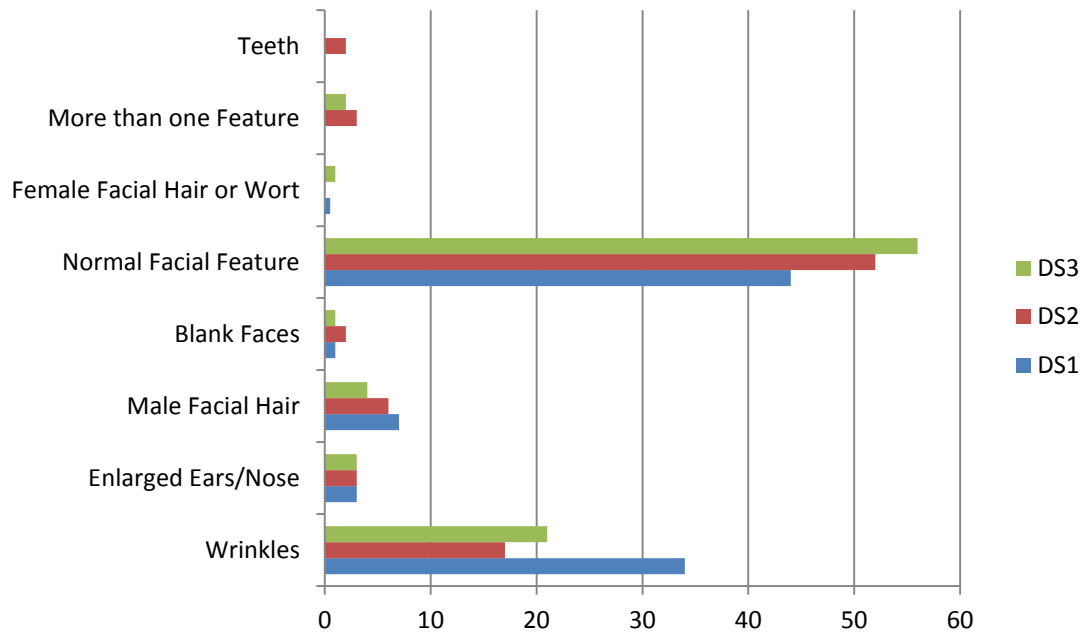
It is not surprising that the majority of participants drew a full figure as this was the instruction, and the abstract images suggested an awareness of stereotyping. Lichtenstein et al. (2005) asked for full body images, whilst Roberts et al. (2003) describe one abstract image. The depiction of a head aligned to Barrett and Cantwell's (2007) research where it was observed 31% of the images were faces.

### 5.7.4 Facial Features

Facial features were depicted in many images to age the individual (Figure.5.34), in DS1 34% (n=106) were drawn with wrinkles, men had enlarged ears/noses 3% (n=8) and facial hair, and one female had facial hair. However 44% (n=135) were drawn with no age defining depictions. In DS2 prominent facial features were again found, wrinkles were depicted in 17% (n=38), and 2% (n=4) had blank faces. However more, 52% (n=114) were drawn with no age defining depictions.



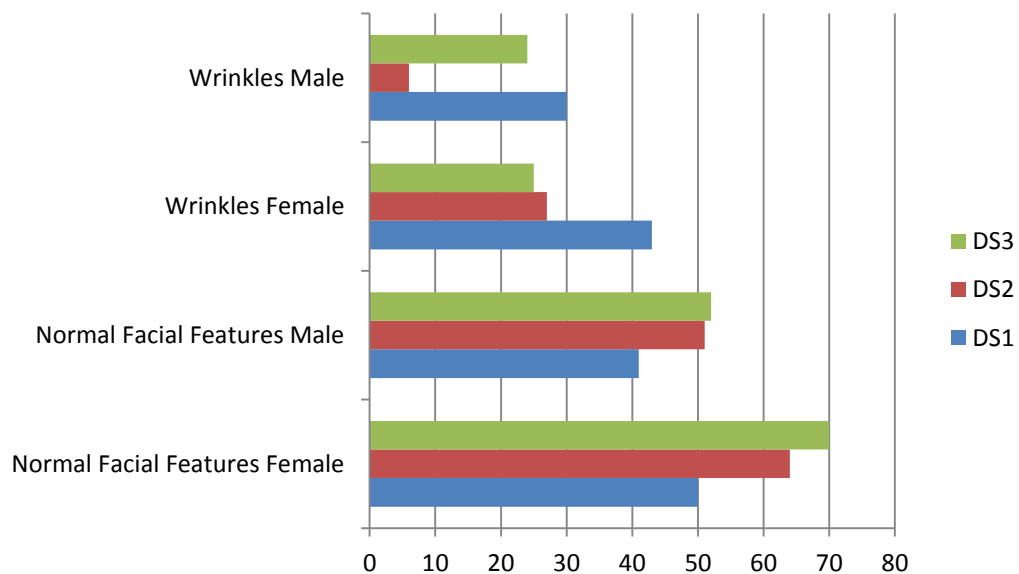
Figure.5.34: Facial Features DS1-3



In DS3 again physical features were depicted in many images, there was a reduction in emphasised wrinkles 21% (n=36), fewer males had facial hair but n=1 female had a facial wart. More were drawn with normal facial features 56% (n=107).

The data was pivoted to explore the use of wrinkles to depict age, the females drawn were more likely to have wrinkles illustrated than males in DS1 and DS2, whilst DS3 they were comparable (Figure.5.35).

Figure.5.35: Gender Split of Facial Features DS1-3



### 5.7.5 Mobility

Mobility was a significant area that physical ageing and features were emphasised (Figure.5.36). In DS1 45% (n=139) of the images were categorised as independent and had no indication of mobility aids, however 28% (n=87) were drawn with a walking stick and 1% (n=4) had a hunch back, categorised as posture. In DS2 mobility was again emphasised, 47% (n=103) of the images were categorised as independent, a small increase from DS1, however more were drawn with a walking stick 31% (n=67), and 1% (n=2) were sitting down in chairs. Finally in DS3, mobility was more negatively depicted and less was independent, more were drawn with a walking stick 21% (n=36) and 2% (n=3) had more than one aid.

The data was pivoted to explore gender differences as it was observed in the thematic analysis (Chapter six) that more males drawn were allocated to the theme. It was identified that females were overall more positively portrayed except when depicted with Zimmer frames in DS3 (Figure.5.37).

Figure.5.36: Mobility DS1-3.

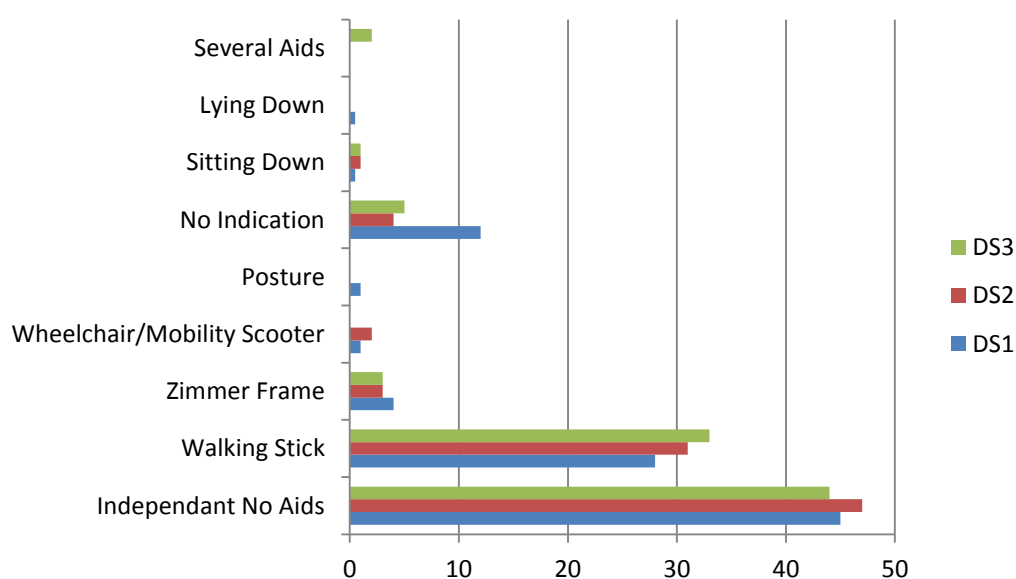
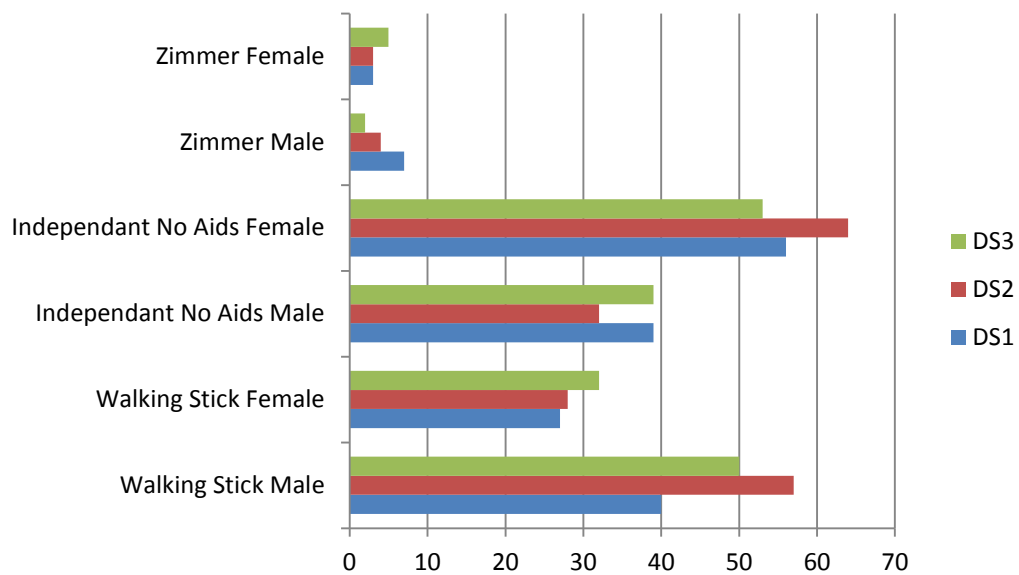


Figure.5.37: Gender and Mobility Aids DS1-3



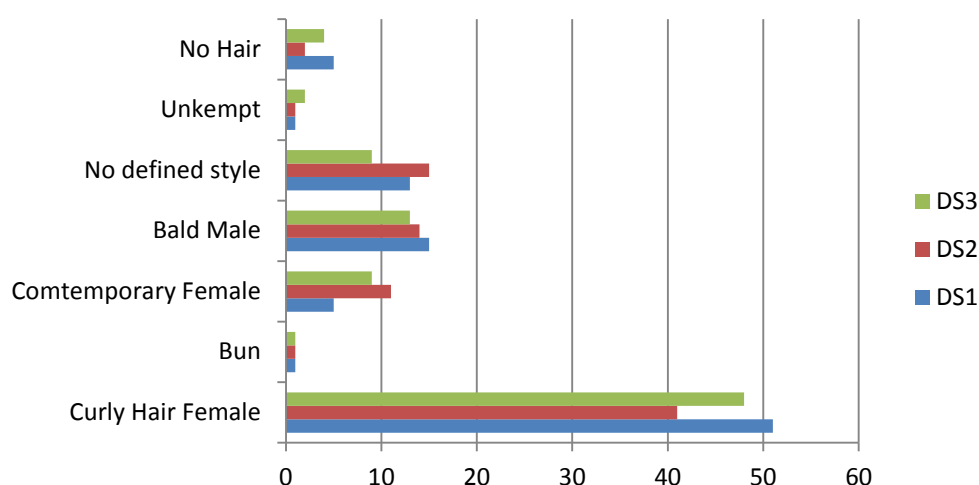
#### 5.7.6 Sensory

The final physical feature was sensory, in DS1 45% (n=139) of images were portrayed with glasses. This again occurred in DS2, 45% (n=99) of images had glasses, and one image was depicted with a hearing aid and glasses. Finally DS3, 43% (n=81) were portrayed with glasses, and n=1 was depicted with a hearing aid and glasses.

#### 5.7.7 Hair Style

Hair style appeared to classify the person as old (Figure.5.38). In DS1 many women were portrayed with short curly hair 51% (n=158) and only 5% (n=15) with a contemporary style. Just over half of the men had balding hair 16% (n=48). Hair style again was prominent in DS2, women drawn with short curly hair decreased to 41% (n=91) and there was an increase in contemporary style 11% (n=24). Finally in DS3 there was an increase in women with curly hair 48% (n=82) and a decrease in contemporary style 9% (n=15). Just over half the men drawn were bald, and those depicted as unkempt 2% (n=5) increased.

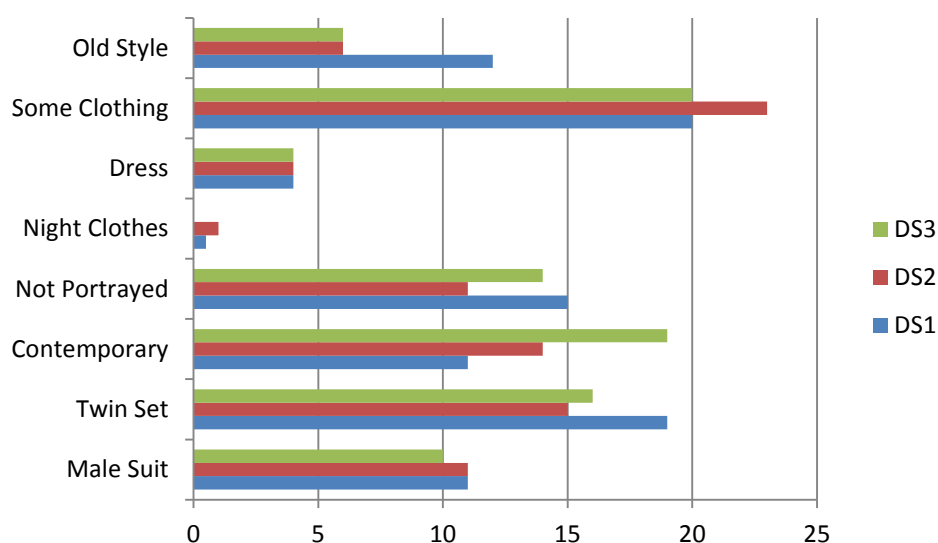
Figure.5.38: Hairstyles DS1-3



### 5.7.8 Clothing

Clothing was another item that defined being old (Figure.5.39), in DS1 males were depicted in suits, and females were illustrated wearing a twin set (cardigans and pleated skirts (uniform of later life (ULL))). A proportion were depicted in some form of clothes that were limited in detailed therefore further analysis could not occur. Only n=1 was portrayed in nightclothes. Again in DS2 females was typically depicted wearing a twin set 15% (n=33) but those wearing contemporary clothes increased to 14% (n=31). Only 1% (n=2) were portrayed in nightclothes. Finally in DS3 clothing again, was used to depict age, 10% (n=17) of males were in a suit and 16% (n=27) females in a twin set 16% (n=27) whereas those depicted in contemporary clothes increased 19% (n=32).

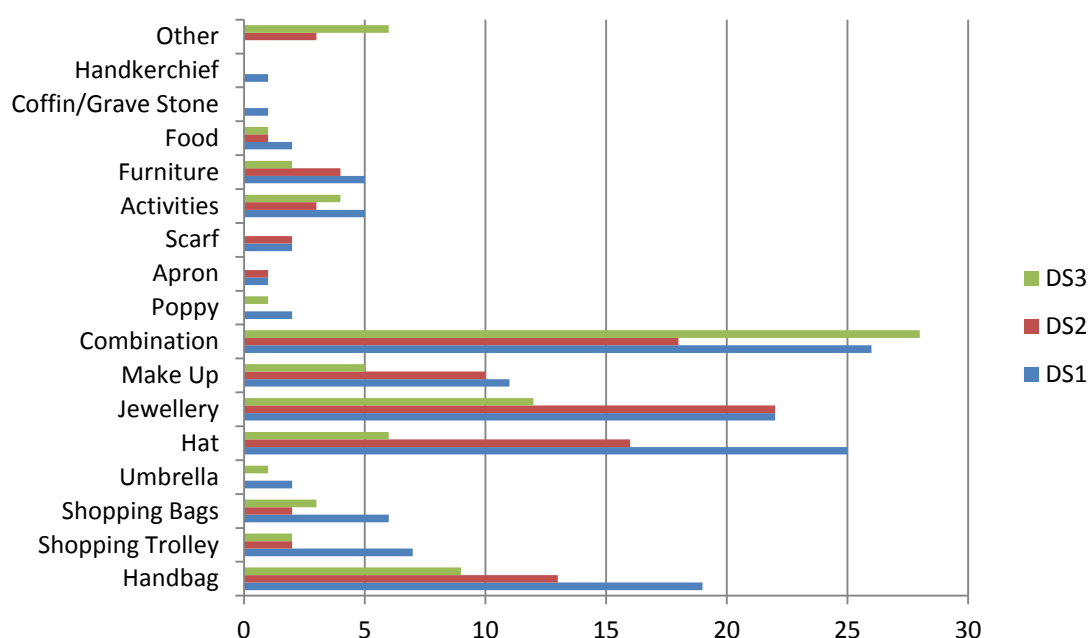
Figure.5.39: Clothing DS1-3



### 5.7.9 Accessories

A small minority of the images depicted accessories these ranged from; handbags, shopping trolleys and bags, jewellery, make-up, hats, a remembrance poppy, house furniture, equipment associated with undertaking activities and a coffin. Several of the images had more than one and therefore formed the variable 'combination' (Figure.5.40). The allocation was similar across the study, and a significant proportion did not depict anything; 48% (n=148) in DS1, 41% (n=91) in DS2 and 51% (n=88) DS3.

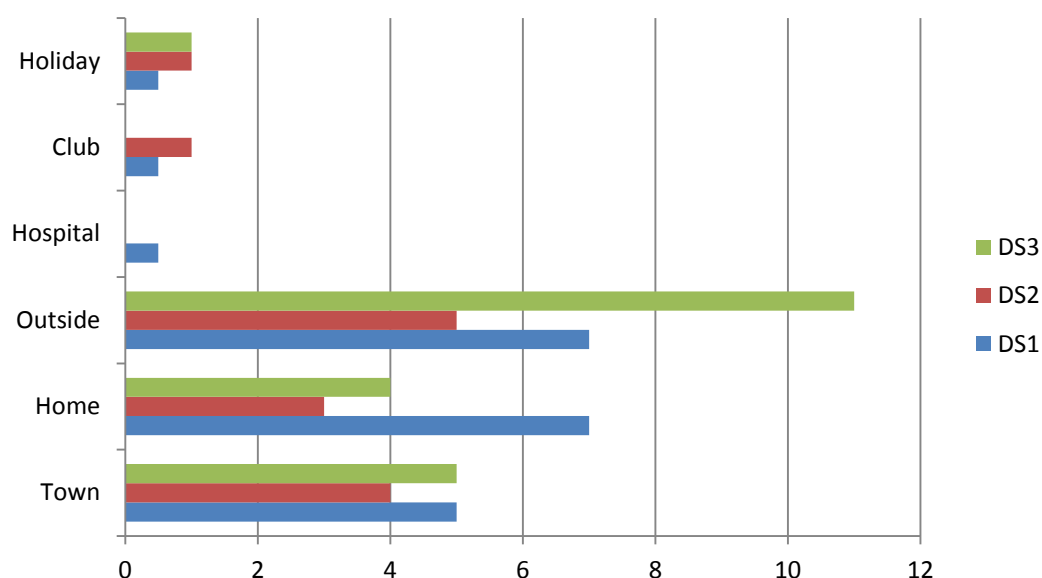
Figure.5.40: Accessories DS1-3



### 5.7.10 Environment

The environment although not specifically asked for appeared in 21% (n=60) of the images in DS1, and situated older people in a place, typically outside, at home or in/by a shop (Figure.5.41). One image portrayed a person in a hospital bed. In DS2 environment again featured, where 14% (n=28) depicted older people in some form of place, however this was less than DS1 and no one was shown in a hospital environment. Finally in DS3 21% (n=36) indicated an environment. However a significant percentage in each DS did not, 73% (n=225/n=160) in both DS1 and DS2 and 67% (n=135) in DS3.

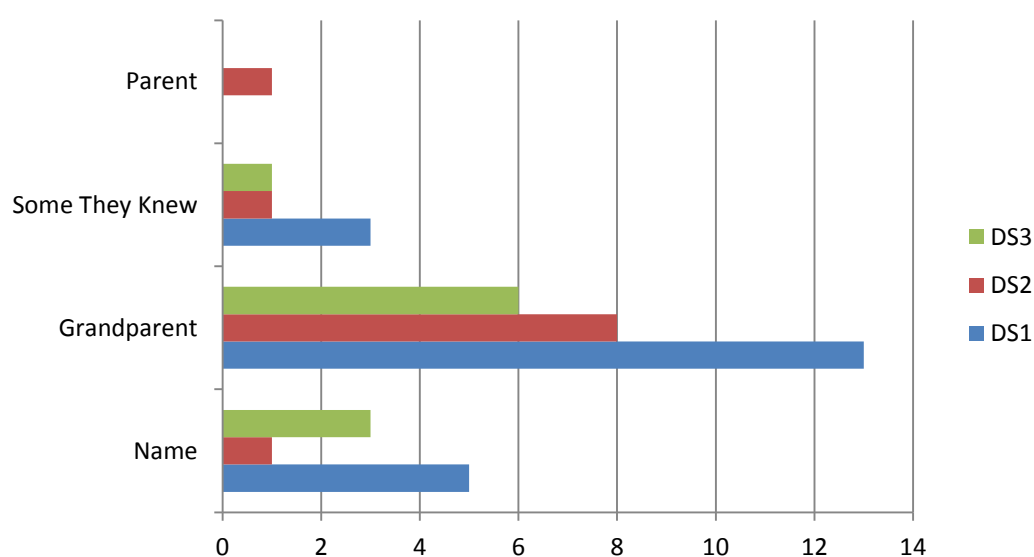
Figure.5.41: Environment DS1-3.



#### 5.7.11 Naming the Individual

A percentage of participants named the individual, in DS1, 5% (n=16) identified the person they drew, 13% (n=40) drew a grandparent and 3% (n=9) depicted someone they knew. This continued in DS2, only 1% (n=3) named the person they drew, 8% (n=17) drew a grandparent, n=1 depicted a parent and n=2 depicted someone they knew. Finally in DS3, 3% (n=6) named the person they drew, less drew grandparents 6% (n=12), and n=1 depicted someone they knew (Figure.5.42).

Figure.5.42: Number of Participants who named the Individual DS1-3



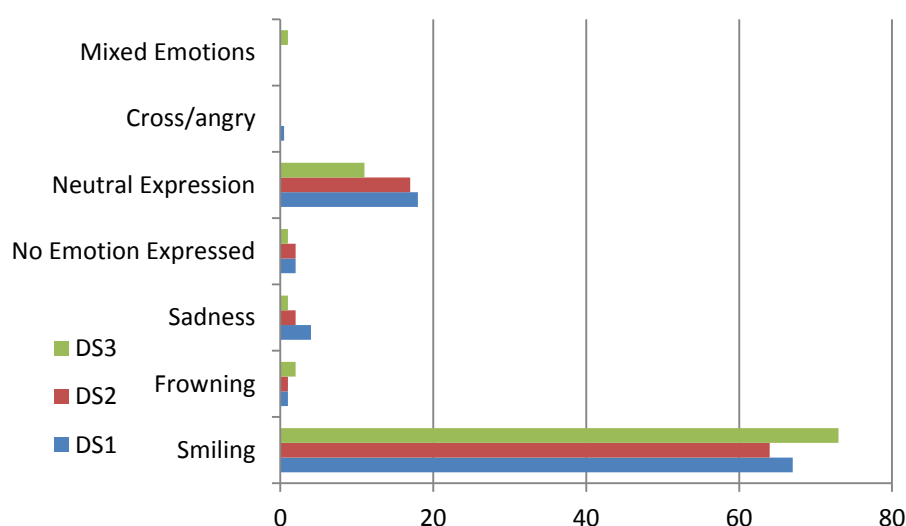
### 5.7.12 Cartoon Caricature

A small minority of images portrayed older people as a cartoon caricature, in DS1 6% n=17 produced a cartoon like character for the image, again in DS2, with 4% n=8 were produced, and finally in DS3, 6% n=11 were produced.

### 5.7.13 Emotions

Emotions were portrayed in a number of images (Figure.5.43); in DS1 the most common emotion depicted was smiling 67% (n=207), however frowns, being sad or angry were observed. A neutral expression was found in 18% (n=57). In DS2, the most common emotion was smiling, this had reduced to 64% (n=141), however less was sad 2% (n=5). In DS3 smiling again was the most common emotion 73% (n=125) and had improved from DS2. Of note in DS3 less had neutral expression 11% (n=19) and was sad (1%, n=2).

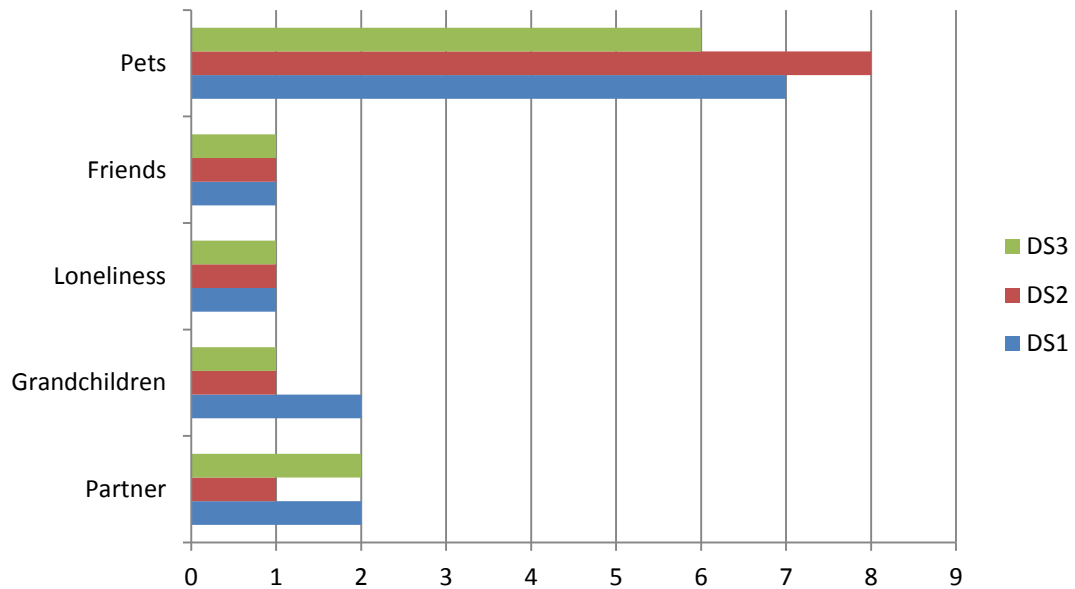
Figure.5.43: Emotions DS1-3



### 5.7.14 Company

In some drawings the person was drawn with company. The most common form of companionship was a pet (a dog or a cat), and women were drawn more frequently with a pet especially a cat (only 1 man in the DS was with a cat). Other images indicated a partner or grandchildren, and loneliness was indicated once in each DS (Figure.5.44).

Figure.5.44: Company DS1-3

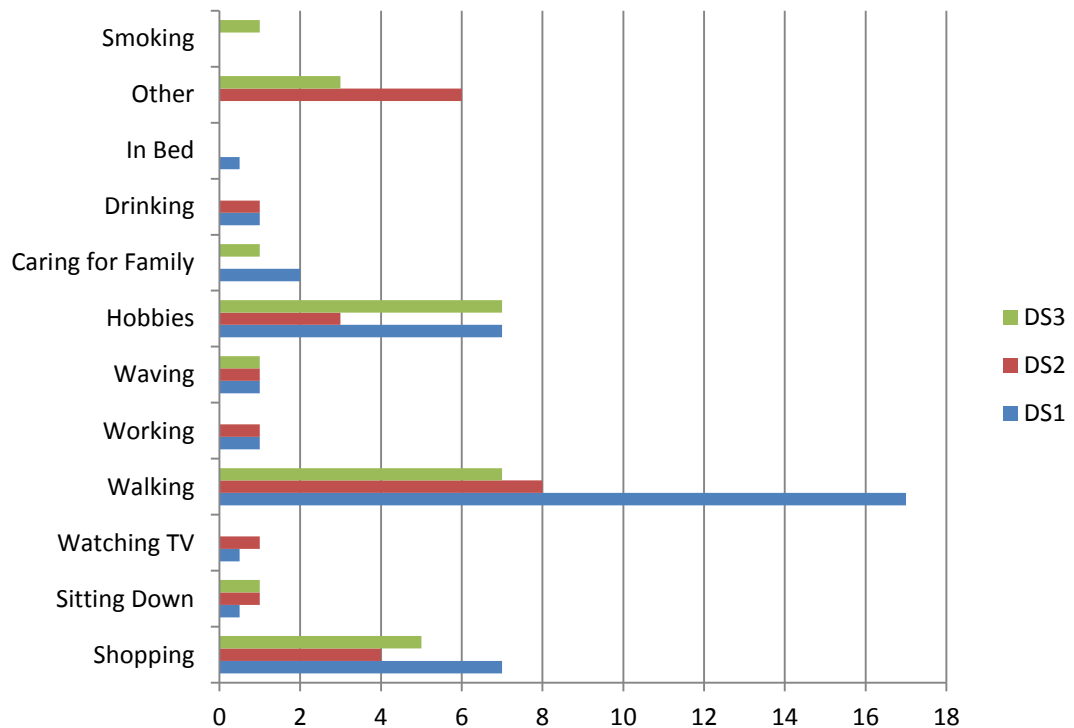


#### 5.7.15 Activity

In many of the drawings older people were shown to be undertaking an activity (Figure.5.45). In DS1 36% (n=113) depicted activity, the most common was walking 17% (n=51), shopping 7% (n=21) and hobbies 7% (n=19) which included sport, bingo, cooking and knitting, whilst one individual was depicted working. Similarly in DS2 26% (n=55) indicated some kind of activity, although a reduction from DS1, the largest percentage was again attributed to walking 8% (n=18). Finally in DS3, 25% (n=43) indicated activity, again walking was the most popular activity 7% (n=12).



Figure.5.45: Activity in DS1-3



#### 5.7.16 Correlations between Variables

The correlation analysis of the drawings variables was undertaken using Pearson correlations. There were n=28 significant correlations out of a possible n=240 combinations in DS1 (Table.5.27).

Table.5.27: Correlations between Drawing Variables DS1

Variable	Variable	Significance
Gender	Hairstyle	.254 **
Gender	Clothing	.187**
Gender	Activity	-.121*
Gender	Company	-.395**
Hairstyle	Clothing	.132*
Mobility	Prominent Facial Features	-.190**
Mobility	Emotions Portrayed	.119*
Overall rating	Emotions Portrayed	.249**
Name Given	Emotions Portrayed	-.150*
KOP score	Emotions Portrayed	-.188**
Sensory	Environment	.121*
Sensory	KOP score	-.122*
Mobility	Clothing	.118*
Mobility	Body	.329**
Mobility	Overall rating	.176**
Mobility	Name given	-.189**
Clothing	Company	-.178**
Clothing	Overall rating	.245**
Body	Overall rating	.123*
Environment	Activity	.366**
Environment	Company	.198**
Environment	Overall rating	.209**
Environment	Name given	-.138*
Activity	Accessories	.240**
Overall rating	Name Given	-.325**
Overall rating	Cartoon	-.187**
Overall rating	KOP score	-.204**
KOP score	Name given	.140*

\*\* correlation is significant at the 0.01 level (2-tailed), \* correlation is significant at the 0.05 level (2-tailed)

Table.5.27 details the correlation of variables identified in the content analysis in DS1.

In DS2 there was a reduction in the number of variables that correlated from n=28 to n=13, there were also changes between which variables correlated (Table.5.28). The variable appearance continued to correlate.

Table.5.28: Correlations between Drawing Variables DS2

Variable	Variable	Significance
Gender	Clothing	.183*
Gender	Company	-.398**
Hairstyle	Clothing	.187*
Mobility	Emotions Portrayed	.279**
Overall rating	Emotions Portrayed	.214**
Mobility	Company	-.277**
Body	Clothing	.176*
Body	Overall rating	.153*
Environment	Overall rating	.199**
Activity	Accessories	.182*
Overall rating	Company	.150*
Overall rating	KOP score	-.163*
KOP score	Name given	.227**

\*\* correlation is significant at the 0.01 level (2-tailed), \* correlation is significant at the 0.05 level (2-tailed)

Table.5.28 details the correlation of variables identified in the content analysis in DS2

In DS3 correlations were again recorded, there were changes between the variables that correlated, n=20, an increase from DS2 (Table.5.29). Again the variables associated with appearance continued to correlate.

Table.5.29: Correlations between Drawing Variables DS3

Variable	Variable	Significance
Gender	Hairstyle	.254 **
Gender	Clothing	.163**
Gender	Company	-.338**
Gender	Accessories	-.200**
Hairstyle	Mobility	-.200**
Hairstyle	Overall Rating	.183*
Hairstyle	Name given	.176*
Clothing	Prominent Facial Features	.170*
Environment	Emotions Portrayed	.165*
Activity	Emotions Portrayed	.182*
KOP score	Emotions Portrayed	-.217**
Sensory	Body	.168*
Sensory	Overall rating	-.177*
Mobility	Cartoon	-.208**
Clothing	Overall rating	.247**
Environment	Activity	.381**
Environment	Company	.329**
Environment	Overall rating	.200**
Overall rating	Company	.161*
Overall rating	Cartoon	-.212**

\*\* correlation is significant at the 0.01 level (2-tailed), \* correlation is significant at the 0.05 level (2-tailed)

Table.5.29 details the correlation of variables identified in the content analysis in DS3

Little significance can be drawn from these correlations, gender hairstyle and clothing appeared to correlate suggesting a commonality in the production of the images. Lichtenstein et al. (2005) found that their Spearman rho correlations were less than .10, with the highest observed correlation between the variables sad and frown at .49. These are similar to this study findings as a significant number of variables did not correlate but those who did across the data set ranged from .118-.381 (highest in DS3; environment and activity .381, lowest .118 in DS1; clothing and mobility). The outcome of these correlations suggests that by simplifying the categories from Lichtenstein's et al. (2005) study, the correlations had improved, but had not fully addressed the poor outcomes previously identified. This suggests that the correlation analysis need more detailed consideration for future research.

## **5.8 Summary**

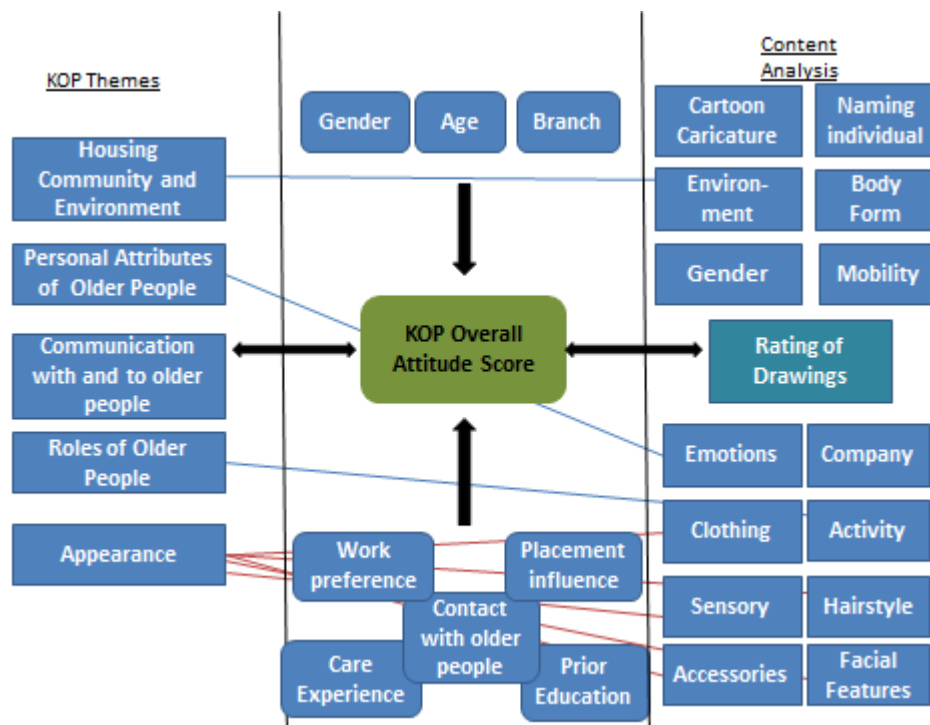
This chapter has presented the results of the quantitative data, and established that the findings presented answered the research questions posed and builds upon two fields of study. Firstly the use of the KOP identified that in the majority participants commenced the programme with slightly positive attitudes and these improved during the study, this answered questions one and two. Detailed analysis of the KOP identified that the tool requires revision and this is analysed and discussed Chapter seven. Secondly the use of visual methods have identified that perceptions of later life can be extracted from the drawings and started to answer the remaining research questions. To summarise the key findings are detailed in Table 5.30, and these are explored in Chapter seven.

Table.5.30 Key Findings of the Quantitative Data

Data	Key Findings
KOP Overall Score	75% of Undergraduate Nurses' started the programme with a slightly positive or positive attitude towards older people; this had increased to 98% at the end of the programme.
KOP Correlations	A number of paired questions require revision.
Participant Age and KOP Overall Score	Those aged 22-29 overall score did not alter significantly in the study. All other age groups score improved.
Participants' Gender and KOP Overall Score	Females scored better overall, but there was less difference between the genders.
Branch of Nursing and KOP Overall Score	Learning Disability Student Nurses' had the most significant change to overall score during the study.
Care Experience and KOP Overall Score	Participants with previous care experience had a better overall score at DS1.
Educational Qualifications and KOP Overall Score	Participants with A 'Levels' on entry overall score improved the most during the study, whilst those with lower educational qualifications did not.
Contact with Older People and Overall KOP Score	Weekly contact with older people (grandparents) generally facilitated a better mean KOP score.
Work Preference	Less than 5% of participants at DS3 would choose older peoples nursing as a career.
Placement Influence	Students valued high tech skill development and speed and pace of the working environment.
Rating of Drawings	The positive portrayal of older people was found in approximately half of the drawings (51% DS1, 52% DS2 & 47% DS3)
Rating of Drawings and KOP Overall Score	There was a correlation between the rating of the drawing and the mean KOP score.
Positive Rating of Drawings and Gender	More females drawn were positive portrayals.
Facial Features	Half of the drawings at each DS depicted normal facial features.
Mobility	A significant number of drawings at each DS depicted mobility aids.
Mobility and Gender	More males were drawn with mobility aids.
Appearance (Hair style and clothing)	A significant number of women drawn had the same hairstyle and were depicted in similar clothes.
Naming the Individual	A small percentage identified the person they drew as a family member or gave them a name.
Activity	A number of drawings depicted older people being active.

The triangulation of data illustrated that the KOP score mirrored the rating of the image, (Figure.546). The content analysis provided a superficial meaning of the images and the content analysis identified aspects that needed to be explored further in the thematic analysis and drew parallels with the KOP themes appearance, housing, community and environment and personal attributes of older people (Figure.5.46).

Figure.5.46: The interrelationship of the quantitative findings



The figure illustrates the interrelationship between the content analysis of the drawings and the outcome of the questionnaire, and in particular the KOP findings. There was a direct correlation between the ratings of the drawings and the KOP overall score.

The findings are now further explored in Chapter six where the thematic analysis of the drawings will be presented.

## Chapter 6 Qualitative Data Findings and Analysis

This chapter presents the qualitative findings building on the quantitative results presented in Chapter five. The three data collection points (November 2009, February 2011 and May 2012) are discussed together to present the journey of the longitudinal study. The Thurstone Scale Panel (Oppenheim, 1992) and Photo Elicitation (Rose, 2012) were used to validate the findings, and enhanced the data analysis. Importantly photo elicitation provided a narrative for the images adding meaning to the analysis, perceptions about later life were extracted, and in particular the interviews became a case study of the individual participant as they drew on their own personal influences of perceptions of older people from the media, social interaction, role models, personal observation of culture and practice learning. The Thurstone scale panel has proved an important method of analysis for the drawings, and enabled a deeper understanding of the images, as the image was explored from a number of individual perceptions. The images produced a language and discourse of old age and reflected societal opinion and not the client group they inherently cared for, this may suggest culture shapes perceptions of later life. Developing Gilleard and Higgs (2000) observation of the role of culture in experience and expression of old age and that symbolic forms are produced.

The findings of the qualitative data are presented in themes and where relevant examples from the literature presented in Chapter two are used.

### 6.1 Results of Thematic Analysis of Drawings

Visual methods tend only to present a few good examples to facilitate the analytical processes and allow pertinent points to be made (Rose, 2012). Therefore this chapter has reproduced a selection of the drawings to aid in the presentation of the findings and provide a narrative; a full catalogue of the drawings, ordered in themes has been included as *Appendix.13*. It was established that some images were similar in composition, whilst others contained little detail and had no further part in the analysis. Each drawing was labelled numerically and by DS, for example 90/1 (90; numerical label of the drawing in the DS, which could be cross referenced to individual KOP score and 1: the DS it belonged to). The drawings that were examined by the participants in the Thurstone Scale Panel and Photo Elicitation are highlighted in findings. The KOP score of the participant is indicated, Table 6.1 remains us of the potential scores.

Table 6.1 KOP Score Range

Outcome of the KOP	Numerical Rating
Extremely Negative	34-67
Negative	68-101
Slightly Negative	102-135
Neutral	136
Slightly Positive	137-169
Positive	170-203
Extremely Positive	204-238

In total there were n=720 images and these formed eight themes; 1) appearance and features, 2) family, 3) mobility, 4) stereotyping, 5) emotion, 6) activity, 7) stick people and 8) blanks (no image was drawn). Appearance and features dominated the DS and the theme interrelated with all other themes (Figure 6.1).

Figure.6.1: Theme Interrelationships

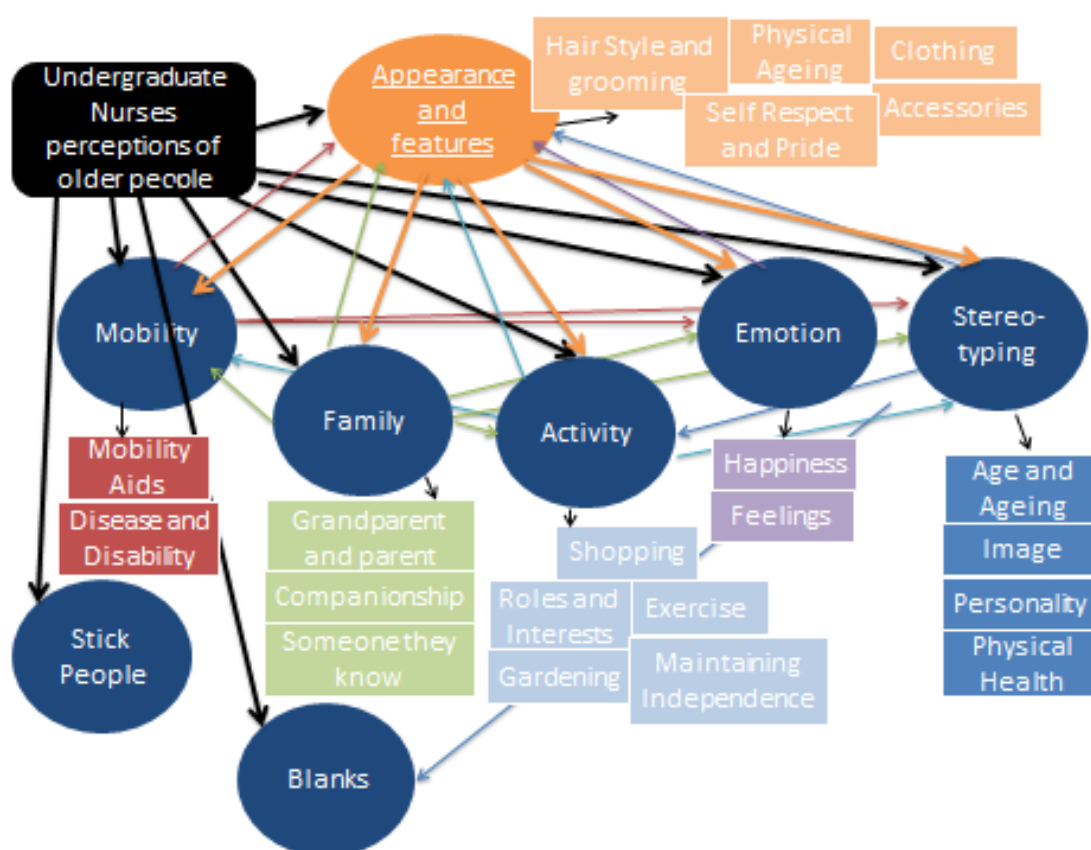


Figure.6.1 illustrates the themes interrelationship of the qualitative analysis. Blue circles indicate the eight themes, the coloured arrows represent each theme; for example appearance and features is orange; this was the dominant theme and was seen to feature in six themes. Coloured squares represent the subthemes.



## 6.2 Appearance and Features

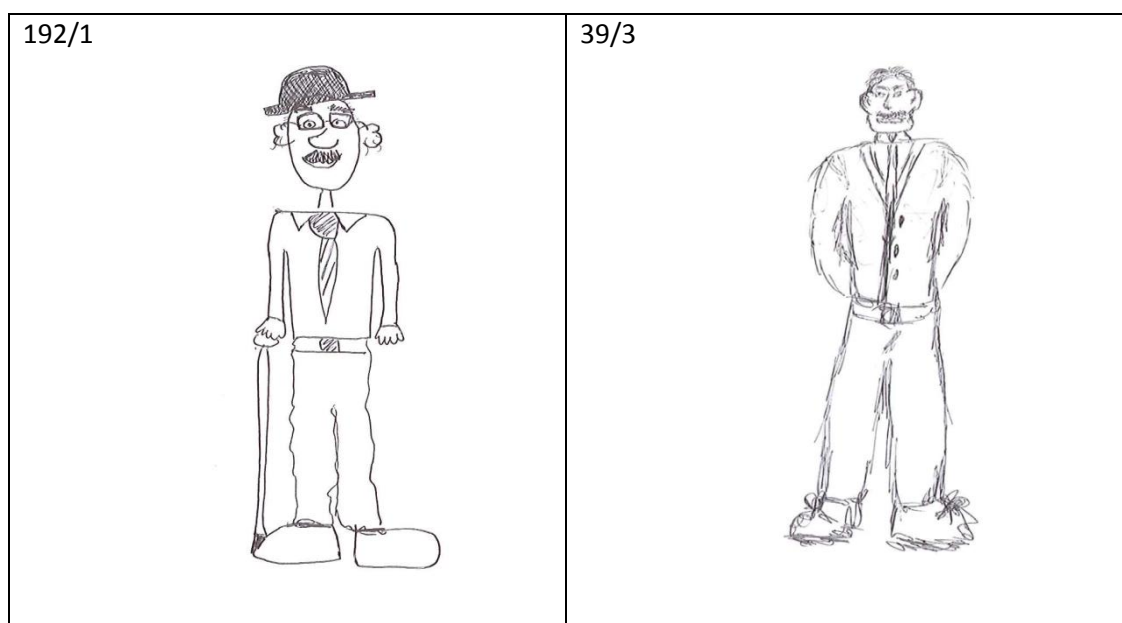
This section presents the theme of appearance and features. This was the largest theme and had n=206 images allocated, n=105 DS1, n=52 in DS2 and n=48 in DS3. These drawings formed five sub themes; 1) self-respect and pride, 2) clothing, 3) physical ageing, 4) accessories and 5) hairstyle and grooming. The images had very dominant visual representation and this facilitated the allocation, many held symbolic meaning and drew on Emmison et al. (2012) two-dimensional notion of a signifier, where cultural and social influences produce an iconic representation, in this case being old was indicated by appearance. The participant comments drew on appearance and features. From the images there were stereotypical features of being old however normality and individuality also emerged.

### 6.2.1 Self Respect and Pride

There were n=35 allocated to this subtheme, n=17 DS1, n=8 DS2 and n=10 DS3, the images referred to older people being proud, taking pride in their appearance or being smart and well dressed. The findings revealed a uniform of later life (ULL) for both men and women.

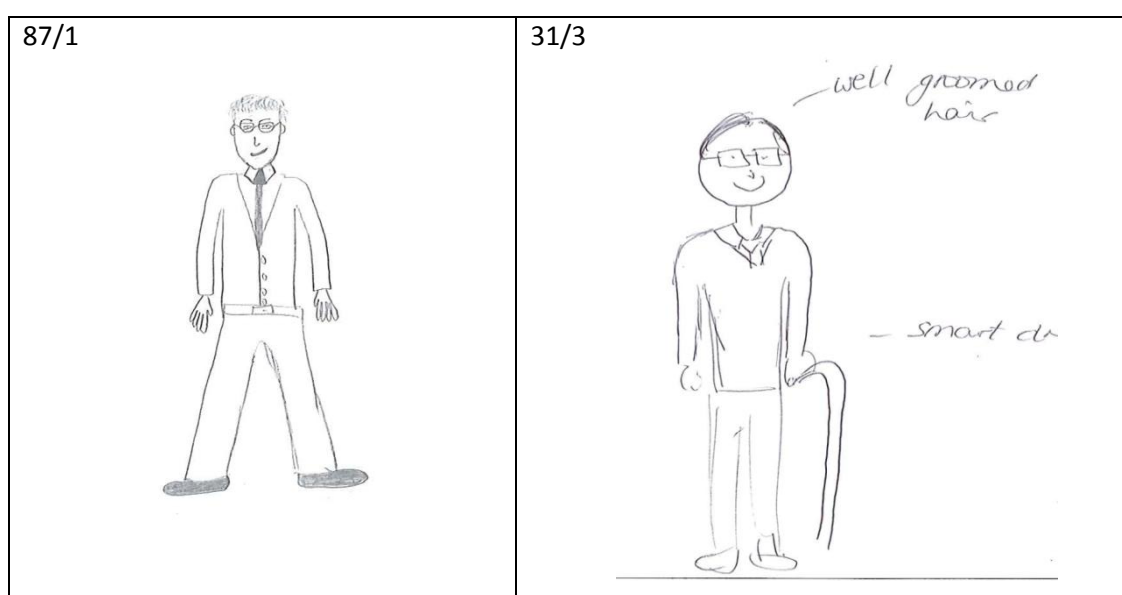
Being proud or taking pride in appearance featured in all DS's. In DS1 the men were depicted in smart 'attire' and symbols of old age featured, that included wrinkles, hats and mobility aids for example 192/1 (Figure.6.2). The expert panel, (a group of nurse educators) examined 192/1, and questioned whether "*it was a true representation*" however they reaffirmed he was portrayed as being smart. The sample appeared to draw on a past generation that was not reflective of those aged 75, and used male clothing to infer meaning 39/3 (Figure.6.3) for example was noted to stand proud and tall by the student panel who also felt that the image depicted personality and vibrancy.

Figures.6.2/6.3: Being Proud



The drawings indicated the individual to be well dressed, clean and presentable. This was evident in DS1, the participant commented 87/1 (Figure.6.4) that the individual liked “*to look presentable*”. Other images (in *appendix.13*;page 1); the participant implied the dress was associated with social and cultural generational influence (184/1), and 214/1 drew on potential economic hardship in later life, but stated “*will endeavour to always look smart*”, emphasising the importance of pride and appearance. These participants’ KOP scores were positive.

Figures.6.4/6.5: Well dressed and presentable

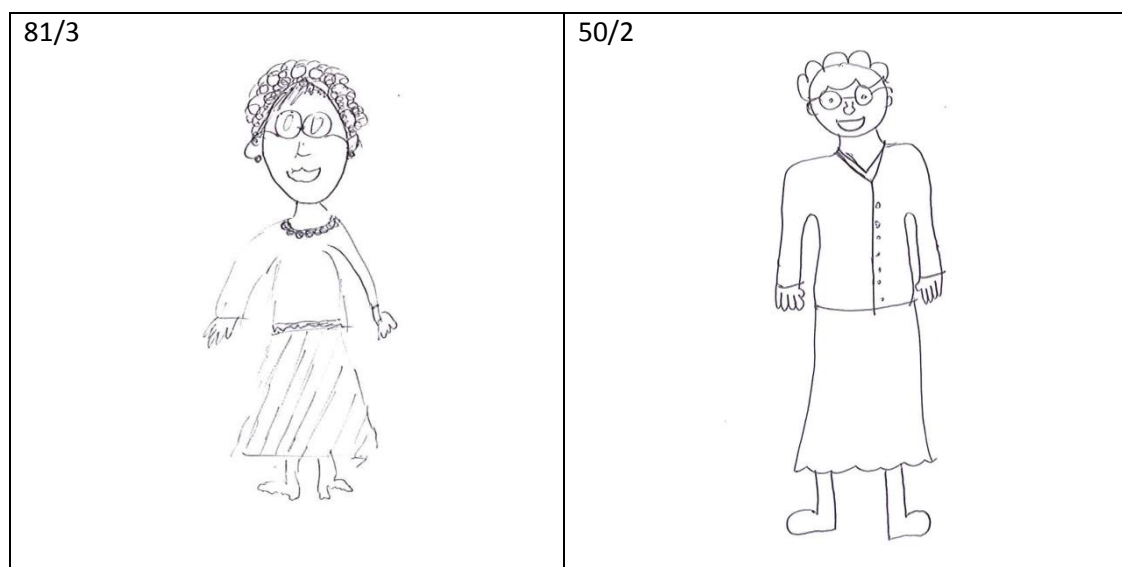


An example from DS3, highlighted older men were smart via clothing and appearance and used polished shoes and well groomed hair as a symbol to make meaning (31/3 Figure.6.5). The participant indicated this by the statement “*well turned out*”. Whilst P1 (participant 1) used the image to trigger a discussion and reflection on the lack of dignity and respect for older people in clinical practice. They felt the participant who produced the drawing wanted to emphasise the man was smartly dressed as “*people often forget that when patients come into hospital we put them into clothes and it’s undignified*”.

Women across the DS were drawn with jewellery, handbags, and in a uniform of later life (ULL) (typically this was a woman in a pleated skirt, cardigan with curly hair), and although stereotypical imagery was present many participants had personalised the image. Participants made comments about appearance and like the male images referred to pride or the women being smart, for example 2/1 stated a “*lady who is smartly dressed*”.

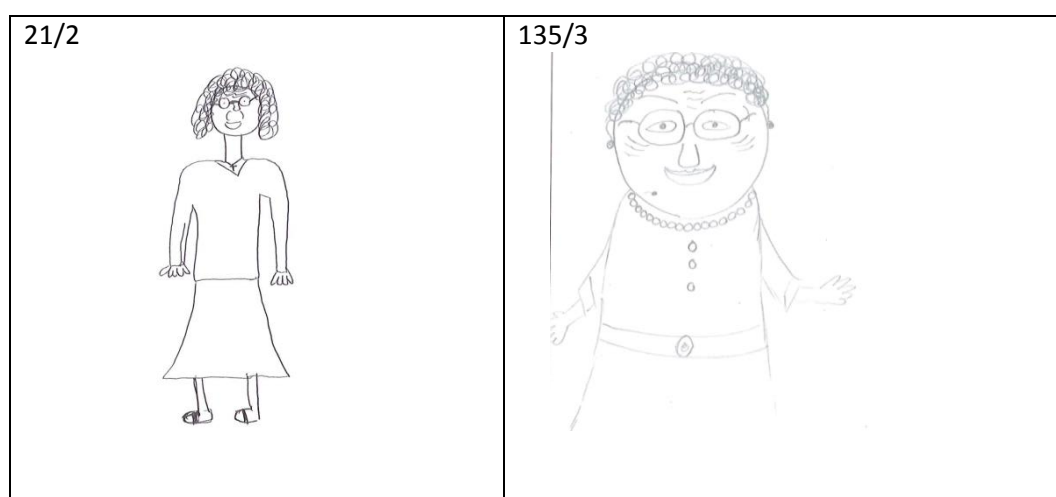
The importance of women being smartly dress continued in DS2 and 3. Some images were referred to as being clean, for example 50/2 (Figure.6.6) was “*clean*” and “*well dressed*” and possibly inferred that not all older people were. A further example from DS3 81/3, (Figure.6.7) referred to privacy, dignity, and the individual being clean. Interestingly the panel explored 81/3 and stated she “*likes to look smart*”, but indicated they found it stereotypical in portrayal.

Figures.6.6/6.7: Clean and smartly dressed



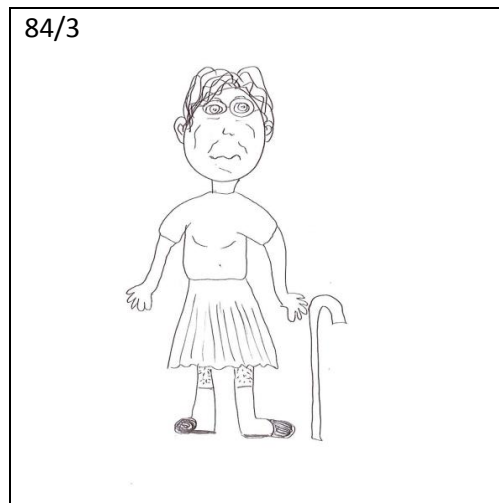
Women being 'proud' emerged in DS2 as a theme. The use of a necklace with a religious symbol 21/2 (Figure.6.8) supported the participant comments "*proud, well maintained and hardworking*", thus they inferred pride was associated with appearance and activity. In DS3 two images referred to ladies who took pride in appearance, for example 135/3 (Figure.6.9). The facial mole/hair was highlighted by the panel, this feature with other imagery facilitated the observation that it "*looks like a stereotypical old lady*". The panel made generalisations from the image about clothing and style and felt she was smart but that she would be wearing 'tweed'. Overall these images depicted positive views of older people and could be aligned to positive KOP scores for the participants. However symbols of later life were prominent and generalisations about being older were made.

Figures.6.8/6.9: Proud



A lack of pride and care in appearance also featured, for example 84/3 (Figure.6.10) was emphasised with hairy legs and unmanaged hair. P2 (participant two) referred to this image as a "*terrible drawing*" and stated "*first thing I noticed is that because she's over 75 she's going to have hairy legs*" and "*doesn't mean they are going to stop caring about their appearance*". She also noted the drawer had tried to make a statement about old age. Additionally P2 highlighted her mood "*the perception is that as she is 75 she must be miserable*" and about her appearance "*she's very frumpy and old looking she's got crazy hair*" and felt the slippers were an indication of age and that generally she "*won't care about her appearance.*" Overall this image inferred that the older women had a lack of interest in appearance and this was reflected in the KOP score of 157. The imagery produced reflected Townsend et al.'s (2006) concept of villains in later life.

Figure.6.10: Lack of care



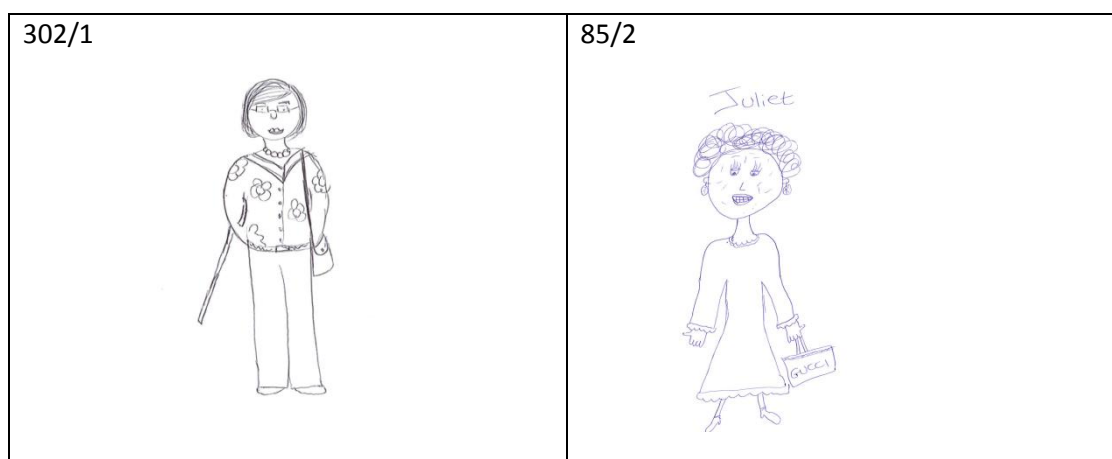
Overall the findings revealed that pride was associated with a positive appearance. However being cognisant of the principle definition of ageism that younger people were different (Bytheway & Johnson, 1990) symbols about being older were used to depict meaning.

#### 6.2.2 Clothing

There were n=46 drawings allocated to this subtheme due to the dominance of clothing within the image, this included n=21 in DS1, n=12 DS2 and n=13 DS3. Initially in DS1 there was a consensus about the type of clothing older people wore and the ULL was apparent, however some images portrayed more individual and contemporary styles.

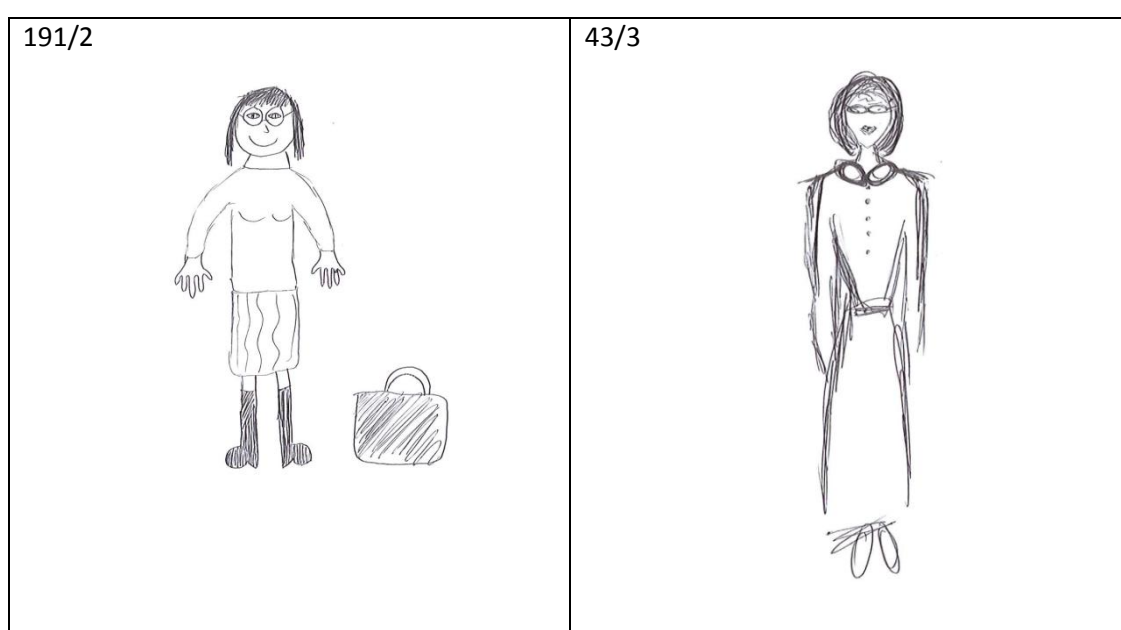
The drawings that reflected contemporary research on women and fashion (Twigg & Majima, 2014) saw older people engaged in maintenance of appearance. For example 302/1 (Figure.6.11) the participant referred to old people being different and stated *"in my experience older people dress like anybody else and make an effort with their appearance"*. The influence of role models was apparent as they further stated *"I met a 105 year old lady who wore a tracksuit and baseball cap and she was amazing"*. The KOP of 193 complemented the image.

Figures.6.11/6.12: Maintenance of appearance and contemporary style



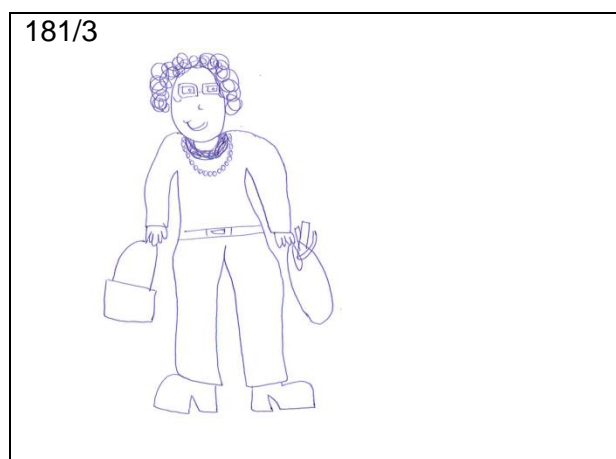
Contemporary style and clothing again appeared in DS2, 85/2 (Figure.6.12) illustrated a woman named 'Juliet' wearing high heels and with a 'Gucci' handbag. The drawing indicated an interest in fashion and clothing. Others examples included 76/2 who stated *"older people look and dress younger today"* and 108/2 referred to the women as someone *"who still tries her best to keep herself in fashion and keep her home modern"* (appendix.13;page 7). Another example 191/2 (Figure.6.13) depicted a women in contemporary clothes and boots and usually portrayed breasts, which could infer femininity. The participant statement reinforced this observation; *"dresses smart and casual"* and *"just because she's 75 doesn't mean that she is an old frail lady"*.

Figures.6.13/6.14: Contemporary appearance



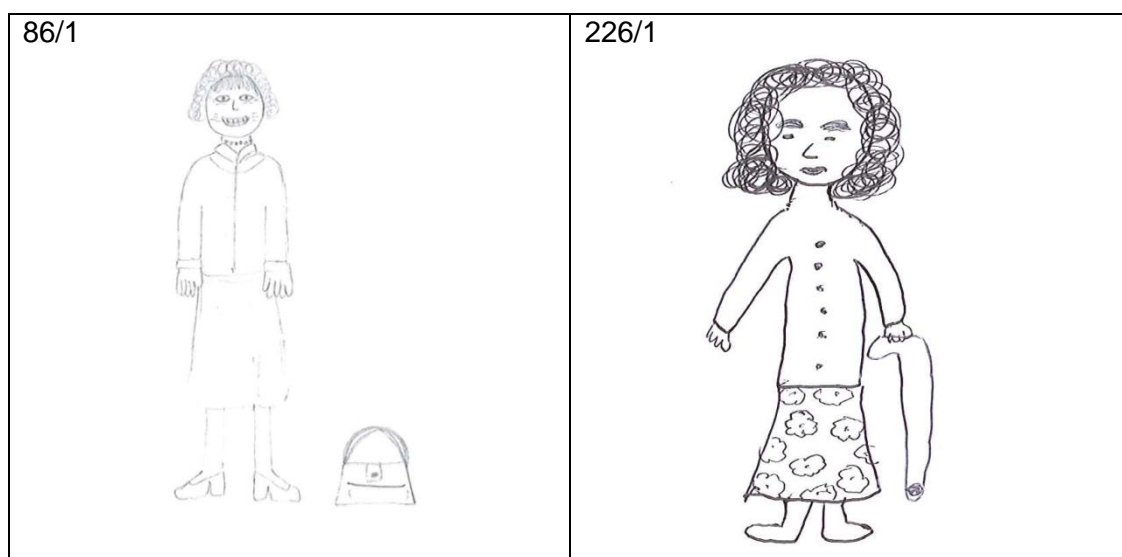
In DS3 this continued 43/3 (Figure.6.14) portrayed in a long skirt and 181/3 (Figure.6.15) in trousers. Many of the images in DS3 also depicted the women in high heels.

Figure.6.15: Trousers



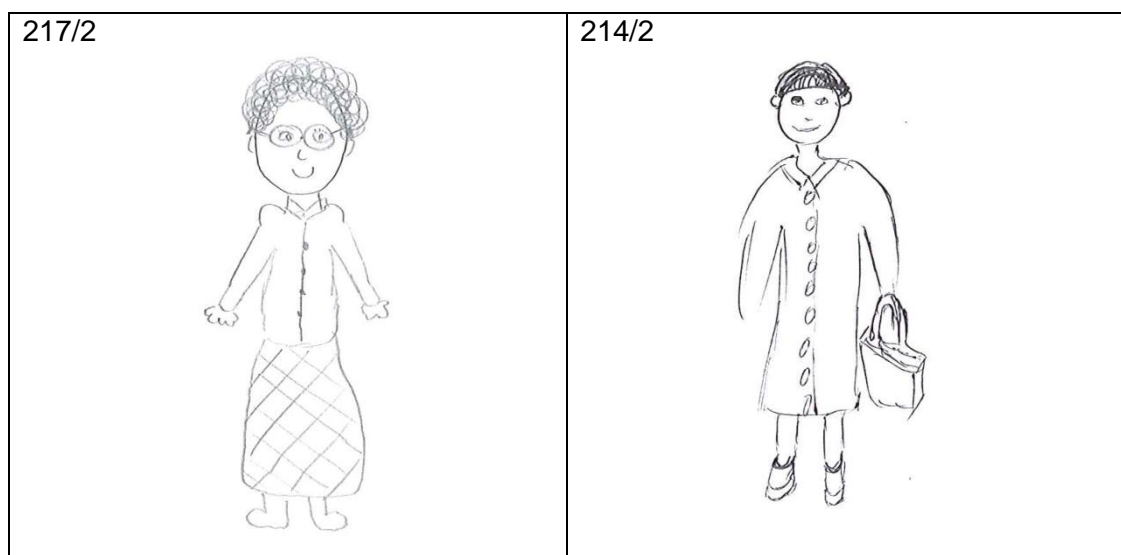
However many of the women drawn were depicted in a uniform of later life (ULL), and clothing was used to illustrate age or to make stereotypical assumptions. Binary opposition was a common signifier (Emmison et al., 2012) within the images and a hierarchy between young and old was evident. For example 86/1 (Figure.6.16) the participant noted that older people tended to “*dress more conservatively as that’s how they grew up*” and 251/1 (appendix.13;page 6) inferred that older women were not interested in fashion and wore specific clothes, similarly 226/1 (Figure.6.17) referred to the ULL, whilst other images referred to warm and comfortable clothes.

Figures.6.16/6.17: Uniform of Later Life (ULL)



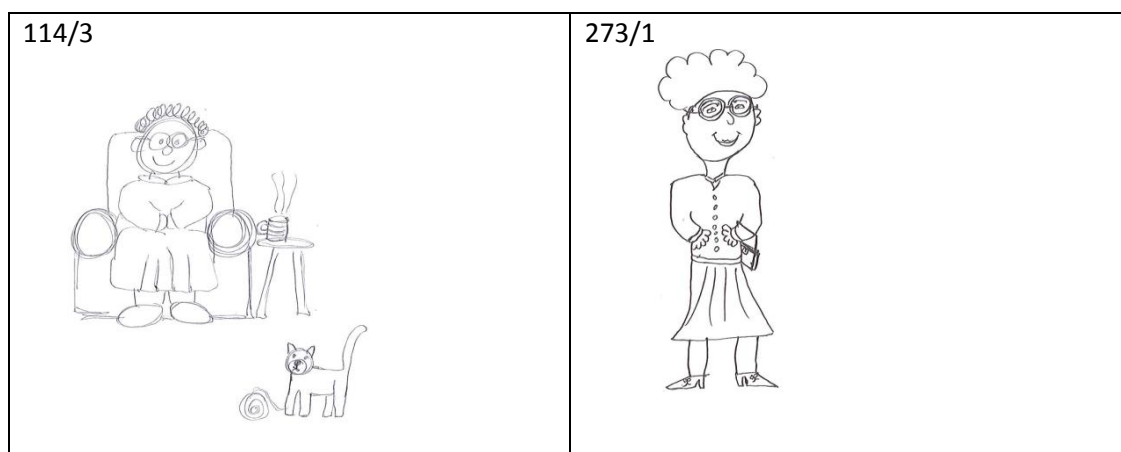
The use of clothes to illustrate meaning continued in DS2, 217/2 (Figure.6.18) depicted the in ULL participant stated “*slightly old fashioned*” this was supported by a neutral KOP score. Further 214/2 (Figure.6.19) referred to the “*beige*” colour of clothing for older people, and that they wore “*practical shoes*” however the KOP of 198 suggested a positive attitude.

Figures.6.18/6.19: ULL



In DS3, one image 114/3 (Figure.6.20) was portrayed in slippers and referred to as “*Edna Green*” who was relaxed and happy. It could be suggested that the image conveyed a sedentary lifestyle and the clothing symbolised her age. The panel felt it was stereotypical and observed she was too old for her age, and made reference to her being the “*cat lady*”. P2 also drew on the image and stated “*Edna quite an old fashioned name*” and saw it as stereotypical and a generalisation of an older generation, thus the image held symbolic meaning.

Figures.6.20/6.21 Edna Green and High Heels

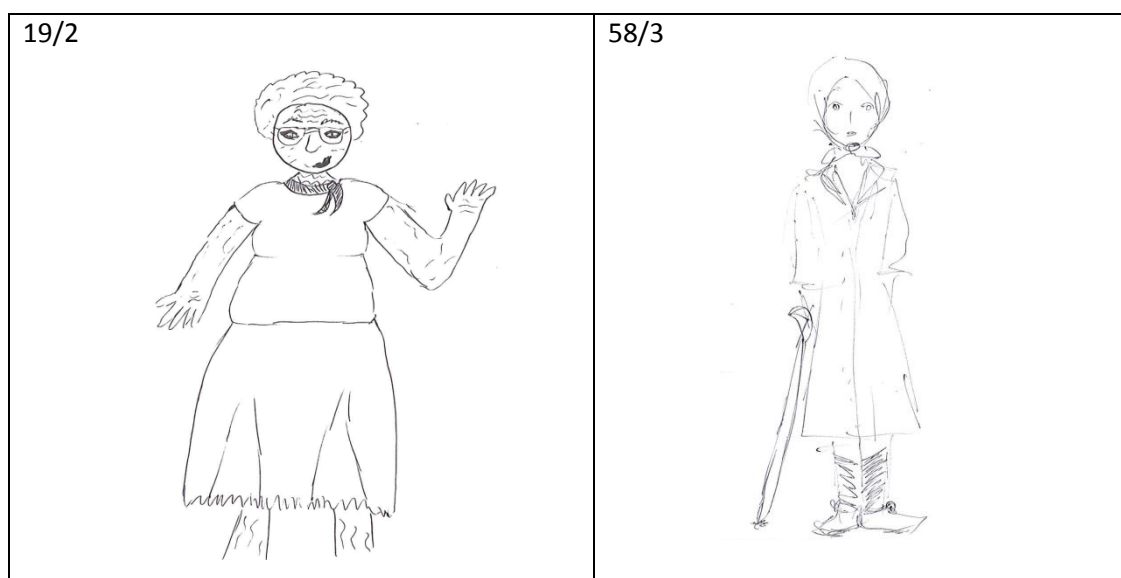




Alongside the portrayal of the ULL some drawings indicated individuality, for example, 273/1 (Figure.6.21) had high heels. Interestingly the expert panel differed in opinion, some observed she was stylish whilst others felt it was stereotypical, thus clothing was in direct juxtaposition to other symbols.

A more negative image was identified in DS2, 19/2 (Figure.6.22), even though the participants' KOP was slightly positive. The panel comments about this drawing suggested there was an acceptance of the imagery in association with being older. This implied the image was read in divergent ways (Emmison et al., 2012) and was dependant on the social experience and construction of the individual. Finally, DS3, 58/3 (Figure.6.23) portrayed a women in raincoat and headscarf. The panel and P1 used the clothing to make meaning and judgements, with the panel finding she was a smart lady but sad and stated *"using a stick and leaning heavily on it as if the weight of the world is weighting her down"*. Whilst P1 stated *"she's quite sensible and also independent"*, and referred to the fact that she did not want to *"catch colds and become ill"*, overall the most prominent feature he found was the headscarf which made her appear older, providing confirmation that clothing held symbolic meaning that aged individuals.

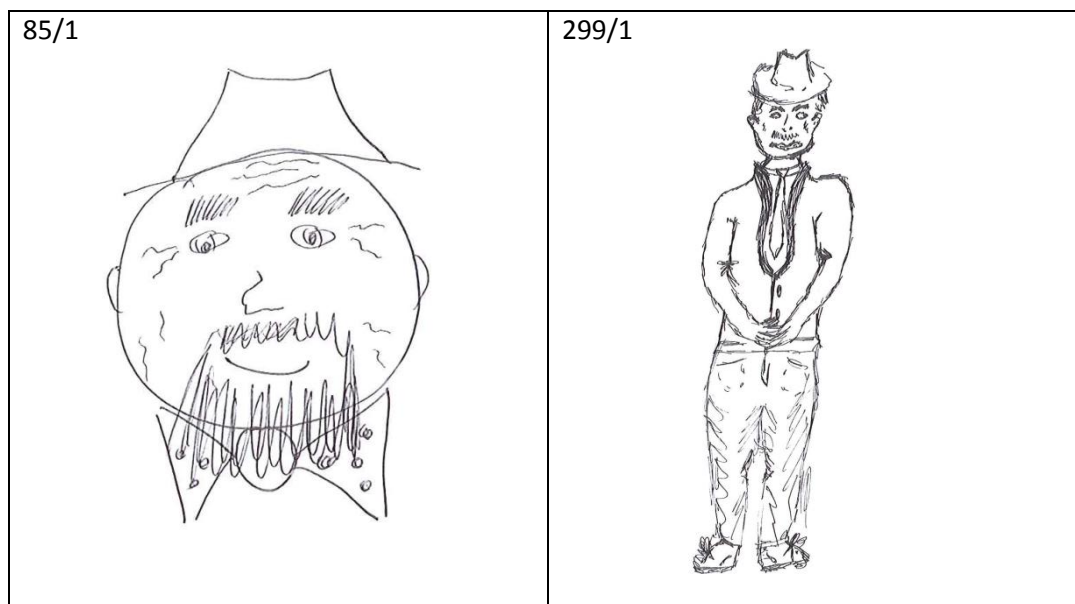
Figures.6.22/6.23: Clothing and image to make meaning



The use of symbols to describe age was evident for the men drawn; they were generally depicted in a shirt and tie and hats were common. Examples included Figure.6.24 85/1 who was *"dressed for the occasion"* and of which the expert panel found was a negative depiction, that portrayed him as eccentric, thus again clothing was used as a symbol to depict meaning from. A further example, 299/1

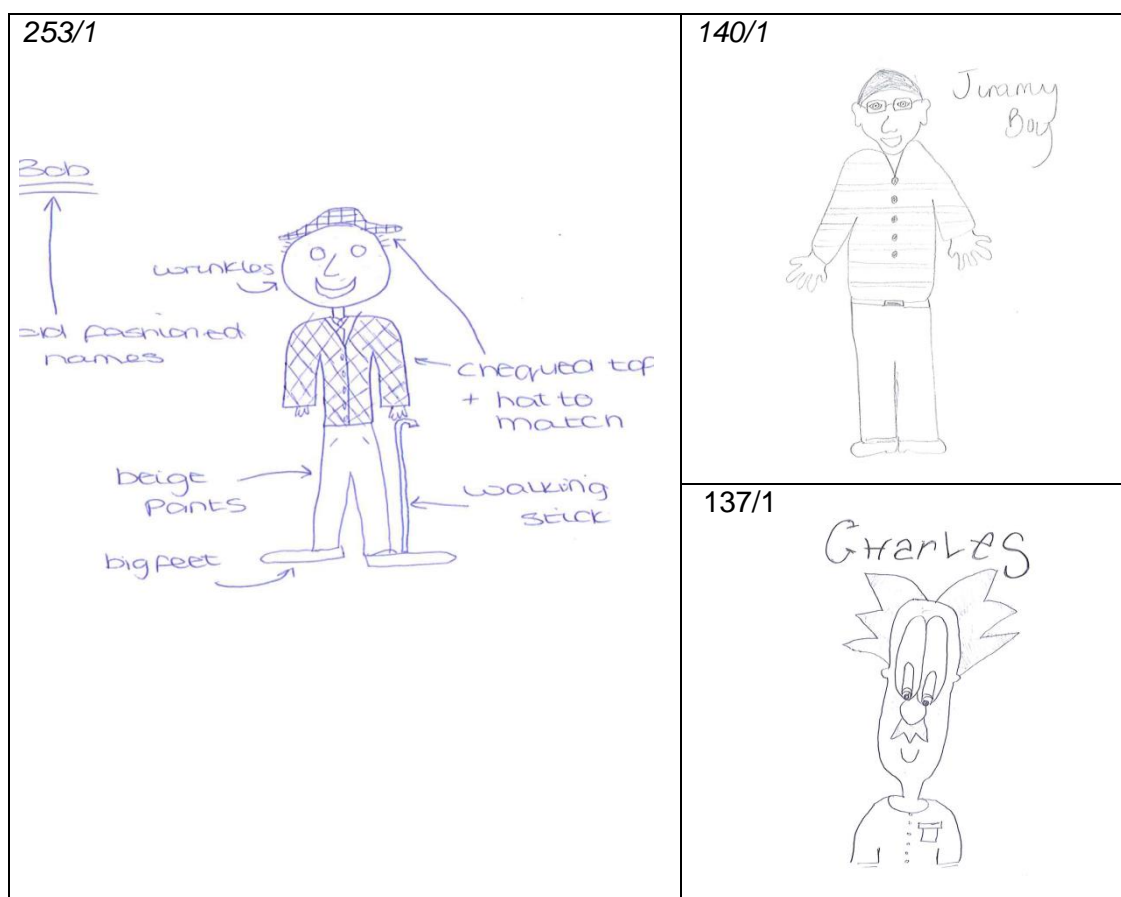
(Figure.6.25) the participant referred to this as a preconception of a person aged 75, and again drew on the meaning of clothes.

Figures.6.24/6.25: Hats and symbols



In DS1 three men were named, 137/1 (Figure.6.26) was called “Charles”, 253/1 (Figure.6.27) referred to Bob being “old fashioned”, and emphasised this via specific clothes (beige trousers and tweed jacket) and 140/1 (Figure.6.28) was called “jimmy boy”. These images used the name and clothing to make generalisations about older men however all had slightly positive KOP’s.

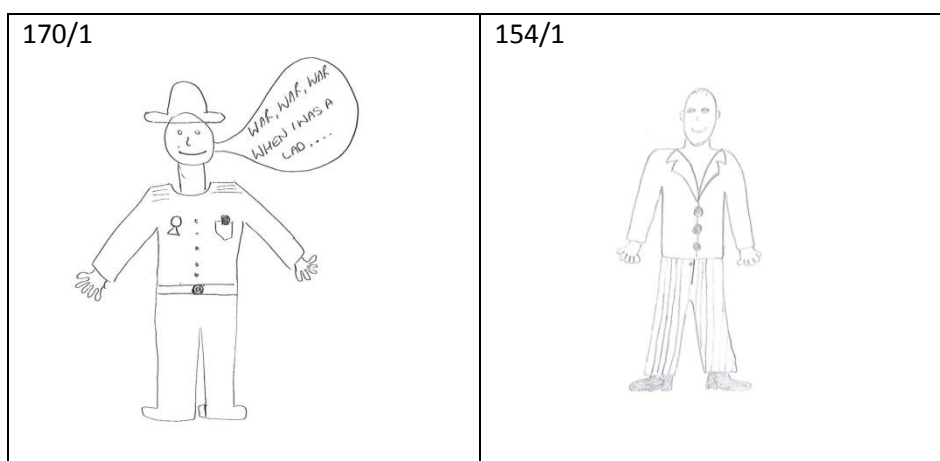
Figures.6.26-6.27: Generalisations of older men



Finally one image in DS1 differed in construction and meaning, 170/1 (Figure.6.29) was portrayed in a military suit, and the participant stated *“I think of them being from war era and reminiscing about the war”*. There appeared to be a generalisation about older people but also an acknowledgement of a past role again the participant used the clothes to convey the meaning and this stereotype was reflected in the KOP of 140.

It was identified in this theme and across the DS that older people were illustrated in day clothes, and the ULL portrayed in this subtheme appeared consistently in a substantial number of drawings, which suggested there was a stereotypical view of older adults. What is more only n=3 images were drawn in nightclothes, (Figure.6.30) 154/1 for example, from this it could be suggested that social rather than professional influences dominated the participant perceptions of older people.

Figures.6.29/6.30: The war and nightclothes

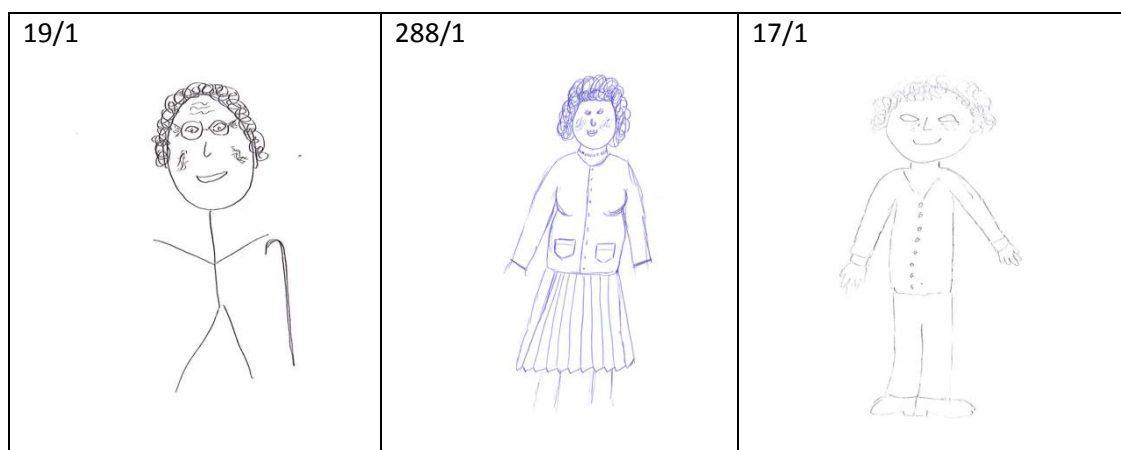


### 6.2.3 Physical Ageing

There were n=63 images allocated to this subtheme, n=32 DS1, n=15 DS2 and n=16 DS3. The images held symbolic meaning and depicted physical change; for example wrinkles were drawn and the participants portrayed an image of later life. These were similar in composition and more females were drawn.

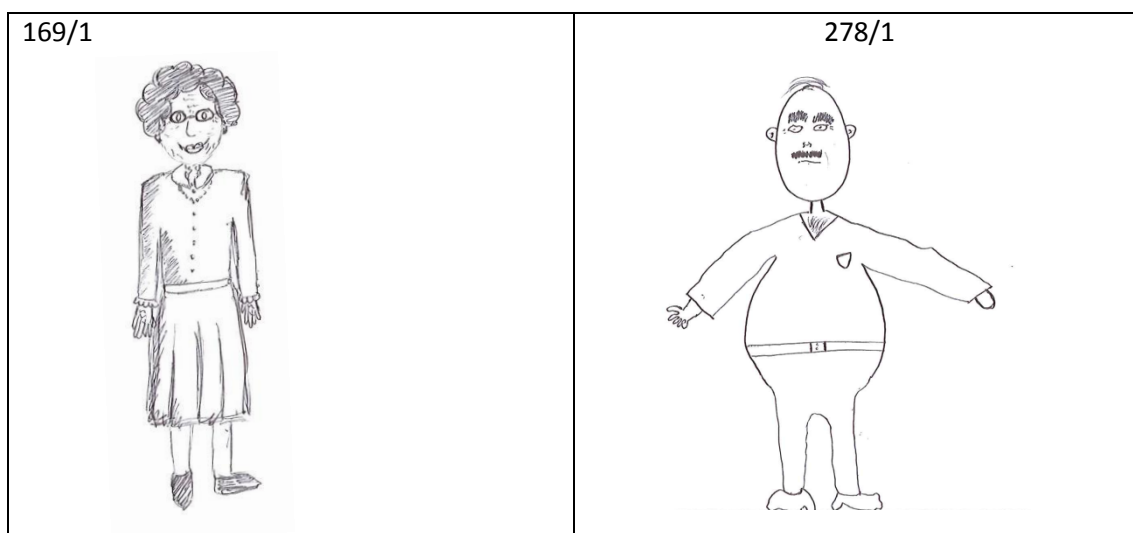
Physical ageing appeared in each DS for women and it was found that glasses indicated sensory decline and wrinkles highlighted change to appearance, for example 19/1 (Figure.6.31) stated older people were "*less mobile and wrinkly*". Other examples indicated bags under eyes, 7/1 (Figure.6.32), and being overweight 288/1 (Figure.6.33). The overemphasis of physical change draws on the social value given to older women (Clarke & Griffen, 2008), and was a symbolic marker of being old (Calasanti, 2007).

Figures.6.31-6.32: Physical ageing and women



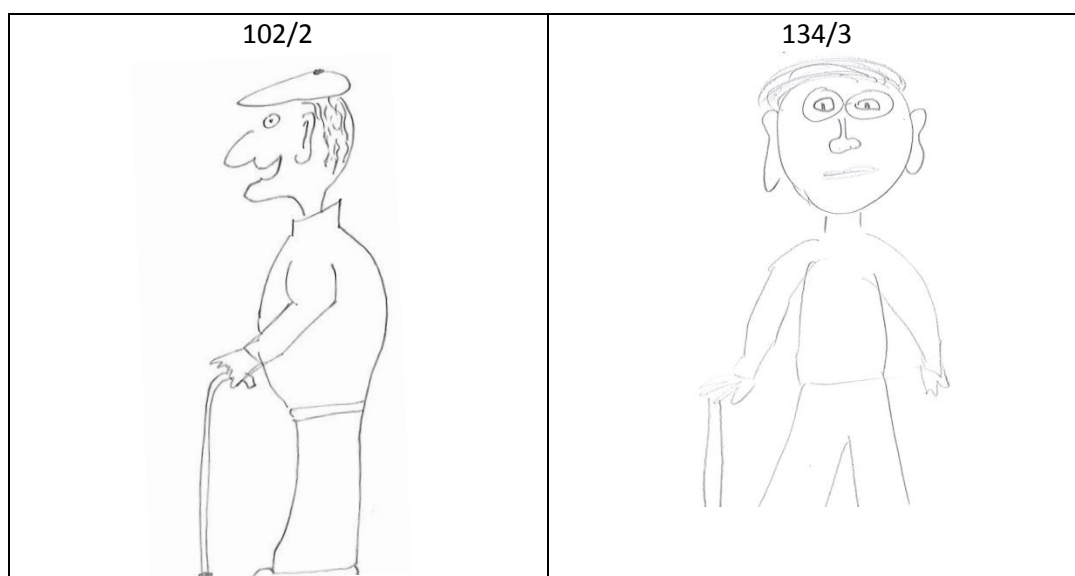
Age in particular was defined by wrinkles for women in a number of images. The emphasis given differed according to participant perceptions, for example 169/1 (Figure.6.34) saw wrinkles as positive and stated *“the lines on her face tell a lifetime of stories”* and noted that even though she was 75 she still cared about her appearance, thus individual personality was alluded to.

Figures.6.34/6.35: Wrinkles and Enlarged girth



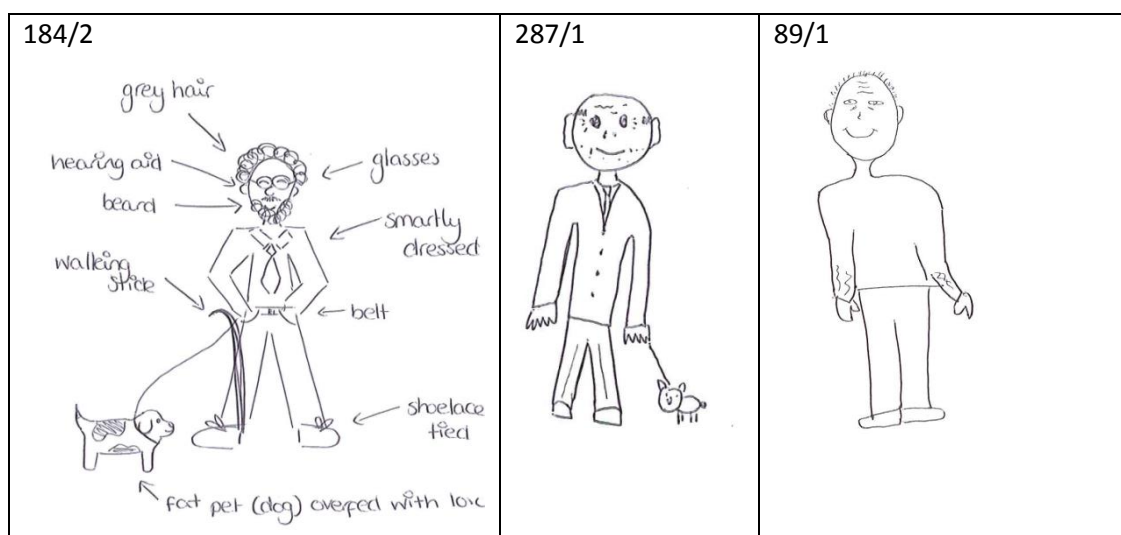
Images of men also depicted physical change and focused on negative aspects of ageing, for example 278/1 (Figure.6.35), had an enlarged girth. The panel drew on social stereotypes and used the image to make assumptions about the person, thus the enlarged girth meant he was a retired army officer who drank or was an official at a sports club. Another physical feature used to define older men was enlarged noses and ears, for example 102/2 (Figure.6.36) the participant's stated *“ears and nose keep growing which is why they are big”*. In DS3 physical ageing was again evident, 134/3 (Figure.6.37) for example had large ears. P2 felt 134/3 was stereotypical and stated *“before I started the programme that would probably be what my perception of someone over 75 would be”* they also found the image was plain and *“don't stand out from the crowd”*. Thus they referred to older people being invisible (Clarke & Griffen, 2008) and the influence the nursing programme had on their perceptions.

Figures.6.36/6.37: Enlarged Ears



In the DS some men were portrayed with wrinkles, this was considerably less than the women depicted. In DS1 examples included 287/1 and 89/1 (Figures.6.38/6.40) who also had ‘bags’ under his eyes. The expert panel considered 89/1 and some felt he was ageless whilst others drew on the negative physical imagery and suggested that lecturers also used symbols and imagery to make meaning. Finally, 184/2 (Figure.6.39) provided an overall view of later life, including physical changes and appearance.

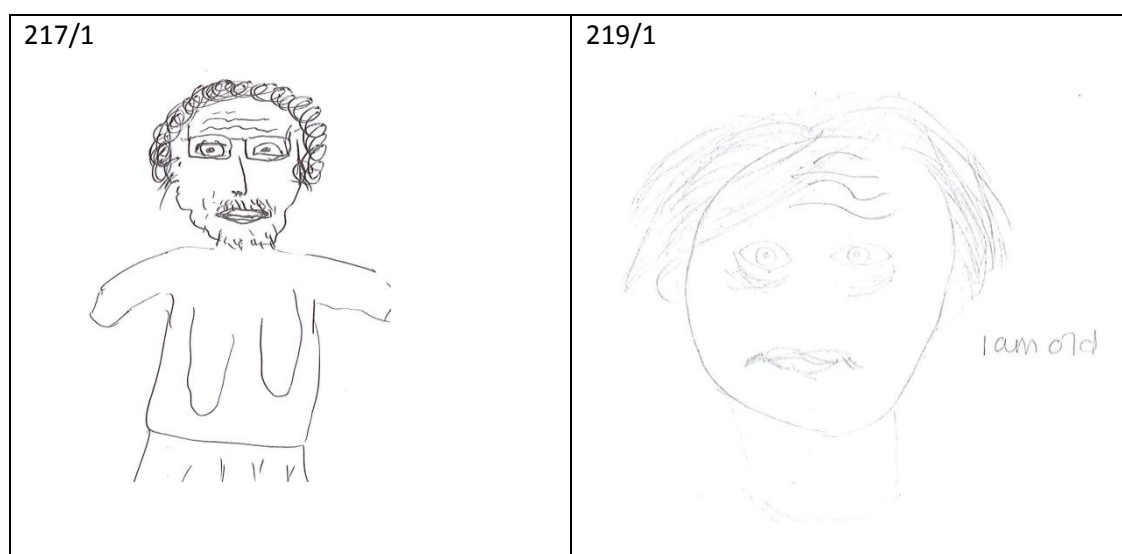
Figures.6.38-6.40: Physical Ageing and men



Several images of women depicted a more negative view of later life, in DS1 219/1 (Figure.6.41) emphasised wrinkles, bags under eyes and a sad expression with the

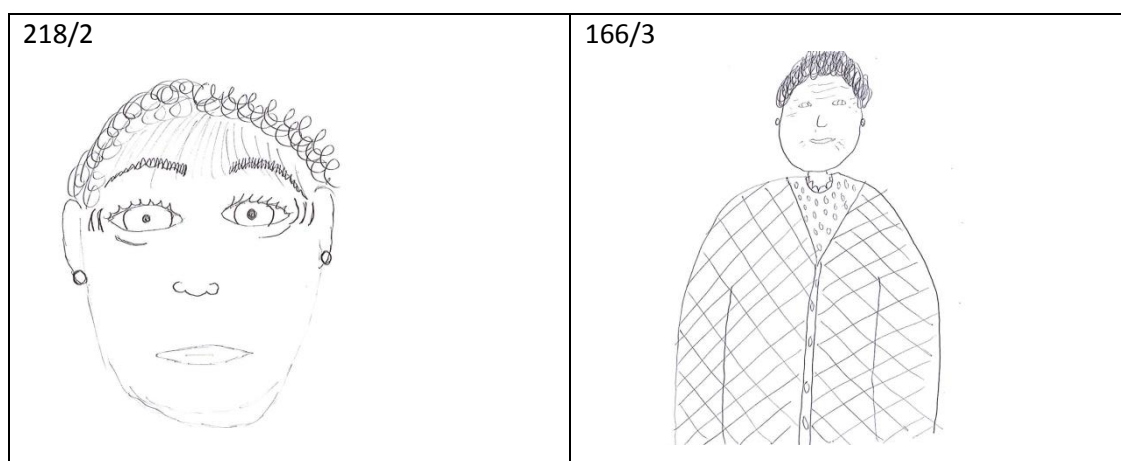
caption *"I am old"*. The participant inferred that as a consequence of age appearance would be affected. Interestingly the panel felt the bags under the eyes was due to lack of sleep, they did not comment about the caption and stated the image *"does not actually look old"*. Another example 191/1 (*appendix.13;page 47*) depicted a woman with 'hairy legs' and noted *"it's not essential to maintain appearance as struggle to bend etc."*, thus stereotyped the capabilities of older people. A negative depiction, 217/1 (Figure.6.42), of a women portrayed facial hair, wrinkles and a saggy bust. The participant stated *"everything headed south some time ago and there is lots of facial hair and glasses for her poor eyesight"*, this suggested an overall lack of respect for older people. The depiction of facial hair was observed by the panel, however they rated it neutrally. It could be suggested the social portrayal being older, via the emphasis of youth and beauty and misconceptions of old age (Gething et al., 2002) facilitated a more generous rating by the panel. Both participants achieved slightly positive KOP scores.

Figures.6.41/6.42: Negative perceptions of women and physical ageing



In DS2 negative imagery was again presented for example 218/2 (Figure.6.43) the participant stated *"a little old lady, wearing pearl earrings, with wrinkles around the eyes and the excess skin hanging from the chin"*. From this imagery depicted it could be assumed the participant was transfixed by the physical signs of ageing. Similarly in DS3 166/3, (Figure.6.44) had wrinkles and weight emphasised. The panel identified that this image was obese and questioned the gender. Both these examples achieved positive outcomes on the KOP, which suggested society has normalised negative physical ageing of women for these participants.

Figures.6.43/6.44: Physical ageing DS2/3



In DS3 negative imagery was portrayed in 49/3 (Figure.6.45). A large frame, 'saggy' bust illustrated a clichéd appearance of older women, this was reflected by the KOP score of 148.

Figure.6.45: Clichéd appearance



Overall physical ageing was found to be a signifier of being old, and drew on Bytheway and Johnson's (1998) work on the three broad approaches to the construction of an image of age, where attention is given to the body and age signifiers.

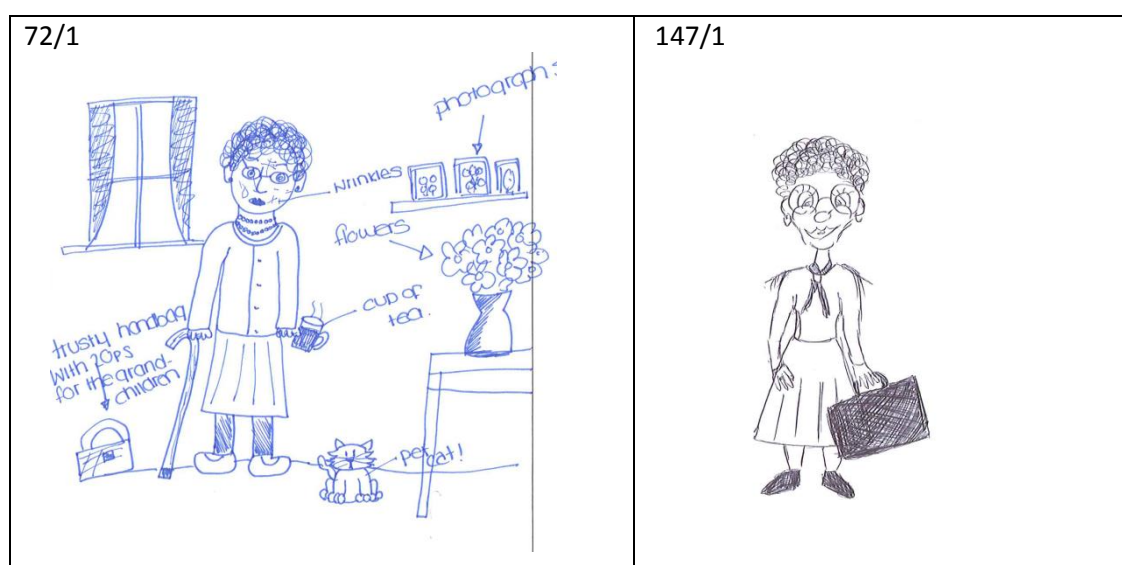
#### 6.2.4 Accessories

There were n=35 images allocated to this sub theme, n=15 DS1, n=12 DS2 and n=8 from DS3, many had symbolic meaning, where accessories such as jewellery, handbags and make up were emphasised to make pertinent points about later life.



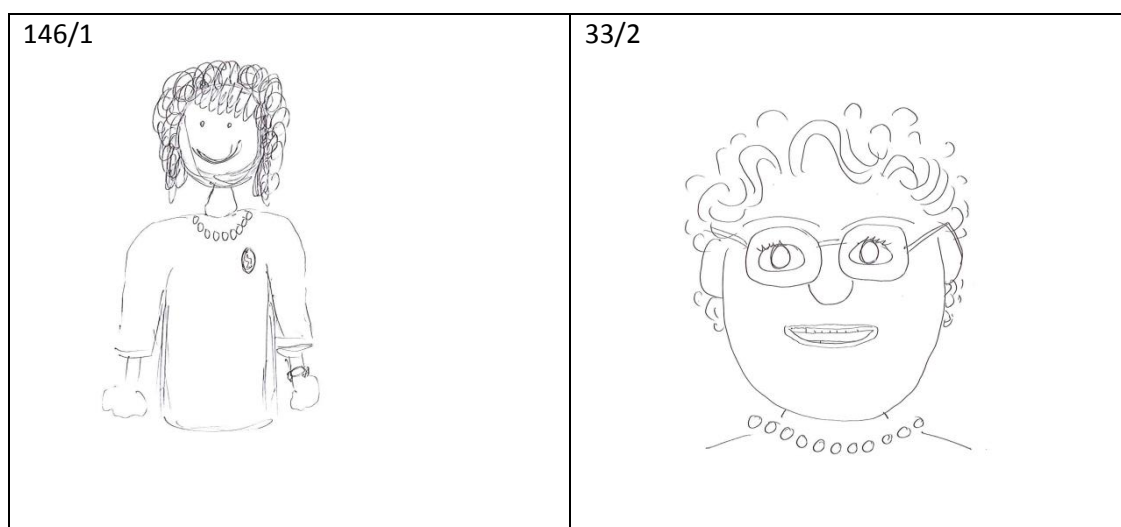
Some depictions of accessories made generalisations about later life for example 72/1 (Figure.6.46), emphasised jewellery and a handbag, and the participant commented “*trusty handbag with 20pences for the grandchildren*”. Other examples, 147/1 (Figure.6.47) and 146/1 (Figure.6.48), indicated the individual still enjoyed jewellery therefore suggesting they were interested in maintenance of appearance. Overall jewellery was illustrated in a number of images and typically was drawn as beads. All these examples scored positively on the KOP.

Figures.6.46/6.47: Accessories and Handbags



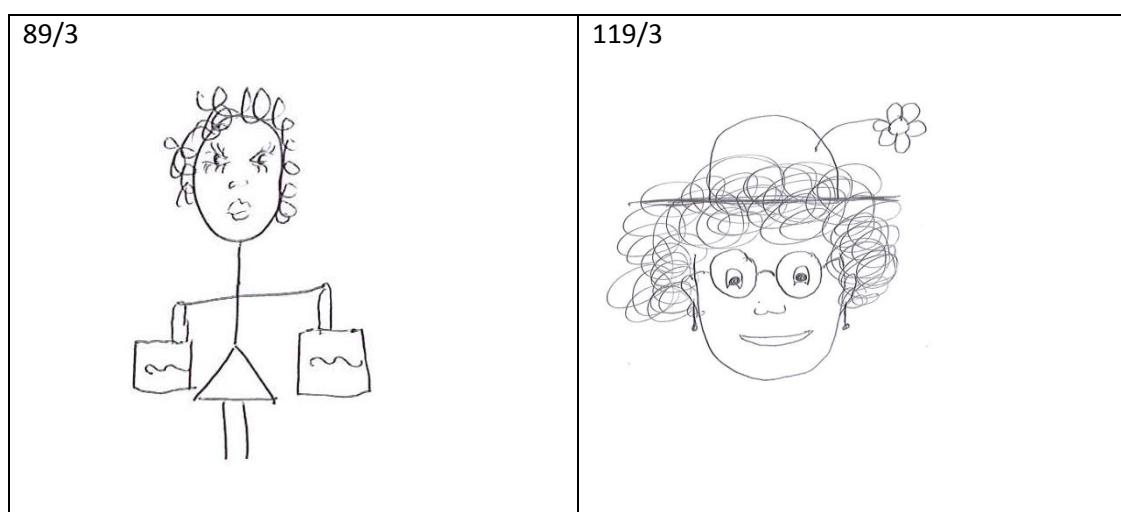
The depiction of makeup and jewellery for women continued in DS2, (Figure.6.49) 33/2 was named Norma and the participant stated she was “*looking forward to grandchildren visiting*”, the use of the name appeared to age and categorise the image however the depiction of accessories negated against this. The panel saw her as happy and well kempt, thus they drew on the use of accessories to make meaning, and they felt the participant had a positive role model from which the image was based on.

Figures.6.48/6.49: Accessories to make meaning



In DS3 there were a number of images that included accessories, 89/3 (Figure.6.50) had makeup on and 119/3 (Figure.6.51) with jewellery and a hat. 119/3 was referred to by the participant as a “*pleasant old lady*” and the symbol of flower depicted happiness (Roberts et al., 2003), this was reaffirmed by the P2 who felt the hat made her eccentric but not boring, again these had positive KOP scores.

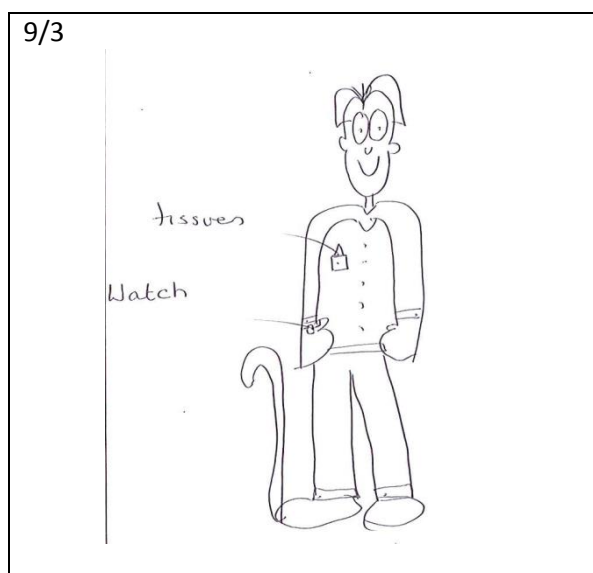
Figures.6.50/6.51: Accessories DS3



Imagery and symbols was also used to depict an old man, 9/3 (Figure.6.52), stated “*old people always have watches and tissues*”, P2 and P3 (participant three) both highlighted the watch and referred to the fact that their generation used technology such as mobile phones instead. P3 stated “*you are just used to all old men wearing watches*”, and with reference to the tissues “*they prefer handkerchiefs in my experience*”. P2 used the image to comment that older people were “*strict on*

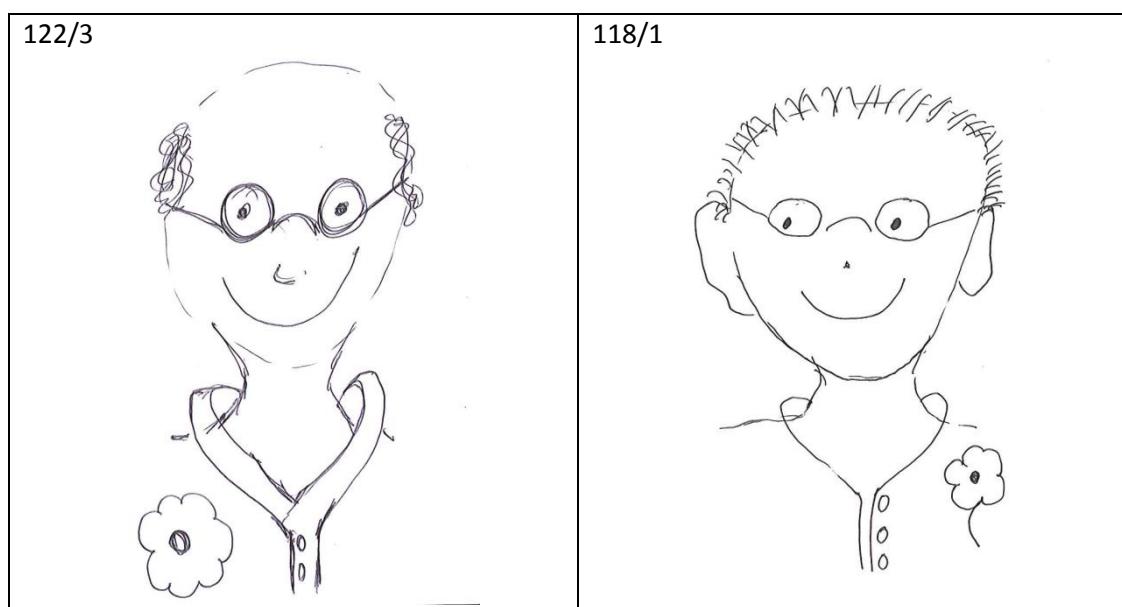
*routines*” and both P2 and P3 referred to their own grandparents wearing watches and that use of technology was limited, P3 also felt that older people “*don’t tend to have mobile phones*”. Therefore the image portrayed the person being old fashioned and different and draws on the principle definitions of ageism (Butler, 1969; Bytheway & Johnson, 1990).

Figure.6.52: Watch and Tissues



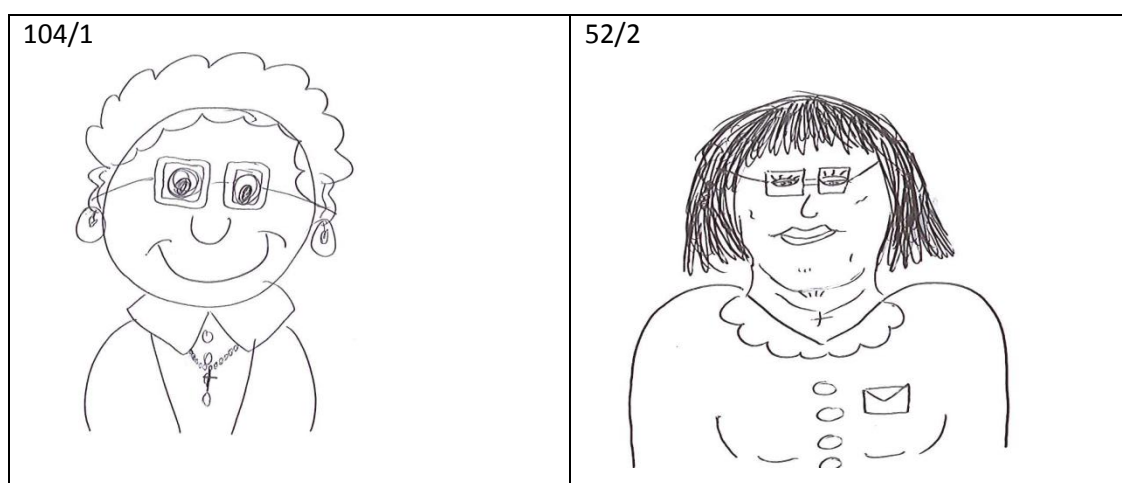
The use of symbols continued, with two images that depicted a man with a remembrance poppy, 122/3 (Figure.6.53), highlighted the significance of the flower and stated “*wear your poppy with pride*”. This image was similar to, 118/1 (Figure.6.54), who commented “*proud to wear his poppy, wear your poppy with pride*”, the drawer indicated reference to roles and the importance of respect, the only disappointing comment was reference to poor eyesight and again drew on the perception of later life being a declining period of health. P2 examined 122/3, and stated “*it’s quite nice cos they’re showing about poppy and the war*”, and made reference to the DS in general “*in a lot of them they’re just bland, no emotion, face and showing that you might be over 75 but you can still be happy*”. These images suggested respect for older people and the importance of remembrance. It could be postulated that the same participant drew these and it was seen the KOP advanced from 191 in DS1 to 213 in DS3.

Figures.6.53/6.54: The Poppy



Symbols were also used to depict religious beliefs and inferred older were different to younger people, for example 104/1 (Figure.6.55) used a religious symbol, the same image was also found in DS2, 20/2 (*appendix.13*;page 18). Again it could be assumed the same participant had produced both images. Further the KOP advanced from 154 in DS1 to 174 in DS2. Another example of religious symbols was 52/2 (Figure.6.56) this was negative overall with either wrinkles or facial hair under the chin, the negative imagery was reflected in a KOP of 147.

Figures.6.55/6.56: Religion



Normality was also depicted in the images, this was particularly evident in DS3, and the importance of later life was highlighted for example 168/3 (Figure.6.57) detailed a

woman, with limited ageing and contemporary in style. The participant referred to her as *“Rose, a happy independent lady living at home with her husband”* in addition they described her as a volunteer in a community centre, and although not depicted supported the positive view of older people portrayed by the individual. The panel felt it was stereotypical but she looked well and wealthy, and P3 stated *“she’s a very well maintained 75yr old, lovely hair, she looks a bit scary...she’s got pearls on so that kind of makes you think she’s kind of posh”* and *“I can’t see her having pets they would make too much mess”*. Societal influence was evident in how they understood the image, using the pearls to identify her status. The image also made P3 think she was ordered and scary meaning she would have a voice and felt she was well cared for. Whilst P2 felt the name gave her an identity, although she agreed it was a traditional name. A further image, 85/3 (Figure.6.58) dominant feature was a single earring which could be considered punk like, and make up was illustrated. The panel noted it was *“slightly eccentric”* whilst P2 and P3 both explored this image and observed the amount of makeup (the rouge), the wrinkles and earring, and whilst puzzled felt it was not stereotypical. Thus accessories provided meaning to this image and other images in this theme.

Figures.6.57/6.58: Normality



### 6.2.5 Hair Style and Male Grooming

There were n=28 images allocated to this subtheme, n=21 in DS1, n=4 in DS2 and n=3 in DS3. Overall many images across the DS depicted a common hairstyle for women, and 50% of women had curly hair (*appendix.13*), however in this subtheme specific reference was made to hairstyle. Male grooming also emerged and appeared to be a symbol that indicated age.

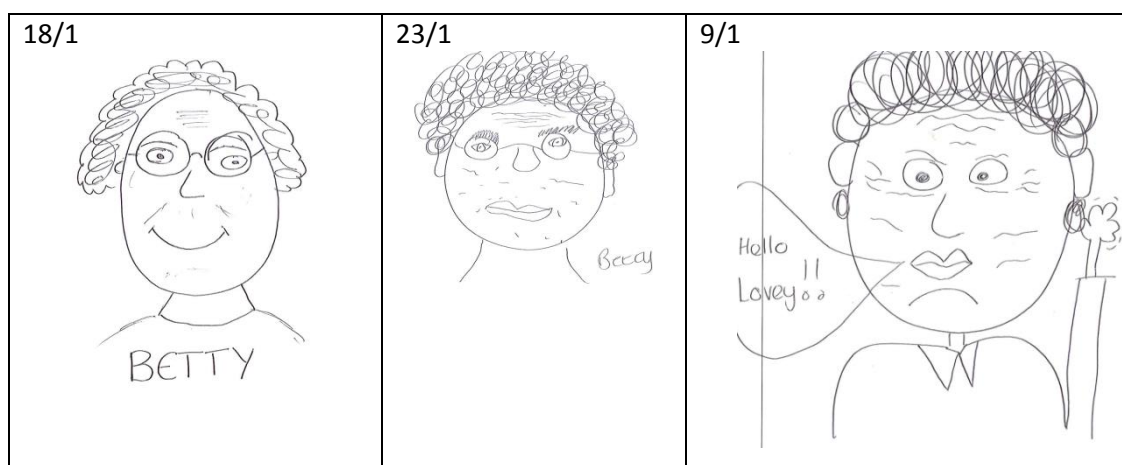
In DS1 reference was made to a “*blue rinse*”, 41/1 (Figure.6.59), this was reflected a KOP score of 143. A bun featured in 193/1 (Figure.6.60) and the expert panel felt she was “*well groomed*” or had “*hair coiffure*”. Another example, the participant 17/1 felt “*curly hair*” was from the “*era they have grown up in*” thus suggested that older people cannot change. This was recognised in a study of women and hairdressers (Twigg, 2014a) and indicated that hairstyle had cultural implications about age (Fairhurst, 1998).

Figures.6.59/6.60: Hairstyle



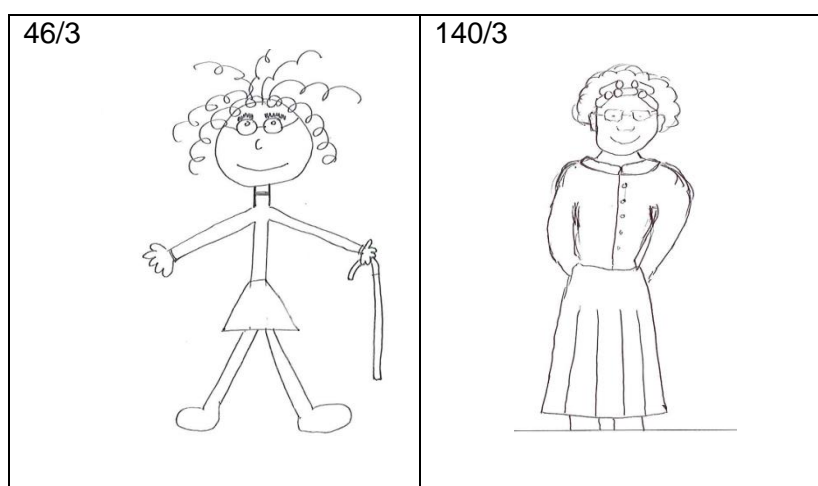
A typical image of women and hairstyle emerged in DS1, for example two images were named ‘Betty’ (18/1 and 23/1 Figures.6.61/6.62), were similar in composition and the use of the name and hairstyle indicated age. This was also established in 9/1 (Figure.6.63) where via the imagery and comments generalisations were made, however they drew on the importance of appearance, the participant stated “*like a certain style of hair derived from the fashion in their dominant part of their life*”, and “*they like to have hair nice and smart*”. All three images had positive KOP outcomes.

Figures.6.61-6.63: Older women's hair style



Hairstyle was again a dominant feature found in 46/3 (Figure.6.64), where the individual depicted had unmanageable hair and 140/3 (Figure.6.65) had rollers in, thus stereotypical views of how older ladies styled and managed hair emerged. P2 supported this observation and referred to the influence of role models and suggested 140/3 had “*seen their grandma with rollers in*” and drew on a generational stereotype that “*older people curled their hair*”.

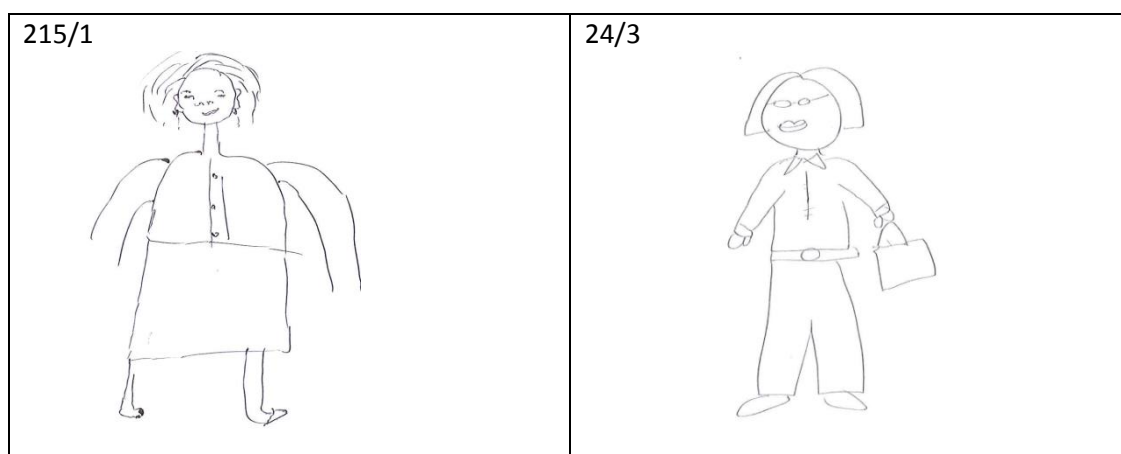
Figures.6.64/6.65: Maintenance of hair



However within the DS other hairstyles did emerge, for example 24/3 and 215/1 (Figures.6.66/6.67) had bobbed hair. Interestingly these images were not typical of the DS therefore stood out in design and meaning, and had positive KOP scores.

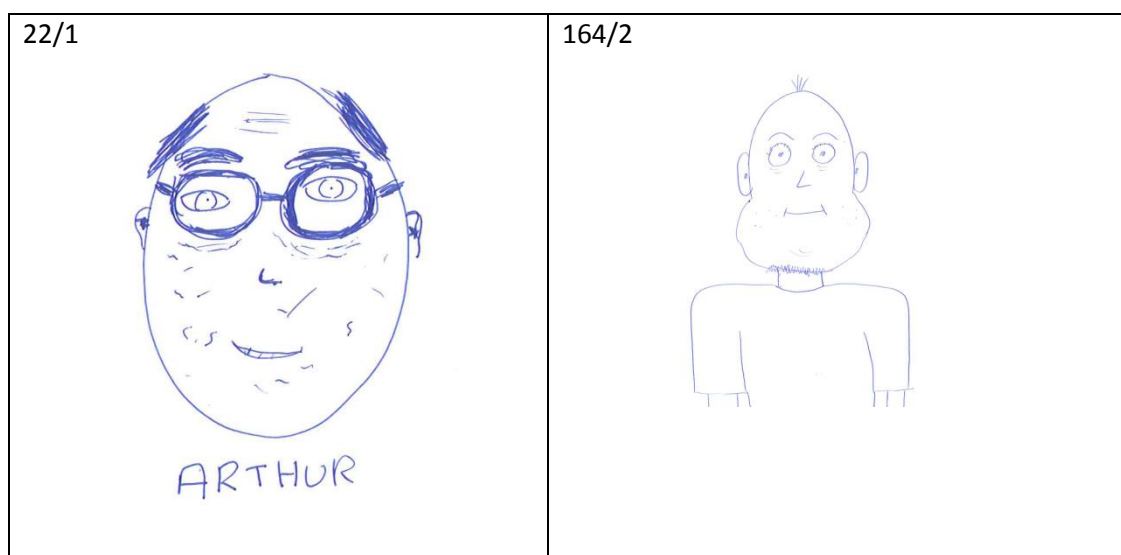


Figures.6.66/6.67: Contemporary hair style



In DS1 and 2, men were portrayed with hair loss for example 22/1 and 164/2, (Figures.6.68/6.69). In further detail 22/1 drew on change in hair colour and commented, “*white, comes with age*”, another dominant feature within the image was the use of a name “*Arthur*”. Similarly 164/2 commented that they had drawn a man with hair loss and wrinkles as these were “*common aspects of male ageing*”, none of these were negative and had positive KOP outcomes. No parallels existed in DS3.

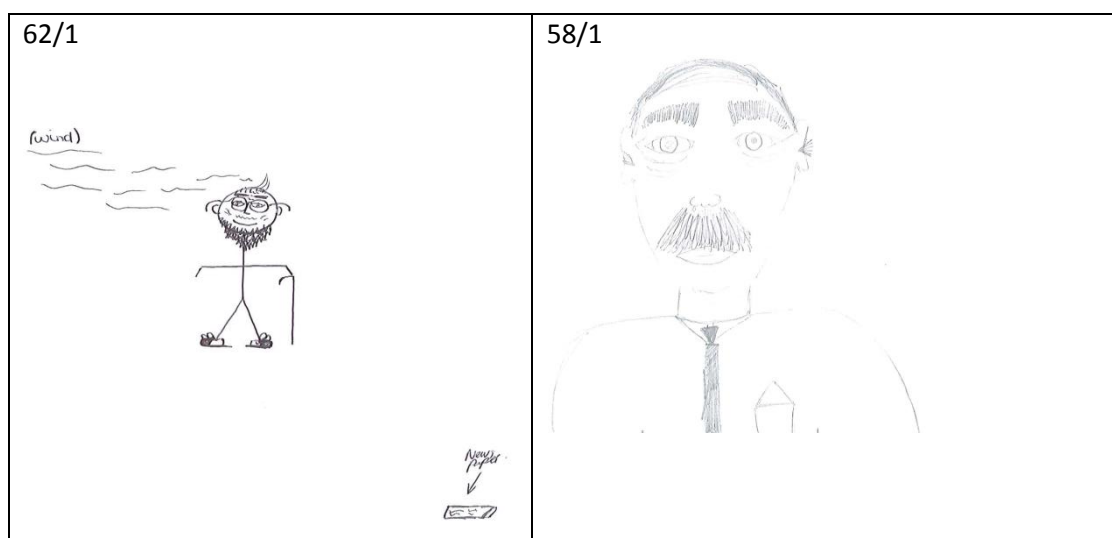
Figures.6.68/6.69: Males and hair



Another example of male hair loss and grooming was 62/1 (Figure.6.70) which also emphasised a traditional male hairstyle; this scored negatively on the KOP and reflected the conations of the image.

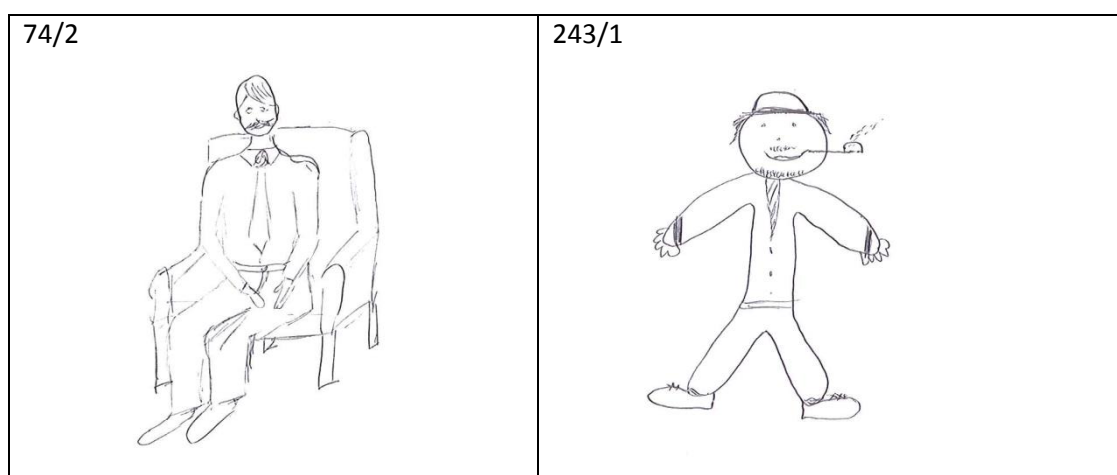


Figures.6.70/6.71 Grooming and hair



Facial hair was another prominent symbol used to illustrate older men, age and appearance, and this was evident in all DS's and indicated personal grooming. For example, 58/1 (Figure.6.71), had a moustache and ear hair, the participant referred to him as "*dressed nicely for church*", thus he was depicted as been active and involved within a community but also stereotyped by the activity and appearance, this aligned to the KOP of 147. Further examples of facial hair included 74/2 and 243/1 (Figures.6.72/6.73). The panel felt 243/1 was made old as a consequence of the pipe and facial hair, thus facial hair was a symbol to depict age. Again these were above the neutral KOP score.

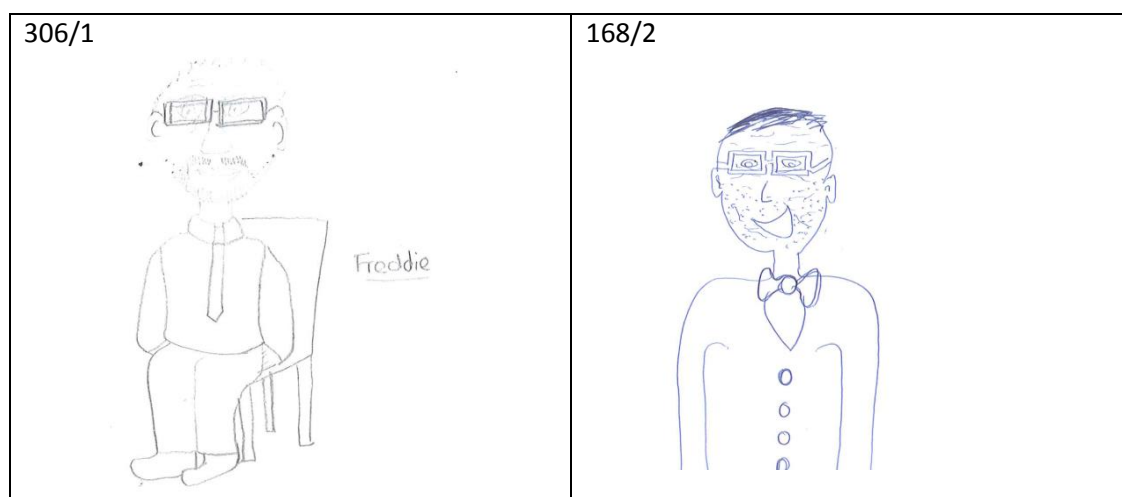
Figures.6.72/6.73: Facial hair



Personal grooming was again indicated in 306/1 (Figure.6.74); the participant named him "*Freddie*" and referred to him as an "*old man, clean, tidy and intelligent*". The

reference to intelligence corresponded to the production of the image, in particular to the glasses, whereas the clean and tidy referred to clothing and his facial features. Finally image 168/2 (Figure.6.75) continued to illustrate personal grooming by facial hair, hairstyle and appearance.

Figures.6.74/6.75: Personal grooming



Like other subthemes of appearance and features attention has been given to the body and age signifiers, in this case hairstyle and male grooming (Bytheway & Johnson 1998).

### 6.3 Family

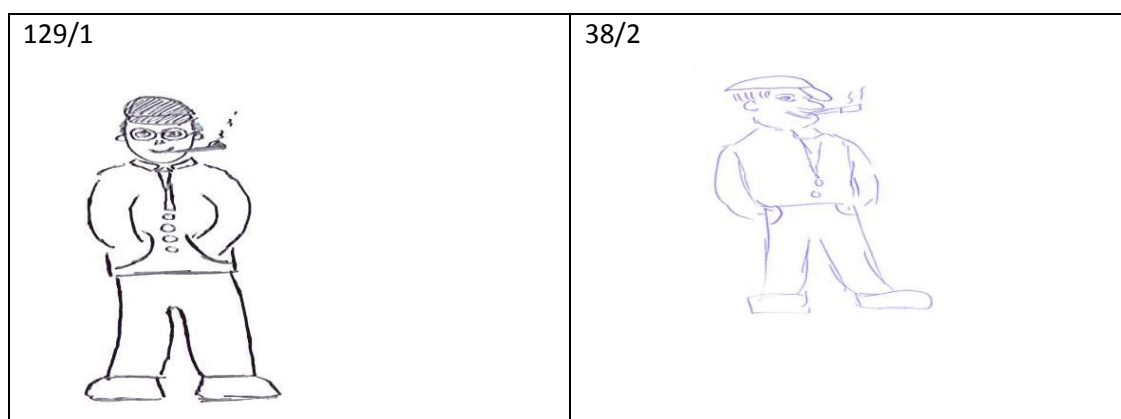
This section presents drawings that depicted family, these occurred in each DS, n=45 in DS1, n=18 in DS2 and n=10 in DS3. Three subthemes emerged; 1) grandparent and parents, 2) someone they knew and 3) companionship.

#### 6.3.1 Grandparent and Parents

Overall there were n=63 images produced during the study in this sub theme, however less featured in each DS, n=36 in DS1, which included n=6 grandfathers, n=3 grandparents (gender was difficult to establish) and n=27 grandmothers. In DS2 there were n=17 drawings, n=4 grandfathers, n=10 grandmothers, and n=1 parent and n=2 grandparent type figures. In DS3 n=10 images were produced, n=1 grandfather, n=6 grandmothers and n=3 grandparent type figures. There were several key concepts that emerged, these demonstrated the impact and influence grandparents and parents had on participants (Ryan et al., 2007) and included the direct portrayal of a person, role models and roles, appearance, independence and activity, and disease and disability, thus drew on other prominent themes.

Many images appeared to be direct portrayals, n=45 grandparents, and n=1 parent. Generally the images were positive and suggested a true representation of older people rather than a stereotype. For example 129/1, (Figure.6.76) drew their grandfather smoking a pipe, similarly in DS2, 38/2 (Figure.6.77) depicted a man smoking a pipe, and stated “*my granddad rest in peace x*”. It can be presumed that these images were drawn from personal life experience and both had positive KOP outcomes.

Figures.6.76/6.77: Grandfathers and pipes



In DS1 and 2 eight depicted a likeness to their grandmother, symbols of being old were evident and included, hairstyle and glasses, (94/1), wrinkles (94/1 and 145/2 Figures.6.78/6.79). One image, 27/1(Figure.6.80) was portrayed in trousers, however all were smiling. Image 145/2 was rated negatively as a consequence of the participants statement “*my Nan, with her teeth out*”, whether this was a real depiction can be questioned as the drawer stated her ‘Nan’ would not be happy with this portrayal, therefore had the participant depicted normality or highlighted something negative about their grandmother with which they found distasteful, however their KOP was positive.

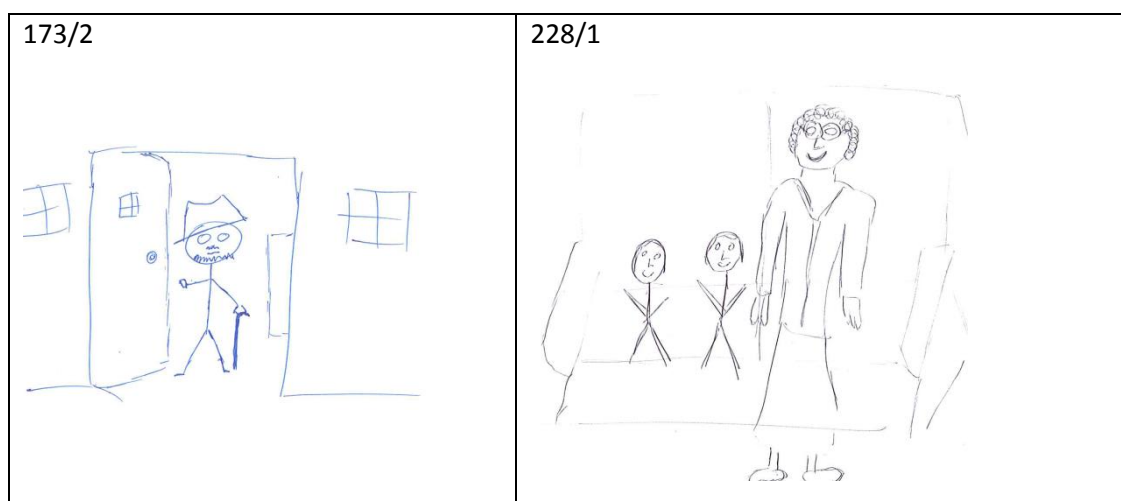
Figures.6.78-6.81: My grandmother: Parent



In DS2 one image portrayed a parent, 56/2 (Figure.6.81) and commented *“a smiley, happy contented 75 year old lady, just, like my mum”*. The image presented a positive image and illustrated the importance of family members on opinion, and was reflective of an extremely positive KOP score.

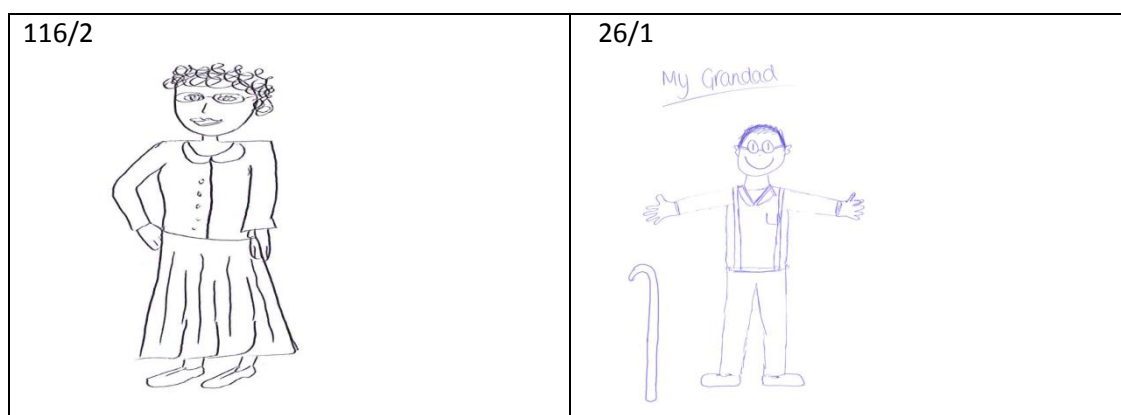
Many participants indicated the importance of their grandparents as role models or in a role they undertook such as caring for others and involvement in family life. For example 126/1, stated *“grandparent with grandchildren”*, and indicated a role and responsibility in later life. Similarly 173/2 (Figure.6.82) stated *“granddad waving goodbye to his grandchildren”*, and portrayed continuity of generations, family involvement and role modelling, but also drew on stereotypical imagery (hat and walking stick). Family involvement was further illustrated in 228/1 (Figure.6.83) the participant commented about their grandmother *“she baby sits my children, she is my best and most trusted sitter”* thus indicated a role, the panel concurred. In addition 228/1 was perceived as active and had a role within the community. Other images depicted grandmothers preparing for family visits.

Figures.6.82/6.83: Grandparents as role models



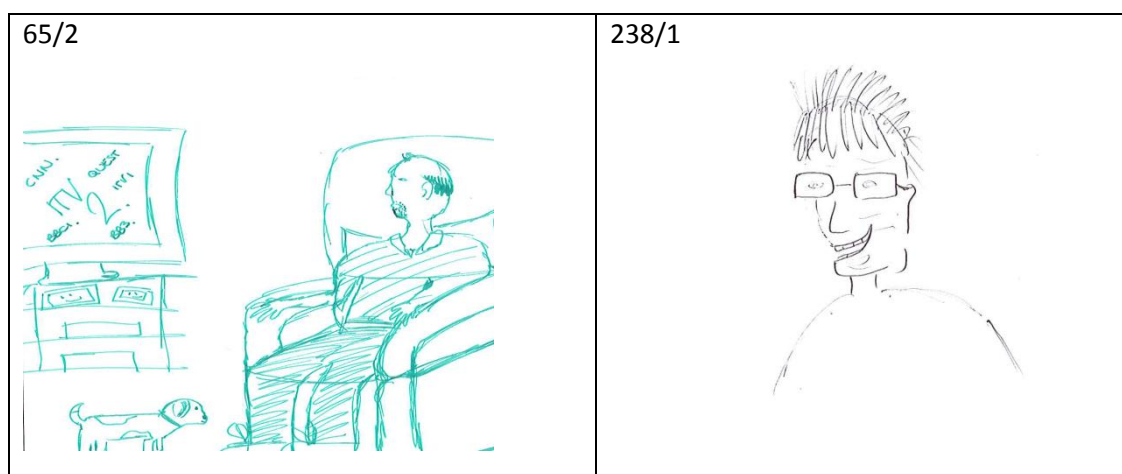
Role models and individuality were also evident in 26/1 (Figure.6.84) titled '*my grandfather*', and depicted a man smiling with open arms, using a walking stick, the drawer acknowledged "*he always had his walking stick*", indicating a true reflection and likeness and this had a positive KOP.

Figures.6.84/6.85: Individuality and grandparents



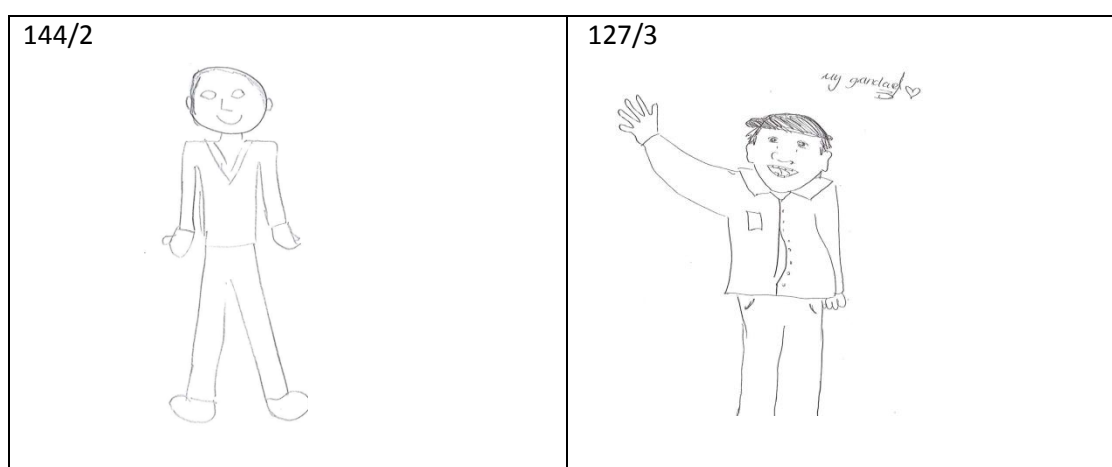
The influence of role models continued and grandparents were seen as being the participants favourite person, 116/2 (Figure.6.85), stated "*was my favourite person*" and 238/1, (Figure.6.86) referred to their granddad being their favourite person. The panel reviewed 238/1 and observed his 'spiky' hair, and found he had a pleasant demeanour, drawing on the comments made "*very happy*" and "*lots of white hair*". Again the images had positive KOP's but there was evidence of age signifiers (hairstyle, clothing, and physical changes).

Figures.6.86/6.87: Individuality and grandparents



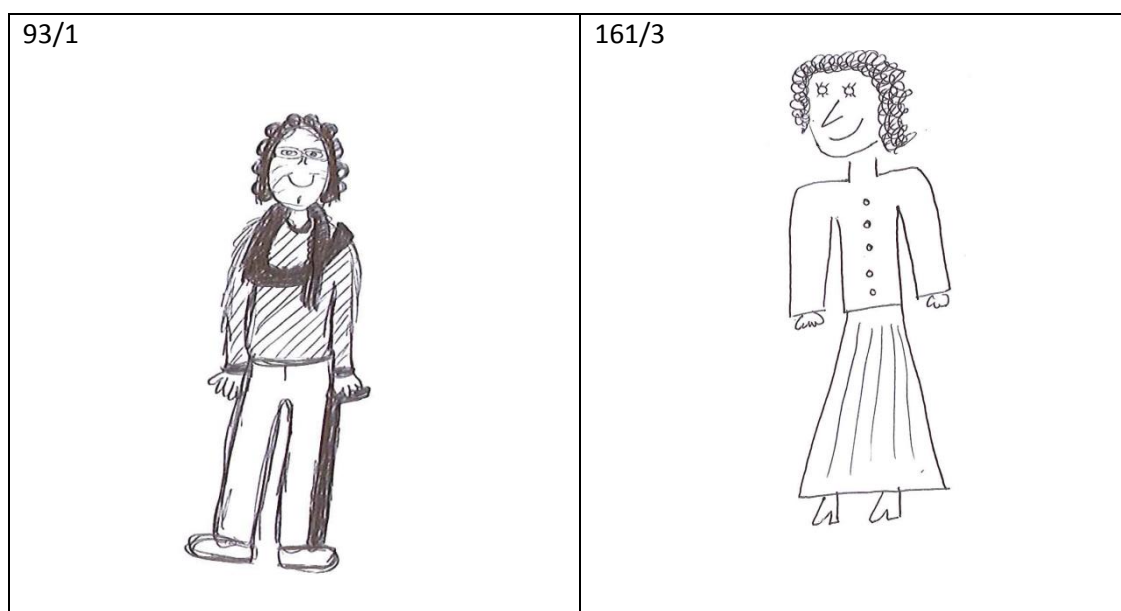
Three images of grandfathers stood out as different and focused on individuality for example 65/2 (Figure.6.87) illustrated a man sitting down watching TV. The image presented several messages, intelligence via the range of topics on the TV, the photographs outlined engagement and the dog indicated companionship. Interestingly the individual stated *“he looks a tad young in my drawing”*. Whereas 144/2 (Figure.6.88) felt their granddad was *“always happy”*, the panel concluded that the image made them think everyone was equal no matter what their age. In DS3, 127/3 (Figure.6.89) stated *“I would treat other older people how I would like others to treat my family”* again the panel reviewed this and felt it represented independence, that the man had reached self-actualisation, was friendly and happy and that he had a role in the family unit stating *“always willing to help”*. All these had positive KOP outcomes.

Figures.6.88/6.89: Happiness



Several images of grandmothers focused on appearance, for example 93/1 (Figure.6.90) although portrayed in contemporary clothing the participant made reference that older people *“tend to be cold all the time”*, and that she had comfy shoes and a walking stick. This however was an observation of their grandmother, and the participant stated *“hard to draw a 75year old because I don’t have much contact with them so I’ll use my Nan as an example”*, thus the influence of role models was drawn on.

Figures.6.90/6.91: Grandmothers and appearance

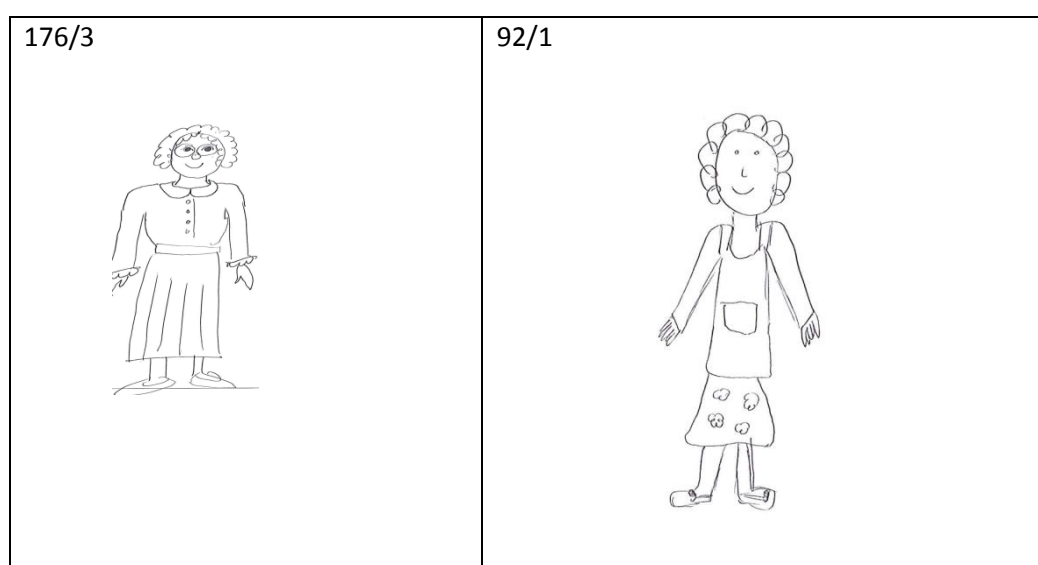


One image in DS3, 161/3 (Figure.6.91), titled *“Glam Nan”* was selected by the panel and three of the interviewees. Firstly the panel noted she was well dressed, but that the older generation tended to wear skirts thus made stereotypical assumptions. Both P2 and P3 agreed that the drawer tried to stress she was glamorous as social perceptions generally were different; P2 stated *“we perceive the elderly to be old and frail”*. Whereas P4 (participant four) felt the clothing stereotyped, P2 agreed and stated *“if you walk around town a lot of people over 75 don’t actually wear outfits like this”*, and felt that the programme had altered their view

The ULL and stereotyping was evident in eight images, for example 176/3 (Figure.6.92) acknowledged that the image was a true likeness to her Nan but stated *“I don’t think she would be too happy about that”*. P2 focused on this comment and questioned why she was drawn like that and not as she was naturally, stated *“I don’t really agree with that”*. Specifically P2 commented on appearance and hair style, and stated *“that’s not true a lot of people over 75 have got straight hair”* and *“cos you’re*

over 75 you won't wear fashionable clothes", thus drew on her own experiences of seeing people in contemporary clothes. The panel highlighted the stereotypical appearance and stated it was "*cliché image of an angelic lady, prim and proper*" however they also drew on the value of grandparents in caring for grandchildren. Finally 92/1 (Figure.6.93) depicted their 'Nan' in an apron and stated *she "always wore a pinnie"*. It has not been possible to elicit whether the participants drew true reflections of their grandmothers or whether they made a generalisation; furthermore these images drew on Blaine's (2013) perfect grandmother, and all scored positively on the KOP.

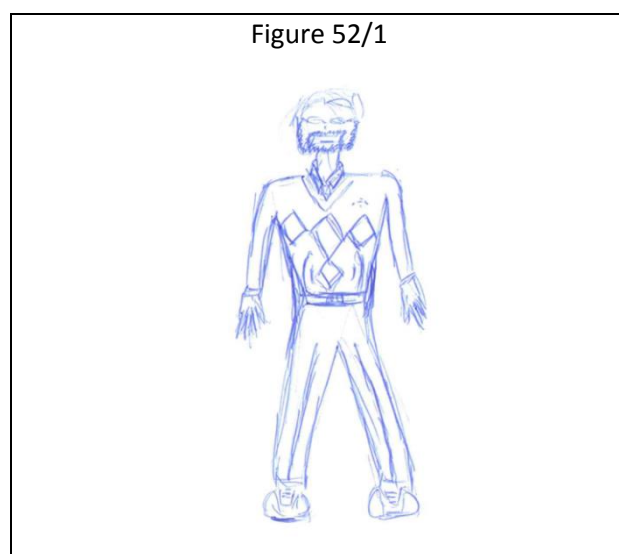
Figures.6.92/6.93: Generalisations of appearance and grandmothers



The grandfathers were not depicted in contemporary clothes except, 52/1 (Figure.6.94), this conveyed a positive image of grandfathers and again drew on the importance of role models.

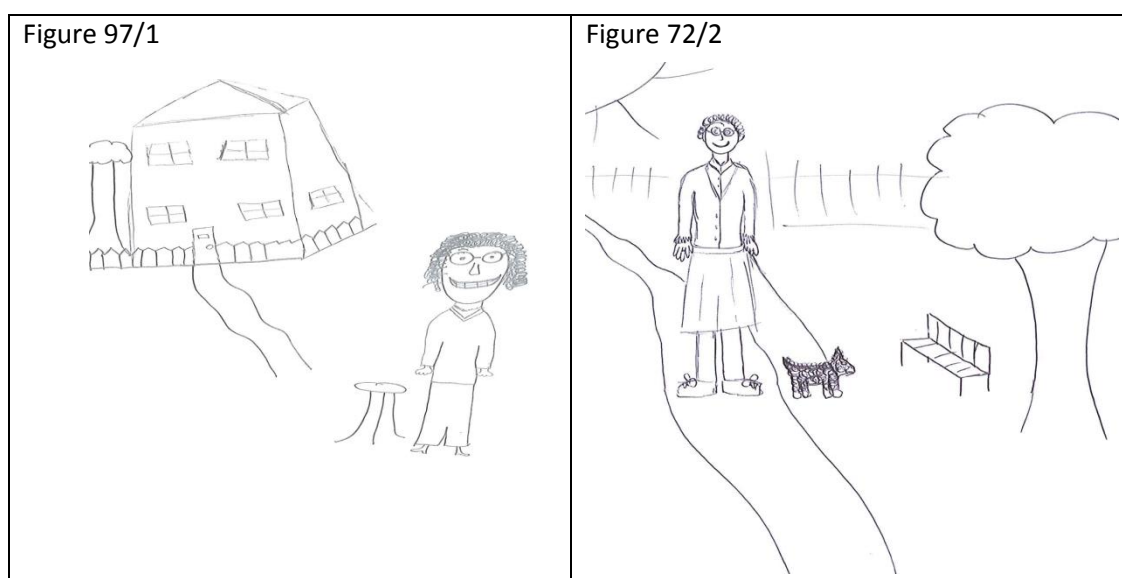


Figure.6.94: Grandfather and appearance



Independence and activity was portrayed in sixteen grandparents and aligned to the theme activity, for example 97/1 (Figure.6.95) emphasised independence and stated “*Nan’s house*”. This continued in DS2, 72/2 (Figure.6.96), although in the ULL was outside walking her dog. Again all these images presented positive KOP’s and the use of symbols of sunshine and plants reflected Roberts et al. (2003) positive ratings.

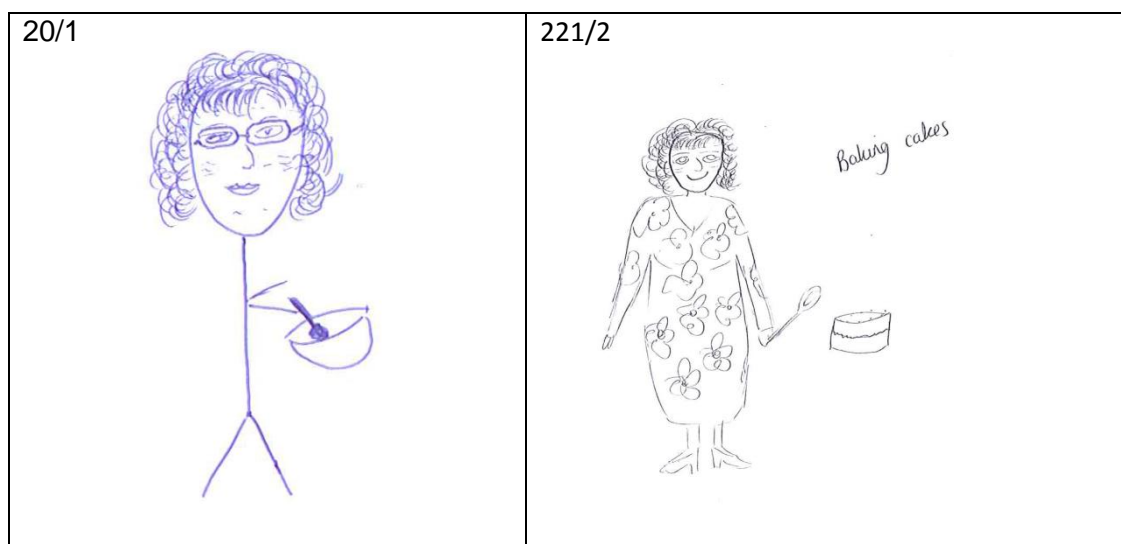
Figures.6.95/6.96: Independence and activity



Other images that portrayed activity and independence focused on cooking and presented a juxtaposition between activity and common imagery of later life for example 20/1 (Figure.6.97) depicted “*grandma baking a cake*”, however wrinkles were accentuated. Again 221/2 (Figure.6.98) portrayed ‘baking cakes’ illustrated

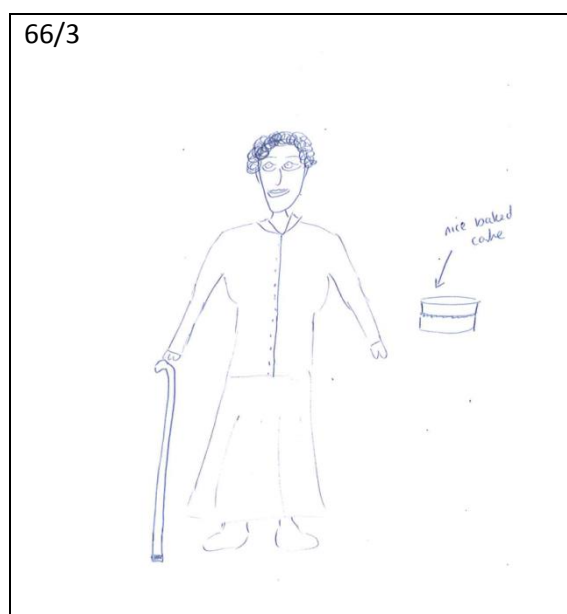
activity but stereotyped with the comments *“sweet grandma, traditional ways”*, the panel affirmed this and stated *“a traditional lady who enjoys coking independent”*. Both scored positive outcomes on the KOP and builds on Blaine’s (2013) stereotype.

Figures.6.97/6.98: Cooking



This was also found in DS3, 66/3, (Figure.6.99) the participant commented, *“She tends to be a homemaker who enjoys making visitors feel welcome and is a good host”*. The panel felt the participant had depicted older people as old fashioned, and P3 found it was *“stereotypical of the era housewife and mums making cakes”*. Whilst P4 felt it depicted her as active and that *“she was looking after people, making nice cakes”* and continued *“tends to be a homemaker who enjoys making visitors welcome”*. Overall the images were positive, and had positive KOP, yet covert messages were portrayed, such as symbols of ageing (glasses and wrinkles) and stereotypical activities of being older (baking).

Figure.6.99: Homemaker



Shopping was another activity four grandparents did, for example 247/1 (Figure.6.100) the panel highlighted that she was independent catching the bus home. Whilst 32/3 (Figure.6.101) portrayed a 'grandmother' with a branded shopping bag. These portrayed normality, had positive KOP scores but made stereotypical assumptions (shopping bag, transport mode and clothing).

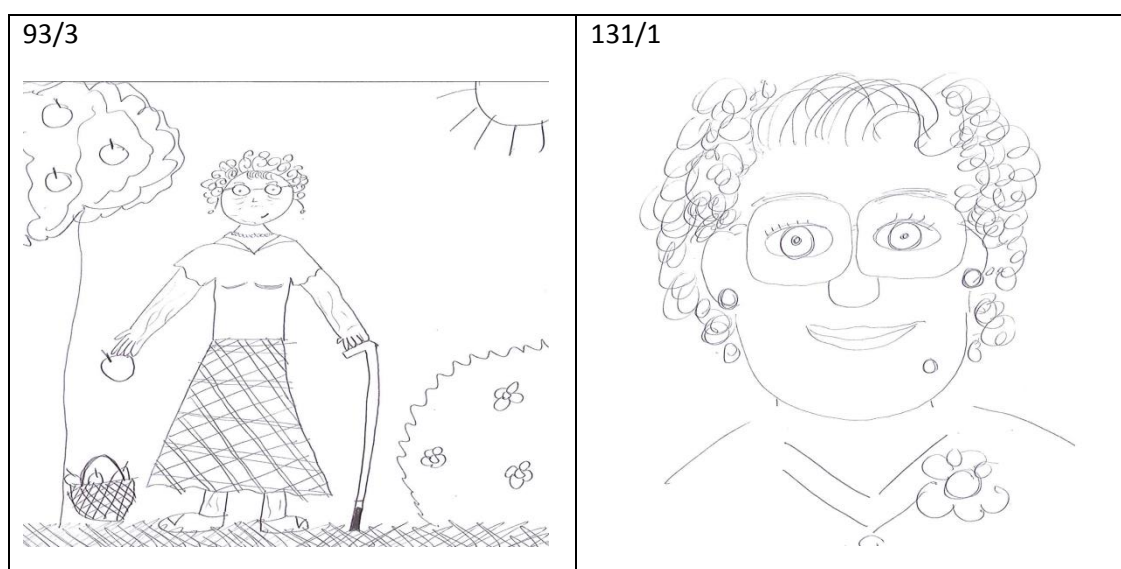
Figures.6.100/6.101: Shopping



In DS3 93/3 (Figure.6.102) portrayed gardening as an activity and stated “*grandma figure in the garden*” and although physical ageing was indicated her figure was

emphasised. P4 used his grandmother to make meaning and stated a *“lady picked apples from a tree so she must be quite active...maybe she’s going to cook”*. When probed about the wrinkles he stated *“shows she’s quite old”*. Whereas P3 felt the image was stereotypical due to the fact that she was depicted gardening, the prominence of wrinkles, and referred to the hair as a *“blue rinse”*, but stressed *“not all older people have this hairstyle”*. More stereotypes appeared in this image but unlike others it was not a direct portrayal of an individual. Thus it could be suggested that a lack of role models facilitated a more negative view.

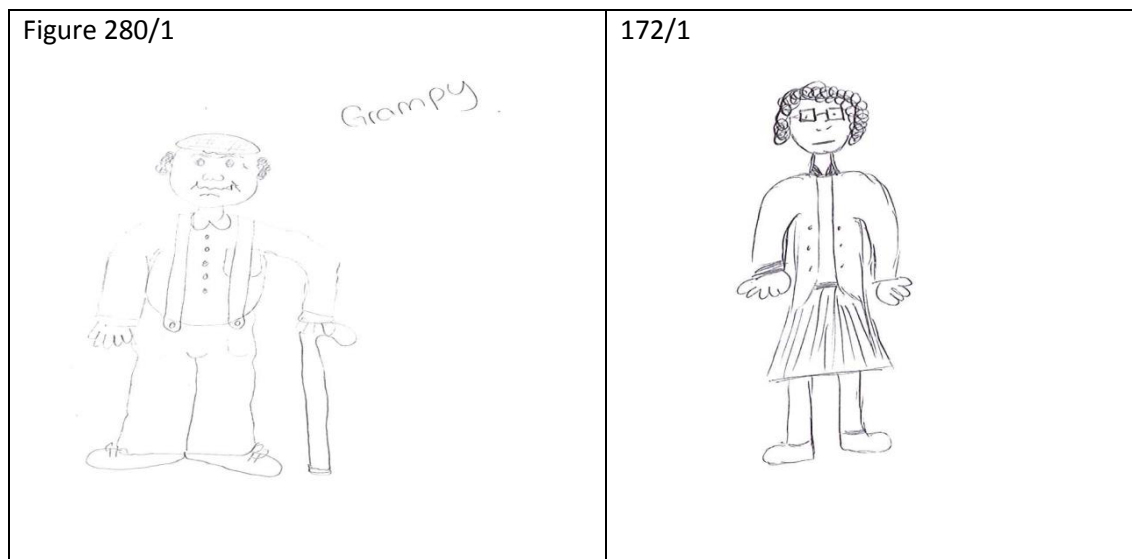
Figures.6.102/6.103: Hobbies



Particular to DS1, two images referred to social clubs, for example 131/1 (Figure.6.103) stated *“she was young for her age, was 74 when she died bit still went to social clubs”*. Thus like other images the influence of grandparents was evident and reflected a positive KOP score.

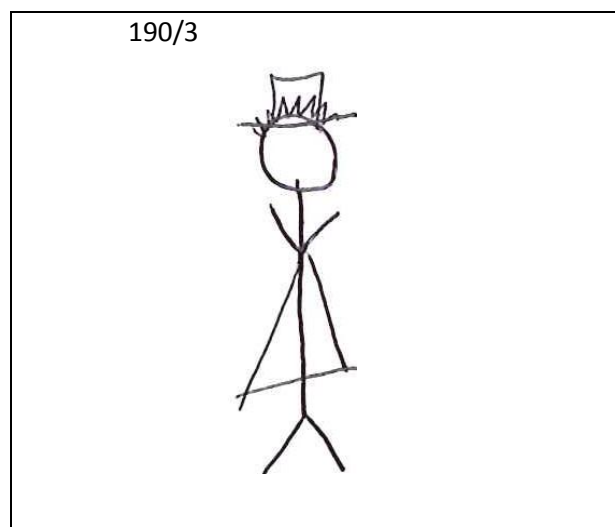
Disease and disability was indicated in n=3 drawings of grandparents, firstly in DS1 280/1 (Figure.6.104) depicted a man with braces and walking stick, the participant stated *“based on my granddad (minus the stick) old people tend to need more support whilst walking hence the added walking stick”*. This image differed from others as the influence of their grandfather as a role model was less dominant, and the individual felt the need to portray disability and degeneration. Similarly 172/1 (Figure.6.105) referred to her grandmother’s *“nice cardigans”*, the drawing itself depicted a neutral expression and the commented *“each time I visit her mood varies so I have placed no expression on her face”*, and was suggestive of mental health disorders. The neutral KOP reflected this. There was no comparable image in DS2.

Figures.6.104/6.105: Disease and Disability



Finally in DS3 190 /3 (Figure.6.106) portrayed a more negative view of old age, and stated a *“small person fairly frail and old”*, and *“representation of old people due to my grandparents”*. The lack of facial features suggested that it was impersonal even though it represented someone they knew. The panel found it condescending from an artistic point of view but that it reflected the drawer’s grandparents. Moreover P2 did not like the emphasis of frailty, and stated *“I don’t agree with that”* and drew on the influence of the media on the images production. Whereas P4 noted the influence of the grandparents and that *“if his grandmother was a stereotypical older person I would probably be thinking that”*. However the KOP score was 180.

Figure.6.106: Frailty

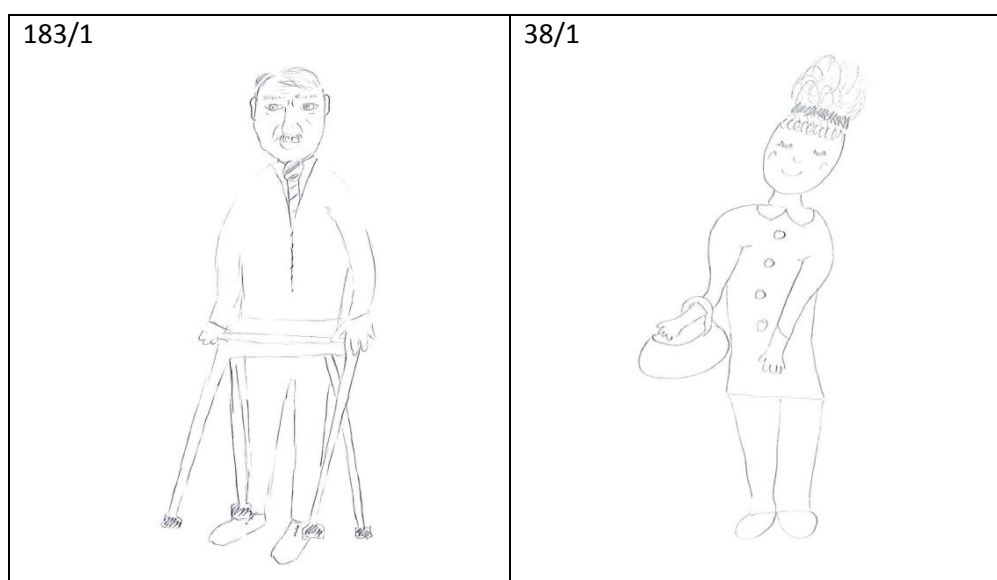


The influence of grandparents in this example appeared to have formed a more negative image of older people and suggested that if the individual experienced a frail/ill grandparent their perception was more negative. Thus the importance of role models in this theme emerged.

### 6.3.2 Someone They Knew

This subtheme in DS1 featured n=4 images that were not family members but the participant knew the individual. Three images depicted pride in appearance, independence and overall were positive images of later life and ageing, and the value of a positive role model was evident. Two images were neighbours, 38/1 (Figure.6.107) referred to a lady the participant saw daily and stated she was *“nicely dressed, with her wicker shopping basket and beehive hair”*. Another participant 122/1 drew on a peer’s grandmother as a role model. Finally 183/1 (Figure.6.108) referred to a service user that the participant knew, and although disability was indicated it was interesting that they chose to depict a service user, as at the point of data collection they had not had a clinical placement therefore were influenced by care work. Furthermore the KOP’s were positive and indicated role models come from diverse situations.

Figures.6.107/6.108: Role models



### 6.3.3 Companionship

Companionship occurred in DS1 and 2, with n=6 images, n=4 couples (216/1, 73/1, 231/1 and 9/2) n=2 (205/1 and 8 /1) with children, these conveyed companionship but stereotypical views of later life emerged. For example 216/1 (Figure.6.109), although a couple, symbols of age were present, these were reinforced by the comments *“they are old, old people are best hanging around together”*. Interestingly the panel rated it positively and drew on the concepts of companionship and contentment, whereas the physical imagery and clothing were ignored.

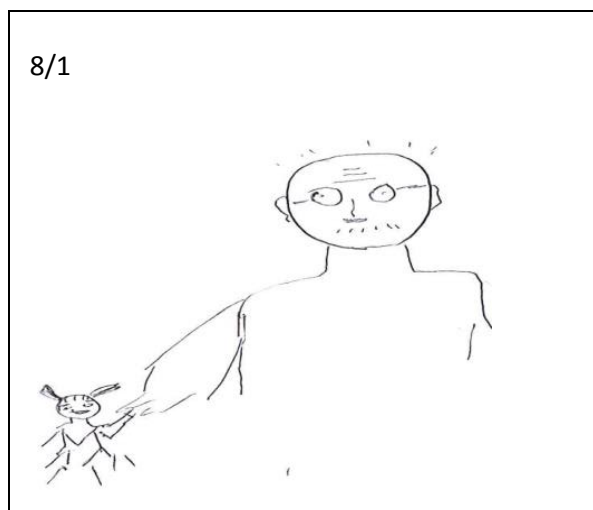
Figures.6.109/6.110: Companionship



Companionship continued with 231/1 (Figure.6.110), although a couple were depicted the image was not rated positively because deformity was depicted, (hunched backs). The participant stated *“Jim and Joan still live together lovingly in a bungalow in Spain”*. Names were used to illustrate age but fulfilment in life was shown via the image. The panel members rated it positively, and did not comment on the hunched back, one stated *“happy living in own home but with walking aids”* whilst another stated *“outside a care home/hospital meaning they are safe”*, it was apparent that other influences made meaning for the panel and explained the more generous ratings. Companionship was also evidenced in DS2, by a couple holding hands. Finally two images referred to roles in family and a person’s value and illustrated older people with children for example 8/1 (Figure.6.111) was seen holding a child’s hand and the comments referred to retirement and time to care for grandchildren thus evidencing companionship and roles. All participants gained slightly positive

outcomes on KOP scale and suggested that participants valued relationships in later life.

Figures.6.111: Companionship and Roles



## 6.4 Mobility

There were n=143 drawings allocated to this theme with n=49 DS1, n=51 DS2 and n=43 DS3. Two sub themes emerged; 1) mobility aids and 2) disability and illness, the walking stick was found to be a dominant symbol of old age.

### 6.4.1 Mobility Aids

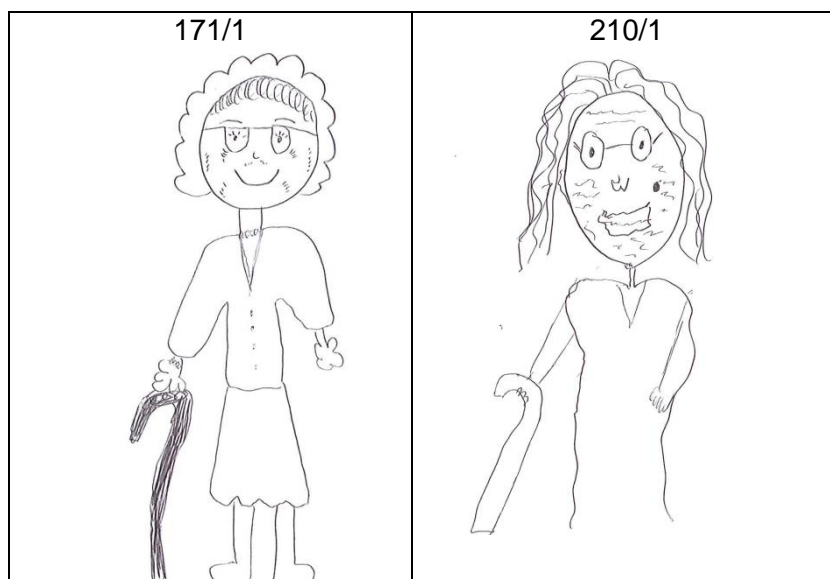
In total n=114 images were allocated to this subtheme, n=38 DS1, n=42 DS2 and n=34 DS3. Several themes emerged, images stereotyped or portrayed perceptions of later life, depicted independence, being frail or focused specifically on a particular aid. Many of the images simply portrayed older people with a walking stick, or Zimmer frame, more males were observed in this theme overall and pointed to the loss of power and virility (Featherstone & Wernick, 1995) and these male images held a difference focus and meaning.

Images of women that portrayed individuality or independence suggested the walking stick aided them in maintenance of lifestyle. In spite of this, the images inferred that mobility aids were a common in later life and many portrayed the ULL. Yet activity and fitness was evident in the comments made, 39/1 for example stated *“most older people are still generally quite fit, may need some assistance (walking stick)”*, whereas 171/1 (Figure.6.112) stated *“still able to walk with help of a walking stick,*



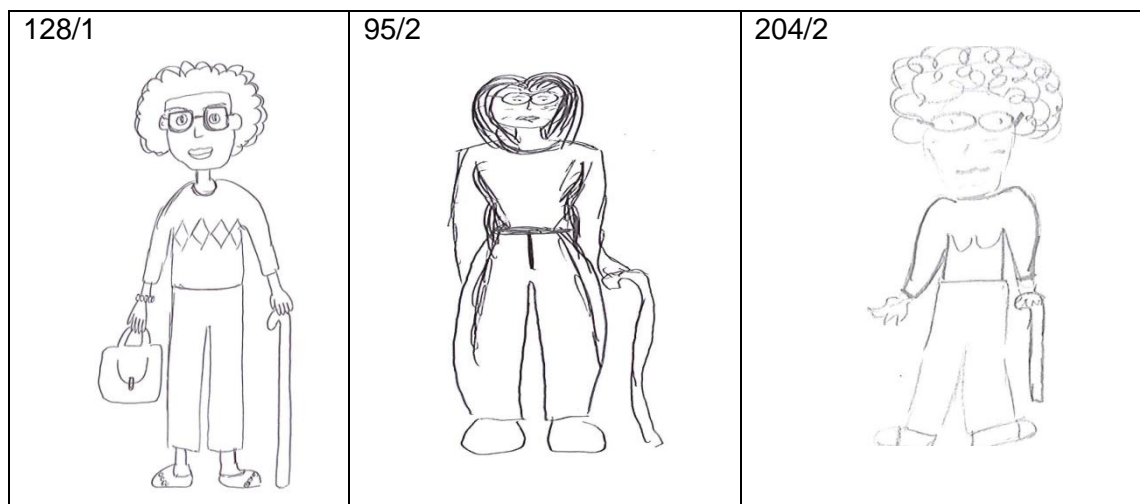
*happy, active*” and 210/1 (Figure.6.113) *“happy to have her independence”*. Interestingly they were physically aged.

Figures.6.112/6.113: Activity and aids



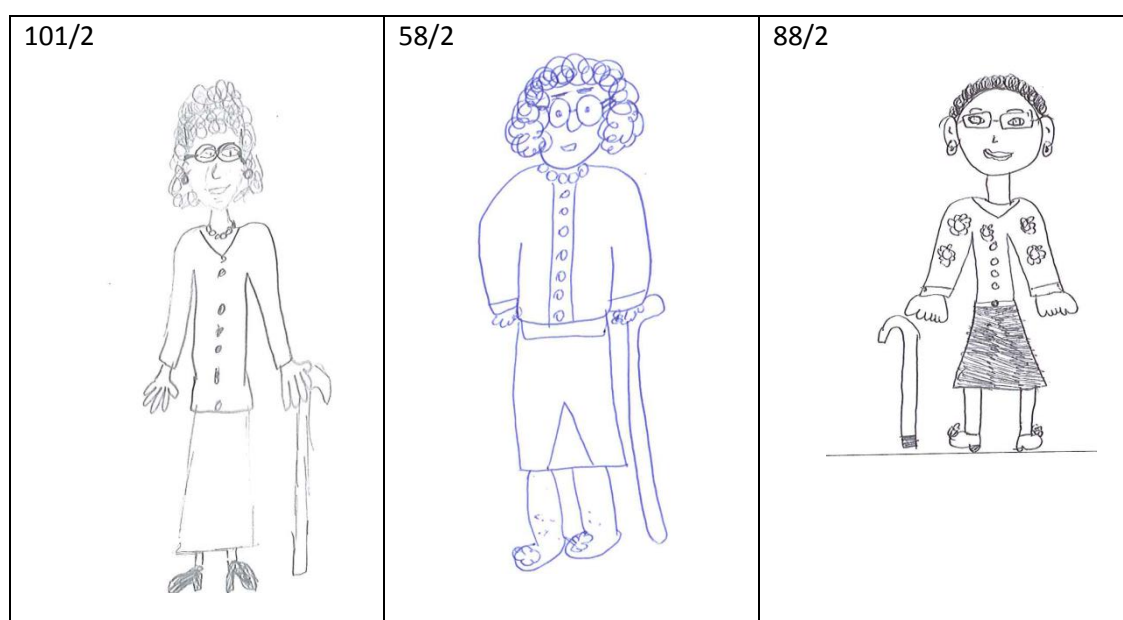
Within this theme some women were drawn in trousers and moved away from the stereotypical view of an older lady, however there was a juxtaposition between common perceptions, clothing and mobility for example 128/1, 95/2, and 204/2 (Figures.6.114-6.116), in particular 204/2 appeared to have a bust but the comments referred to her trousers being *“high up”*. Therefore covert messages about later life were being portrayed, however the KOP ranged from 144-181 thus were above the neutral point of the scale.

Figures.6.114-6.116: Convert messages of later life



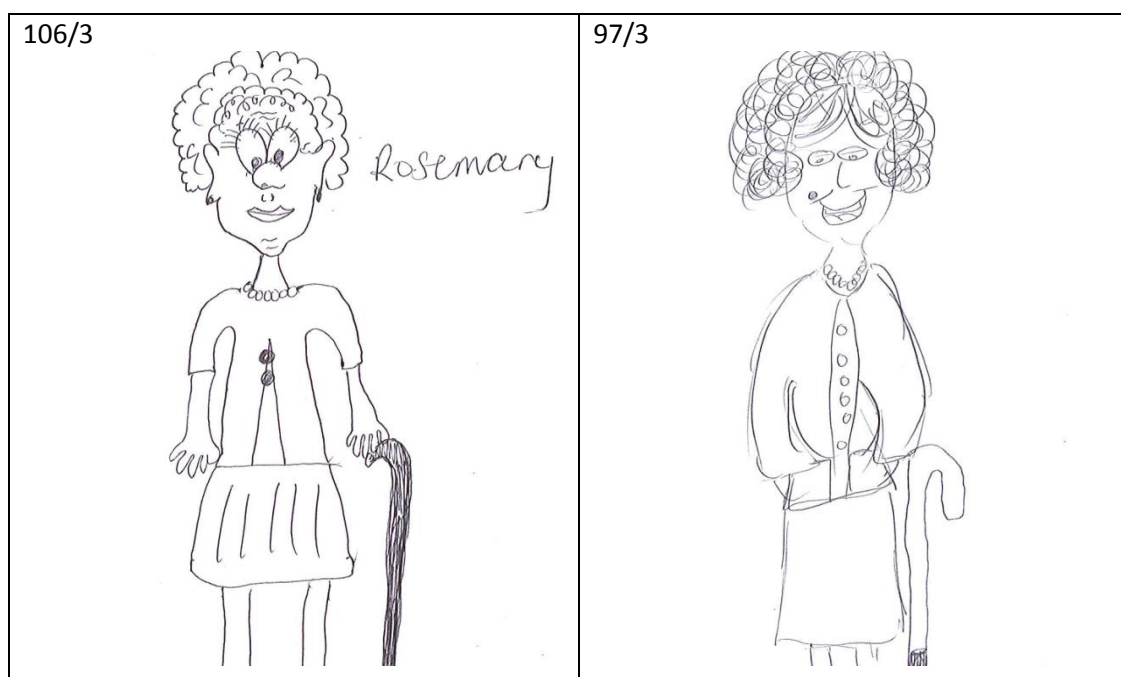
Emphasis on appearance was another theme associated with acknowledged mobility problems that emerged in DS2, for example 101/2 (Figure.6.117), portrayed a woman in high heels and a walking stick. Whereas 58/2 (Figure.6.118), detailed hairy legs and inferred she took less pride in her appearance or was unable to perform self-grooming. Finally 88/2, (Figure.6.119) stated *“older people are the same as any person”* and *“just because they have a few wrinkles doesn’t mean they don’t mean as much as a younger person”*, therefore it must be questioned why there was an emphasis of disability and whether this was an accepted symbol of old for the participant, again the KOP for these was above the neutral point.

Figures.6.117-6.119: Appearance and disability



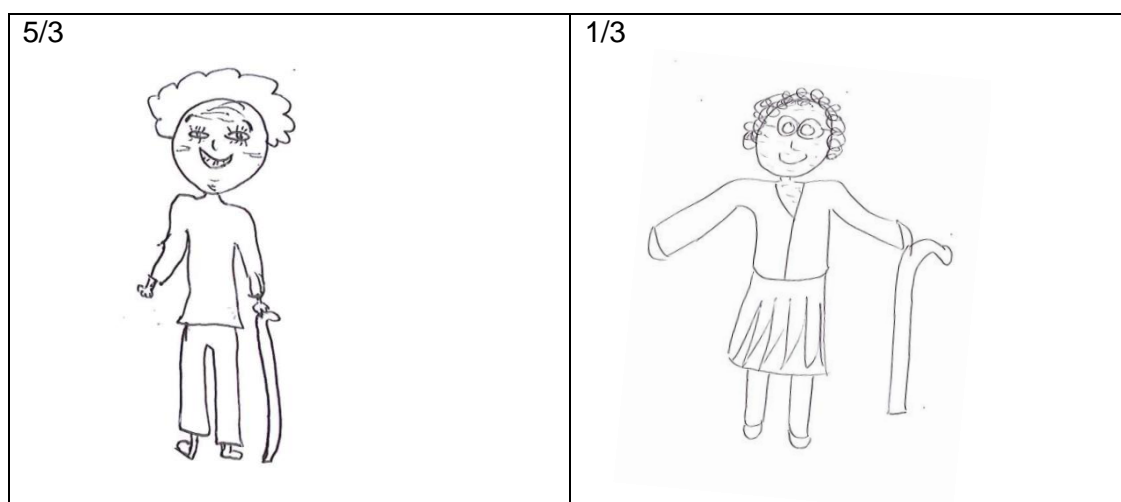
Appearance and mobility continued in DS3, 106/3 (Figure.6.120) named *“Rosemary”*, highlighted jewellery and facial features however the walking stick emphasised mobility problems. Image 97/3 (Figure.6.121) portrayed in the ULL and a facial mole. Again the KOP was slightly positive.

Figures.6.120/6.121: DS3 appearance and disability



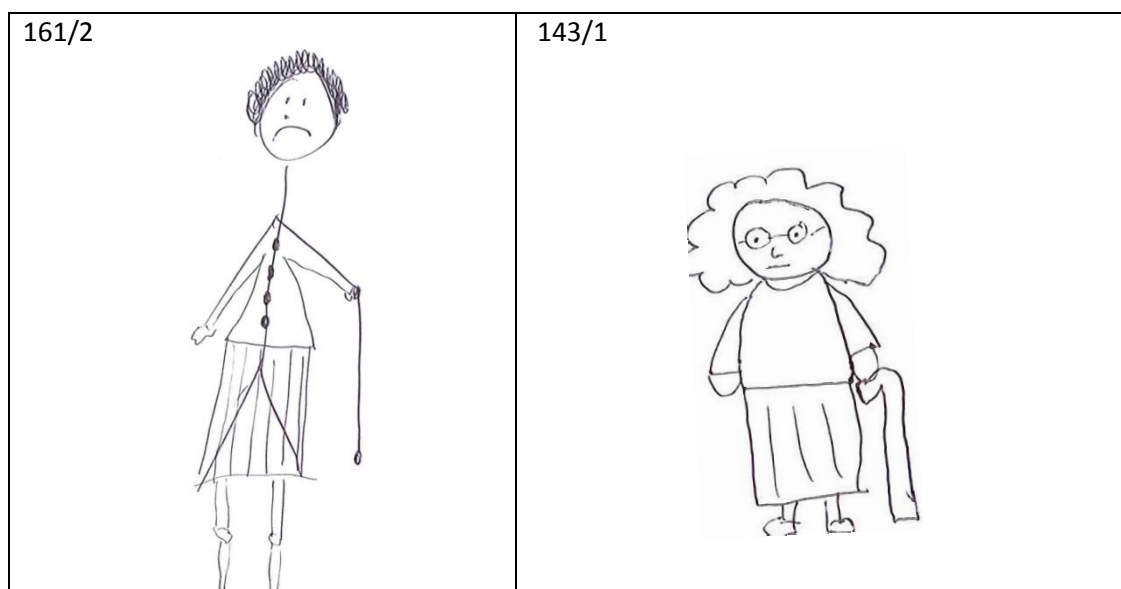
Seven images of women with walking sticks across the DS (143/1, 161/2, 195/2, 5/3, 1/3, 71/3 and 104/3) specifically focused on emotion and mobility, and the comments drove this observation. For example 195/2 stated “*mobility generally worse with age*” and “*she’s happy*” and “*are just as pleasant/ unpleasant as any age group*”. Again 5/3 (Figure.6.122) stated “*happy, old lady, with walking aid*”, and 1/3 (Figure.6.123) referred to the use of aids at home, stated “*she is not ill she is happy*”. There was a clear reference to physical decline via the depiction of wrinkles and mobility aids but the participant highlighted happiness and drew on a parallel that mobility problems did not equate to sadness and the positive KOP scores reflected this.

Figures.6.122/6.123: Emotion and mobility



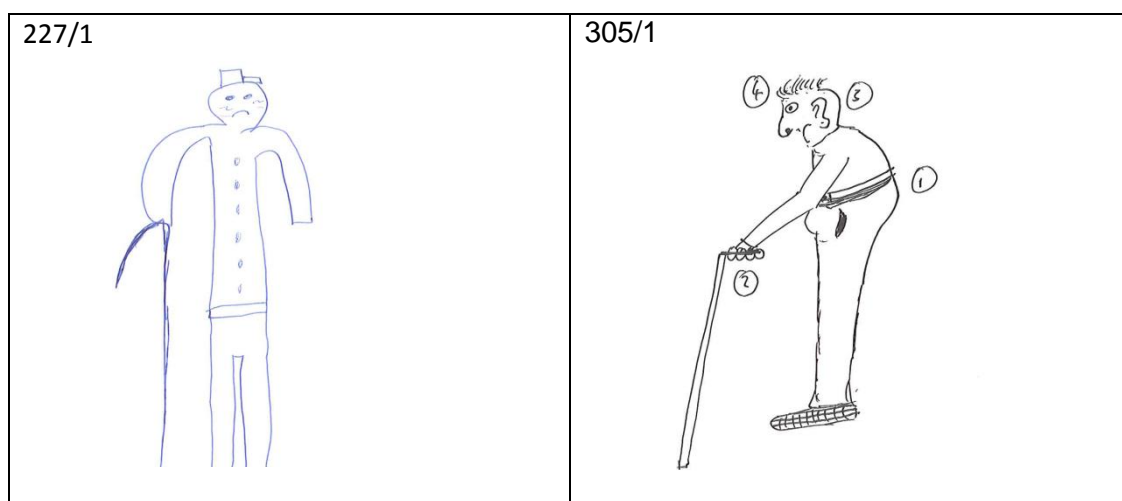
However sadness was also illustrated in three images and inferred poor mobility was linked to dependence and unhappiness, for example 161/2 and 143/1 (Figures.6.124/6.125). The expert panel commented 143/1 “*looks depressed and small and lost*” and that it was stereotypical. Interestingly the negative portrayal aligned to a less positive KOP for 143/1 (145) and 161/2 was negative (132).

Figures.6.124/6.125: Sadness



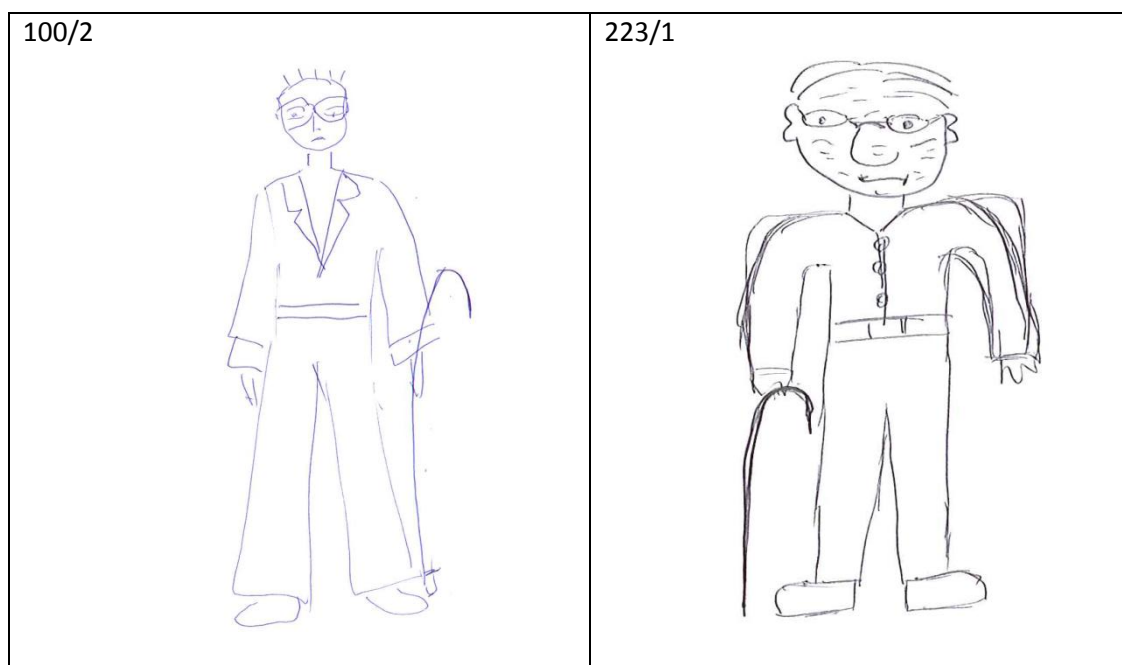
Sadness and men was found to be associated with mobility in DS1 and 2 and negatively portrayed later life. For example 227/1 (Figure.6.126) depicted sadness by facial language and suggested old age was a declining period of health that caused unhappiness. The panel felt 227/1 was in pain and lonely, and stated “*possibly depressed and lonely illustrating that old age is nothing to be happy about*”. Further the KOP of 142 reflected a less positive attitude. In 305/1 (Figure.6.127) the participant emphasised stereotypical points and that he was sad, attention was drawn to the man’s ageing physical features. However the KOP was 165, thus old age was negatively depicted by the imagery.

Figures.6.126/6.127: Men and sadness



Emotion continued in 223/1 (Figure.6.128), the expert panel felt he was an angry male, or was not smiling. Finally 100/2 (Figure.6.129) depicted a man in pyjamas who was sad. The imagery indicated mobility problems meant older people did not go out, which caused sadness. Both these participants' KOP outcomes were just above neutral, there were no equivalent images in DS3.

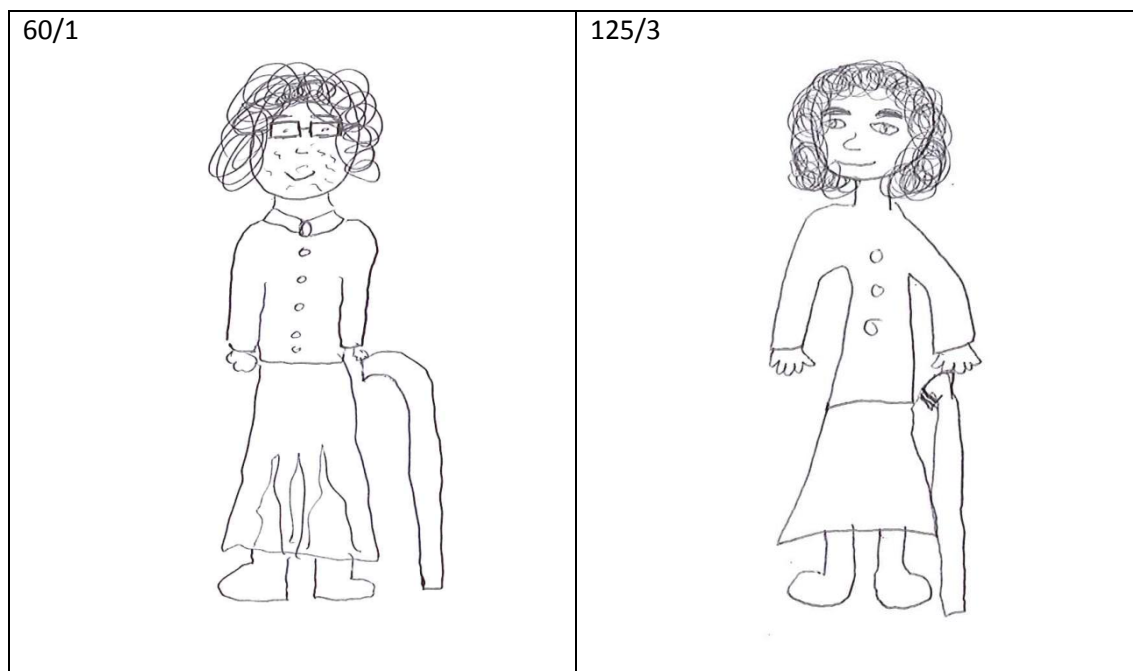
Figures.6.128/6.129: Men and sadness



Perceptions and stereotypes of old age emerged in many images, the walking stick was used to indicate age and became of symbol of later life, for example

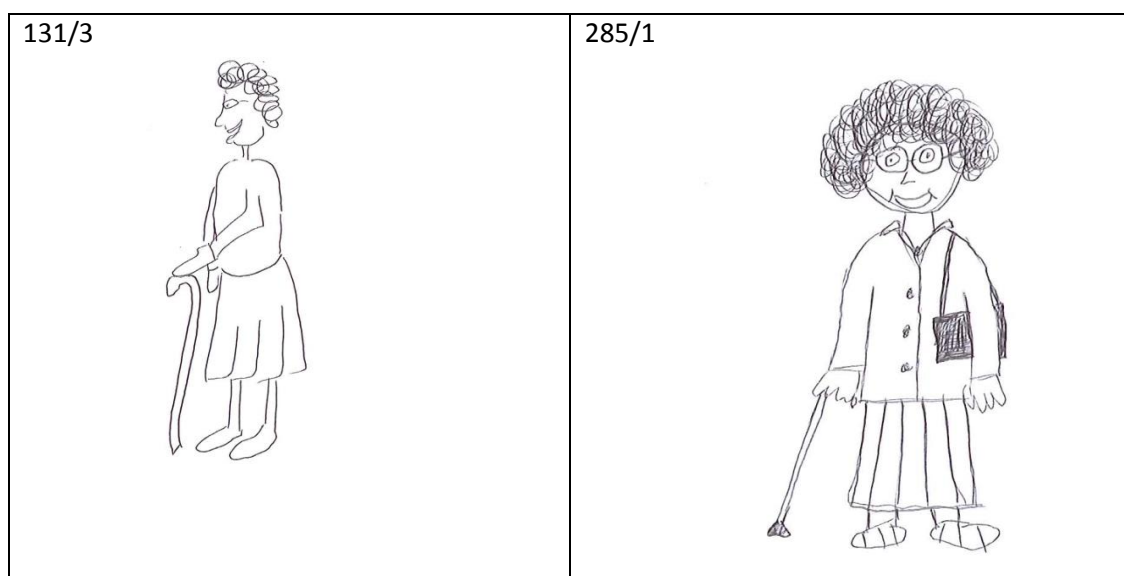
60/1 (Figure.6.130) stated “*she may have problems walking*” and 125/3 (Figure.6.131) highlighted “*I have used the walking stick to show she is old*”.

Figures.6.130/6.131: Stereotypes



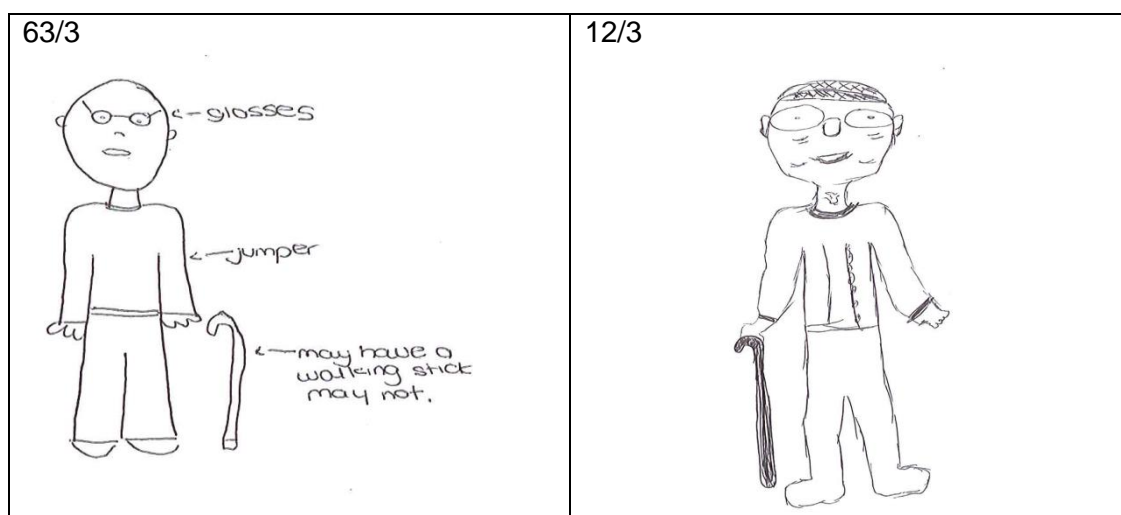
Other images stated “*what I feel a 75 year old women might look like*” (131/3 Figure.6.132). The panel did not question this and found it was an acceptable and accurate depiction, whereas for 285/1 (Figure.6.133) they felt she had a hip replacement, although it is unclear how they came to this conclusion. The panel acknowledged that both images stereotyped but these had positive KOP outcomes.

Figures.6.132/6.133: Acceptance of disability



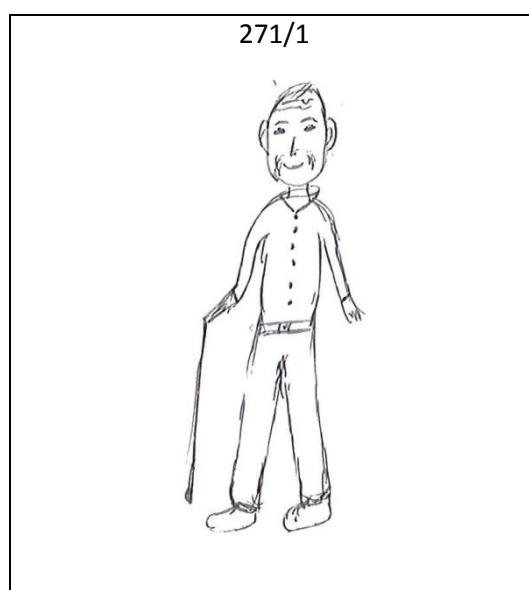
Perceptions and stereotypes continued into DS3, for example 63/3 (Figure.6.134) commented that the walking stick was “*just in case mobility issues, however typically not all older generation do*”, thus there was an assumption of declining mobility, however this elicited a positive KOP.

Figures.6.134/6.135: Stereotypes DS3 and Frailty



Three images (271/1, 12/3 and 113/3) referred to men being frail or unsteady. For example 113/3 commented “*maybe frail*” whilst in 12/3 (Figure.6.135) the participant referred to the walking stick “*because he is unsteady on his feet*”, but this achieved a positive KOP. The final example the expert panel felt 271/1 (Figure.6.136) was presented in terms of disability and frailness and this was reflected in the very negative KOP score of 89.

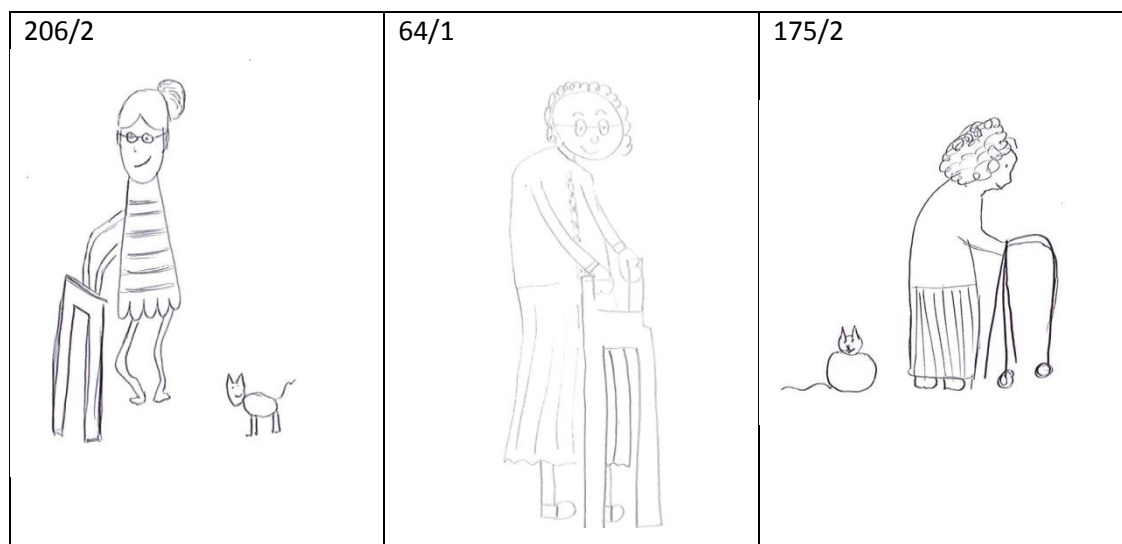
Figure.6.136: Frailty





Zimmer frames featured in fifteen images, seven in DS1, five in DS2 and three in DS3, these depicted or commented on reduced mobility, were predominantly neutral or negative in rating, and more females were drawn. Two women were drawn with cats (Figures.6.137/6.138 206/2 and 175/2) and depicted loneliness, 206/2 further was portrayed with *“wobbly legs”*, but the participant felt she was *“happy, well kept, slight mobility problems, cat for company, glasses”*, the text and image were in direct opposition and inferred disability was normal. Both 64/1 and 175/2 (Figures.6.138/139) portrayed hunchbacks, and indicated that disability was normal in later life, for example 175/2 commented *“most people at this age have mobility”*. The expert panel noted 64/1 was stereotypical, derogatory, negative, that it depicted frailty and that she was older than 75. Interestingly all three images had slightly positive KOP's.

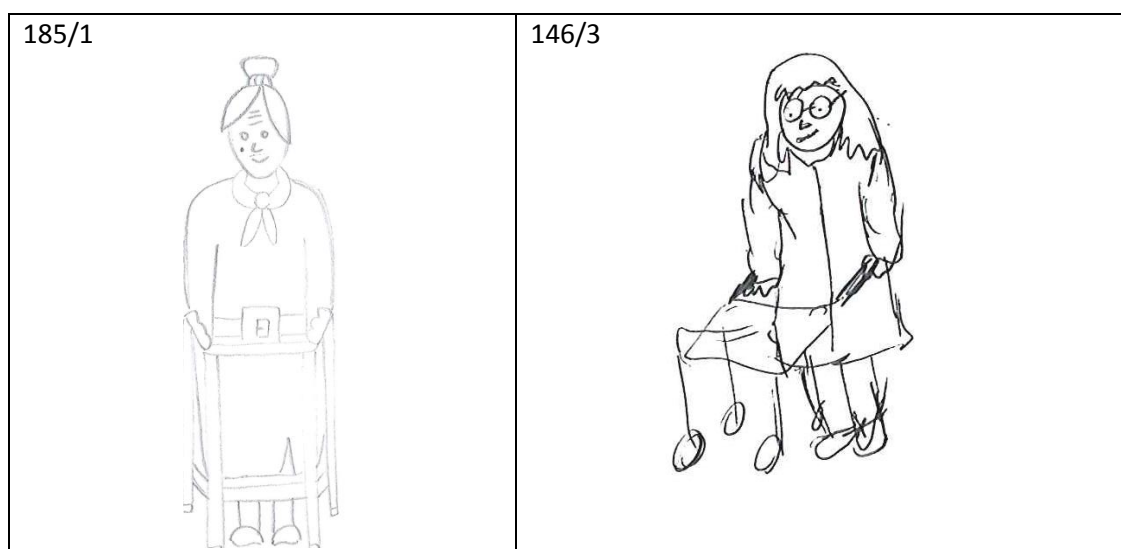
Figures.6.137-6.139: Zimmers



Stereotypical features continued with 185/1 (Figure.6.140), the panel agreed and also felt rehabilitation was depicted. Similar images were found in DS3, 146/3 (Figure.6.141) commented *“most of them have problems with health/mobility”* and suggested an acceptance of disability. The comments drew on, loneliness, loss and bereavement, and stated *“many elderly people live without partners”*, therefore made generalisations about later life and portrayed a more negative outlook; nevertheless both had positive KOP's.

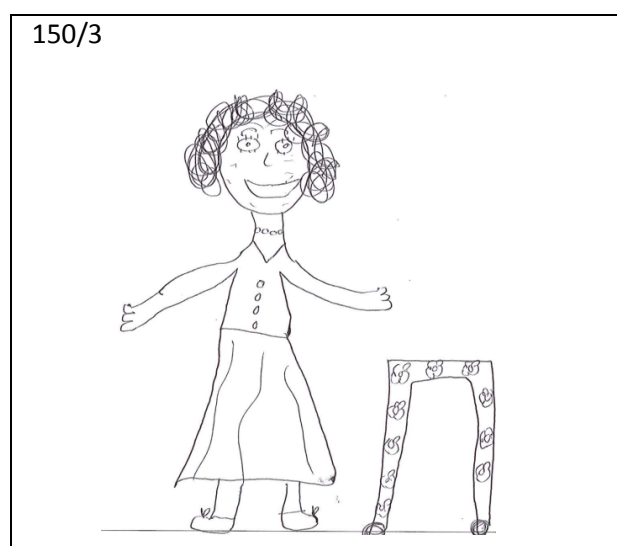


Figures.6.140/6.141: Maintaining Mobility



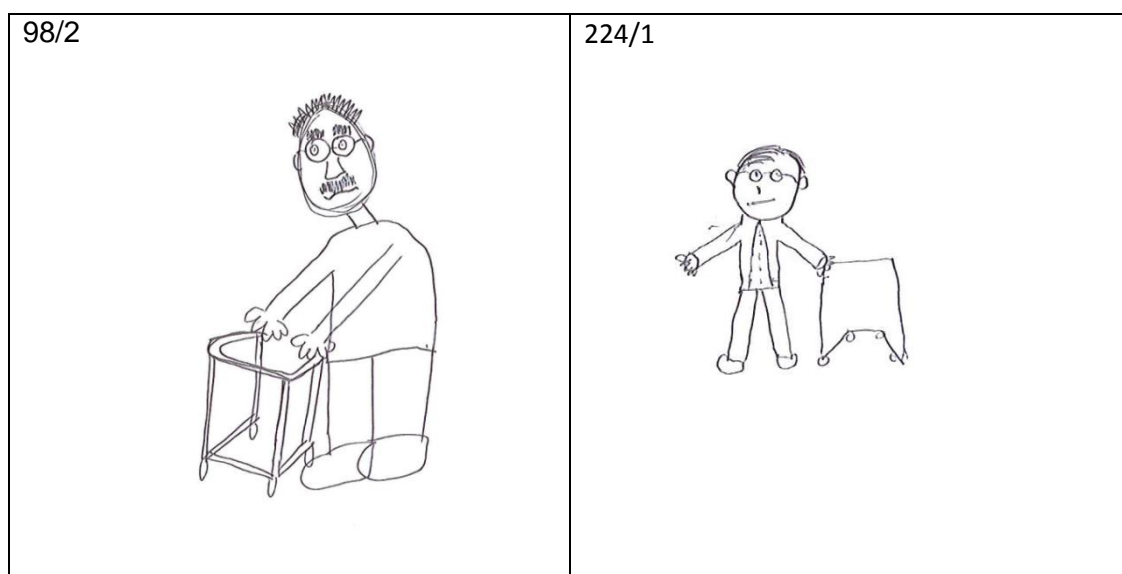
The final female image 150/3 (Figure.6.142), differed from others and illustrated a Zimmer frame by her side. The participant personalised the frame and stated *“happy lady with flower Zimmer, cool, hip, thinks she’s 21 again”*. The positive symbols (flowers) supported the assumption that the mobility aid had given the individual independence, and the panel reaffirmed this, again this image had a positive KOP.

Figure.6.142: Promoting Independence



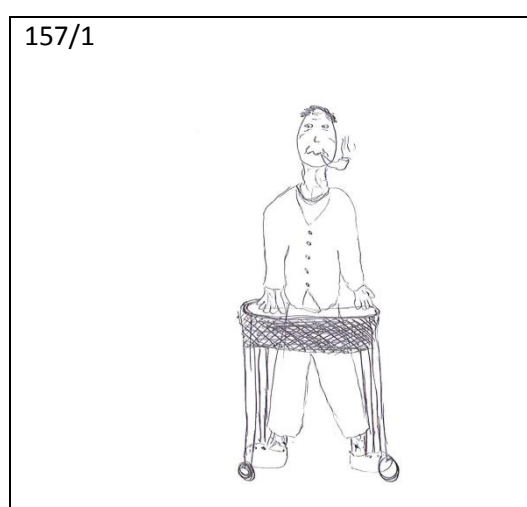
The men and Zimmer frames appeared to be overtly negative. For example 98/2 (Figure.6.143), the panel felt it *“assumes men are frail and in need of a Zimmer frame”*, they noted the hunchback and stated it was a common feature, this indicated a misperception about old age.

Figures.6.143/6.144: Men and Zimmer Frames



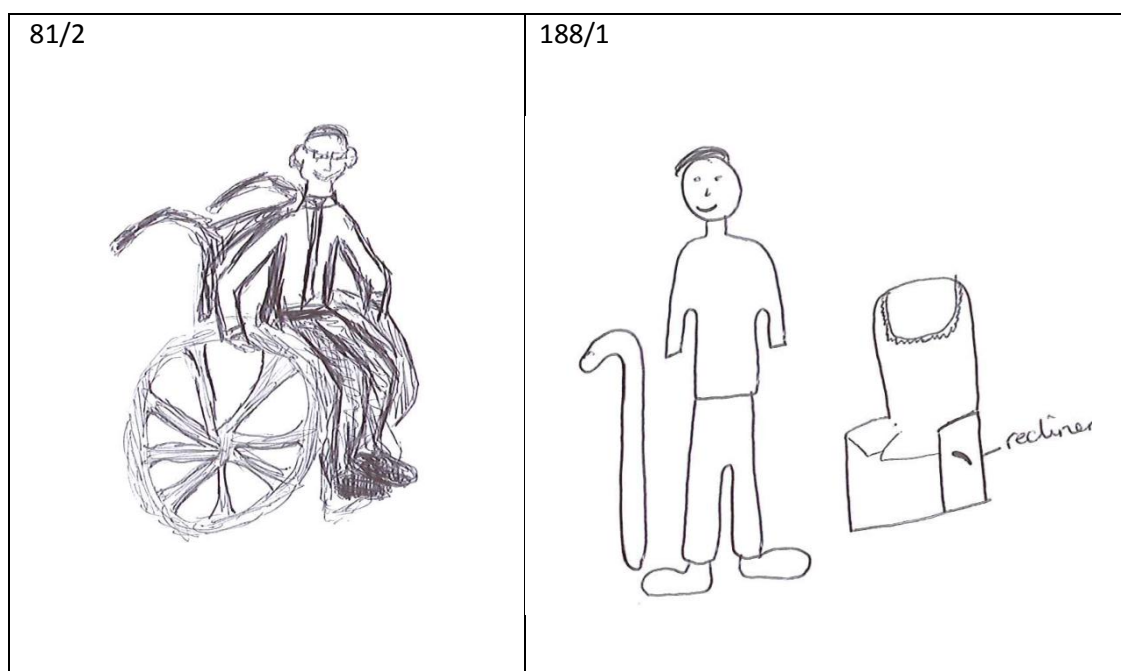
Negativity about later life was again present in 224/1 (Figure.6.144). The expert panel felt he was made small on purpose, and stated *“it appears the elderly have just been thrown to one side, a small part of a larger society”* whilst another stated *“forgotten in a corner”*, and that older people were *“less physically able”*. Finally other physical changes were emphasised (wrinkles and saggy skin) alongside the Zimmer Frame in 157/1 (Figure.6.145). The man was portrayed in slippers and pyjamas, smoking a pipe and appeared sad. Overall poor mobility was associated with stereotypical features of later life, sadness and lack of care in appearance. However like many other participants in this theme the KOP's were above the neutral point.

Figure.6.145: Poor mobility



The final images in the subtheme depicted men sitting, 81/2 (Figure.6.146) stated *“this is not being stereotypical but my idea has changed become more holistic over my training”*. Although disability was depicted the participant acknowledged that this may be a realistic image that promoted independence. There was no KOP score for this image. Finally 188/1 (Figure.6.147) referred to a recliner chair and the need for comfort, and thus suggested a sedentary lifestyle, and the slightly positive KOP supported this observation.

Figures.6.146/6.147: Wheelchair and sedentary lifestyle



Overall in this theme mobility aids were used as a signifier of age.

#### 6.4.2 Disease and Illness

In total n=29 images were allocated to this subtheme, n=11 in DS1, and n=9 in DS2 and DS3, five distinct subjects emerged; 1) death, 2) frailty, 3) pain, 4) injury and recovery, and 5) declining health and degeneration. The narrative of the fourth age was evident (Baar et al., 2014) in a small minority of the images (being portrayed as frail and having declining health). The participants indicated that dependence and physical decline was a concept of later life.

Death featured once, in DS1, 255/1 (Figure.6.148) portrayed a coffin and a couple. The association between the couple and the coffin suggested that death was a common feature at 75 for the participant, the expert panel concurred and felt it

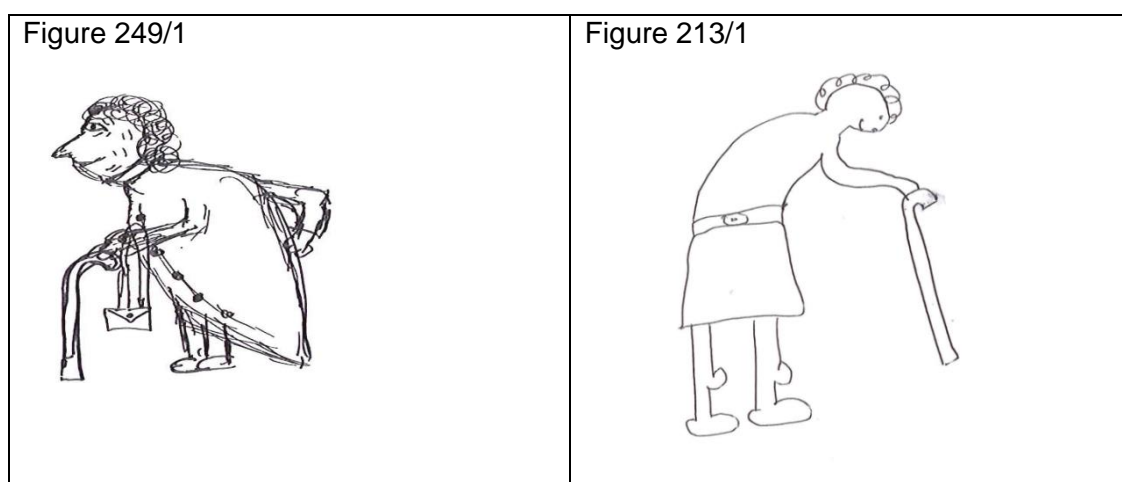
stereotyped that older people were disabled and close to death or they were thinking about death.

Figures.6.148/6.149: Death and Frailty



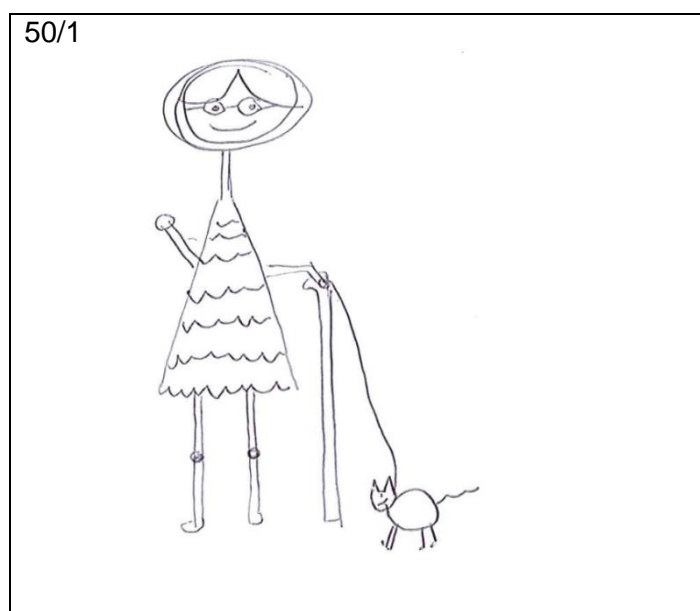
Frailty of older people was portrayed in six images in DS1 and 2, either in the construct of the drawing or by the comments. Examples included 164/1 (Figure.6.149) portraying a man sitting down, the construction of the image did not suggest frailty, but the participant stated *“he’s old and frail, gets tired easy, so likes to rest”*. Frailty was again evident in 249/1 and 213/1 (Figures.6.150/6.151) both portrayed women with hunch backs, 213/1 made a condescending comment *“a little old and frail, arrr”* and the panel assumed this meant poor mobility and frailty. 249/1 depicted frailty within the drawing.

Figures.6.150/6.151: Hunchbacks



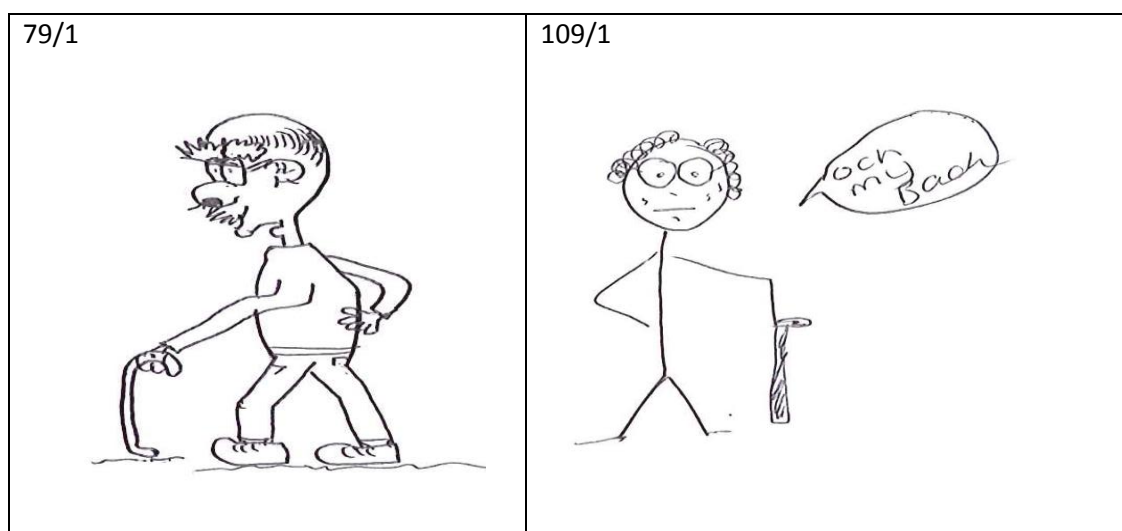
The final image to depict frailty, 50/1 (Figure.6.152), the participants' comment "*skinny and frail*" categorised the drawing. Overall these images suggested that later life was dominated with disease and disability and produced a negative view of old age, however all had a slightly positive outcomes on the KOP.

Figure.6.152: Frail



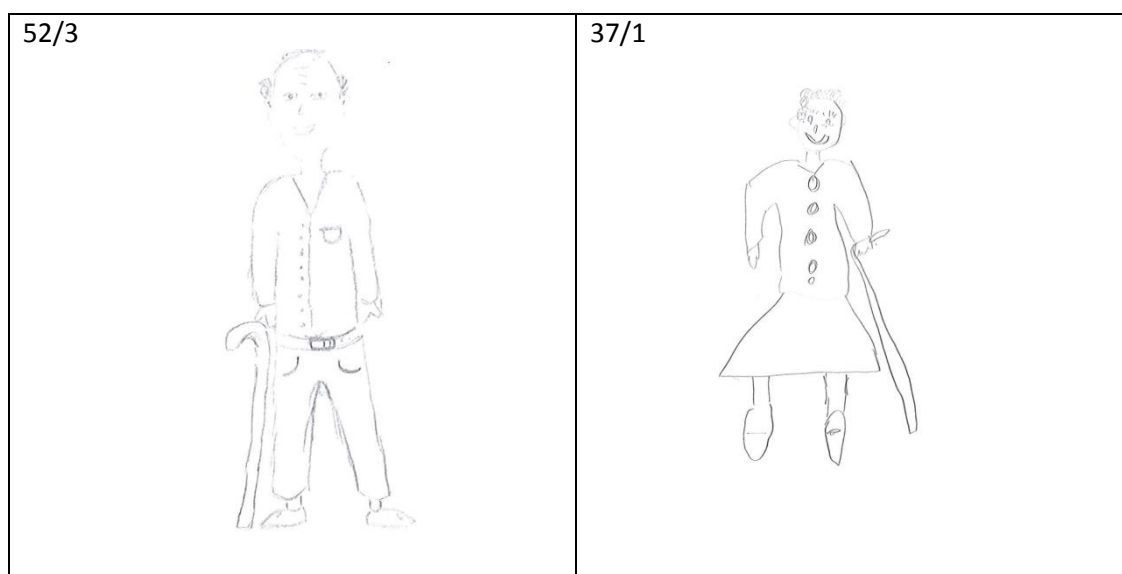
Pain featured only in DS1, and was visibly depicted in three images, for example 109/1 (Figure.6.153). Pain was emphasised in the caption "*ouch my back*" and the image, the participant elaborated "*got a bad back, using a walking stick to balance*". Again 79/1 (Figure.6.154) depicted a man holding his back and indicated pain, the comments confirmed mobility issues and a 'bad back', overall the imagery was negative and the KOP score supported this observation with a negative score of 116.

Figures.6.153/6.154: Pain



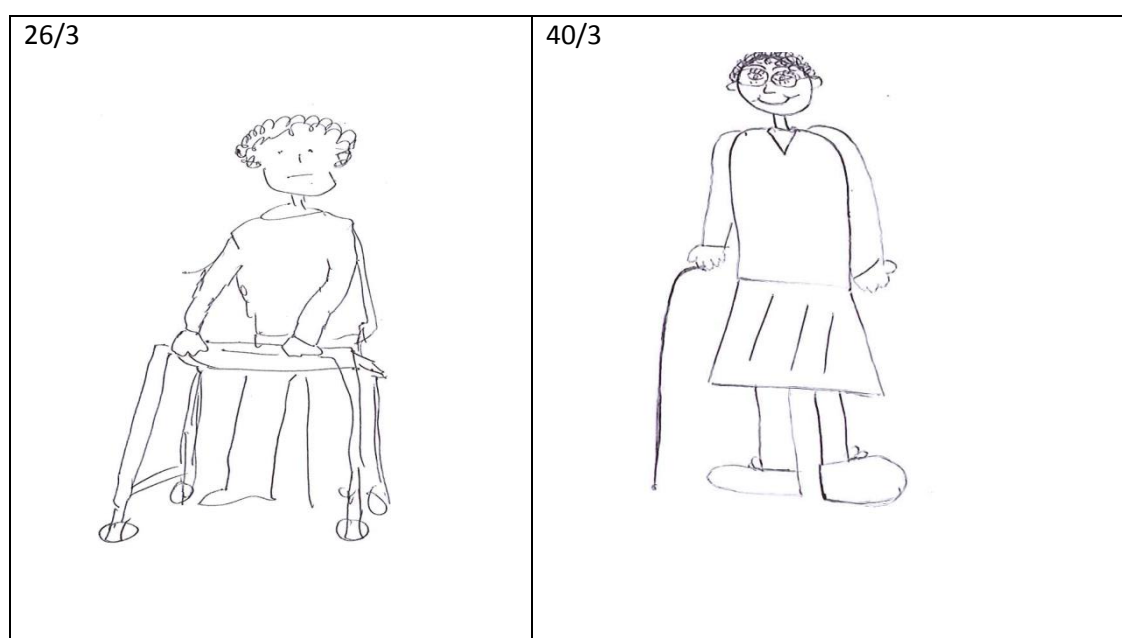
Injury was prominent in two images, for example 37/1 (Figure.6.155). Although considered stereotypical the participant quantified the drawing, stating *“75 year old lady hurt her leg running around after grandchildren”*, thus activity and a role was inferred and was a more positive portrayal, the expert panel agreed. The other example 52/3 (Figure.6.156) although an insignificant drawing, the participant referred to the man’s past life and stated *“independent but has a stick for mobility, had shrapnel in his knee from the war”*. The depiction of shrapnel made P4 think he was old fashioned, thus the comment aged the individual.

Figures.6.155/6.156: Injury



Recovery focused on the journey of returning to independence following either hip surgery (26/3) or a fracture (40/3). On first impression image 26/3 (Figure.6.157) illustrated a lady who appeared sad with a Zimmer frame, and suggested a negative connotation however the participant stated *“somebody I know has just had a hip replacement and is becoming active again after a week”*. P4 explored 26/3 and felt she *“didn’t look happy so maybe a bit miserable”* but when he read the comments stated *“so maybe in pain”*. Similarly 40/3 (Figure.6.158) stated *“this shows a lady being able to mobilise after a fall and breaking a hip”*. The reference to a fall drew on the participant’s exposure to illness and disease management but indicated that positive care experiences negated negative perceptions (Elliot & Hyberston, 1982). These obtained a positive KOP score.

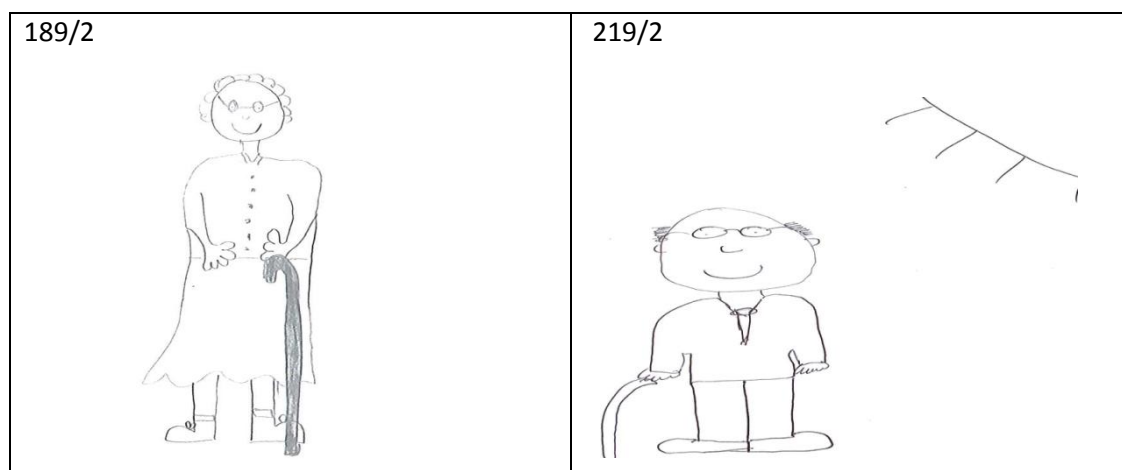
Figures.6.157/6.158: Recovery



Declining health and general degeneration appeared in all DS’s, and peaked in DS2, two in DS1, seven in DS2 and six in DS3. Overall the images inferred that later life was a period of declining health and increasing dependence, more men were drawn and the sample tended to refer to laymen’s terms when describing medical conditions rather than drawing on professional knowledge. Several images used the comments to infer declining health, 130/1 for example stated *“complaining about ill health”*, whilst 80/1 stated *“he finds it harder to move around as his eyesight is deteriorating”*. Further reference deteriorating eyesight was made by 40/2, *“typical old lady glasses because sight often deteriorates... and reduced mobility”* and again 111/2 stated *“walking stick, glasses due to degenerative changes”*. The theme of degeneration

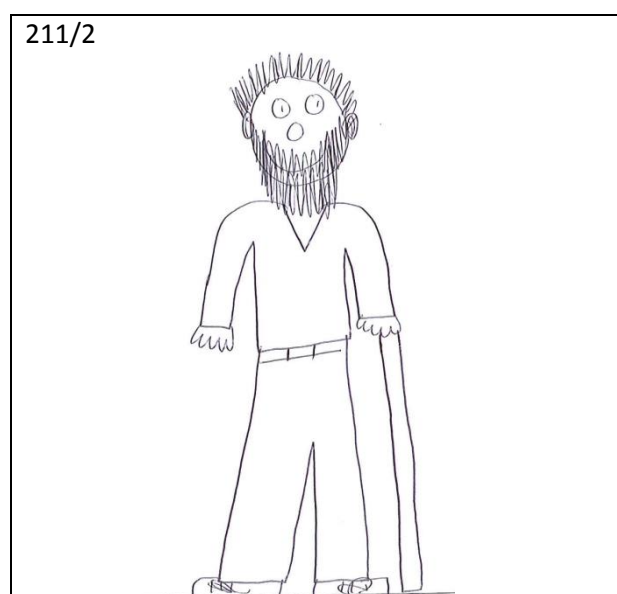
reoccurred in 189/2 (Figure.6.159) and stated *“vision and hearing a bit poor”* and 219/2 (Figure.6.160) who portrayed a man outside in the sunshine. The participant stated *“as you get older things tend to wear and tear, walking with aids, eye sight, even though this isn’t always the case”*, therefore acknowledging not all people experience a decline in health. All these examples again had positive KOP outcomes.

Figures.6.159/6.160: Declining health



Some images made reference to arthritis for example 210/2 referred to old people in general and made assumptions about mobility. They stated *“deterioration of their sight and arthritis”* and 211/2 (Figure.6.161) wrote *“this man is healthy and mobile despite his arthritis; this does not affect his day to day life”*.

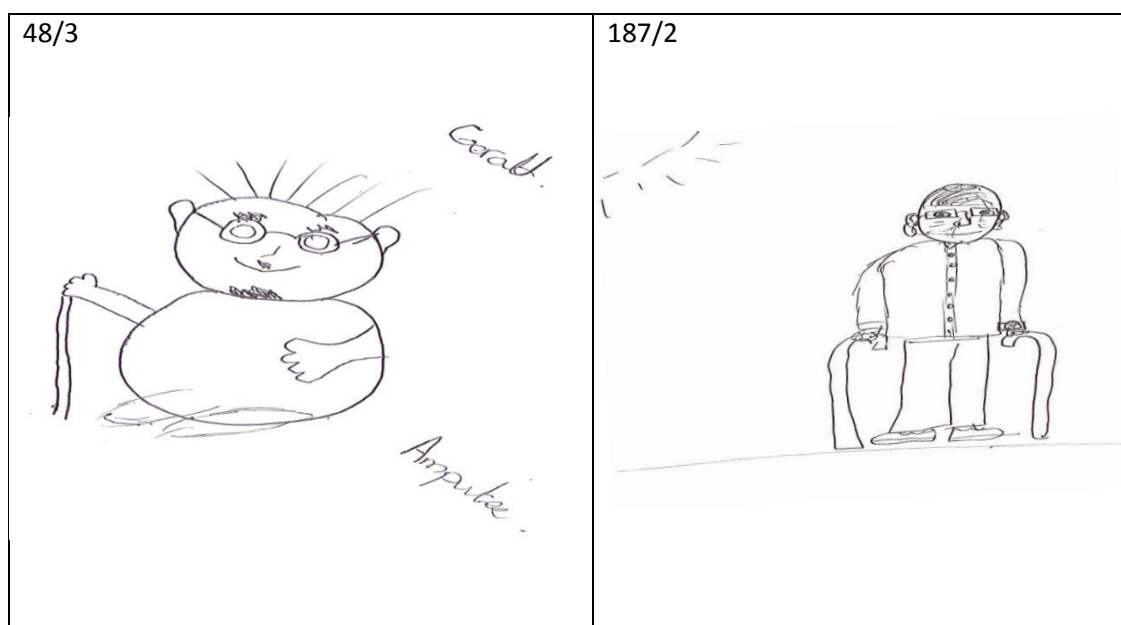
Figure.6.161: Arthritis





Finally in DS2 187/2 (Figure.6.162), referred to deteriorating health but stressed that everyone was different and therefore it was questionable why the man was depicted with bilateral walking aids, and the KOP was near the neutral score. There was an overall assumption of dependence that threaded through these images.

Figures.6.162/6.163: Dependence

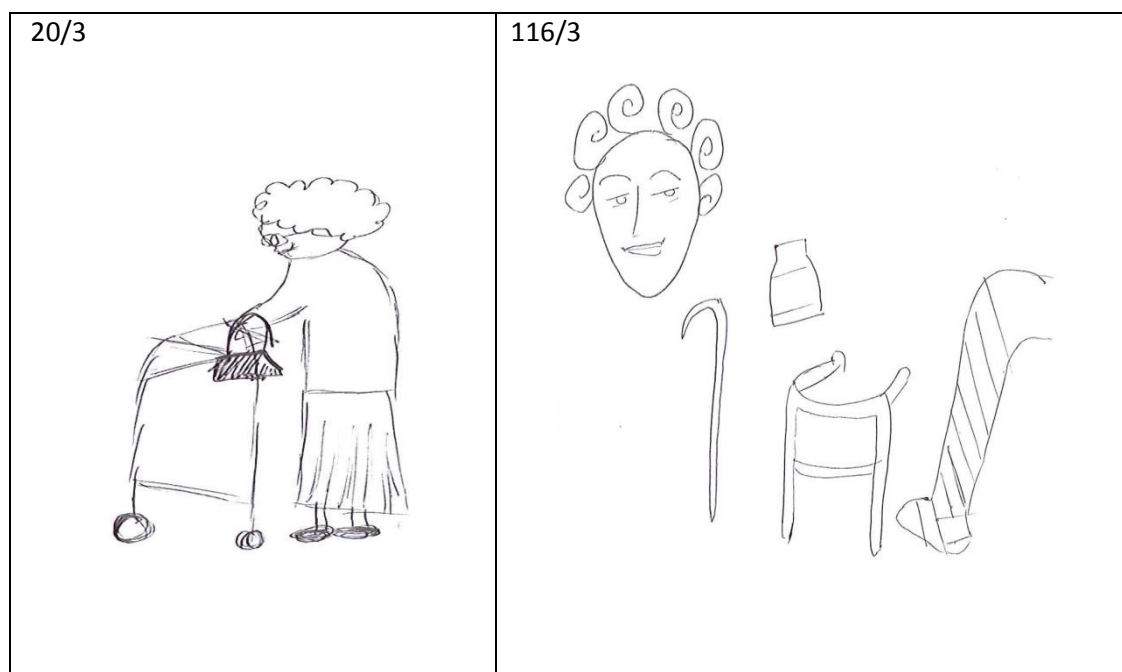


In DS3 the reference to specific illnesses or disabilities continued, for example 48/3 (Figure.6.163), stated *“obese amputee but happy”*, the drawing was considered negative in production and derogatory to older people. P4 found it strange that someone would draw this image but felt it was their view of later life. He went on to state the drawer *“might have experiences with amputees”* and it *“could have been a 1st year student”* thus highlighted the impact the programme had on his awareness, he continued *“they haven’t got much perception, have not had much experience”* even though this was a peer from the same year group. Finally (20/3) (Figure.6.164) highlighted disease and disability and stated *“what I see as typical features, hunched, vision impairment”*, and highlighted *“trouble walking”*. P4 confirmed the imagery and drew on the social construction of old age to make meaning.

The last images in the subtheme were more abstract in production and referred to disease, health and disability. For example 116/3 (Figure.6.165) illustrated a range of symbols and accepted that disease and disability was common by the statement *“some element of disease and disability”*. However the KOP was slightly positive. P4 again explored this image and drew on his clinical experience and knowledge to make judgements and stated *“maybe a leg ulcer”* and felt it was stereotypical. These

images suggested that participants' exposure to caring for acutely ill adults had influenced their perception of the older adults. Overall this subtheme demonstrated there was an association with being old and disability and disease.

Figures.6.164/6.165: Disability and Disease



## 6.5 Stereotyping

There were n=80 drawings in this theme, allocated to four sub themes; 1) age and ageing (n=23), 2) image (n=43), 3) personality (n=11) and 4) physical health (n=4) that appeared in DS3. Overall there were n=29 images in DS1 and 2 and n=22 in DS3.

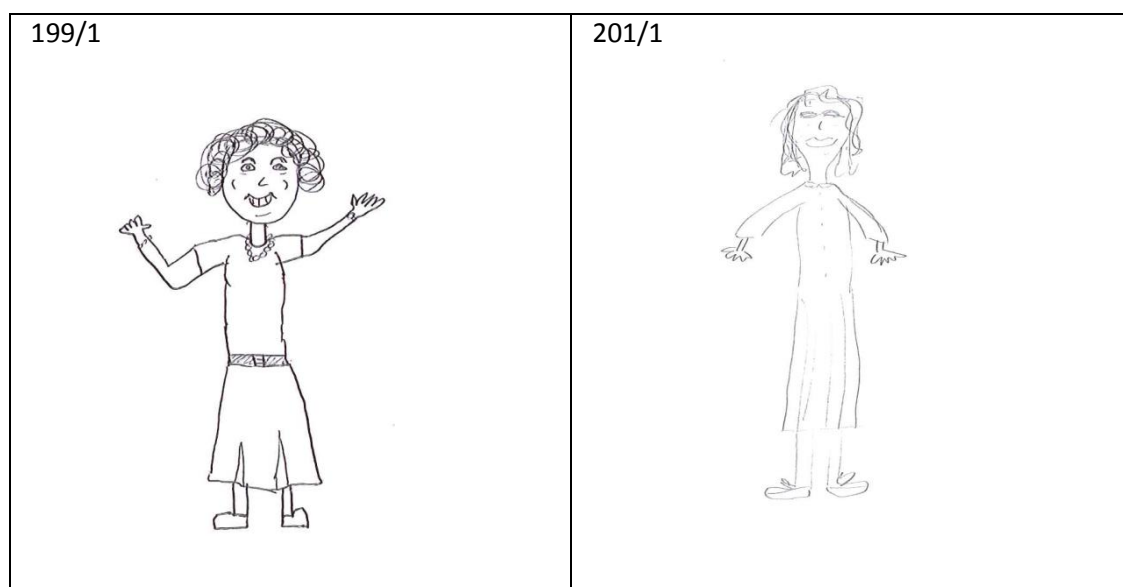
### 6.5.1 Age and Ageing

There were n=23 images allocated to this theme and these increased in each DS, n=6 DS1, n=7 DS2 and n=10 DS3. The image or comments made reference to age boundaries or being older and drew on the concept of the third age (Baar et al., 2014).

Images referred to older people not looking their age. For example 199/1 (Figure.6.166) portrayed a lady in contemporary clothes and stated *“a lot of the older generation in modern day society look and act a lot more youthful than people expect them to, especially women”*, and was reaffirmed by the panel who noted she was *“full of spirit and happy”*. Another drew on the expansion of the third age and stated *“this person could be 50 or 80”* (281/1). Similarly 201/1 (Figure.6.167) drew on

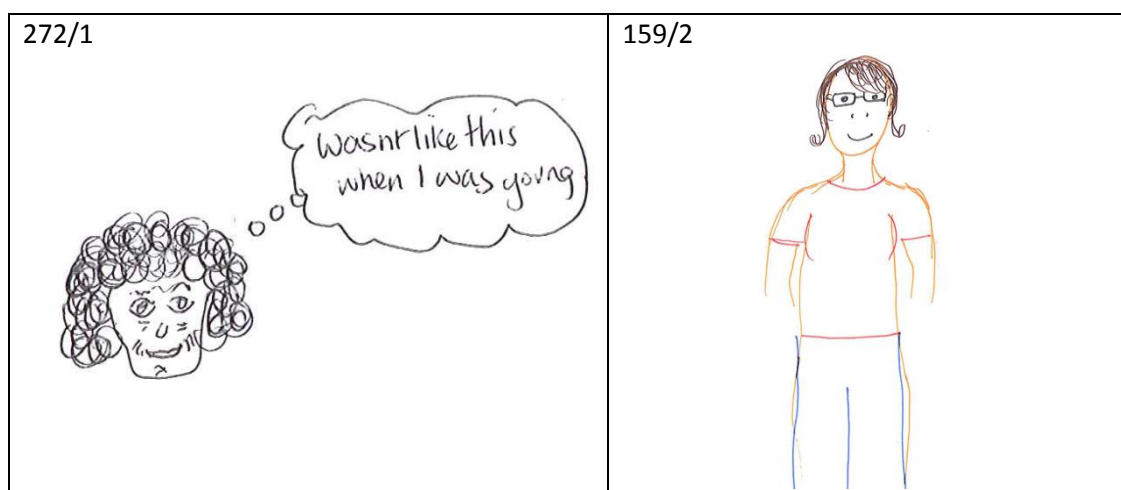
individuality and commented that *“an old person can vary as can a young person”* and *“everybody is different, in all ages and races”* and avoided the generalisations commonly found in the DS. These images reflected a contemporary societal influence as portrayed by older public role models and scored above neutral on the KOP.

Figures.6.166/6.167: Youthfulness



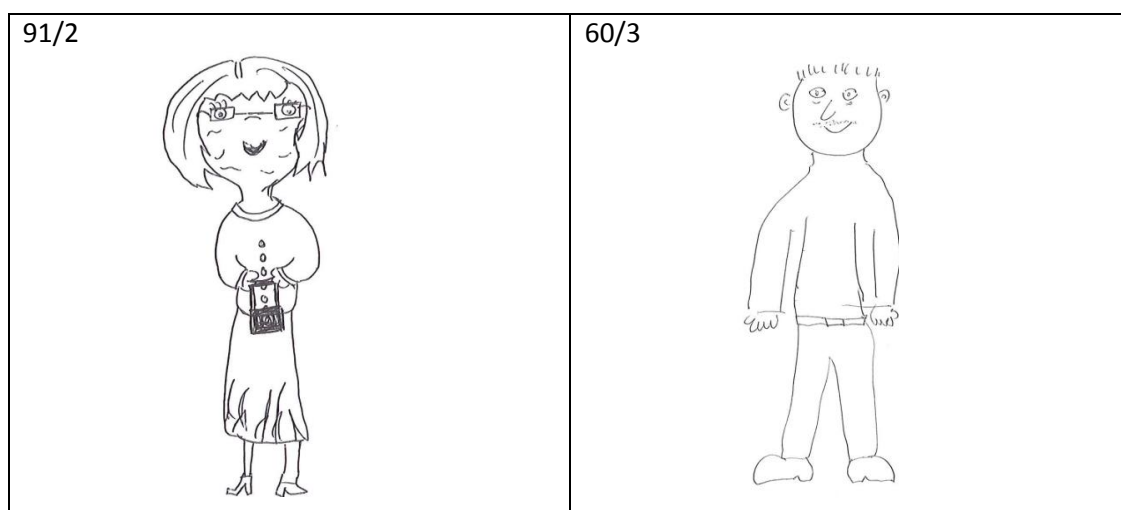
A conflict existed between the acknowledgement of the blurring of age boundaries and a generalisation of older people, for example 272/1 (Figure.6.168) stereotypically portrayed stated *“wasn’t like this when I was younger”*, and *“they are shocked at young people’s attitude today”* however they also inferred that 75 was no age. Fairhurst (1998) commented upon this fear of old age and established that a separation of self from the body occurred and cited the common phrase *“you are as old as you feel”*

Figures.6.168/6.169: Age boundaries



Again in DS2 images referred to 75 not being old or people not looking old for example 159/2 (Figure.6.169). Similarly 91/2 (Figure.6.170) commented that *“older people often appear much younger than they are”* and depicted a women in heels, with bobbed hair, whilst 45/2 commented *“no different whether young or old”*. Thus there was awareness of individuality and these had positive KOP outcomes.

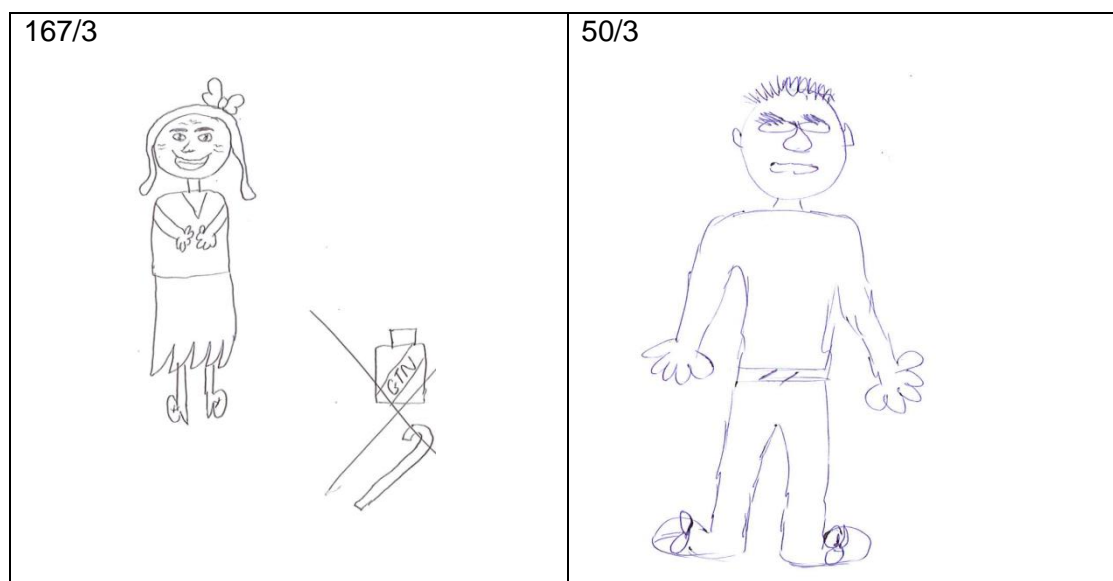
Figures.6.170/6.171: Not old



In DS3 age categorisation was evident, external influences appeared to impact upon how the sample viewed ageing and this included professional experience. For example 19/3 stated *“old can be defined in any way many people on the ward surprise you by their age and look surprising young”*. It could be interpreted that this individual had a visual image of older people derived from media/society and their clinical experience had challenged this, and was reflected by an extremely positive

KOP score. Personal ageing appeared to be another influence for the participants, 50/3 and 60/3 (Figures.6.171/6.172) referred to individuals looking younger, and 60/3 stated as they aged their view had changed *“I feel people are looking younger and better all the time, however this may be because I’m older”*. Several other images reinforced 75 not being old, for example 167/3 (Figure.6.173) stated *“75 is not considered old”*. Again the KOP’s were positive.

Figures.6.172/6.173: Not Old



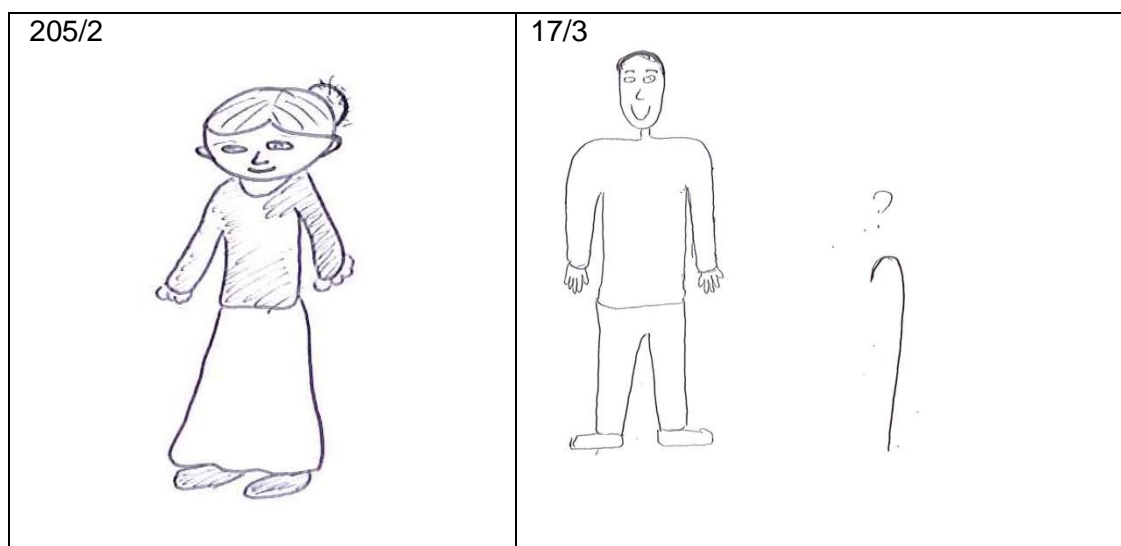
Age generalisation was found in all DS’s. For example 59/1(Figure.6.174), commented *“found this incredibly difficult to generalise what a 75 year old looks like”*, the participant demonstrated an awareness of individually, the risk of stereotyping and indicated a positive attitude towards older people via the image and the KOP. Again 89/2 (Figure.6.175) stated *“older people are no different to younger people”*, and continued *“all people age differently, a person could be 45 and look 80, while a 75 year old can look 55”*.

Figures.6.174/6.175: Age generalisations



Being ordinary was seen in 17/3 (Figure.6.176), who commented they had drawn an *“ordinary person, people age completely different, some may need walking aids, others may not, some may look their age, older or younger”*, and stated *“guessing age is difficult”*. Thus they used their experience in caring to indicate perceptions, yet the KOP was 143.

Figures.6.176/6.177: Ordinary and Caring



Finally caring appeared to influence the production of the image for 213/2 who stated *“people at age 75 are not really that old and don’t always have the characteristics of an older person”*, and *“can still be able to do things normally and by themselves”* thus the influence of practice on their perceptions was evident. The influence of care was further evident in 205/2 (Figure.6.177), where positive comments were made *“just*

*because you're older it doesn't mean you're going to be frail or disabled in any way".* Finally 182/3 stated *"just because individuals are older, it doesn't mean they aren't able bodied....everyone is different"*, different being underlined. Overall in this theme the concept of the third age (being active, engaged and not old) was eluded too and value was placed on being an individual.

### 6.5.2 Image and Awareness of Stereotyping

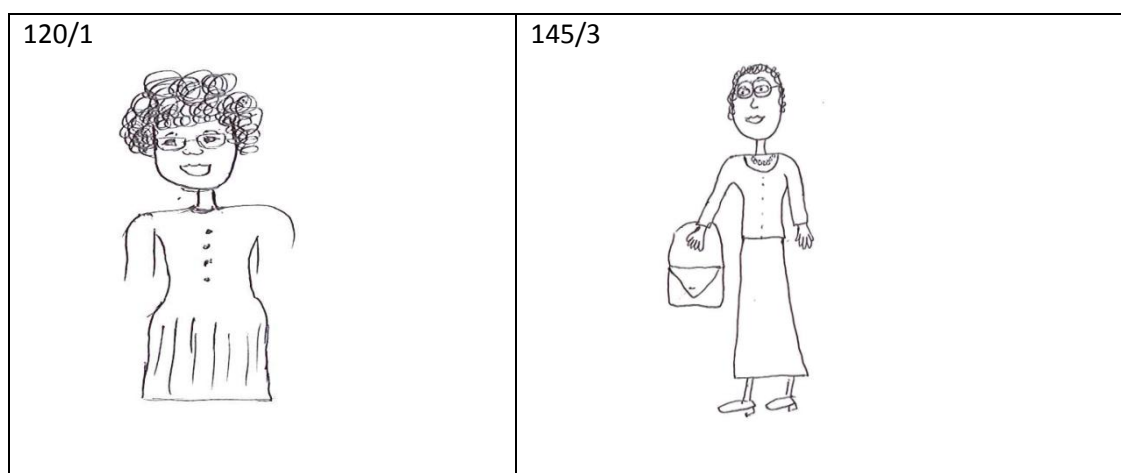
There were n=43 images allocated to this subtheme, n=19 from DS1 and 2, and n=5 from DS3, these were specifically allocated due to the images portrayed, the acknowledgement that the drawing stereotyped later life or that older people were different. Several groupings emerged these included; 1) awareness of stereotype, 2) individuality and 3) negative imagery.

Awareness of stereotyping featured in all three DS's. The participants commented upon the fact that by drawing a person aged 75 they would stereotype and left the image blank. This was evident in 56/1(blank) who commented *"I do not wish to draw, my drawing may be disrespecting, which I don't want to do"*, similarly 189/1 found it hard to draw and added *"as I believe that all older people are very different"*, and acknowledged that the picture produced was stereotypical. Again 259/1 stated they were *"really uncomfortable with this because in effect you are asking me to stereotype"* and to draw *"someone quite formal and perhaps glasses, frumpy"* thus social influence was evident. In DS2, 179/2 (blank) stated *"this is difficult to do as people are very different"* and *"it's difficult to draw someone aged 75 without stereotyping"* and 107/2 (blank) noted they were not participating as *"all vary in appearance... and they would feel disrespectful by drawing"*. Finally in DS3 155/3 (blank) stated *"I no longer have a specific stereotypical image of a 75year old"* and that they would produce a stereotypical image due to drawing ability. Again 96/3 reasoned *"I can't settle on an appropriate image to represent the elderly...everyone is different irrespective of age"*, and drew a question mark rather than an image. This demonstrated the student's journey during the programme, and illustrated an awareness of attitude and how information could be conveyed, and all had positive KOP outcomes.

The drawings referred to stereotypes and the challenge of producing an image that did not reflect older people negatively, thus appearance was another aspect of awareness referred to by participants, in DS1 for example, 120/1 (Figure.6.178) referred not only to the visual image of age but how an individual felt and stated *"no matter how old a person is it is how they feel on the inside that counts- appearances*

*can be deceptive*". This was again evident in DS2, for example 178/2 (blank) stated *"some people look their age and others don't, this depends on genetics and lifestyle"* they further stated *"I don't feel able to draw a person aged 75"*. Similarly 86/2 (blank) continued and stated they couldn't make assumptions and that *"we are all so very different"*, and *"I can envisage myself 75 and I'd be very different to others of 75"*, thus although positive the participant had distanced themselves from what they perceived to be old, again the concept of the third age arose (Baar et al., 2014).

Figures.6.178/6.179: Stereotype awareness

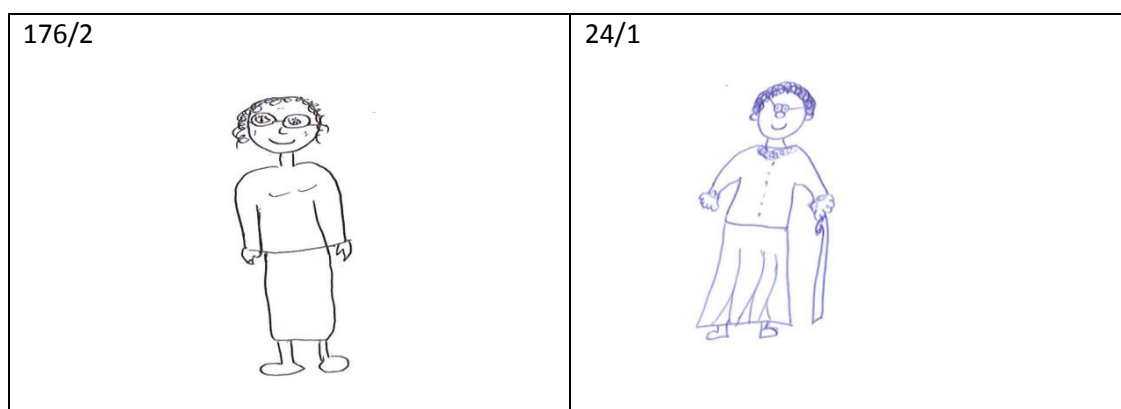


Finally 145/3 (Figure.6.179) referred to appearance and stereotype, and stated *"this represents an oldish lady although in trying to portray old I have stereotyped old ladies"*. The findings revealed that all these participants' KOP scores were positive and suggested that they had a conceptual awareness of stereotyping older people.

Individuality was a common in this theme, and people were seen as different, for example 283/1 stated *"they can be really different"*. Whilst 24/1 (Figure.6.180) referred to the ULL and stated *"only a minimal amount of people look this way and follow a stereotypical image"*, thus it must be questioned why the participant depicted this. The expert panel reaffirmed it was stereotypical and commented *"would have liked this person to draw what they thought a 75 year looked like rather than a stereotype"*. Being different and individuality was more prominent in DS2, the sample appeared to draw on their education and clinical practice experiences and felt people were different, for example 29/2(blank) stated *"I don't feel that older people are any different to the rest of society, there is good and bad in all age groups"* similarly 28/2 noted old people *"bring wisdom and knowledge to the younger generation and should be valued members of the community"*, therefore demonstrated a positive view of older people.

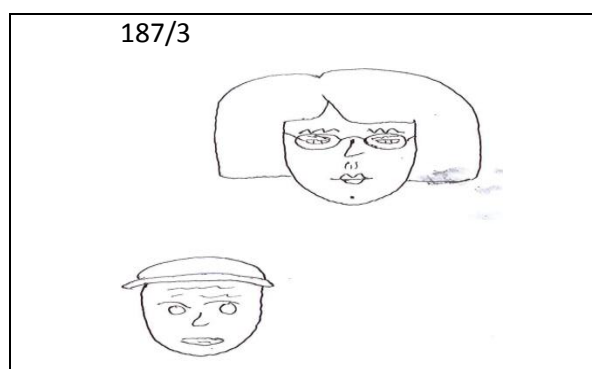


Figures.6.180/6.181: Different



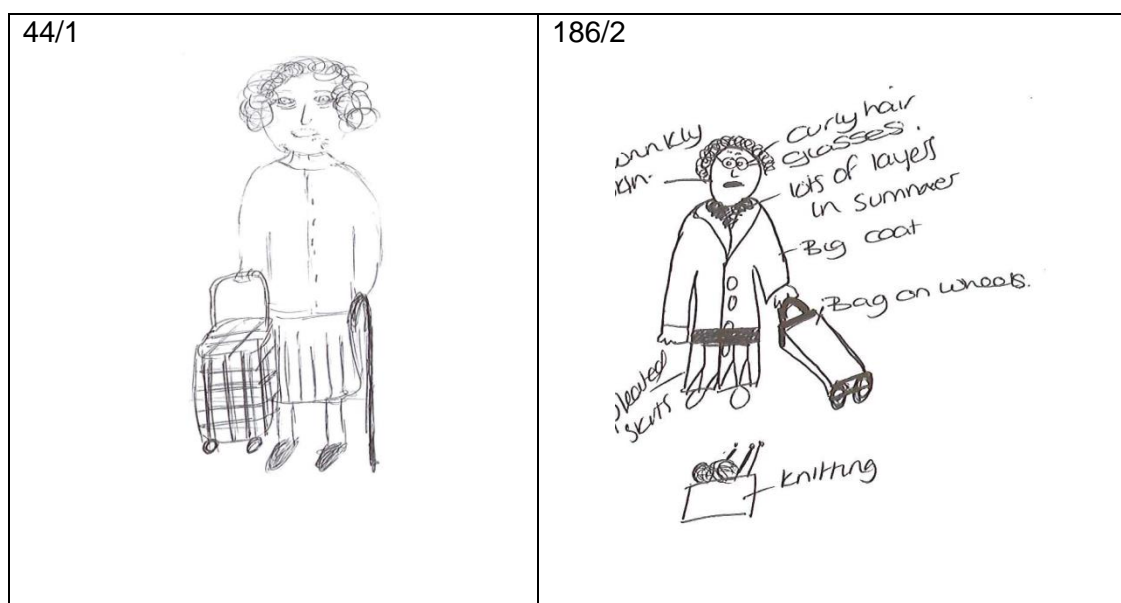
Further examples included 27/2(blank) who referred to people being different, *“by the time people reach 75 they are either in full health, chronically ill or dead, so no different from the rest of us”*. Role models appeared to influence opinion, 176/2 (Figure.6.181) stated *“old people aren’t the stereotypical picture you see I know many at this age active and still working”*. In DS3 187/3 (Figure.6.182) although symbols were used to depict age, the participant commented *“everyone is equal and we are all different in our own way”*, thus illustrated a positive perception.

Figure.6.182: Symbols of old



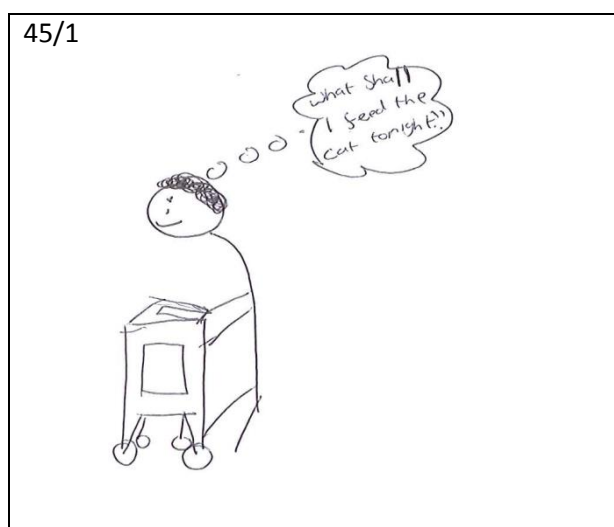
Stereotypical imagery appeared only DS1 and 2, many were attributed to this group because they portrayed a particular image of later life, acknowledging they stereotyped, via clothing, hair style, shopping trolleys, wrinkles and glasses (for example 44/1 and 186/2 Figures.6.183/6.184), or chose not to draw but listed the common attributes of older people; *“old person would have grey short hair glasses, wrinkles, thin, frail and be short in height”* (208/2 appendix.13;page 49). These images scored slightly positive KOP’s.

Figures.6.183/6.184: Stereotyping



Negative views of later life featured in DS1 for example 45/1 (Figure.6.185). The participant commented that older people “*stay in their little worlds*”. Minimal detail was given, other than a stick person using a Zimmer frame, with the *caption* “*what shall I feed that cat tonight*”. The imagery and comments was supported by a negative KOP score.

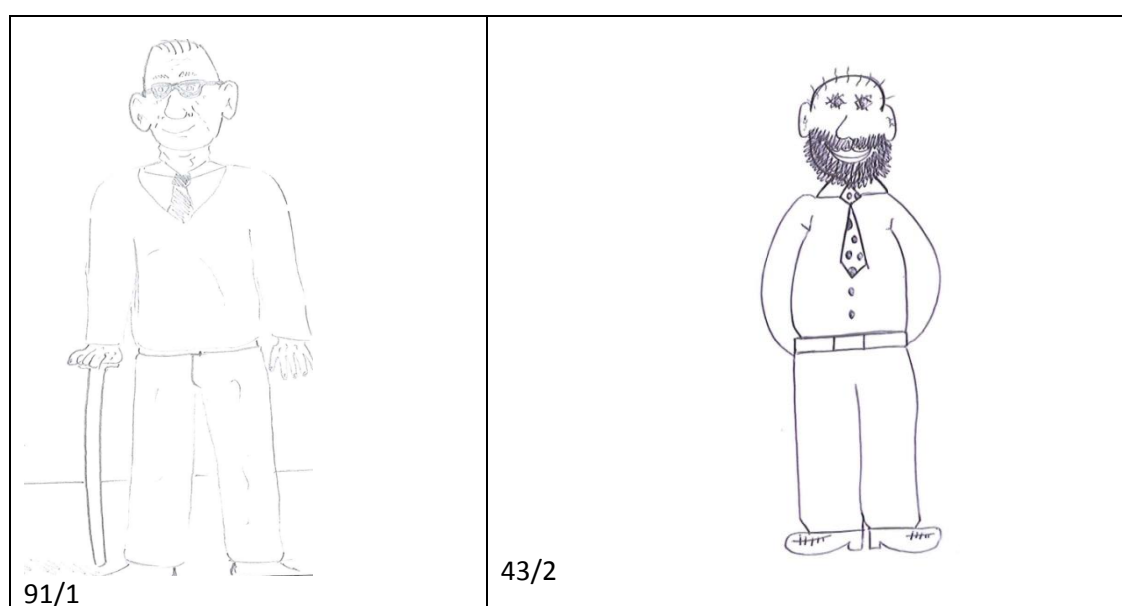
Figure.6.185: Negative view of old age



The men drawn were acknowledged as stereotyped via facial hair and clothing and reaffirmed the analysis and conclusions drawn in the theme appearance and features. In 43/2 (Figure.6.186) the participant stated “*my personal opinion on how a 75 year old should look like*”, thus inadvertently acknowledged a stereotypical view

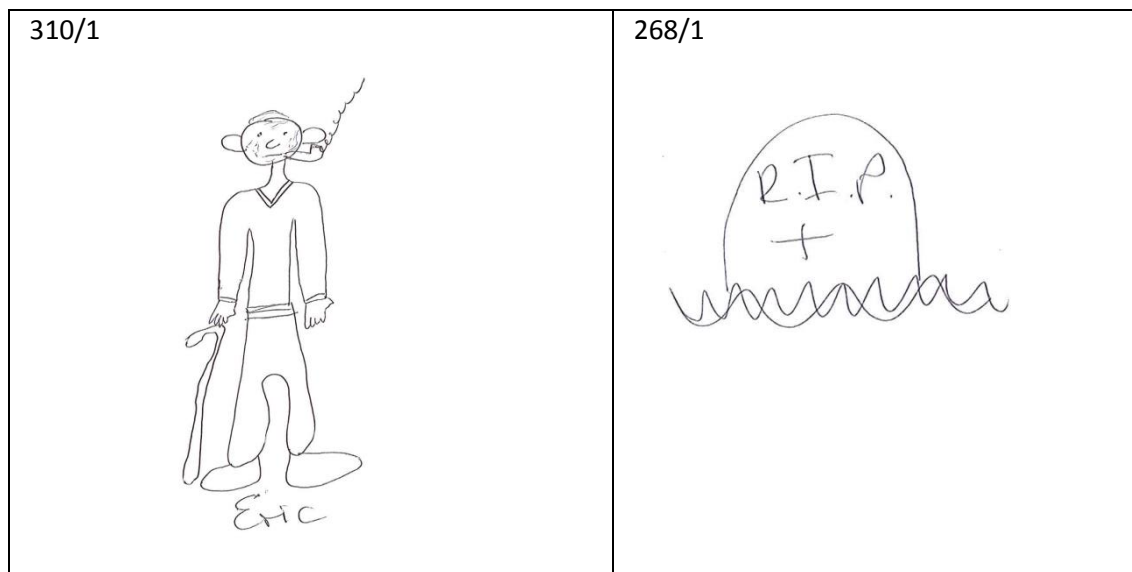
and the neutral KOP score supported this observation. The panel agreed it was stereotypical and stated *“man looks old fashioned, eccentric”* and that he reminded them of a dementia patient, who was unkempt, thus drew on professional experience to make meaning. For 91/1 (Figure.6.187) the expert panel felt the *“drawing clearly indicates negative factors associated with age”*, that it was stereotypical but they also noted the maintenance of appearance. Thus societal acceptance of appearance became apparent.

Figures.6.186/6.187: Stereotyping men



The final set of images that depicted negative imagery was from DS1. Two named the individual, 310/1 (Figure.6.188) was *“Eric”* and 308/1 *“Francis”*, both were drawn with pipes. 310/1 acknowledged the stereotypical imagery but stated this was *“formed in most people’s minds”*, giving justification for the image. Whereas 308/1 differed, and commented *“the drawing does show he is well kempt which shows two sides to the picture the stereotypical side and the side that shows older people can deviate away from the norm”*. Once more like other images and comments the drawer inferred that although this person was taking pride/care in his appearance many older people did not, these images had a neutral KOP. From this it could be suggested there was a tension between emerging professional experience and the participants’ social and cultural experience.

Figures.6.188/6.189: Eric and Gravestone



Lastly three images were more abstract, first, a gravestone (268/1 Figure.6.189) with the abbreviations “*RIP*”. The panel felt it meant death and were sad for the drawer as this was reflective of their experience, however the KOP was negative. Second, a faceless person in a hospital bed, 230/1 (Figure.6.190) the participant highlighted their main interaction with older people had been through work therefore confirmed the influence of the care setting on attitudes and opinions. The panel felt 230/1 was either asleep or was being ignored and that it depicted loneliness and by the absence of staff, patients and visitors. Third, isolation was illustrated in 260/1 (Figure.6.191) and referred to the world moving at a fast pace leaving older people behind, the person was made small, with the caption “*small unnoticed*” below a spinning world. The comments elaborated and stated “*older people are categorised into one bracket in society, this is unfair they are all individuals*” which could be considered positive however the participant continued “*life is becoming much more fast paced sometimes I worry that they are missing out on many opportunities because they do not understand*”, therefore they inferred a negative view of older people and stereotyped them into a category that they had noted was unfair. Interestingly this had a positive KOP. These three images were portrayed as not real and suggested the reality of old was formed from stereotypical views (Bytheway & Johnson, 1998). Overall this theme highlighted that there was an awareness of stereotyping that this was interpreted either positively or negatively.

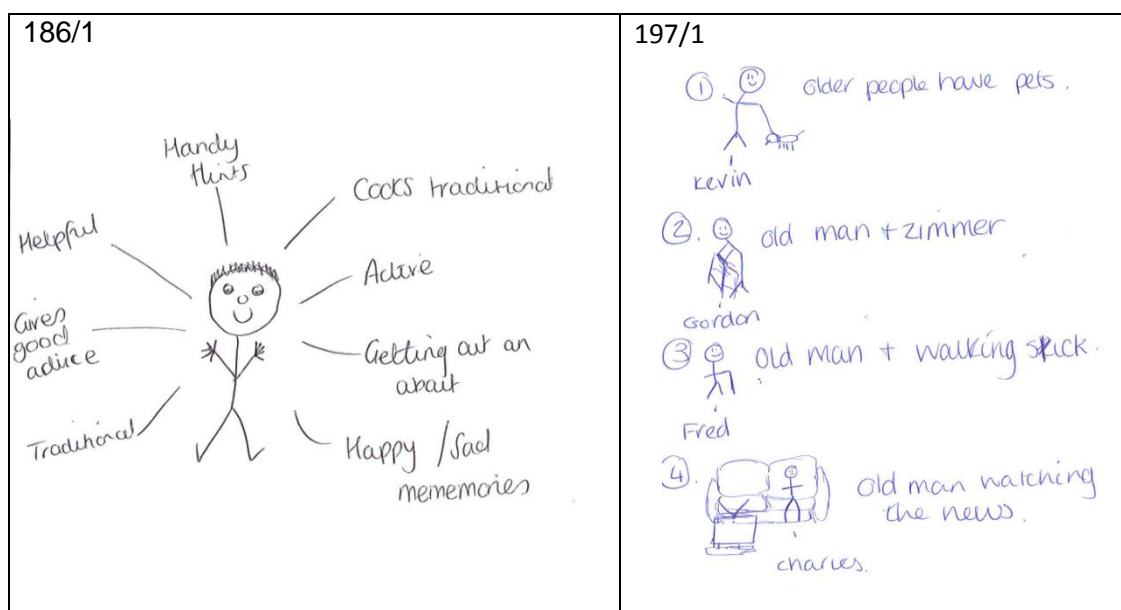
Figures.6.190/6.191: Hospital bed and Spinning world



### 6.5.3 Personality

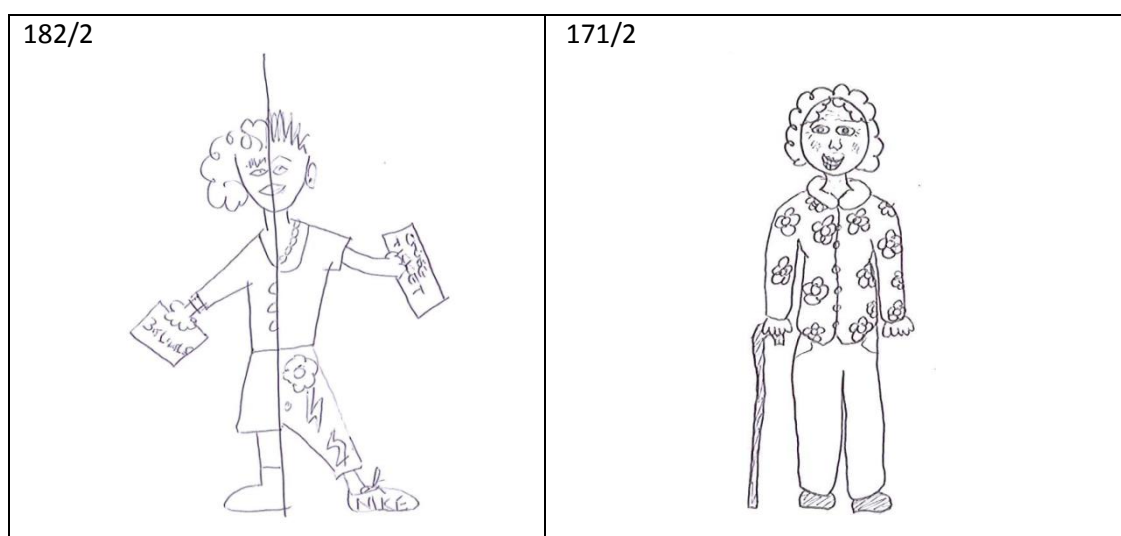
In total n=11 images were allocated, n=4 in DS1, and n=3 in DS2 and 3. The comments aided the allocation as reference was made to mood and individuality and the images produced were different in composition. Personality was evident, blank 7/1 commented, *“like everyone in the world we are all different and there are stereotypes, I think that throughout life we are all unique and original”*. This continued with 53/1 which depicted a women using a Zimmer frame and commented *“older people should be respected and not stereotyped they all have their qualities and are just as unique as everyone else”*, it could be concluded from this that the participant was influenced by roles models and had positive experiences of interaction with older people, but still stereotyped via the imagery. This was also evident in 197/1 (Figure.6.192), the imagery of activity stereotyped them as older but the names noted individuality and difference. Finally 186/1 (Figure.6.193) referred to the traits of an individual, the participant saw the value of life experience and wisdom but drew on perceptions of being old. All these scored slightly positive KOP outcomes.

Figures.6.192/6.193: Traits of older people



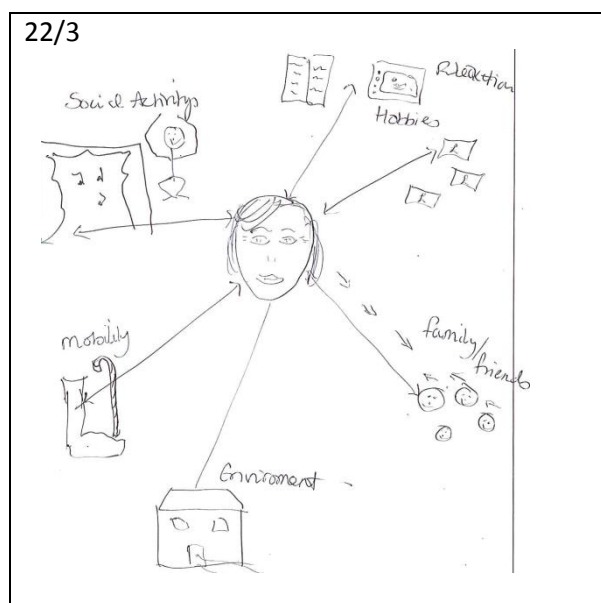
Individuality continued in DS2 182/2 (Figure.6.194) depicted a person split in two, one side stereotyped, whilst the other dressed the lady in modern clothing holding a local nightclub ticket. The participant referred to individuality and acknowledged difference and stated *“meeting an array of elderly people, not all fit into the typical stereotype”*. In contrast 171/2 (Figure.6.195) was stereotyped by the imagery; the participant stated *“not all old people complain and make demands, and can be happy people”*. Opposing opinions were demonstrated, that older people were different and that they complained and made demands. This portrayal was possibly influenced by clinical experience however the participant had a positive KOP.

Figures.6.194/6.195: Different



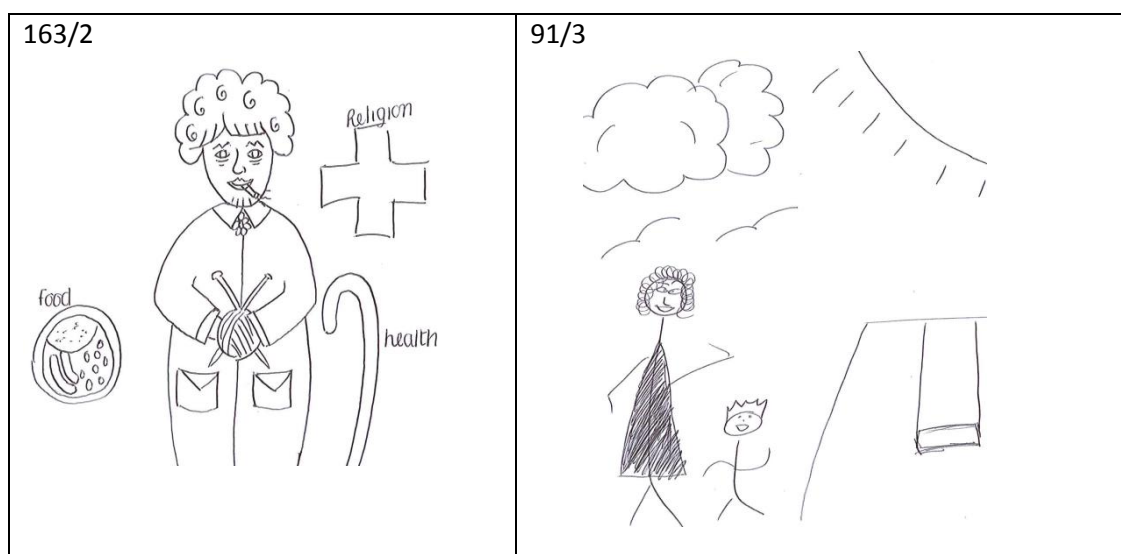
In DS3 22/3 (Figure.6.196) drew on individual attributes that included hobbies and social activities, and the participant commented on individuality and being treated the same, this had a positive KOP. P4 however made stereotypical assumptions and used the symbols to depict meaning, for example he made reference to loneliness and reduced mobility.

Figure.6.196: Individual Attributes



One image in DS2 drew no parallel to other images, 163/2 (Figure.6.197) conveyed a combination of stereotypical messages that included the ULL, activities and beliefs (smoking, knitting, food and religion). The participant stated *"it was more acceptable to smoke many years ago"* thus provided justification to the cigarette, and further stated *"they have more time for recreational activities now they are retired"* which referred to the knitting and suggested activity and fulfilment. The participant continued *"they are more religious"* and *"due to their age their physical health is affected"* thus generalisations about later life were made and this was supported in a slightly positive KOP. The panel drew on a number of symbols in particular they felt older people were more likely to smoke and that health inequalities and deprivation was evident. The imagery of the knitting and clothes was observed as stereotypical and the panel commented that the image was *"Nora Batty style"*, thus they used media representations of older people to make meaning.

Figures.6.197/6.198: Stereotypical beliefs and Mood



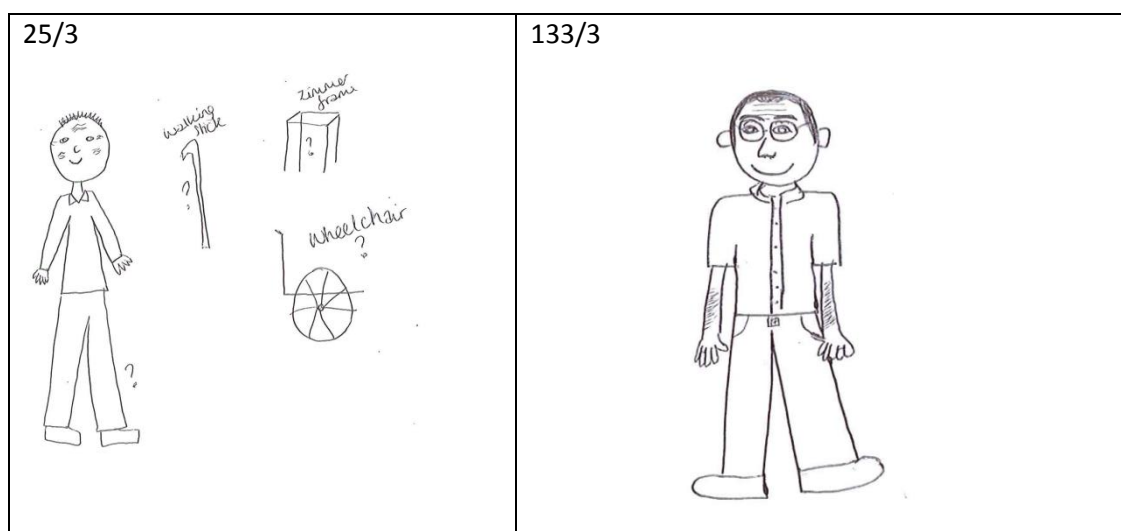
Finally in DS3 two images specifically referred to mood. For example 91/3 (Figure.6.198) indicated that personality did not change because a person became older and stated *“doesn’t mean they change as a person and become irritable grouchy and unpleasant”*. Both images were considered positive in outlook towards older people, as both featured company and had positive symbols of happiness (Roberts et al., 2003). Overall in this subtheme, individuality was prominent but these images were not immune to stereotypical assumptions about being old.

#### 6.5.4 Physical Health

Physical health and stereotyping was an additional theme in DS3 with n=4 images. Predominantly these drawings referred to perceived attitudes held by the participants about disability, mobility and older people but these did not specifically emphasise mobility and demonstrated an awareness of stereotypes. For example 133/3 (Figure.6.199) portrayed a man with wrinkles and noted they drew a man in good health, and stated *“I assume most people would draw an elderly person using a walking stick”*, therefore drew on stereotypes of later life. However P4 felt the emphasised hairy arms were to *“show he’s older”*. Again 25/3 (Figure.6.200) referred to people’s perceptions of older people, and stated *“people tend to think old people are disabled but they’re not”*, and supported this with question marks by the mobility aids. Both images had positive KOP outcomes.

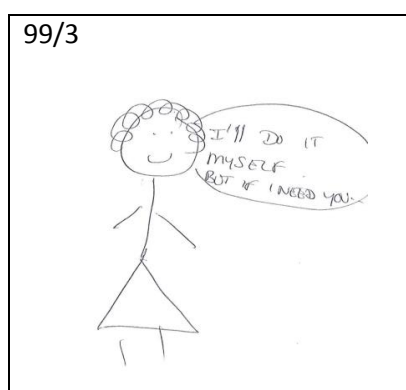


Figures.6.199/6.200: Health



The final two images referred to appearance, declining health and independence. For example 99/3 (Figure.6.201) referred to independence but highlighted the person needed *“reassurance at times that people are there if things go wrong in life”*. The drawing referred to this in the caption *“I’ll do it myself but if I need you”* and suggested that older people were in greater need. Both P4 and the panel questioned the depiction and felt the image was stereotypical; P4 drew on his grandmother to make comparisons whilst the panel felt it was a poor view of later life. Thus inherent within this subtheme was stereotypical assumptions about older people.

Figure.6.201: Reassurance



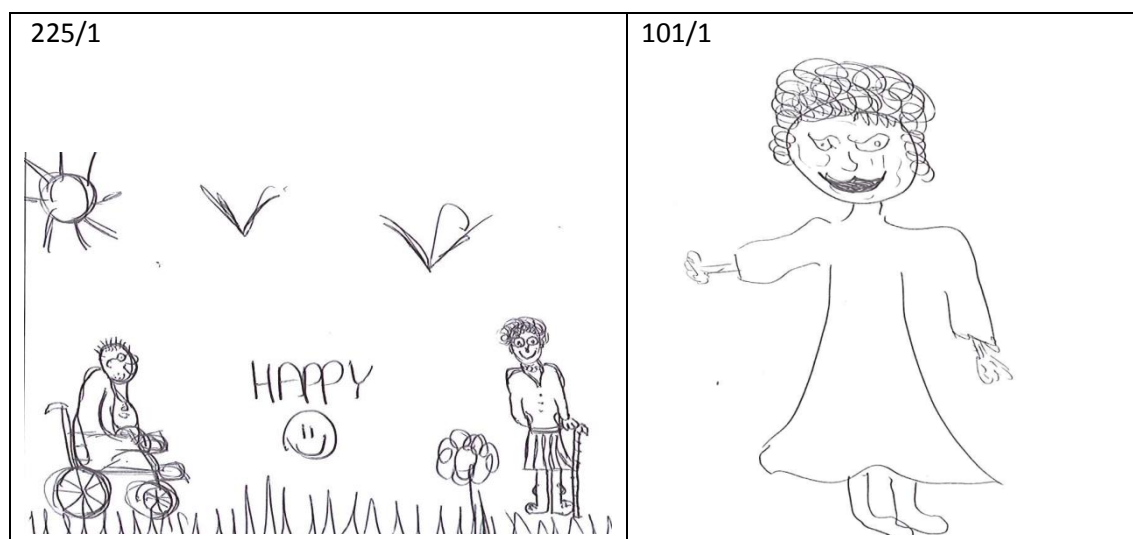
## 6.6 Emotions

Emotions were portrayed in n=25 images, n=12 in DS1, n=7 in DS2 and n=3 in DS3, two subthemes were prominent; 1) happiness and 2) feelings.

### 6.6.1 Happiness

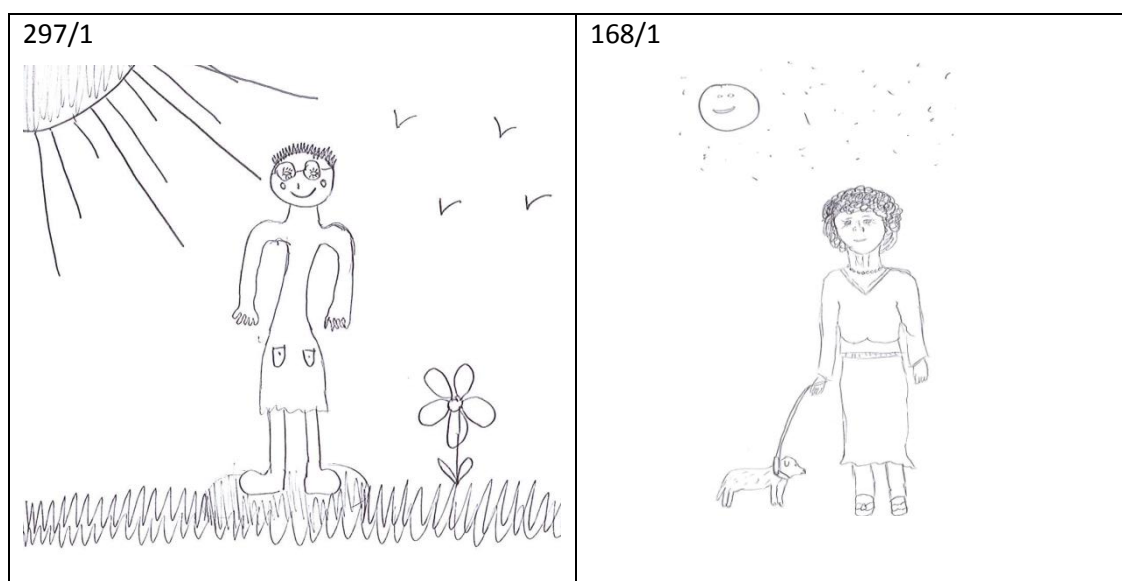
There were n=19 allocated to this subtheme, n=9 in DS1, n=7 DS2 and n=3 in DS3. The images were allocated as they were highlighted as being happy via the portrayal of positive symbols (Roberts et al., 2003), or the word 'happy' was used as an adjective to describe a mood. The participants appeared to emphasise happiness and implied it was 'not normal' for older people. Stereotypical imagery was again evident, for example 225/1 (Figure.6.202) illustrated a couple outside with mobility problems and commented "*old people are happy, jolly and love life and being independent*". The image did not complement the text, and it could be hypothesised that societal and cultural influences determined the construction of the image.

Figures.6.202/6.203: Happy



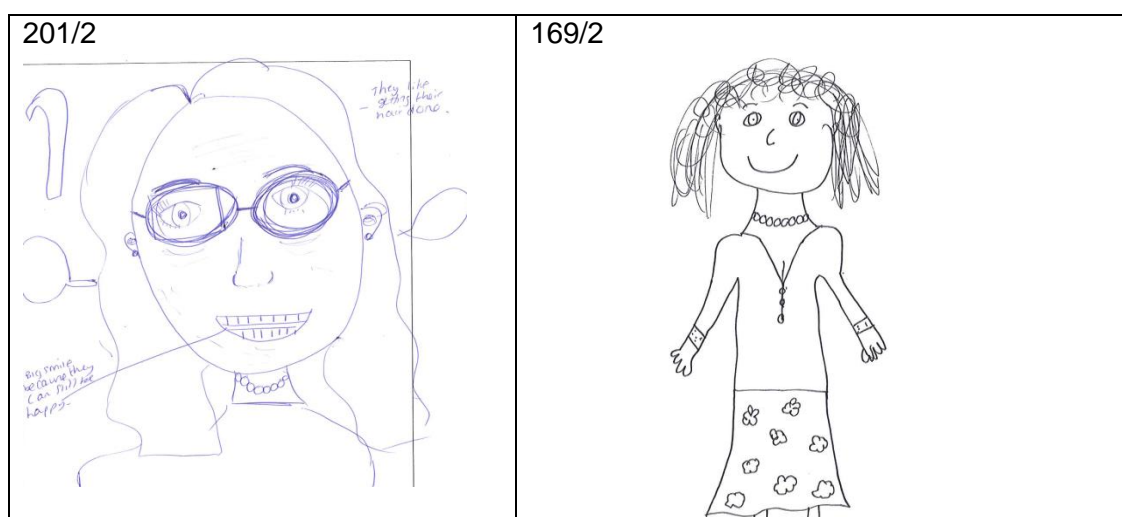
Happiness and contentment was stressed in 101/1 (Figure.6.203), the participant stated "*a happy little old women*". Yet 'little old' could be considered demeaning in so much as it inferred the women had limited power and control. Two further images 297/1 and 168/1 (Figures.6.204/6.205) depicted women outside with the sun shining, the participant drew 168/1 with a dog "*so she is not lonely*", and stated her smile indicated she was a "*happy grandma*". Whilst the participant for 297/1 referred to the influence of role models including grandparents and stated "*happy content old lady*".

Figures.6.204/6.205: Happiness



In DS2 seven images were allocated to happiness, five of these were women and happiness was portrayed in the comments. In addition the women tended to have high heels and accessories differing from other images. An example of this, 169/2 (Figure.6.206) depicted an ageless women and referred to her as *feeling “young, care free, fun and happy with life”*. Similarly 201/2 (Figure.6.207) referred to the women as “*happy*” and someone who “*still enjoys life*” and “*likes to talk*”. These illustrated a more positive vision of later life and the KOP was reflective of this.

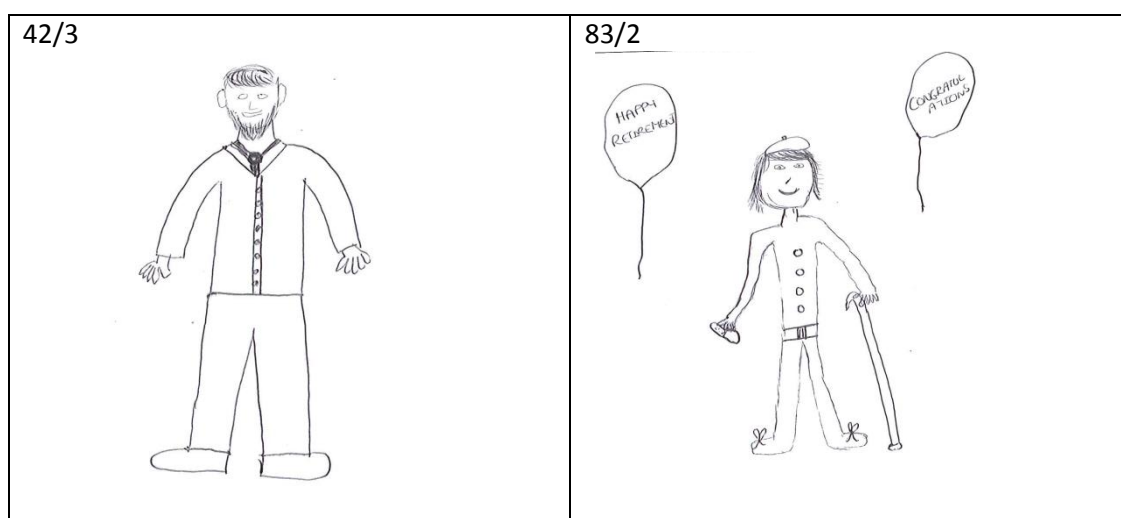
Figures.6.206/6.207: Enjoyment and Carefree



Two images of men were associated with happiness in DS2, 165/2 referred to a “*happy chappy*”, and 83/2 (Figure.6.208) to a “*happy retirement*”, this image did not

align to the national retirement nonetheless the comments aided understanding and stated *“happy elderly person who feels he’s reached the top of Maslow’s triangle”*. Finally in DS3 three images depicted happiness, 13/3 commented a *“happy old lady”* whilst 42/3 (Figure.6.209) referred to the gentleman as a *“happy old chap”* this was confirmed by the panel and P1. The use of the term chap could be considered stereotypical as this language would not to be used for younger males, however all these had positive KOP outcomes. To summarise this subtheme, participants made an association between happiness and being older.

Figures.6.208/6.209: Happy men

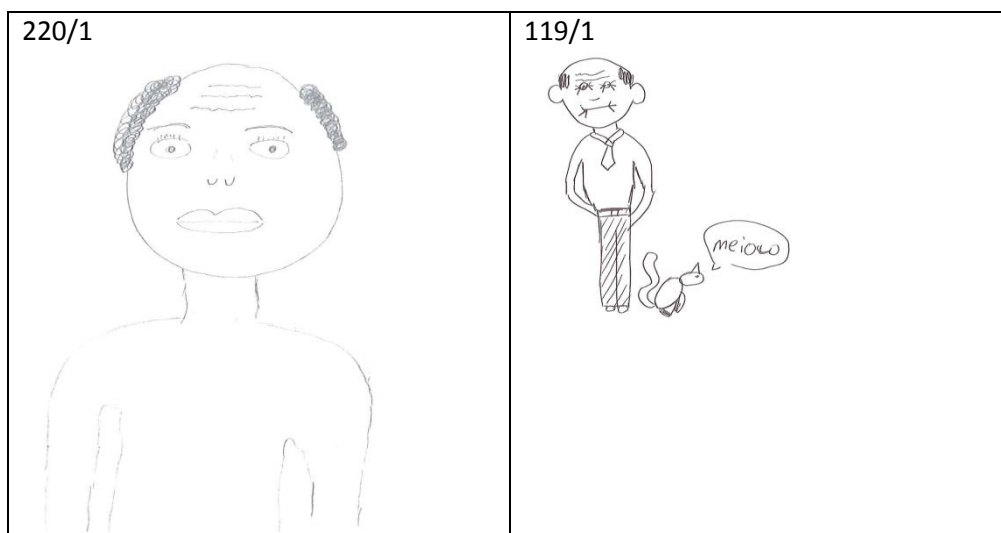


### 6.6.2 Feelings

Feelings were the focus in n=6 images and were depicted either in the imagery or via the comments made. There were n=3 images in DS1, n=2 in DS2 and n=1 in DS3. In DS1 all three images depicted older men who were sad, lonely or unhappy. For example 220/1 (Figure.6.210) illustrated a bald man and the participant stated *“I am old, I have lost most of my hair, I do not smile I have lost my teeth”*, and *“who in the world cares about me”* an indication of societal perception of loneliness and the older generation. The participant felt he was *“sad at being 75 years old”* and thus depicted a more negative view of ageing, finally the participant ended with the comment *“I can still remember being young”* which placed more value on youth and aligned to the principle definition of ageism. The expert panel concurred and stated *“reveals a negative perception of older people”* and questioned why he was sad. The theme of sadness continued with 119/1 (Figure.6.211) who commented *“my old man Derek is sad and lonely and hates young people”*, thus the participant expressed an opinion that old age equalled loneliness, this was supported by the imagery of the cat. Whilst

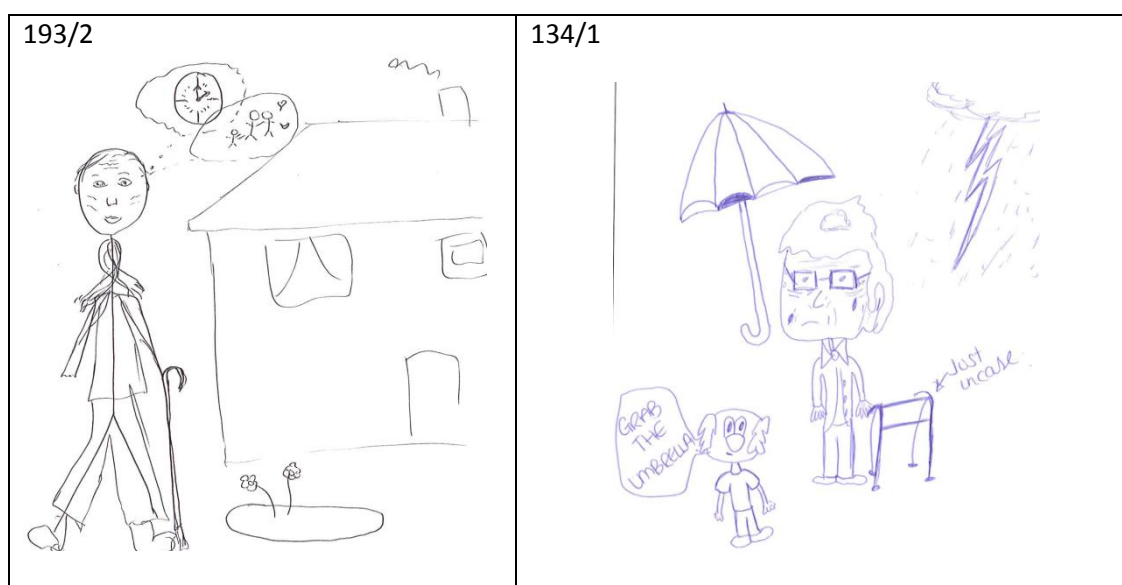
134/1 (Figure.6.212) the participant commented “*unhappy elderly males due to the rain*”, the image was derogatory in production and portrayal. All three images had slightly positive KOP’s.

Figures.6.210/6.211: Sad and Lonely



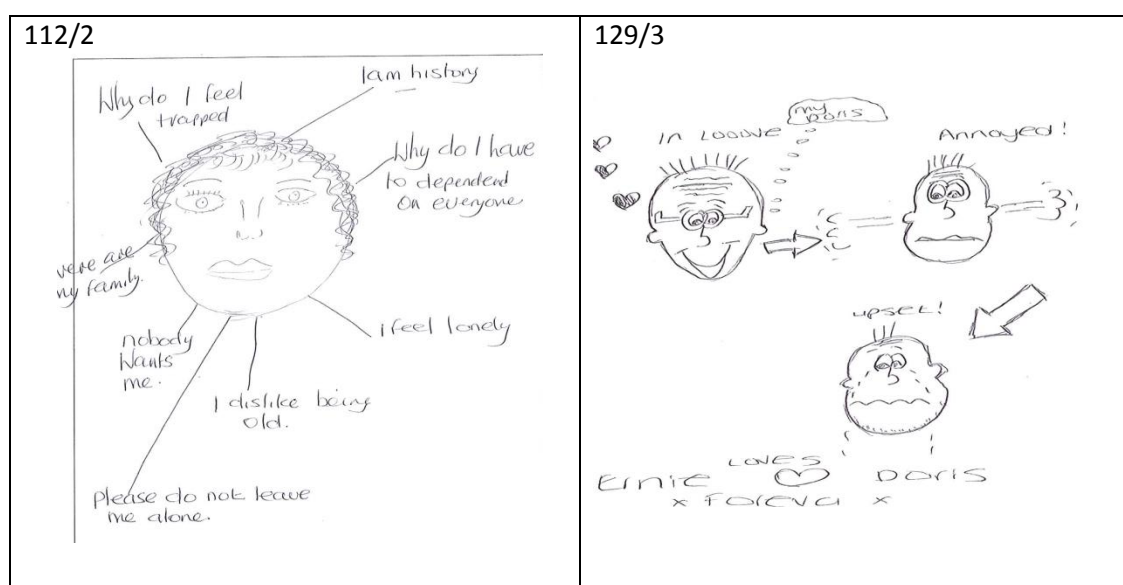
In DS2 the two images differed in composition to that of DS1. Image 193/2 (Figure.6.213), initial impression would assume she may have a role in child care and was watching time ready to collect them. However the participant commented “*may think back to the past a lot, may miss the older days*”, thus they made reference to a lack of a role and loneliness. Again this had a slightly positive KOP outcome.

Figures.6.212/6.213: Loneliness



The second image in DS2 112/2 (Figure.6.214) was more abstract (an idea/ conceptualisation rather than a person), and *suggested “these are some of the feelings that older people feel”*. Several phrases were used to make meaning; *“I feel lonely”, “I am history”* and finally *“please do not leave me alone”*. These depicted a negative view of later life and it was difficult to establish whether the drawer portrayed these in a negative way or had drawn on personal experience as they ended with the comment *“in reality people are wise, they are our history”*. Finally in DS3 129/3 (Figure.6.215) referred to love, anger and sadness and commented *“as we get older people forget the elderly still have feelings and emotions”*. The drawing also referred to love thus promoted normality and relationships. P1 felt the image illustrated that older people *“do have feelings”* and that *“I think they still the same just unrecognised”* however made stereotypical comments about later life *“picture shows that even though people are older, and become less independent they still do have feelings”*. These images had positive KOP outcomes. Overall negative emotions (sadness) dominated this subtheme and suggested for a small minority of participants’ being older was associated with this.

Figures.6.214/6.215: Feelings



## 6.7 Activity

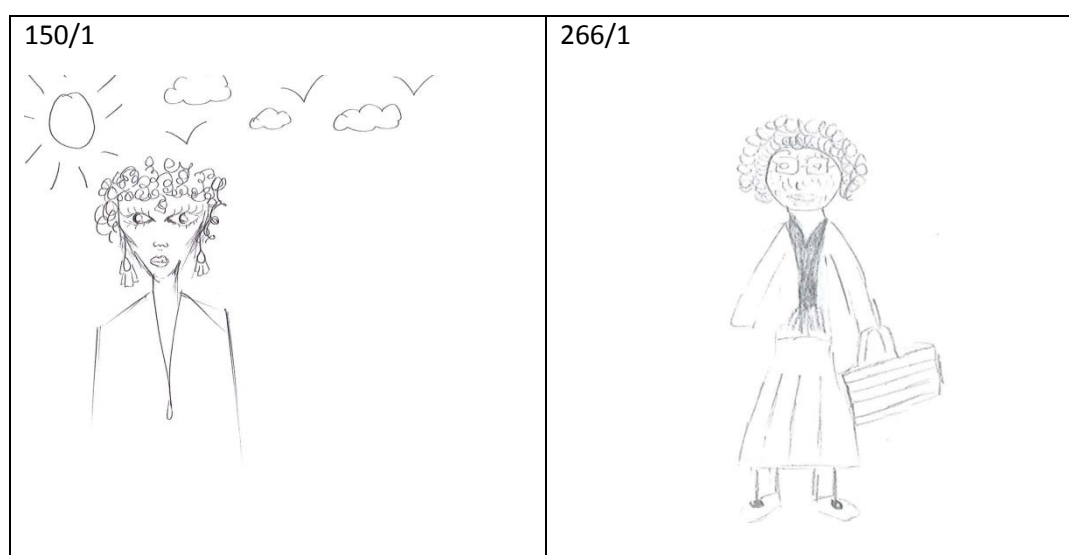
There were n=103 images allocated to this theme because the person was depicted undertaking a form of activity or the comments indicated activity and provided a narrative of the third age (Baar et al., 2014). There were five subthemes, four common across the DS; 1) shopping, 2) exercise, 3) roles and interests, and 4) maintaining independence, finally in DS3 n=4 images formed the subtheme 5) gardening.

### 6.7.1 Shopping

There were n=28 images allocated to this subtheme, n=15 DS1, n=7 DS2 and n=6 DS3. Pertinent messages were conveyed, these included positivity, independence, and choice however the images also illustrated stereotypical beliefs about older people, such as the use of shopping trolleys and public transport. Most of the individuals depicted were females.

A number of positive images made no reference to stereotypical assumptions. This was seen in the portrayal of an ageless women, 150/1 (Figure.6.216), the participant commented *“she has just got her hair done and been shopping in the sunshine”* and drew on Roberts et al. (2003) observation of symbols of positivity. Other images however detailed the ULL with handbags (266/1 Figure.6.217) a grocery bag (29/1) or a high street branded shopping bag (242/1 Figure.6.218).

Figures.6.216/6.217: Shopping

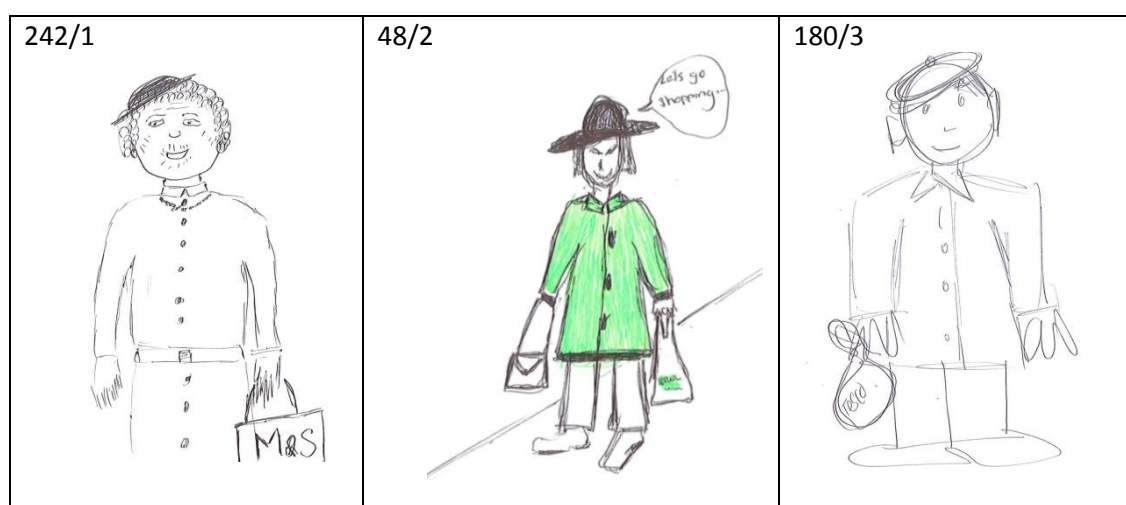


The use of branded shopping bags became a symbol of old, and reaffirmed Twigg et al.'s (2014) work which identified that there was branded retailers for older people, demonstrated in 242/1(Figure.6.218). The panel used the imagery of shopping for



this image to infer independence and that she had worked hard all her life due to the wrinkles. They did not comment on the branded shopping bag. Similarly in DS2 48/2 (Figure.6.219) depicted a woman in a hat and coat, carrying shopping and a handbag. The use of branded shopping bags continued in DS3, and there were several supermarket chains and a dominant high street store noted, which was suggestive of economic and social position, for example 180/3 (Figure.6.220). These examples had positive KOP outcomes.

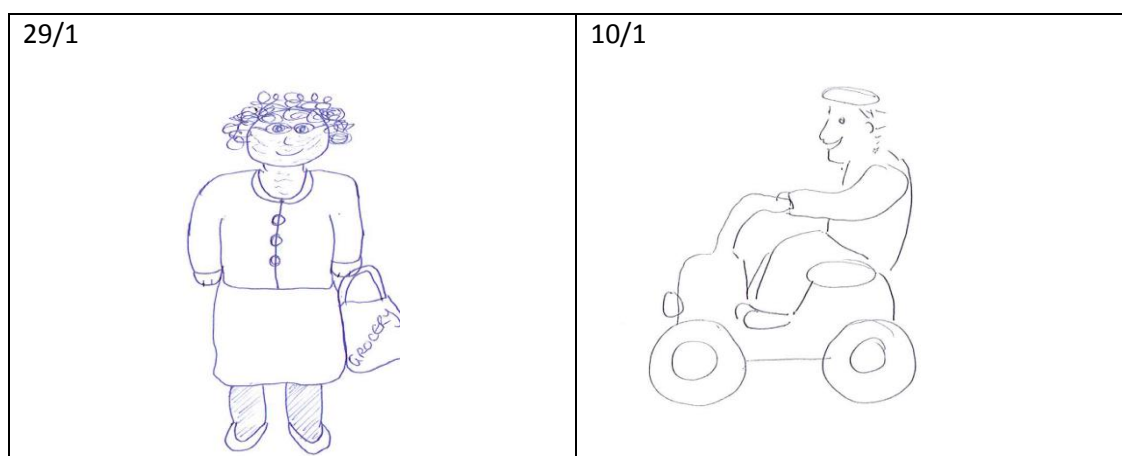
Figures.6.218-6.220: Branded Bags



Disparate messages about later life were also conveyed. For example 29/1 (Figure.6.221) referred to “*poor eyesight*”, and wearing warm clothes but stated the person is “*not the type to sit in*” and “*carrying a grocery bag*”, therefore independence and activity was expressed. Another example of this juxtaposition, 10/1 (Figure.6.222), was a man on a mobility scooter, the participant stated “*this is an old man out doing his shopping*”, therefore even though it inferred disability it also suggested independence. Again this achieved slightly positive KOP scores.

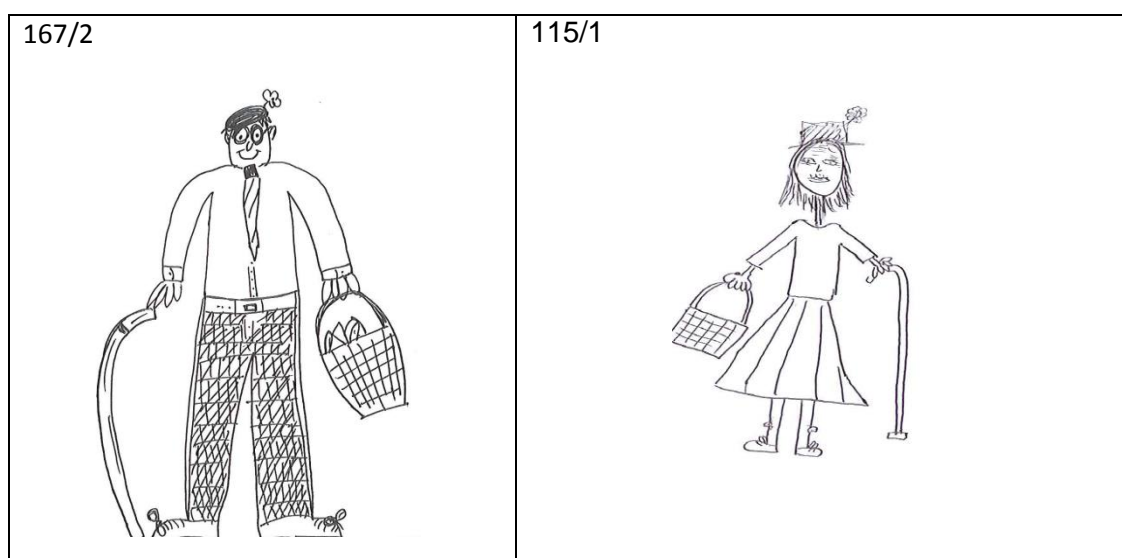


Figures.6.221/6.222: Stereotype and shopping



Mobility problems were indicated via a walking stick in four images, for example 115/1 and 167/2 (Figures.6.223/6.224). The participants inferred that the individual was independent via shopping and the panel affirmed this, and both had positive KOP outcomes.

Figures.6.223/224: Mobility and shopping



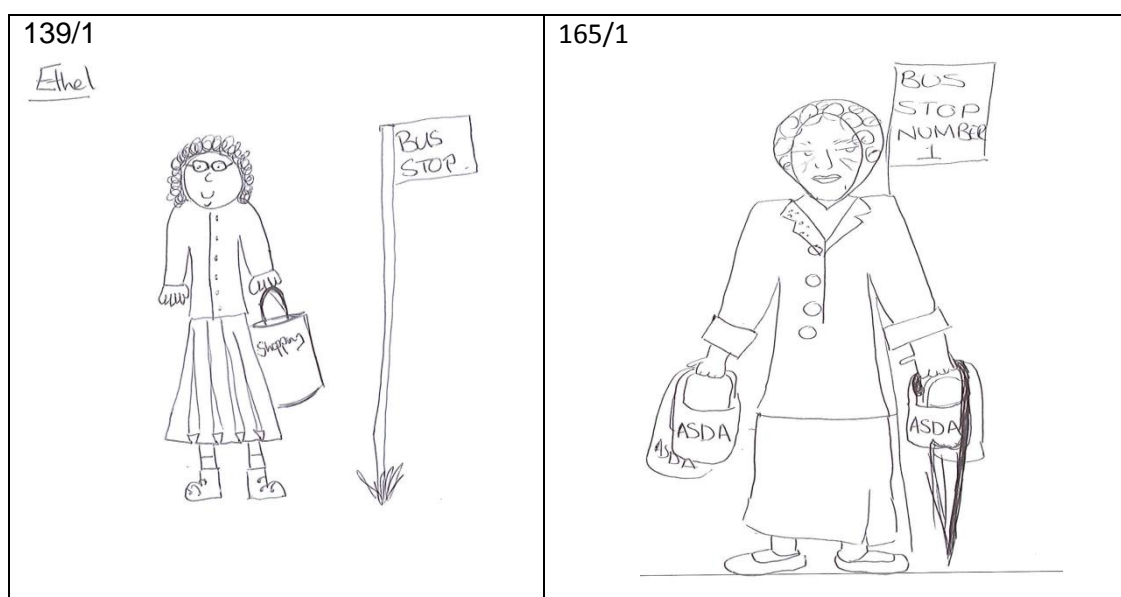
Mobility aids and shopping were noted in DS3, 27/3 (Figure.6.225) indicated that being 75 did not limit activity. They stated *“still able to move around just as much as everyone, age doesn’t limit what you can do”*. P1 felt she was happy and independent and when probed about the shopping bags he suggested it was a stereotype about where old people shopped, thus drew on Twigg et al. (2014) observation.

Figure.6.225: Active



Several images depicted older people at a bus stop, for example in DS1 165/1 and 139/1 (Figures.6.226/6.227). This inferred independence but stereotyped the women by appearance and the use of public transport and bus pass rather than personal transport. In addition 165/1 had a head scarf and branded shopping bags, whilst 139/1 was named “Ethel”, and these inferred an age and generation labels.

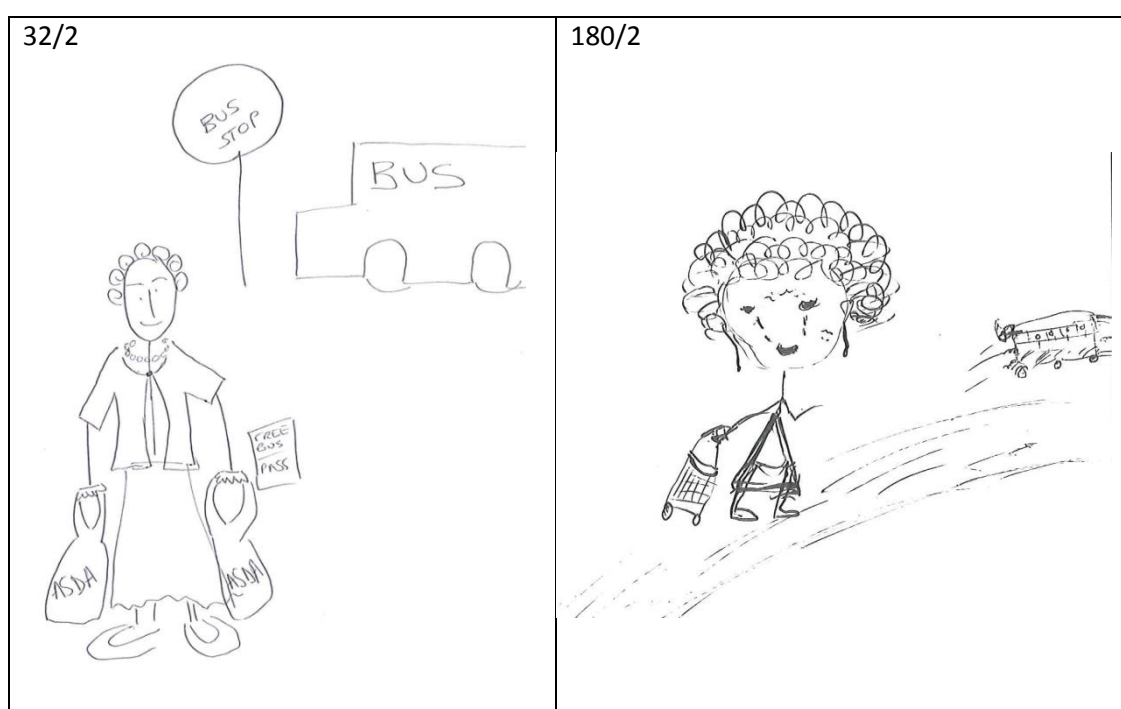
Figures.6.226/6.227: Bus stop



The use of bus stops was again evident in DS2. For example 32/2 (Figure.6.228) portrayed in the ULL and with a branded shopping bag, stated *“lots of people aged 75+ on public transport and collecting their shopping, except hospital wards this is where I see them most”*. The participant here differentiated between their role as a student nurse and the population as a whole. A more negative image, 180/2

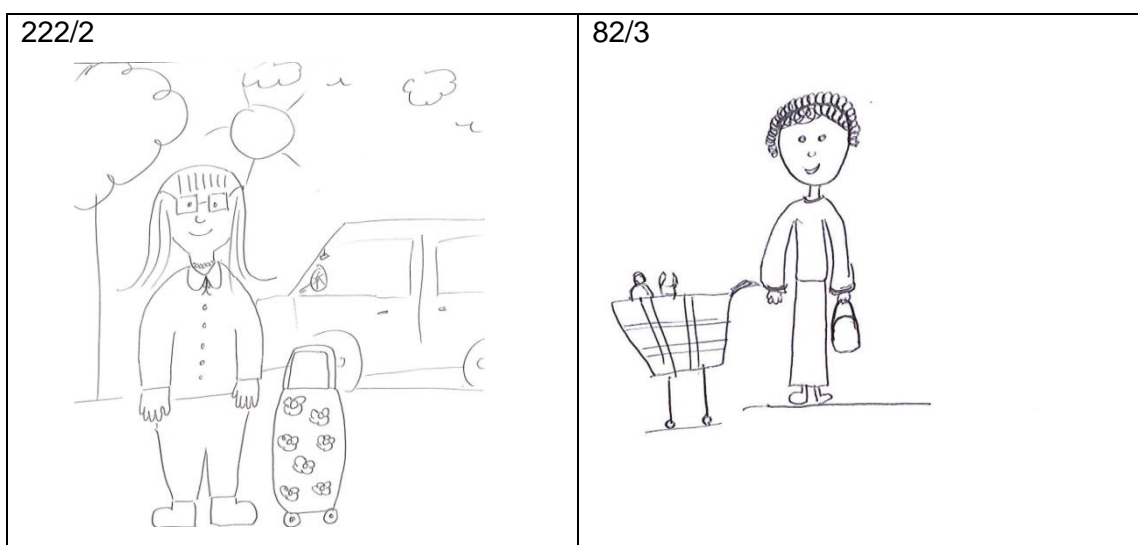
(Figure.6.229) depicted a woman crying, the participant stated *“hard times like shopping, feeling lonely, being abused with young youth, not enough money for gas and electricity”*, this was reinforced by her appearance. The participant demonstrated awareness of potential vulnerability of later life and reflected on the hardship some older people face, thus was cognisant with issues highlighted by Age UK, however this yielded a negative KOP of 126. What is more the panel felt that she was struggling with nobody to help, and that it looked like the bus drove away without her, they further stated, *“people had no time or patience for the elderly generation”*. There was no equivalent image in DS3.

Figures.6.228/6.229: Public transport and vulnerability



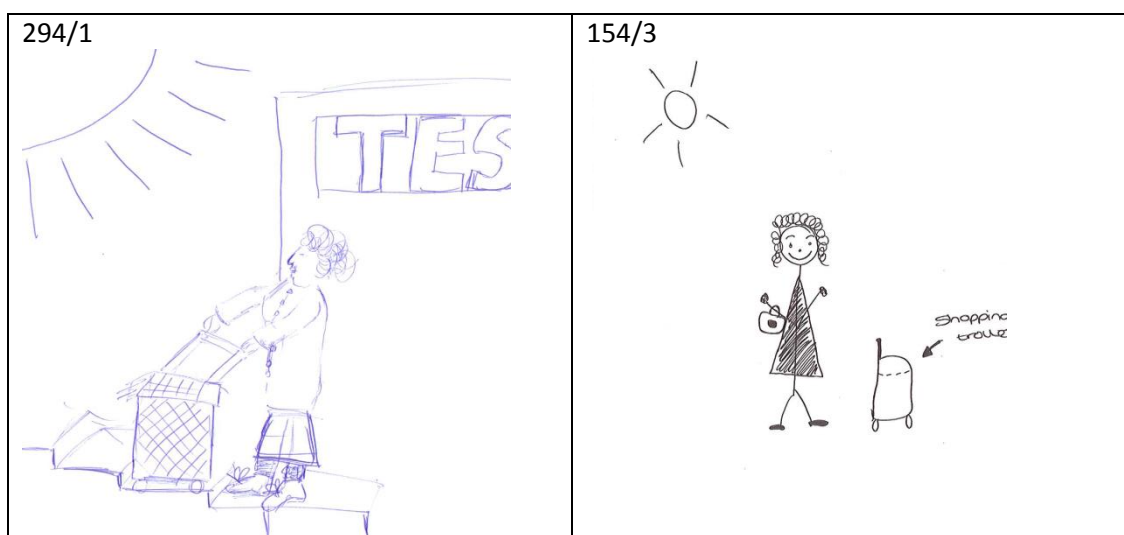
The shopping trolley was used as a symbol to depict meaning in ten images, six DS1, two DS2 and three DS3. The positive images focused on independence and there were less negative portrayals in DS2 and 3. For example 82/3 (Figure.6.230) illustrated an ageless women next to a supermarket trolley with the caption *“a Gran shopping”*, thus words were used to signify age. Similarly 222/2 (Figure.6.231) depicted a lady with straight hair wearing trousers, by a car, the participant stated she was *“independent and is returning from her shopping and going back to her car on her way home”*. This differed substantially from other images in so much as it depicted her using personal transport. The use of symbols of positivity (Roberts et al. 2003) was noted and the panel concurred with this observation.

Figures.6.230/6.231: Shopping trolley



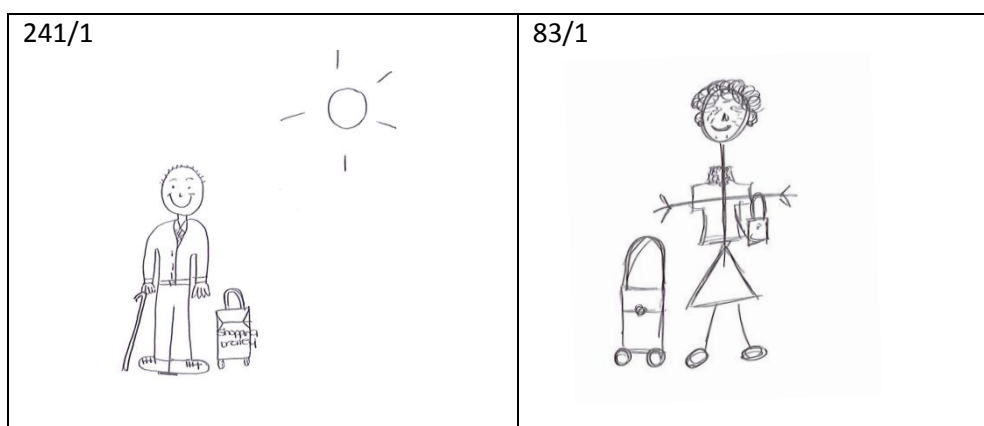
Continuing with shopping trolleys, 294/1 (Figure.6.232), illustrated a women outside a branded supermarket. This was an unusual occurrence in DS1 as most depicted local shops rather than a supermarket which could be perceived as more difficult to get to. In support of this the participant stated *“independent by shopping for self”*. Interestingly, the expert panel commented on the trolley and felt it depicted mobility problems, and one stereotyped by the statement *“difficulty with the steps”*, however others drew on the positive symbols of sunshine and that it created a sense of warmth, interestingly the KOP was only 140. The sun was also evident in 154/3 (Figure.6.233), which had a positive KOP and 241/1 (Figure.6.234). The panel used the sun to note he was a positive, vibrant, and happy again drawing on Roberts et al. (2003) symbols of positivity.

Figures.6.232/6.233: Shopping trolleys



The shopping trolley was also seen as a mobility aid 83/1 (Figure.6.235). The participant stated “*tend to use shopping trolleys to support them*” thus they inferred disability. The expert panel felt the image was an unrealistic depiction, made small to show insignificance, and was stereotypical, however a positive KOP was noted.

Figures.6.234/6.235: Shopping trolley and disability



Finally 291/1 (Figure.6.236) encapsulated all that was observed about the shopping trolley and referred to it as the “trademark” of old age. Thus inherent in this subtheme were symbols associated with ageing to make meaning.

Figure.6.236: Trademark of later life

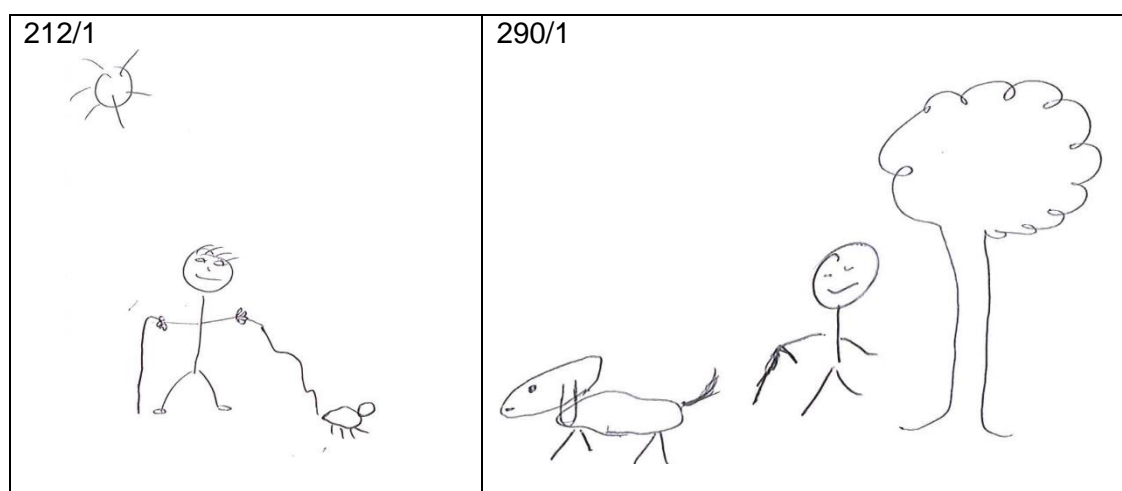


## 6.7.2 Exercise

There were n=39 images allocated to this sub theme, n=12 in DS1 and 2 and n=15 DS3, these depicted individuals undertaking a form of exercise, n=30 were walking and n=9 were at the gym or doing exercises/sport. Many reflected Robert's et al. (2003) observation of positive symbols (sunshine, plants).

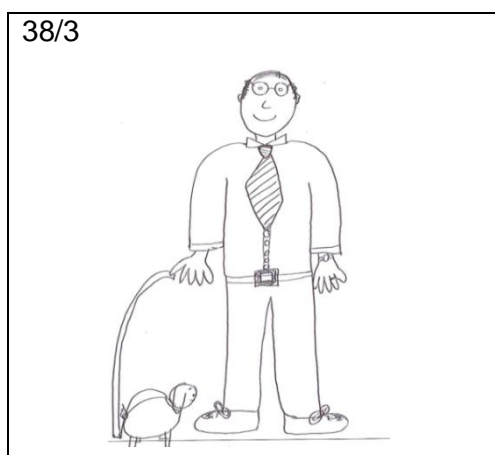
Walking was a common activity and included nine images in DS1 and 2 and twelve in DS3. Many depicted the person walking with a dog, n=23, and were positive in portrayal. For example 212/1 (Figure.6.237), the participant stated *“happy no matter what outcome life will go in, life is what you make it”*, thus they referred to the challenges people face regardless of age and did not differentiate between generations. Similarly 290/1 (Figure.6.238) referred to a man that enjoyed *“his daily walk and the fresh air”*, and made reference to a fulfilled active later life. Both images had slightly positive KOP scores.

Figures.6.237/6.238: Walking the dog



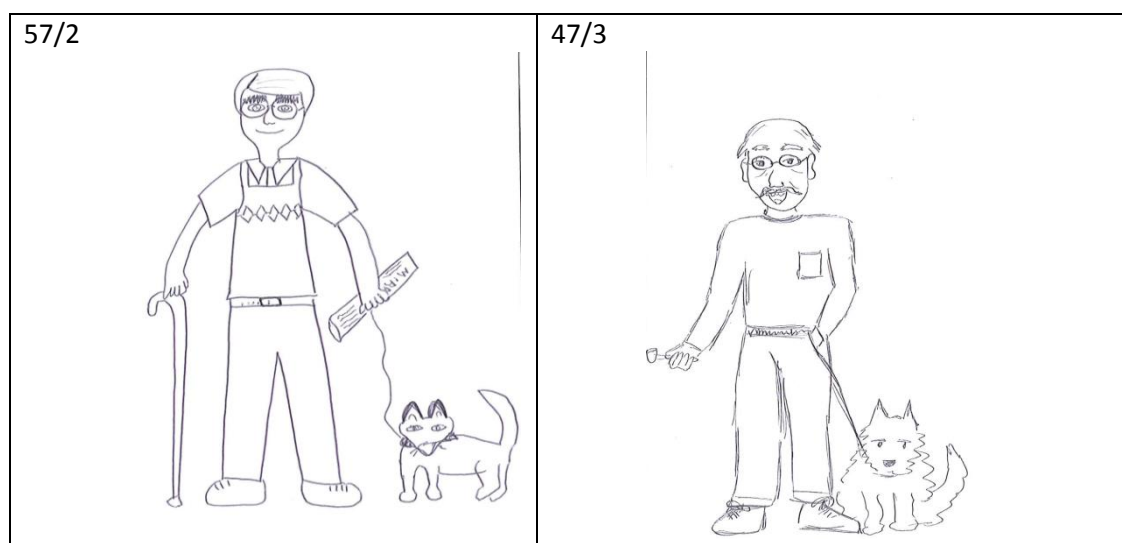
Walking and activity again was evident in 38/3 (Figure.6.239). The participant stated *“this man is walking his dog rather than walking with a walking stick, not all old people need aids and 75 isn’t old as it used to be”*, thus supported the concept of activity in later life.

Figure.6.239 Walking



Like in other themes stereotypical imagery appeared, 57/2 (Figure.6.240) illustrated a man collecting a newspaper. This was noted as being stereotypical by the panel as the walking stick depicted reduced mobility. A further example 47/3 (Figure.6.241) used symbols of old age, however the participant alluded to activity, *“still quite active but with obvious ageing, but still has hobbies like walking the dog, collecting the paper”*. Interestingly P1 used the image to make stereotypical assumptions and felt the pipe was normal for a 75 year old. Both images achieved a slightly positive KOP.

Figures.6.240/6.241: Stereotypical assumptions



Walking was also associated with emotions. For example 141/1 (Figure.6.242) referred to walking as an exercise but also the individual being smart, happy and having the pet to *“keep them company”*. In DS3, 152/3 (Figure.6.243) the participant emphasised the couple were *“enjoying retirement walking the dog”*, the image therefore evidenced companionship and activity and P1 concurred. Positive KOP scores were noted.

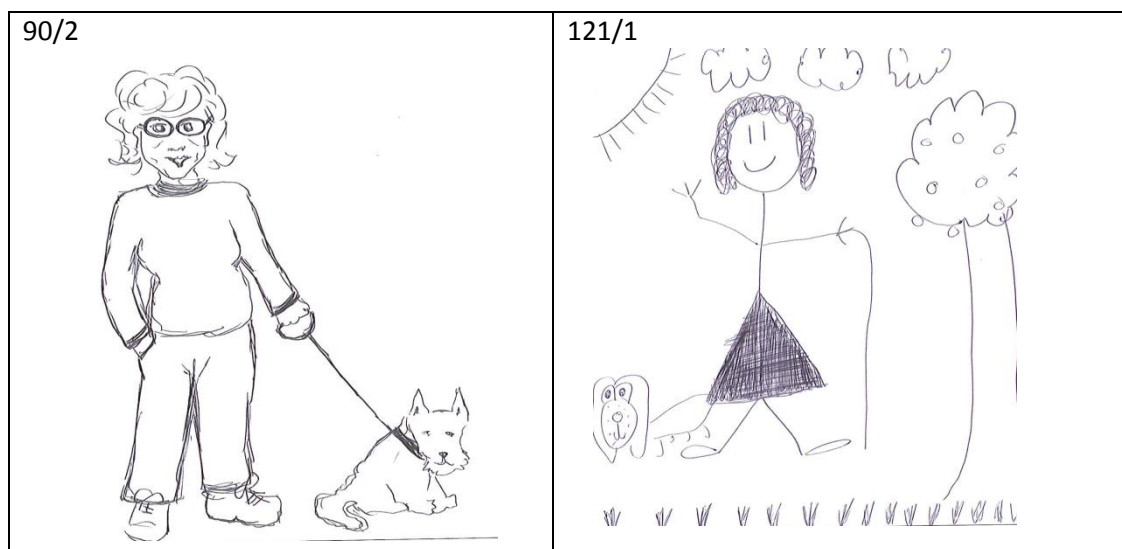


Figures.6.242/6.243: Emotions and walking



Health and activity was depicted in ten images, for example 121/1 (Figure.6.244) referred to the women being fit and healthy and 90/2 (Figure.6.245) stated a *“little fitter these days and more up to date with things”*. The panel explored 90/2, and felt the image depicted wellbeing, activity, and that she was young, fashionable and hip. Other images that drew on health and activity included image 33/2, the participant stated *“age does not mean inactivity, despite the growing ageing population, older people are eager to remain active for as long as possible”*.

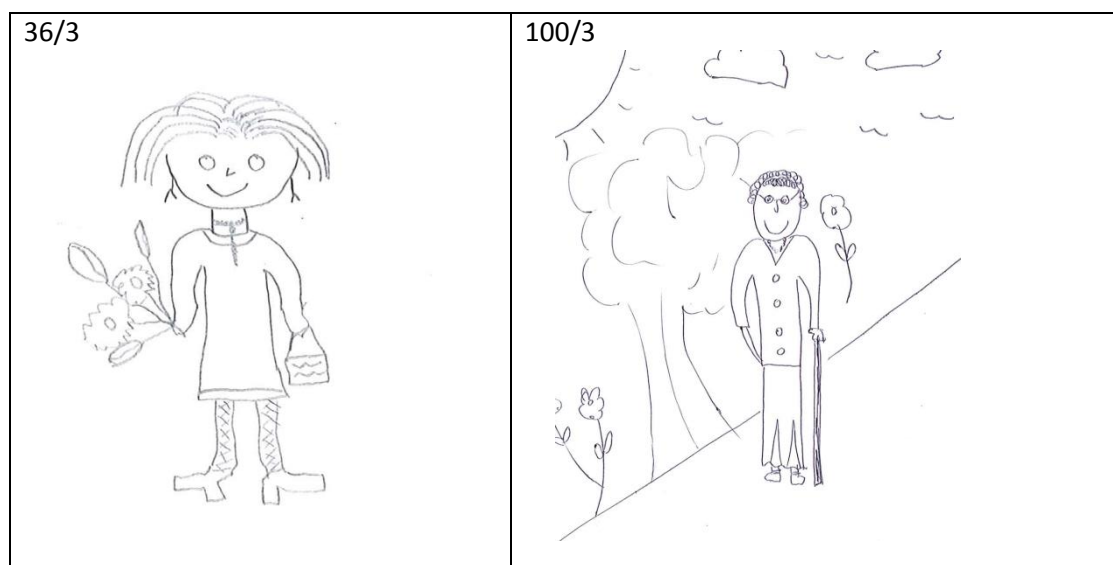
Figures.6.244/6.245: Health





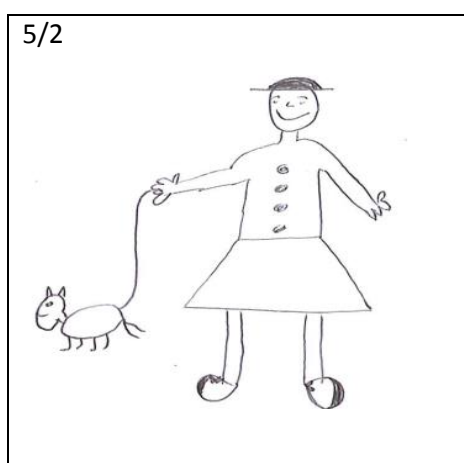
Health and healthiness was observed in four images without dogs. For example 100/3 (Figure.6.246) although stereotypical noted she was “*out and about in her spare time*” and achieved an extremely positive KOP. Finally 36/3 (Figure.6.247) stressed that the person was “*independent*”, “*smartly dressed*” and “*walking to the shops*”; these adjectives all promoted a positive view of the older adult, and reflected a positive KOP.

Figures.6.246/6.247: Health and healthiness



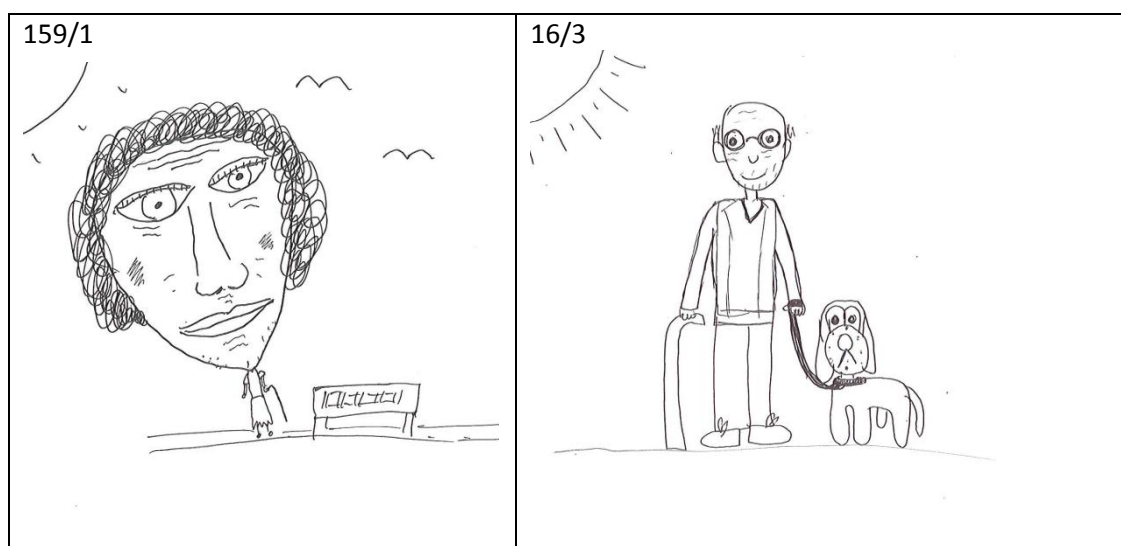
Some images indicated that walking promoted interaction, for example 5/2 (Figure.6.248), the participant stated “*she’s walking her dog and speaking to her neighbour*”.

Figure.6.248: Interaction



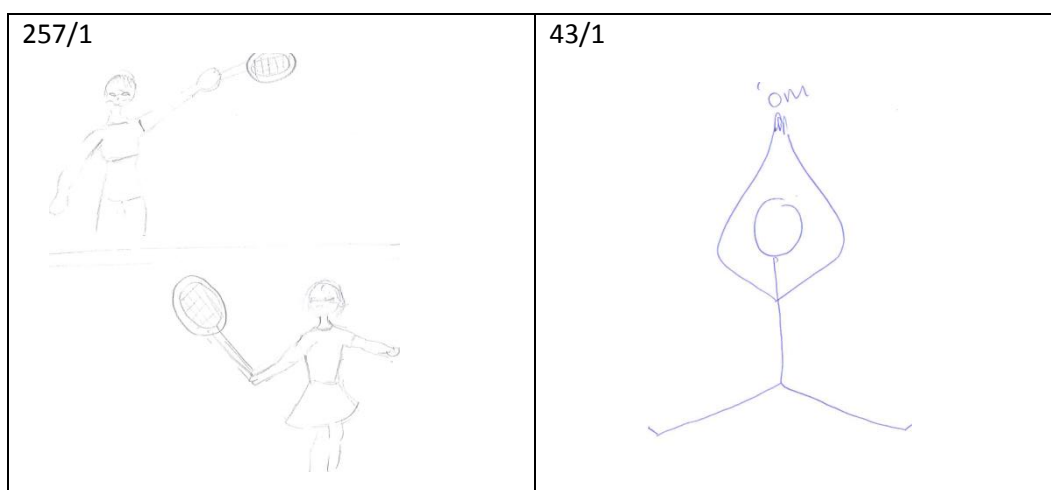
More negative images were also portrayed. Loneliness was depicted in 159/1 (Figure.6.249), the participant stated “*a lonely elderly lady walking alone in the park*”, and the imagery of the enlarged head emphasised physical decline. Similarly 16/3 (Figure.6.250) stated “*a 75 year man with a walking stick and glasses and a pet for company*”. The reference to the pet for company in this instance suggested loneliness. However both achieved scores above the neutral point and depicted some positive imagery (sunshine).

Figures.6.249/6.250: Loneliness



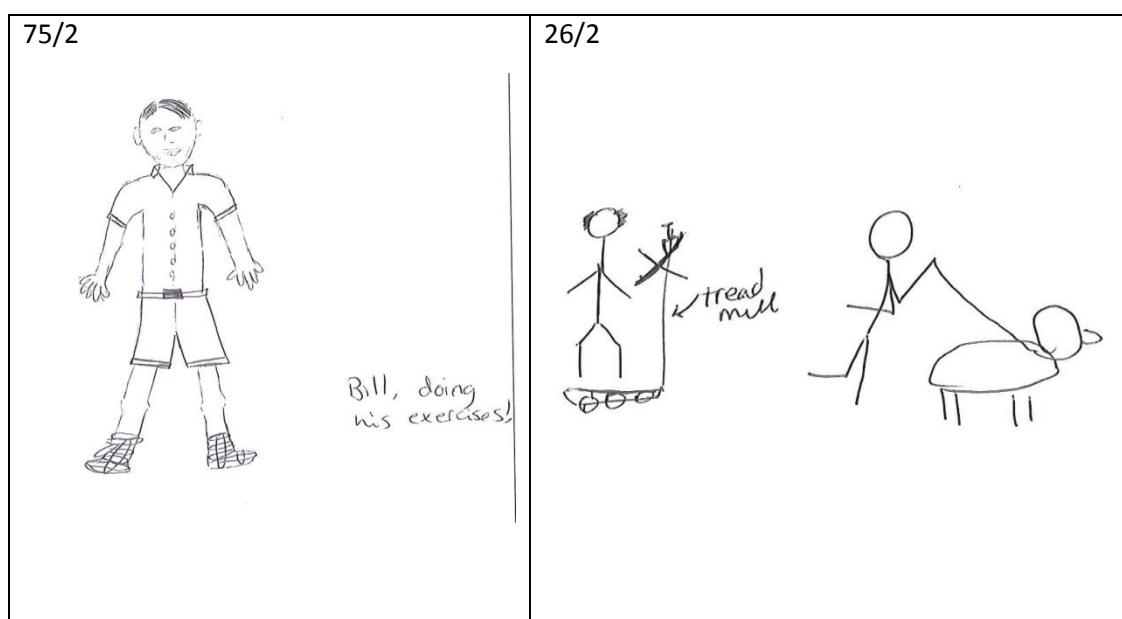
Nine drawings depicted individuals at the gym, doing exercise or a sport. In DS1, 257/1 (Figure.6.251) depicted two women on a tennis court dressed in sports clothes, the participant drew on their experience of older people to illustrate a 75year to be like. Another image in DS1 depicted an individual undertaking yoga 43/1 (Figure.6.252) and referred to wellbeing, and stated “*depending on circumstances older people can still be well and happy with themselves*”.

Figures.6.251/6.252: Sport



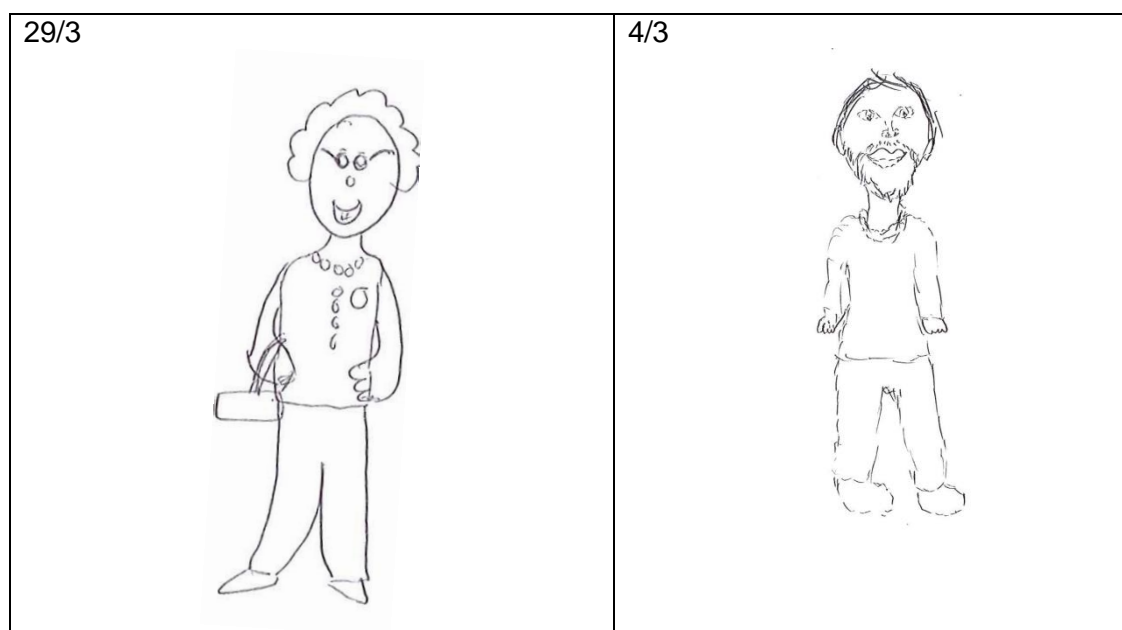
In DS2 three images depicted older people at the gym, 73/2 portrayed with a “gym bag” and stated “my aunty who is very active swims on a daily basis and is always out with her friends”. Similarly 26/2 (Figure.6.253) depicted stick people on a tread mill and stated “you’re only as old as you feel; old people are no different to young people”. Exercise was also indicated in 75/2 (Figure.6.254), which portrayed a man in ‘football’ clothes and referred to the man as “Bill doing his exercises”, and that he “loves to spend his time keeping fit and exercising”. The panel rated this positively and found the drawing indicated they were capable like anyone and enjoyed old age.

Figures.6.253/6.254: Gym



In DS3 images referred to older people being active for example 29/3 (Figure.6.255) was a “*happy active older*” person. The participant drew on their experience of older people who “*play bowls and socialise a lot*”. The image itself did not correspond with the content but this may be due to the drawer’s ability rather than stereotypical views as identified by Gray and Matlins (2004). Another image depicted was golf and finally 4/3 (Figure.6.256) drew a man titled an “*active pensioner*”, the drawing did not indicate the person’s age and it was the comment that made the connection to older people. P1 reviewed both images and did not draw on the emphasis of activity, and instead used the visual symbols to depict meaning, for example he observed that 29/3 was healthy and that the trousers indicated the individual was in touch with contemporary style, whereas he felt 4/3 facial hair indicated he did not self-groom and was “*tatty and unkempt*”. This reinforced that symbols of age were used to understand the concept of ageing. All these nine images had positive KOP outcomes. Inherent within this theme was the emphasis of being active in later life and the principles of the third age emerged.

Figures.6.255/6.256: Active and happy

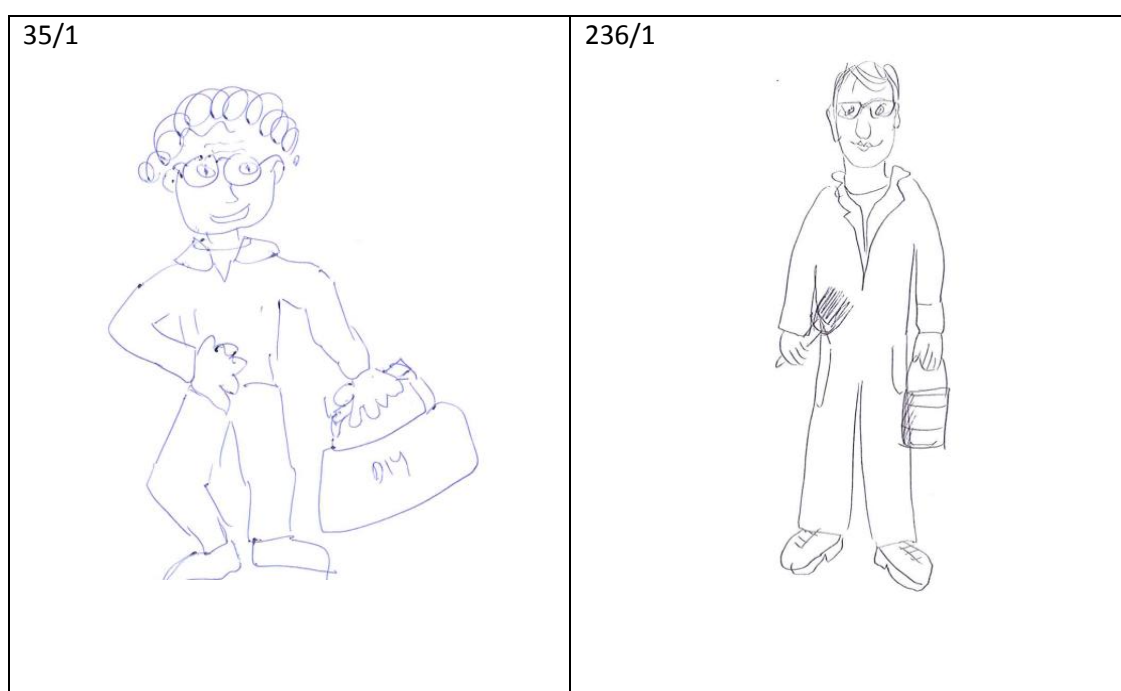


### 6.7.3 Roles and Interests

There were n=16 images allocated to this subtheme, n=8 DS1, n=4 DS2 and 3. Each was different in composition and meaning and referred to continuity and activity. Hobbies and roles were evident, as were undertaking social activities such as bingo, volunteer work and holidays.

In DS1, undertaking DIY was prominent, 35/1 (Figure.6.257) for example portrayed a women in work clothes, with a “DIY” tool bag. The participant stated *“old lady after doing some work around the house”*, and stressed that they *“maybe going out to work”*. Similarly 236/1 (Figure.6.258) portrayed a man in overalls with a paint brush and commented *“this is my boyfriend’s granddad (78) he has just decorated our house and worked harder than my boyfriend, he is full of beans and brilliant”* thus the importance of role models was highlighted. The panel saw him working as a painter, being clean and tidy, thoughtful but old. Both images had positive KOP outcomes.

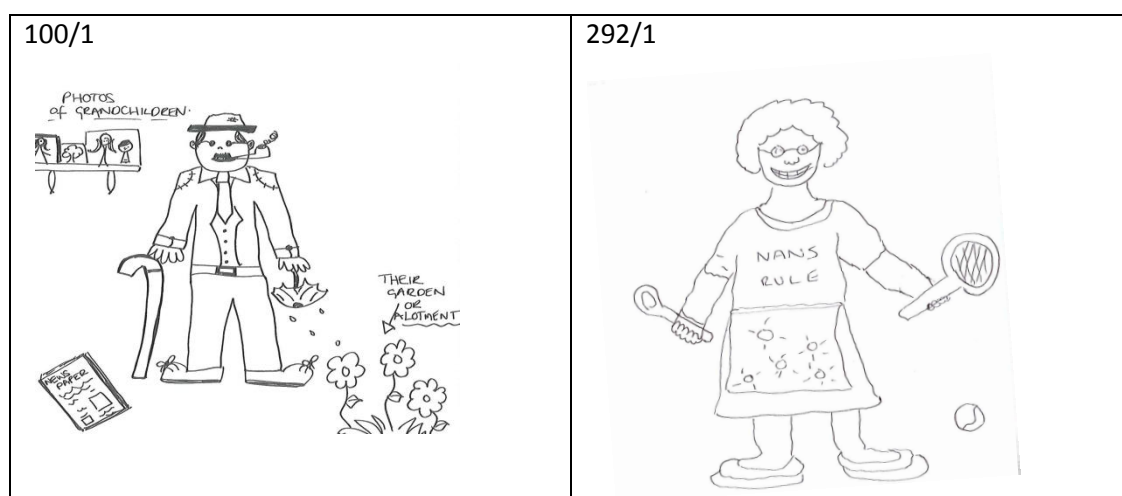
Figures.6.257/6.258: DIY



Stereotypical imagery was again evident but the value of older people remained prominent, examples of this include 100/1 (Figure.6.259) which had a slightly positive KOP and 292/1 (Figure.6.260). The participant for 292/1 stated *“Nan’s love to be individual and are capable of doing anything from baking to sporting activities”*, and *“grandchildren rely on their Nan’s for child-minding, they have a more active role”*,

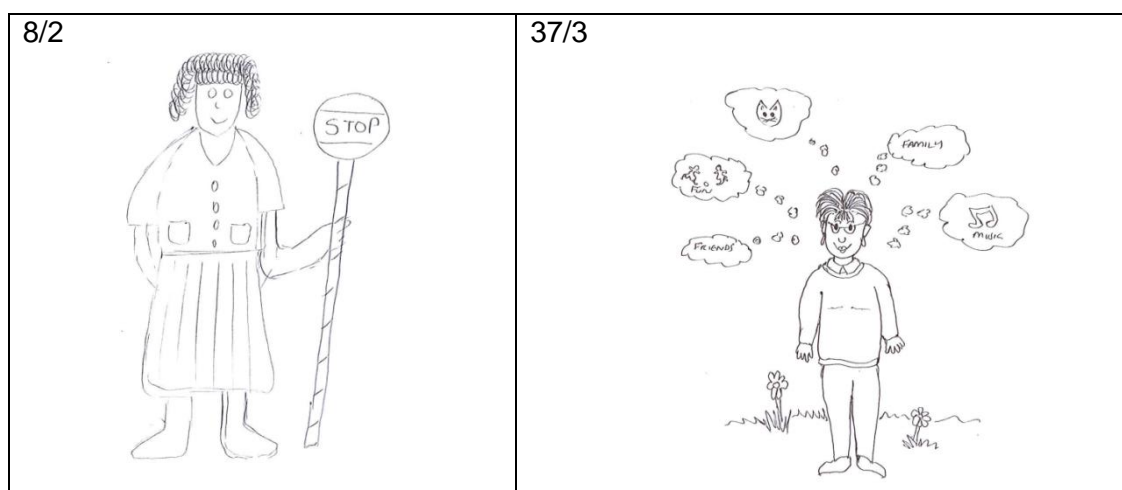
therefore stressed the importance and value of older people and this was reflected in a positive KOP.

Figures.6.259/6.260: Value of older people



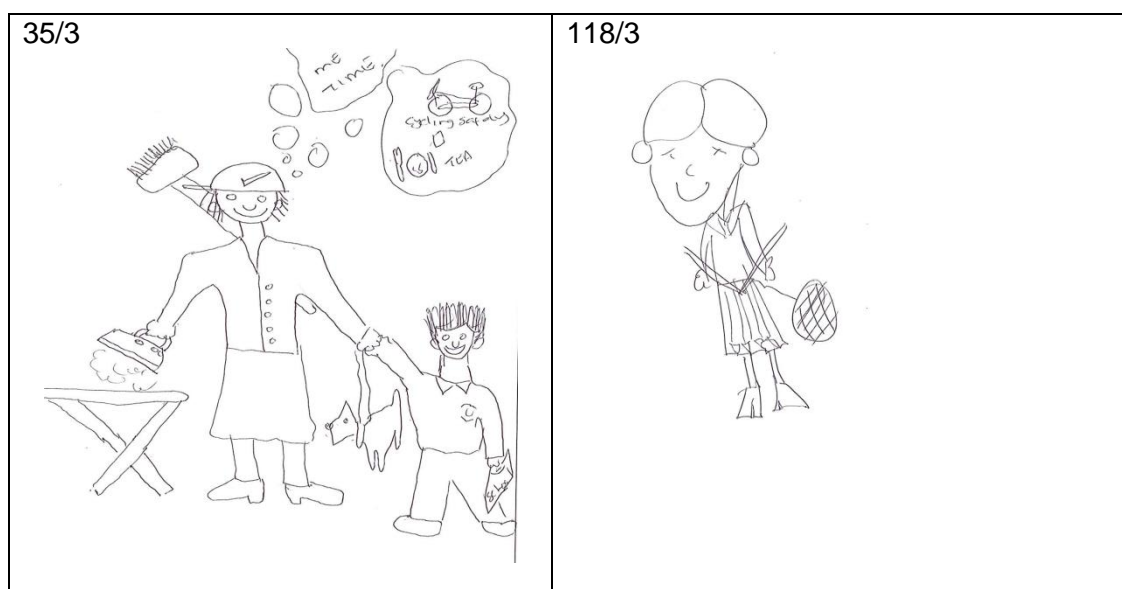
Roles and responsibilities were evident, for example 13/1 stated “*you as old as you feel*” and “*she’s young at heart, still works at M&S part time, she’s a member of the church community*”. However the participant used stereotypes (church community) to make meaning about being old. In DS2, 8/2 (Figure.6.261) depicted a lady working as a lollypop person, and suggested she had become a volunteer to support the community, thus she was valued and contributed to society. In DS3, two images referred to the women being active, for example 37/3 (Figure.6.262). The comments indicated the participants’ perception of what she would be like in later life and stated “*no matter what my shell I have my dreams, thoughts and aspirations*” they continued “*we are the same*”. This inferred a positive insight to older age. P1 however felt she was outside and in warm clothes, and when questioned he suggested it was to prevent illness, again he drew on stereotypical assumptions. All these had positive KOP outcomes.

Figures.6.261/6.262: Roles



Roles continued with 35/3 (Figure.6.263), the participant offered a positive insight of later life, and stated *“grandparents are an extension of the role in being a parent, always active, always having to plan ahead with little time for themselves”*. P1 observed she was a *“modern”* lady, from the designer cap, and felt *“she’s appears quite active, healthy, younger than her actual age”*. However he inferred she was out of touch during the discussion thus indicated a less positive view of later life.

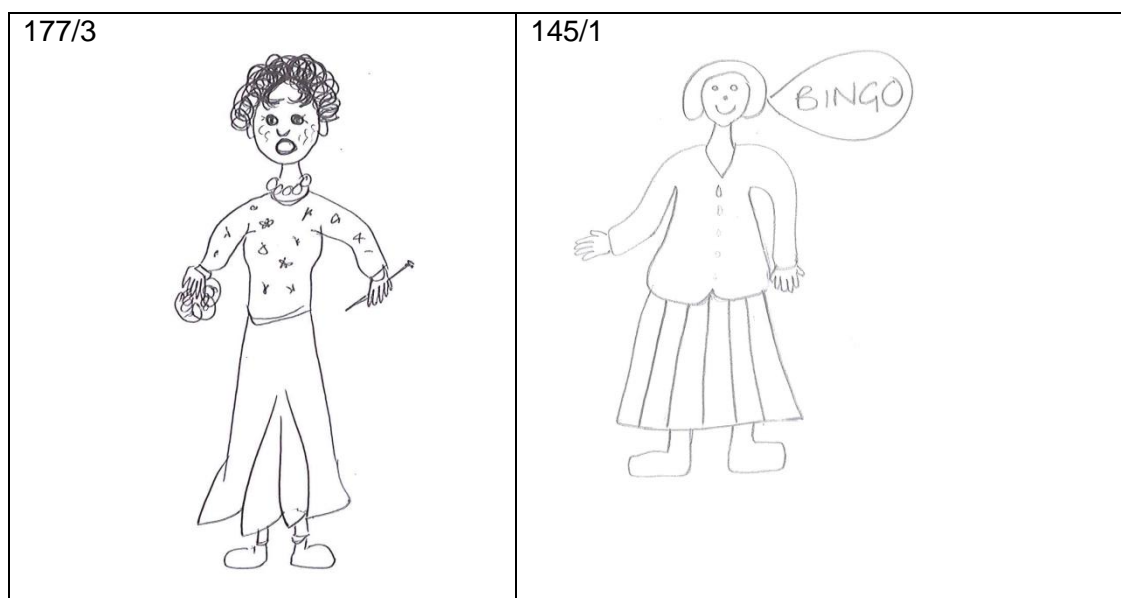
Figures.6.263/6.264 Roles and Knitting



Knitting was another activity depicted, for example 118/3 (Figure.6.264). This was examined by P1 and was acknowledged as stereotypical, however he drew on continuity of knowledge stating *“going back to when they were children, making clothes and passing on skills to the younger generation”*. He felt the image portrayed

a happy independent lady who *“still wants to do things, hobbies and interests that she enjoys”*. Knitting was also evident in 177/3 (Figure.6.265) and inferred either ability and dexterity or a traditional skill. These again had positive KOP outcomes.

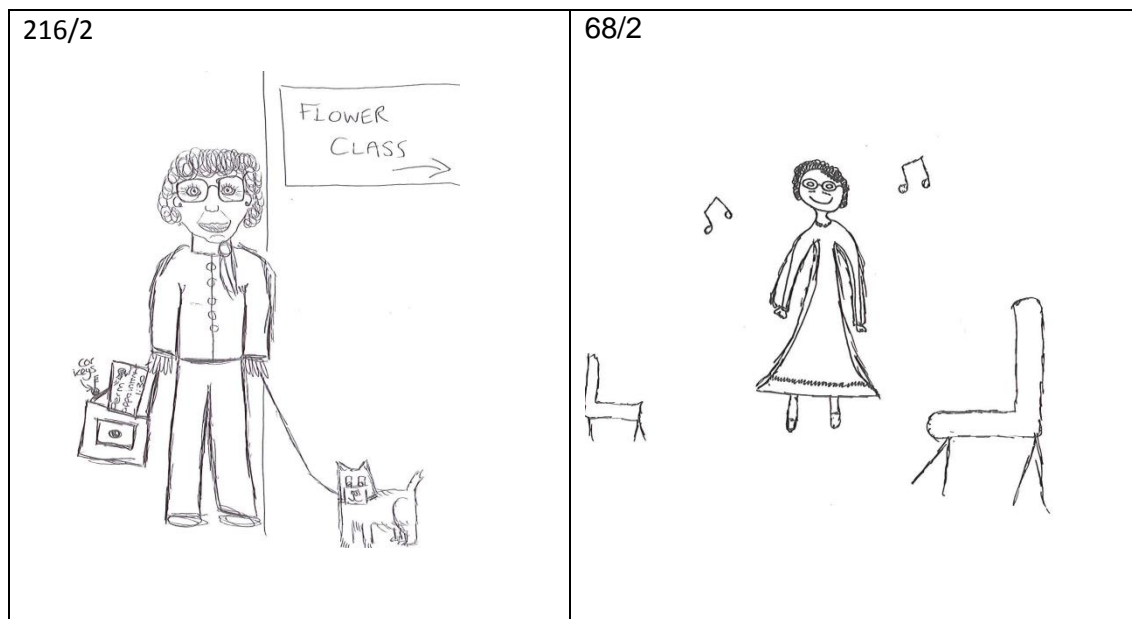
Figures.6.265/6.266: Knitting and Bingo



Bingo appeared in two images, for example 145/1 (Figure.6.266), stated *“my person is independent and enjoys days and evenings with her friends at the bingo”*. Other hobbies included dancing, image 68/2 (Figure.6.268) this was unique in the DS. Finally 216/2 (Figure.6.267) depicted a woman attending a flower class, the participant stated *“she is a busy 75 year old, drives and is independent”*, this overall portrayed activity, socialization and fulfilment. The panel reviewed 216/2 and felt she was *“happy independent outgoing”* and *“doesn’t just stay at home and not leave her house like people believe of those aged 75”*, finally they felt she was glamorous and not scared. Again these had positive KOP outcomes but the participants and panel drew on stereotypical assumptions to make meaning. Again, like the previous subtheme, participants referred to the concepts of the third age.



Figures.6.267/6.268: Hobbies

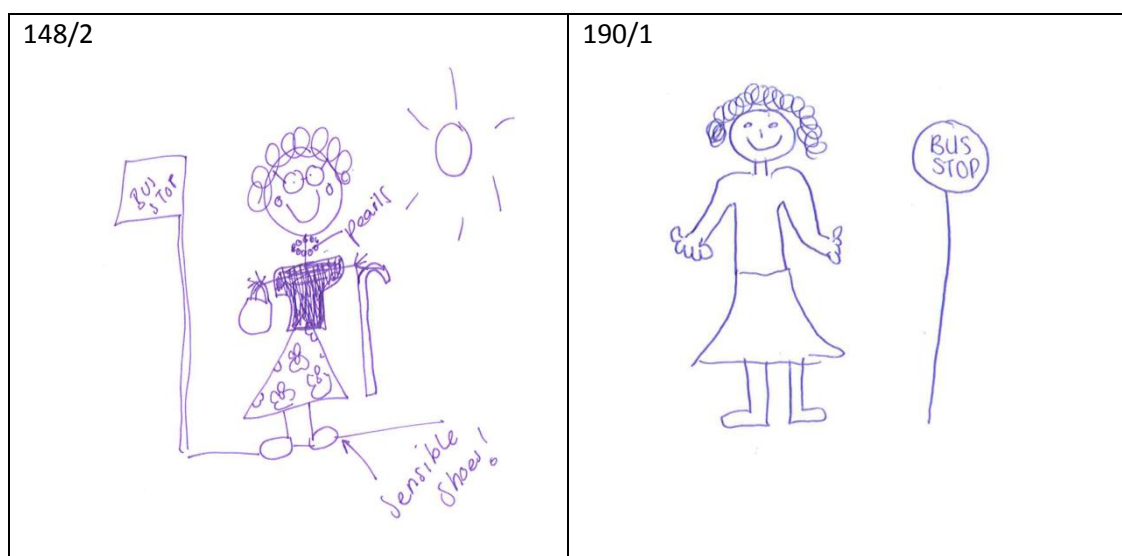


#### 6.7.4 Maintaining Independence

The subtheme maintaining independence had n=16 images allocated, n=4 DS1, n=9 DS2, and n=3 DS3. Three areas emerged, being active, getting out and about and self-caring. Independence was also observed in a number of images across the DS but in this theme it was the dominant characteristic of the drawing.

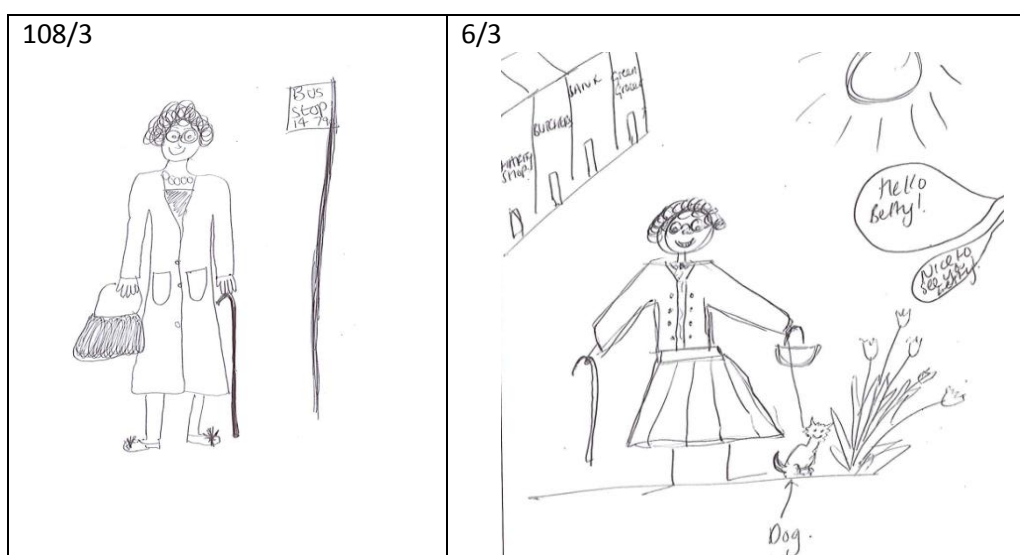
Many referred to older people's ability to be active and depicted them using the bus. For example 190/1 (Figure.6.269) emphasised the bus maintained independence and commented *"even at 75 they are able to lead an active and healthy life going to many different place, i.e. shops and theatre"* and 28/1 stated that she likes *"to use her bus pass to get out and about"*. This was seen again in DS2, 148/2 (Figure.6.270) at a bus stop. Only two men were depicted at a bus stop, 215/2 commented *"happy old man making use of his bus pass to get around"*. Finally in DS3 only one image illustrated the use of a 'bus stop', 108 /3 (Figure.6.271), in contrast to many images of women she was drawn wearing a coat with the sun shining but had stereotypical imagery. P1 used the imagery to make judgements on appearance and self-care and stating *"pearls around her neck so she's quite well kept"* he also commented that *"she's going into town or shopping"* and provided confirmation of the analysis. All these had positive KOP's and drew on positive symbols (Roberts et al., 2003).

Figures.6.269/6.270: Bus and independence



Other images that depicted maintenance of independence included older people being outside for example 6/3 (Figure.6.272). The image demonstrated she was active by the conversations depicted, such as “*hello Betty*”, “*nice to see you Betty*”, the environment inferred she was at local shops and positivity was observed via the sun. The comments stated that she was “*independent*” and she “*enjoys going to town for tea and scones*” and could “*look after herself*” however the use of the name Betty inferred she was old as did her clothing.

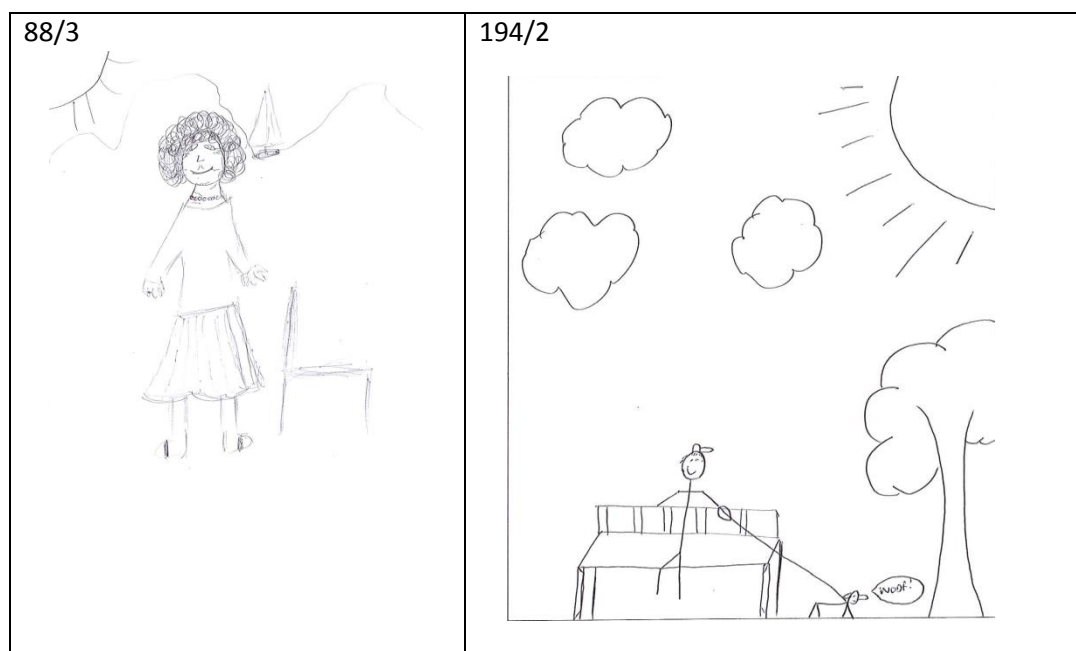
Figures.6.271/6.272: Maintenance of independence



Independence and activity was also depicted with an image at the seaside, 88/3 (Figure.6.273), and although stereotypical the participant stated “*on the beach*”

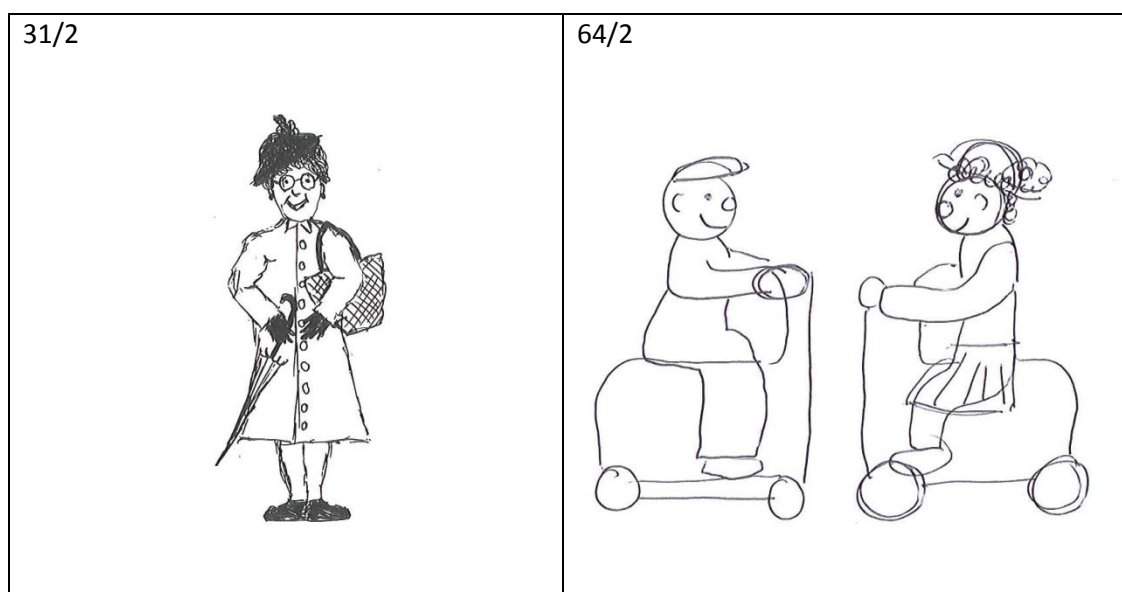
*enjoying retirement abroad*". P1 felt she was aboard and happy and stated "*she's still quite active and willing to go out into the open world*". Other images that depicted independence also carried subtle messages about being older for example 194/2 (Figure.6.274). The participant stated "*they don't like being confined indoors those who can get out, enjoy it*", thus suggestive that some 75's were unable to lead an active life. All these had positive KOP's.

Figures.6.273/6.274: Seaside and outside



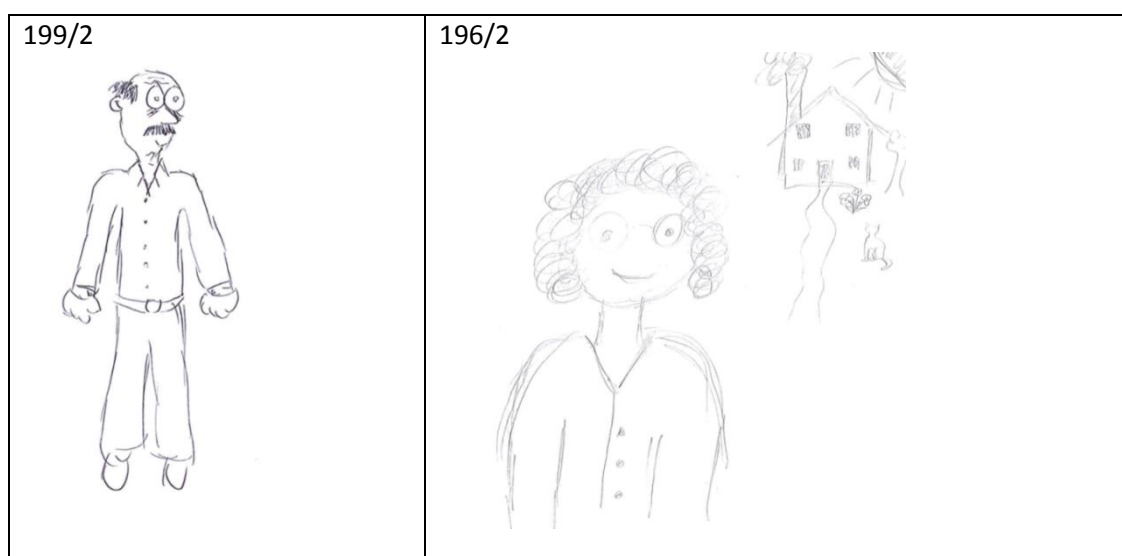
Subtle messages about later life continued to be portrayed alongside independence, 64/2 (Figure.6.275) made stereotypical assumptions about mobility but also inferred independence. Further 31/2 (Figure.6.276) portrayed in outdoor clothes, stated she was a "*happy lady who can get out and about*", and indicated she was busy and active but stereotyped by her appearance. These had slightly positive or positive KOP outcomes.

Figures.6.275/6.276: Stereotyping



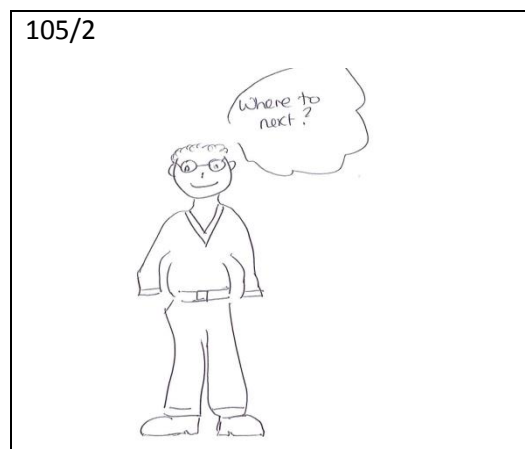
Within the theme some referred to the person's ability to take care of self, for example 199/2 (Figure.6.277) commented "*old people are capable to taking care of themselves*". The panel stated "*is representative of older people that are active, independent and happy*", and they felt his hair loss was not a negative portrayal of being older however wrinkles were observed as a symbol of old age. Another image, 196/2 (Figure.6.278) referred to the women owing her own house and "*has looked after herself and has not been plagued with health problems*", therefore the participant acknowledged ill health but could see that this was not reflective of all older people.

Figures.6.277/6.278: Self care



Finally 105/2 (Figure.6.279) depicted an ageless man with the caption “*where to next?*” and stated “*75years old now is not like it was when I was younger. They are far more adventurous and fitter than they were*”. The participant referred to internal and external factors and demonstrated an awareness of general health and wellbeing. They further stated “*admittedly they are all different and ill health can make a difference, as well as lifestyle and opportunity*”. Thus inherent within this was the fundamental ideology of ageism; however these again had positive KOP scores and reflected the concept of the third age.

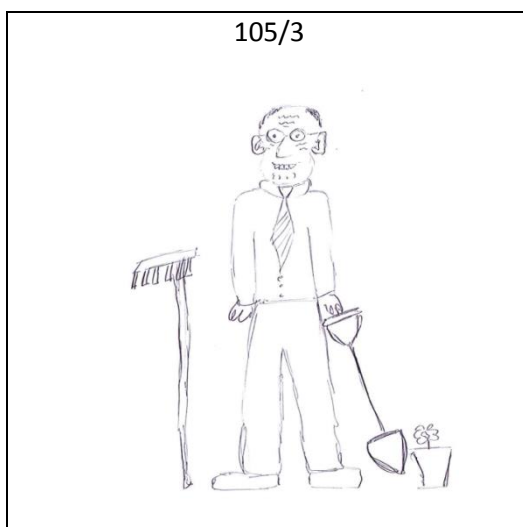
Figure.6.279: Where to next



#### 6.7.5 Gardening

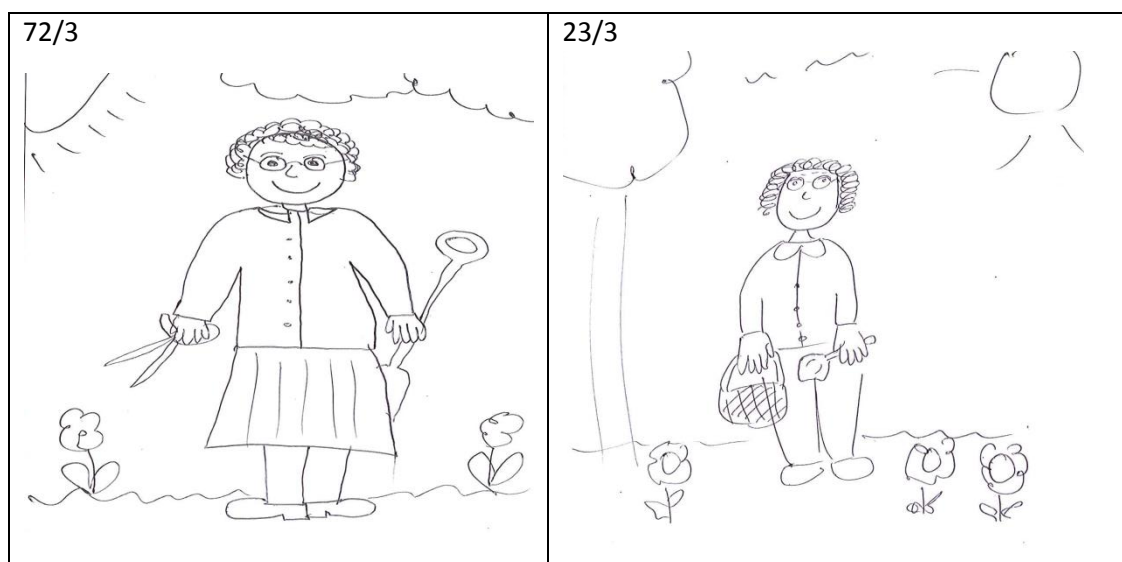
The final subtheme featured n=4 drawings from DS3, these specifically depicted a person gardening, one male (105/3 Figure.6.280), two females (23/3 and 72/3) and 183/3 which was gender neutral. 105/3 depicted a man with garden tools and was drawn with wrinkles of which the participant stated these “*lines represent life*”, the picture illustrated activity and was reinforced by the *comments* “*active, trying to keep busy*”, P1 validated this observation. However the KOP was only slightly positive.

Figure.6.280: Gardening



Activity and gardening continued with 23/3 and 72/3 (Figures.6.281/6.282) although the woman has some stereotypical imagery, the comments referred to them “*enjoying the garden*” therefore demonstrated activity and fulfilment and positive symbols were depicted such as the sun and flowers (Roberts et al., 2003). Again like other subtheme in this section the third age was conceptualised via the meaning of the drawing.

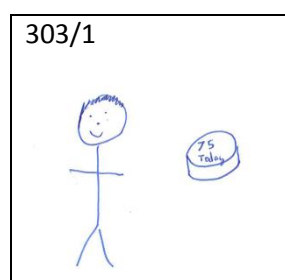
Figures.6.281/6.282: Women and gardening



## 6.8 Stick People

The images in this theme contained little detail, n=20 were allocated, n=8 DS1, n=5 DS2 and n=7 in DS3. There were more stick people produced overall but these made reference to other themes or salient points and therefore were allocated to the other themes. Overall these images did not hold any significant information or discernible features and were discarded from in-depth analysis. For example the expert panel examined 303/1 (Figure.6.283) and observed it was genderless, ageless and that the drawing contained nothing and indicated a lack of awareness from the student.

Figure.6.283: Stick people



## 6.9 Blank Papers

There were n=68 blank images across the DS. In DS1 n=3 made comments that they could not draw, whilst n=19 were completely blank. DS2 n=1 made a comment that they could not draw, whilst n=23 were blank. In DS3 n=22 participants chose not to draw an image. It was unclear whether it was a conscious decision not to produce a drawing, as the questionnaire was completed, and drawer ability may have contributed. In comparison to previous research (Barrett and Pai, 2008; Lichtenstein et al., 2005; Roberts et al., 2003) it appears to be the first recorded occurrence and these held no further significance to the study.

## 6.10 Summary

This chapter has presented the qualitative findings in themes. The research questions (one, two and five) were answered via the participants' drawings of older people and how they perceived later life at the beginning of the study and provided a narrative of their perceptions through the programme. Appearance of the old people was established as a dominant feature in many of the drawings across the DS. From the analysis of the drawings it became evident that a number of factors influenced perceptions and attitudes, these included the influence of role models (family members), and media, social and cultural perceptions of old

age (this addressed questions three and four). To summarise the key findings these are presented in Table.6.2.

Table.6.2 Key Findings of the Qualitative Data

Data	Key Findings
Appearance and features of older people	This was a dominant theme across the DS
Physical ageing	The 'ugliness' of later life (in particular females) was seen via the lens of younger adults, was socially constructed and they emphasised wrinkles and the ageing body.
Clothing	Appearance of being old was depicted by clothing (social rather than a client); the uniform of later life emerged (ULL) for women and smart attire for men.
Accessories	Pride in appearance featured and alongside the portrayal of accessories (handbags, makeup). The reference to the poppy demonstrated values and respect.
Hairstyle	A significant number of female were depicted with the same hairstyle. A smaller number of males had facial hair and this illustrated self grooming
Family	The importance of family and role models emerged as positive influences on the participant. Pets were seen as a companion
Mobility	The representation of being old was portrayed via mobility aids, more men were drawn and these became a symbol of old age. The practical experience of caring for older people influenced the portrayal.
Disease and disability	For some participants there was an acceptance of disease in later life and disability was a consequence of old age. Frailty and the fourth age were evident and lay terms were used to describe disease.
Stereotyping	The value of not looking old emerged and there was an awareness of stereotyping overall.
Emotions	The portrayal of happiness emerged. More men were associated with sadness. Positive symbols (sunshine and flowers) were used to depict emotion.
Activity	There were assumptions made about the type of activity older people would partake in; walking and shopping, but overall the images depicted independence and normality and reflected the third age.

The current study established that perceptions towards older people were multifaceted; represented in Figure 6.284. This illustrates the triangulation of data and the interrelationship between the mixed methods employed and the findings of the qualitative and quantitative data, and is developed from the thematic map at the beginning of the chapter. There was a direct correspondence between the thematic analysis of the drawing, the rating and KOP score.



Figure.6.284; The mixed methods findings interrelationship

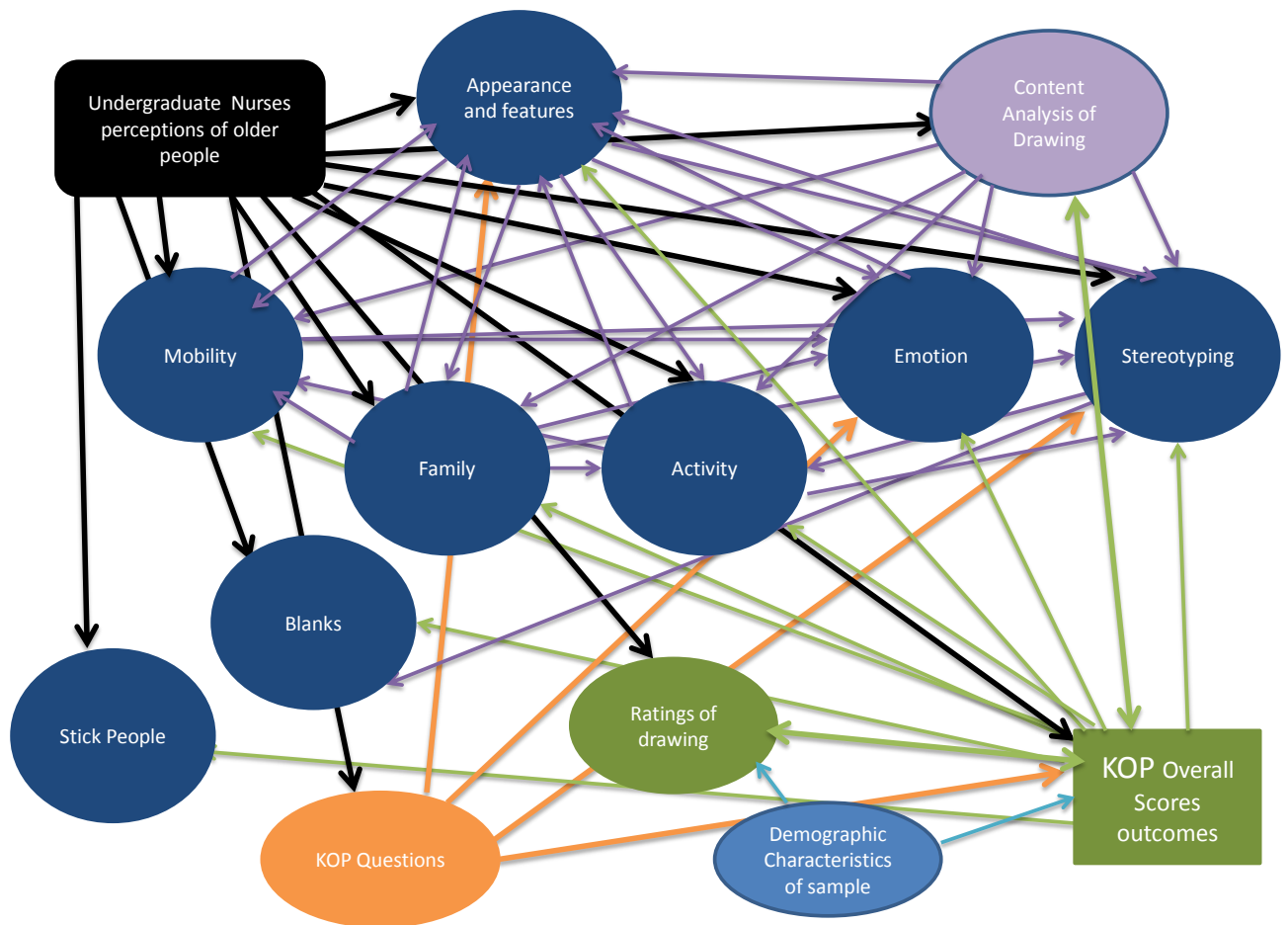


Figure.6.284; Relationship between the quantitative and qualitative findings. The green arrows indicate how the KOP overall scores informed understanding in the thematic discussion of the drawings, and how the KOP score aligned to the rating of the drawings. The orange arrows indicate the how the thematic findings of the drawings corresponded to some of the KOP questions. Finally the purple arrows draw the content and thematic analysis together.

This study has highlighted the perceptions of a cohort of undergraduate student nurses and raised a number of pertinent issues that are discussed in Chapter seven.

## Chapter 7 Analysis and Discussion

This chapter presents the critical analysis and discussion of the research findings in relation to the literature. This reflected the need to provide a realistic evaluation of the mixed methods, whereby the presentation of analysis and discussion together facilitates interpretation of multiple variables, which are then discussed in a coherent manner to generate interpretation of theory (Bowling, 2014; Creswell & Plano Clark, 2011). The study aims were to critically explore the visual perceptions of undergraduate student nurses towards older people, at the commencement of their programme and how these evolved. The use of mixed methods and the transformative design (Creswell & Plano Clark, 2011) facilitated a 'layered' approach to the study of perceptions, in so much that it was found the quantitative data (the KOP and content analysis of the drawings) provided the foundation for the thematic exploration of the drawings and the generation of knowledge. The social construction of ageing (Higgs & Gilleard, 2015) was visualised and the drawings provided a narrative of participants' beliefs and perceptions about older people which have tangible consequences for nurse education.

The chapter is structured around the five research questions, commencing with a discussion and exploration of questions one and two which are; **1) What were the existing attitudes of undergraduate nursing students at the beginning of a programme of study, towards older people?** And **2) How did the attitudes of the undergraduate nursing students evolve during their programme of study towards older people?** This line of enquiry provided a narrative of the undergraduates' attitudes towards older people at the beginning of the programme and how this evolved. Because of the interrelationship between the questionnaire and drawings (each participant's drawing and KOP outcome could be aligned), this section has focused on the overall KOP score and the ratings of the drawings.

Question **3) What was the impact of the programme upon the individual students in relation to ageing and older people?** Is reviewed in the context of learning, clinical placements and professionalisation. The chapter moves forward to question **4) What influenced the students' attitudes towards older people?** A critical exploration proffers that a number of variables impacted upon attitude and perceptions; these include cultural beliefs and media representation of 'being old', professional experience, social class and social structures. From these findings it seen that the concept of ageism is multifaceted, interwoven and complex.

The final research question **5) What are the implications of the findings for nurse education and practice?** is explored in context of the overall findings. The final section of this chapter returns to the choice of mixed methods and a critical exploration in relation to

the studies' findings is reflected upon. From these findings recommendations for nurse policy, practice and education have been presented.

## **7.1 Attitudes of Undergraduate Nurses towards Older People**

The first two research questions concerned the participants' attitudes towards older people at the beginning of the programme and how these have evolved. They are discussed in relation to; 1) The overall KOP scores, 2) ratings of drawings, 3) KOP overall score and ratings of drawings, 4) age, 5) gender, 6) education, and 7) contact with older people.

### **7.1.1 Overall KOP Score**

The KOP scale used adopted a seven point Likert scale as recommended by Kogan (1961). As a consequence direct comparisons to previous research that used the KOP scale was difficult as many have adapted the tool using a five point Likert scale (Hope, 1994; Ryan et al., 2007), whilst Zverev (2013) used a six point scale.

Inconsistency of attitudes across the negative positive spectrum was noted in a systematic review (Yun-e et al., 2013), and this alongside the differing use of the Likert scale strengthened and supported the decision to use Kogan's (1961) original version, providing the opportunity to critically review the tool making recommendations for its future investigation in this area. Additionally systematic reviews observed that Kogan's tool was the most widely used (Neville & Dickie, 2013; Neville, 2015; Yun-e et al., 2013) providing credence to these results.

This study established the majority of participants at each DS scored above the neutral point meaning that they had positive attitudes towards older people. Although calculation of the change in overall score from an individual participant perspective was unachievable due to anonymity, fewer participants scored below neutral in DS3 which provided further evidence that attitudes had been enhanced overall. These results were comparable to previous non UK research (Doherty et al., 2011; Hweidi and Al-Obeisat, 2006; Zverev, 2013) in that a significant majority scored above neutral on the KOP scale (therefore had a positive score). However these authors suggested their results were a consequence of different cultural values and were not reflective of Western society where they considered that the status of older people was valued less. The current study results therefore do not support the notion of cultural differences affecting positive attitude.

This study has enhanced understanding and identified that participants unlike previous UK studies (Ryan et al., 2007) began with a moderately positive attitude rather than feeling undecided. The findings also suggested that like previous

research in healthcare, which typically used pre- and post-education interventions (Hope, 1994; Lee, 2009; Rodgers, 2011; Ryan et al., 2007; Zverev, 2013), education had improved individual attitudes towards older people.

#### 7.1.2. Ratings of Drawings

The study demonstrated that participants portrayed a generally positive image of later life when compared to previous research, and is the first known study to establish this through drawings and a longitudinal study of undergraduate nurses. Considerably more participants had positive ratings (50%) and less were negative (under 10%) when compared to Lichtenstein et al.'s (2005) study (29% positive, 49% neutral, 22% negative). Direct comparisons to Roberts et al. (2003) and Barrett and Cantwell (2007) results cannot be made as they alluded to positive or negative attributes but did not quantify these. The longitudinal study facilitated the observation that the number of positive images drawn by the participants did not change significantly. However slightly more neutral and negative images occurred in the latter stages of the programme. This builds on what is understood in the rating of drawings of older people, suggesting for a few participants the influence of caring for older people may have impacted on the production of the image.

#### 7.1.3 KOP Overall Score and Ratings of Drawings

This current research is the first known study to use the KOP alongside drawings, and therefore no direct comparisons from the literature exist. The findings have identified that perceptions can be measured via visual means as there was a direct correlation between overall KOP mean score and the ratings of the drawings in and across each DS (a positive KOP mean corresponded to a positive drawing rating and so on). This was facilitated by the design of the data collection tool. This observation supports the use of drawings as a form of 'visual speaking' that allowed the externalisation of thought (Gray & Matlins, 2004) and that it recorded the participants' perceptions (Rose, 2007) and stereotypes (Barrett & Pai, 2008) of older people, suggesting that the method could be used independently of other research methods.

#### 7.1.4 Age

It was established that participant age impacted on the overall KOP score. Although each age group had slightly positive attitudes towards older people and these did not worsen during the study, it was found that those aged above 30 had a higher mean score and indicated a more positive attitude. In particular those aged above 50 mean score altered significantly. It could be presumed that at a point in adult life the status of being a youthful adult is removed due to the natural ageing process and the

individual finds being old less distasteful. In comparison to previous research, the results implied continuity in knowledge, and aligned to Söderhamn et al. (2001) and Hweidi and Al-Obeisat (2006), establishing age had a significant relationship with the KOP scale. However many authors do not further quantify age differentials therefore direct comparisons were difficult. The mean overall score of those aged 17-21 improved at each DS and it could be postulated that the programme had a positive impact on them, and that their social construction of older people was not fully formed when the programme commenced. This observation advances understanding, as previous research noted participants aged under 25 had more negative attitudes (Söderhamn et al., 2001), and Neville and Dickie's (2014) recent systematic review of undergraduate nurses' attitudes towards older people recommend there should be a more precise exploration of students' under 25. It was difficult to provide explanations for why the age group 22-29 the overall score remained stable throughout the programme. This could be aligned to pre entry qualifications as those with diplomas' and degrees' overall score remained constant and may suggest that established opinion towards older people was not challenged or that they are the dominant age group in society with reference to youth culture and age. Although Ryan et al. (2007) established that the age of the student was not significant, this study established that those in the 22-29 category need specific targeted education to challenge perceptions as those aged above 30 and below 21 furthered their positive perceptions.

#### 7.1.5 Gender

The mean KOP scores and gender reflected what was already known in the field, that males had lower means and this was comparable to previous research (Lee, 2009; Lookinland et al., 1995; Söderhamn et al., 2001). Authors have struggled to explain this phenomenon in a Western society when roles are similar; Söderhamn et al. (2001) suggested gender socialisation was a possible cause. Unlike previous studies the difference in mean overall score between genders was less and thus it could be postulated that male participants held the same values as females in caring for older people. This study took a longitudinal approach and established that when exploring participants' gender the overall mean scores during the programme increased, providing evidence of positive attitude enhancement. These findings support Neville and Dickie's (2014) recommendation for gendered research on attitudes and in particular males due to the continued, albeit small difference in overall score. The findings suggest at the time of writing that male undergraduates may need specific education on and with older people to foster more positive attitudes.

#### 7.1.6 Education

Educational qualifications on entry to the programme and overall KOP score were comparable to previous research and supported what is already known about educational attainment and attitudes; those with degrees scored higher overall means (Doherty, 2011; Lookinland, 1995). In DS3 all entry educational qualification categories had improved, however the overall mean score of those who entered with A' levels had notably been enhanced, whereas those with degree's on entry mean overall score did not change substantially. This suggests preformed attitudes about being older remained constant for those with a degree and may indicate the dominance of a youth culture in society. Equally the improvement of those with A' levels suggested learning and development had taken place and was consistent with Ryan et al. (2007) who found that traditional school leavers scored better on the KOP. The mean overall score for those with lower education qualifications on entry mean did not substantially alter. It is difficult to explain why this occurred and social class of participants' maybe a significant factor in perceptions of older people.

#### 7.1.7 Contact with Older People

Contact with grandparents impacted on attitudes, in DS1 and DS2 weekly rather than daily contact facilitated a higher mean score, and a more positive attitude. This was comparable to Lookinland and Anson's (1995) study which established prolonged contact with older people prevented a positive attitude. This phenomenon between more frequent contact with an older relative and a more negative attitude aligned to Runkawatt et al. (2013) work who questioned whether female Thai students negative responses to the KOP scale was a consequence of living in a multi-generational environment and caring for older relatives. The current study established there was a decrease in KOP means score when the sample had more frequent contact with older people at work and suggested that dependence and caring for ill older adults negated a positive attitude, this correlated with previous research (Alabaster, 2007; Elliot & Hyberston, 1982). Nevertheless, by DS3 daily contact with grandparents yielded a more positive overall score, and aligned to previous research that contact with grandparents and having grandparents as role models promoted positive attitudes towards older people (Haight, 1994; Ryan et al., 2007). This reinforces the value of positive older role models in nurse education.

## 7.2 The Impact of the Programme upon Students

The question relating to how the programme impacted upon the individual was answered from both the qualitative and quantitative findings and is drawn together under; 1) impact of clinical learning, 2) branch of nursing and 3) career choice.

### 7.2.1 Impact of Clinical Learning

The impact that clinical learning had on participants can be seen by a number of responses in the KOP that dipped in DS2, and builds on Ryan et al.'s (2007) work that established acute care experience increased negativity towards older people. From this it could be suggested that educational content and placement experience (emphasis on disease management and acute and critical care placements), particularly for the adult students at DS2 impacted on some participants. The paucity of longitudinal studies exploring undergraduate nurses' perceptions of older people, has suggested new insights (in particular the educational journey of an undergraduate nurse, section 5.2) have been gained on how perceptions of older people evolve.

Conversely, the portrayal of exercise and maintenance of independence via the drawings increased during the programme and suggested that for some participants' exposure to the older adult had a positive influence on their perceptions of later life developing Bernard et al.'s (2003) study, who noted interaction with well older adults improved attitudes. The maintenance of independence inferred normality and drew on the concept of the 'third age' where the benefits of health and wellbeing are emphasised (Baar et al., 2014) reflecting Palmore's (1990) positive stereotype of freedom. An exploration has not been established for why the portrayal of activity increased other than clinical and educational experience had influenced perceptions for a small number of participants. There was also awareness by some participants of changing perceptions and that later life could be a positive experience. They drew on clinical experience in their comments to make meaning about the image, however they were able to differentiate between this and what they considered normal in society. This supports the observation that participants depicted older people socially rather than as patients. Suggesting the type of clinical learning may have impacted on the participants' perceptions towards older people.

The KOP questions on communication with older people and perceptions of this implied that the participants expressed specific opinions about older people. The negative responses to both statements about older people 'complaining about the younger generation' may be reflective of common perceptions held by society. These

negative responses increased as the programme evolved and implied that significant factors influenced the findings, such as exposure to dependant frail older adults, the emphasis of acute care and lack of education about older people (Deltsidou et al., 2010; Runkawatt et al., 2013; Ryan et al., 2007; Slevin, 1991; Söderhamn et al., 2001) and these prevented the emergence of positive attitudes for this statement. However some participants' negative response was converted to a neutral outcome. It could be presumed these participants had been challenged and positively altered their perception as a direct result of the programme, building on previous research which evidenced specific gerontology education improved attitudes (Ryan et al., 2007; Williams et al., 2004). This suggests education and contact with older people is needed to foster positive attitudes.

Exploration of placement impact from the questionnaire indicated that high technological, and fast paced work was an important factor in the students professional development mirroring the dominance in the literature for acute care as the primary work preference of student nurses (Aday and Campbell 1995; Herdman, 2002; Lee et al., 2006). The responses suggested that excitement and variety fuelled this choice. Equally it may reflect the programme content and placement circuit where the prominence of older people was less evident. For those participants who outlined older peoples' nursing as the most influential cited the value of communication with the client and the ability to provide holistic care, supporting known literature (Elliot & Hyberston, 1982), and their KOP score reflected a positive attitude. Further research is needed as this study captured only a brief response and there was a paucity of contemporary understanding found. It could be postulated that direct experience promoted attitude enhancement and facilitated career choice. These findings are in contrast to previous research, where published literature has focused on dependence, the burden of care giving, and routine practices (Alabaster, 2007) rather than perceived benefits of working in this environment.

Professional learning was noted by participants via acknowledgment of the complexity of producing an image of a person aged 75 and how they tried not to stereotype older people. This awareness was evidenced by participants' decisions not to engage in the production of a drawing. In DS3 one participant reported that as a direct influence of the programme their perceptions had been altered, this also emerged during photo elicitation when participants' questioned the negative imagery produced by their peers.



On analysis of the findings it could be suggested that educational interventions are needed to negate against challenging clinical experiences, especially acute care and is supported by research on gerontology education interventions (Bernard et al., 2003; Ryan et al., 2007; Williams et al., 2007).

#### 7.2.2 Branch of Nursing (Adult; Child; Learning Disability and Mental Health)

The overall mean score per branch of nursing, except child, improved at each DS, implying the programme had a positive impact on the sample. It was difficult to explain why the child branch mean score dipped in DS3, and this might reflect the lack of exposure to older people as a consequence of their branch programme. The positive increase in the overall score, except child, has developed the knowledge in the field as previous research had either identified positive attitudes decreased by the end of the programme, (Haight et al., 1994; Ryan et al., 2007) or when attitudes had improved research was non UK based (Deltsidou et al., 2010; Hweidi and Al-Obeisat, 2006; Lambrinou et al., 2009). This provided credence to the observation that the programme fostered positive attitudes.

The exploration of nursing branch and attitude score fulfilled Ryan et al.'s (2007) recommendation for a cross branch study. A key finding suggested that Learning Disability (LD) student nurses were more aware of the differences of old age than their peers and it was established they had consistently higher KOP score means in the latter stages of the programme. Although further work is required to clarify this point, the study findings suggest the LD student and/or programme has unique attributes that fostered more positive perceptions towards older people. It could be postulated that they were exposed to more diverse clients' needs and focused on independence rather than disability, that they experienced a culture that was less judgemental, and that classroom content facilitated a more compassionate approach. This was supported by NHS Careers (2014) who highlighted LD nurses broke down barriers to social exclusion, empowered individuals to lead fulfilling lives, challenged discrimination and had patience. Significantly, the position of lecturers as role models was identified within the literature review (Reed et al., 1992) as was individualised care, empowerment and autonomy (Burke & Doody, 2012) and a lack of technological equipment (Kang et al., 2010). This may point to the uniqueness of the LD branch programme and is in need of further exploration to establish what transferable knowledge and skills can be ascertained for other fields of nursing.

### 7.2.3 Participants' Career Choice

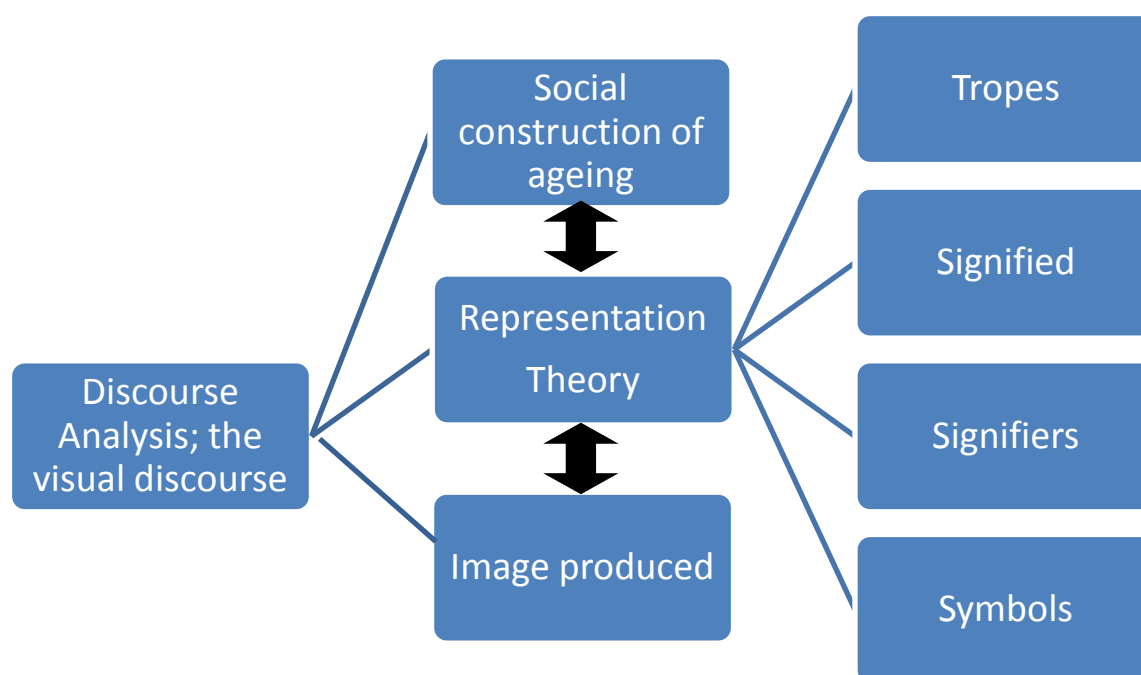
Throughout this study community and acute care settings (mental health and adult) dominated as the most popular career choice, whilst very few highlighted older peoples' nursing (in DS3 5% selected older peoples' nursing whilst 34% choose acute care). The small number selecting older peoples' nursing could suggest perceptions had not changed substantially and older peoples nursing was still perceived as a second class career. Additionally the percentage that indicated a career in gerontology was reduced from previous research, Herdman (2002) identified 8% selected gerontology from a sample of n=96 final year students. The findings of this study could be attributed to the programmes' content and a lack of emphasis on older people which discouraged careers in gerontology and builds on McCann et al.'s (2010) findings. Work is also needed to clarify why in DS1 those who selected older peoples' nursing as a career choice, mean KOP overall score was lower than others, to date this has not been identified within the literature and warrants further exploration. The choice of acute care supports what is known about career options that this environment was the most popular career choice (Aday, 1995; Deltsidou et al., 2010; Happell, 2002; Herdman, 2002; Lee et al., 2006; Rognstad et al., 2004; Stevens & Crouch, 1991). The present findings established more participants selected acute and critical care than previous studies (Herdman, 2002; White, 1999). Reasons cited for this choice included excitement, ability and skills acquisition and knowledge and varied and challenging work and was comparable to previous research (Herdman, 2002; White, 1999). Interestingly in previous research, community nursing was an unpopular choice at 7% (White, 1999) whereas this study identified community to be more popular. A possible explanation for this could be the number of clinical placements spent in the community environment. It would be pertinent to explore this further as 'care' inherently includes older people and demographic population changes will position nurses at the centre of care delivery for older people.

### 7.3 Influences on Students' Attitudes towards Older People

The findings of the research question; 'what influenced students attitudes towards older people' established that influencing factors came from participants' socialisation and social class, culture and media representation of being old, ageism and the imperialism of youth. There was some evidence of individual professionalisation within the drawings produced and the KOP response. The participants' drawings provided a visual discourse about ageing, representation theory (how imagery of older people becomes an 'affect' that goes beyond

reality and provides a rationale why dominant discourses become 'flows' of information (Rose, 2012) provided an explanation about how images were produced. Signifiers and tropes within the drawings bestowed meaning and these were powerful discourses, this is conceptualised in figure 7.1. These are discussed under the headings of; 1) KOP and influences, 2) characteristics of content analysis of drawings, 3) appearance and features of older people, 4) family and companionship, 5) mobility, 6) stereotyping, 7) emotions, 8) activity and 9) stick people.

Figure 7.1 Influences on Visual Discourses



### 7.3.1 KOP and Potential Factors Influencing Outcome

The findings have developed understanding in that they confirmed what was already known about the KOP, (Kogan's (1961) participants gave a greater appropriate response to negative statements). It was observed from 18 positive outcomes for the KOP statements in this study, 11 were negative statements. Cognisant to Kogan's (1961) observation of the positive negative pairs, Hope (1994) postulated that the lack of positive response to the positive statement was reflective of social forces, thus participants in this study felt they should have a positive attitude but were influenced by social behaviour and media representation of being older. Kogan (1961) established that negative attitudes towards older people were related to feelings of 'anomie' (lack of moral guidance and breakdown of social standards). From this it could be assumed that the participants' social influences (social class, influence of significant others; family, friends and media) rather than programme

factors determined how the questions were answered. The lack of moral guidance obtained from the programme with reference to these responses needs to be explored further in the context of professional values and behaviours. It could also be concluded that stereotypes of older people were drawn on and older people were viewed as 'old fashioned' and different (Bytheway, 1995; 2005). The data captured reflected this, as 12 of the KOP questions elicited a neutral overall response, and 4 statements were found to be overtly negative (Table.5.9). Conversely the neutral response equally might reflect that the participant demonstrated an awareness of the need to respond appropriately to the question as a professional, building on the work of McLafferty and Morrison (2004) who identified that nurses had a work persona, whereby they felt their social persona (how they perceived old age) could be managed whilst in professional practice. This resonates with Ajzen and Fishbein (1980) observation of individuals' perceptions of social pressures linked to behaviour.

Research papers that have used the KOP are not known to explore the individual meaning and response of the questions. A decision was made to explore this to address Field's (2013) recommendation to question the answer given by participants to address poor correlations, to facilitate the tools development in post-doctoral studies and to aid greater understanding of perceptions towards older people overall. This is the first known study to examine the questions in detail and as a consequence the findings have been considered in the context of what is known in the field of gerontology.

The questions associated with housing and community environment established that the sample was influenced from social constructs and imaginaries (Higgs & Gilleard, 2015) that are products of the individuals' minds. Some participants were unsure if older people could maintain a clean home and made the assumption that old people were in a period of decline, and reflected Palmore's (1990) stereotypes of poverty and uselessness. Previous research has not explored this in depth with a cohort of nurses and suggests that attitudes towards home and maintenance may warrant further exploration and should be examined in the context of care delivery.

The question on residential units for older people (retirement communities), indicated the participants believed that agreeing to age segregated living was not appropriate. However more selected a neutral response to mixed community living and illustrated a more negative perception. It must be considered that within the UK specific retirement communities are a common feature of urban living, as is specific university student accommodation. Therefore the concept of segregated living is inherent within

the population, culture and society, which can fuel ageism and age related stereotypes (Hagestad & Uhlenburg, 2005; Riley & Riley, 2000). Attitudes have been further compounded by misconceptions about retirement communities. Biggs, Bernard and Kingston et al. (2000) established that individualised and specific communities fuelled misunderstanding and altered perceptions about groups of individuals and may explain the participants in this study more neutral response. Consequently societal perceptions of residential units compounds the opinion that older people are dependent as argued by Kohon and Carder (2014), who identified there was a stigma associated with nursing homes. However this was not explored in the context of others (for example student nurses). From this, it could be suggested that the participants noted what was not appropriate and the neutral response implied that there was a lack of understanding about intergenerational living, developing current knowledge.

The questions associated with the personal attributes of older people indicated that the participants held set opinions about characteristics allied to age and ageing. This infers personal perceptions of older people and subsequent attitudes were directly influenced from participants' social structures, myths associated with ageing and accepted cultural behaviour, building on the work of Featherstone and Wernick (1995), Gething et al.'s (2002) misconceptions of old age, and Dobbs et al.'s (2007) documented experiences of stigma and later life. The findings that older people gave advice freely and did not respect others privacy, suggested participants did not respect and acknowledge life experience. From this reported lack of respect between generations, it could be postulated that a lack of intergenerational communication and positive role models within the programme was facilitative of this outcome and adds credence to specific gerontology education in the undergraduate nursing programme.

The positive stereotype of wisdom was less evident and the response to the question worsened during the study. The research identified that placement experience and exposure to the acutely ill older adult, and people with altered mental capacity potentially influenced students' perceptions, however this cannot be quantified. In consideration of the above it has been established that the fear of ageing, physical and mental decline fuels ageism (Dobbs et al., 2008), and Palmore's (1990) stereotype that older people have a declining memory proffers a positive explanation for the response.

The participants' negative response to older people being set in their ways resonates with the work of Palmore (1990) who suggested there was a commonly held belief

that older people could not learn new information. This response inferred that aspects of the programme that promoted the principles of public health for example had not influenced or challenged perceptions substantially and implied that perceptions of old age were formed prior to entrance to the programme and were influenced from other sources. However, it was also established that specific elements of personality elicited a positive response, for example participants saw the older people as an individual and being no different, this improved at each DS. This suggested programme and practice experience impacted upon how individual older people were perceived.

The most positive response of the scale was the negative statement that older people were 'grouchy unpleasant and irritable'. This statement was easier to acknowledge as inappropriate however it became apparent that the participants found it harder to concede positive attributes about emotion (being cheerful). Further exploration of this phenomenon noted emotions emerged in the content and thematic analysis of the drawings, and builds on Blaine's (2013) despondent stereotype.

The response to the question associated with love and reassurance implied the participants associated placement experience, dependence and the needs of older people to the need for reassurance and love and it could be suggested that those in a caring environment were exposed to extremes of this. This refers to previous research associated with care and dependence with positive attributes of friendliness and being cheerful seen as positive whilst burden of caring was observed to have a negative effect (Alabaster, 2007; Elliott & Hyberston, 1982).

The role of older people in society was critically explored via the KOP and it became apparent the lack of value the participants placed on older people's contribution to society. A significant finding was the participants' beliefs about power in business and politics (section.5.2.4). It could be suggested that they drew on common stereotypes of a common prejudice of ageing, 'uselessness' (Palmore, 1990). The positive attribute of Palmore's political power and the concept of the third age were not reflective in the participants' response (less than 35% agreed). Again it could be assumed that the participants' social perceptions (construction) of age had not changed or been challenged sufficiently during the programme for this statement. In direct comparison, a question about continued work and personal contribution illustrated a positive response overall which remained similar during the programme. This outcome questioned such aspects as the disengagement theory postulated by Cummings and Henry (1961) and was in direct juxtaposition to the question on regarding power (the response was more stereotypical). The participants' response

supported the expansion of middle age and the concept of the third age (Baar et al., 2014). This suggests elements of later life (roles, power, and personality) elicited different responses.

Overall the exploration of the KOP extracted participants' opinion of older people and identified there was a need for enhanced educational content in the undergraduate programme.

### 7.3.2 Characteristics of Content Analysis of Drawings

The portrayal of gender drawn was not reflective of the samples' gender, and was consistent with previous research that established participants did not draw their own gender (Barrett et al., 2007). Lichtenstein et al. (2005) and Barrett et al. (2007/2008) found that more men were drawn, whereas this study established more women were presented and was reflective of the UK's population gender ratio, that women outnumber men 2:1 (ONS, 2013a). The tendency to draw gender neutral figures as outlined by Barrett and Cantwell (2007) was also reflected. This study is one of the first known to establish there was a difference in rating and the gender depicted, (more females were positive portrayals), as Roberts et al.'s (2003), participants drew themselves and Lichtenstein et al.'s (2005) did not compare gender of the image to the rating. Gender difference was also established in the theme mobility, men depicted with walking aids were more negative and this is further explored in section 7.3.5.

The use of names was unexpected and presented visual tropes that provided a meaning and language of old age, equating to benign ageism (Billings, 2006). An analysis of the top five names of the generational cohort depicted suggested, John, Peter, William, Brian and David were the most popular male names, whilst Margaret, Jean, Mary, Joan and Patricia were the most popular females (Baby Names, 2014; British Baby Names, 2014), these were not reflected in this study. This has not been previously known and it could be suggested that the name was used as a signifier that reflected the participants' imagery and was used as a representation of a traditional view of old age which was an 'affect' (unreal version of reality). This could be associated with a language or trope of later life which provoked connotations of ageism. Future research should focus on the use of names associated with being old.

The drawing of an environment was a further visual trope that suggested normality (a person outside or inside) and it could be assumed that those who depicted the environment inferred activity. With reference to previous research in this area,

Lichtenstein et al. (2005) highlighted settings with half being outdoor, however little relevance was given to this in their discussion. Other authors, Roberts et al. (2003) alluded to the idea of home but further exploration was limited and Barrett and Cantwell (2007) study recorded a small number a scene, therefore it was difficult to give this any further significance.

The portrayal of older people as a cartoon caricatures suggested a lack of respect, dignity and labelled the image as an unreal version of reality and aligned to Overall's (2006) work on the image of old age in which the notion of fiction was discussed. This further supported the notion that iconic images were representation 'flows' (Rose, 2012). Portraying older people as a cartoon implied the participant wanted to distance themselves from the image and their perceptions by the production of something unreal and this by student nurses has not been previously noted in the literature. Representation theory and in particular influence of the media to perpetuate stereotypes might provide a reason for these caricatures, and the portrayal of older people and age via jokes might explain how an unreal vision of being old was produced (Barrett & Cantwell 2007; Bytheway & Johnson, 1998). Equally the participants' drawing ability could have contributed to the portrayal of the image. However the maintenance of anonymity for the participant has prevented further exploration other than to note that only two participants had a negative KOP score who portrayed a caricature.

### 7.3.3 Appearance and Features of Older People- the emergence of the ULL

The emphasis on appearance gave a visual meaning and provided a social identity of older people through the eyes of the participants. In particular prominence was given to physical ageing and a key finding was the emergence of the ULL (Uniform of Later Life). There appeared to be a fascination with appearance and the results reflected Gilleard and Higgs (2000) work where they postulate that culture focused on the 'aestheticisation' of the body. The current study noted Emmison et al.'s (2012) two dimensional signifiers were present (social and cultural) and Dyer's (1982) cited in Rose (2012) representation of bodies (hair, body and looks) suggesting participants' produced iconic representations of old. From the analysis of the drawings four key themes emerged; 1) physical ageing, 2) clothing and appearance, 3) accessories and 4) hair.



### 7.3.3.1 Physical Ageing

Figure.7. 2; Physical Ageing



Figure.7.2 illustrates examples of the depiction of physical ageing found in the study.

The transfixion of physical imagery by a significant proportion of the sample portrayed the ‘ugliness’ of later life through the eyes of younger adults and suggested media forums and representation ‘flows’ (Rose, 2012) influenced opinion and that the standing of youth was inbred in culture and society. This builds on the principle definition of ageism. The female body was seen negatively by a number of the sample and was obese, had saggy breasts, wrinkles, bags under eyes, drawing on Hogan’s (2015) observation that ageing for women was at the site of the body. In some images the lack of self-grooming was highlighted, these images seemed to vilify ageing. This was the first known time these finding have been established in a nursing population via drawings and builds on the work of Calasanti (2005) and Bernard (1998). Physical ageing in men appeared to be less derogatory and there was more acceptance of a man’s physical change associated with age. The men generally did not have wrinkles as an age signifier but rather facial hair, male hair loss, and changes to nose and ear size were highlighted. There is a paucity of research on older men and ageing (Twigg, 2014) and the portrayal of different physical signs of ageing compared to the female drawings suggest that ‘aestheticisation’ (Gilleard & Higgs, 2000) of males was less dominant.

The difference in gender and physical ageing (wrinkles) reflected the influence of media and socialisation; in particular the anti-ageing campaigns for women suggested participants use representation of ageing that went beyond the reality of being older. What became apparent through the analysis of the drawings, was the importance of imagery, the maintenance of youth and the dominance of a youth orientated culture, these stigmatised age via the portrayal of wrinkles and women

and builds on previous research (Hendricks, 2005; Warren et al., 2012). From this the research identified the participants' social understanding of ageing for women, by the use of tropes; overemphasising wrinkles in words and imagery, and questioned whether they based this on normal acceptance of change in appearance or that they portrayed 'ugliness'. Reinforcing Warren et al.'s (2012) work, the current study identified that ageing for a woman was built from a physical construction and that the sample feared physical ageing, meaning this study visualised Bernard's (1998) work of nurses' fear of ageing. Features such as hairy legs and wrinkles was suggestive of Palmore's (1990) ugliness category and made the women appear "witch like" and again suggested representation 'flows' influenced the images construction. This could indicate a lack of care which in turn portrayed a lack of status with femininity and drew on this fear of ageing further. P2's pertinent point about not standing out from the crowd, inferred that older women were invisible and devalued, and can be supported by Clarke and Griffin's (2008) work on social 'invisibility', where older women voiced their concerns about the emphasis of youthfulness and that social invisibility arose from visual signs of ageing. Finally the 'loss of social value' or as Mitchell and Brun (2010) argue the unsuccessful 'agers' were evident, and a lack of youthful status was seen in the ageing female body, such as the limited emphasis of breast shape, reflecting the work of Clarke et al. (2005). Overall the findings draw on the concept of the mask of age in which the real individual is concealed due to physical ageing (Featherstone & Hepworth, 1991) and thus can be aligned to popular stereotypes. This means that for older women appearance was rooted in ageist assumptions about the body.

It was not known why in latter stages of the study more males were drawn with wrinkles, little is noted in the literature about this aspect of male ageing. Research has focused on women, youth and beauty because women's experience of ageism has been found to be intrinsically linked to appearance (Clarke & Griffen, 2008, Ward & Holland, 2011). Therefore the significance of nurses' perceptions of age and males is in need of future exploration.

Wrinkles, overall were symbolic, participants used them to define being old, and these became a signifier, developing Bytheway and Johnson's (1998) work on symbolic elements that included wrinkles, types of clothing, glasses, walking aids, thus within the study a caricature of 'old age' evolved. These findings are cognisant with sociological literature (Baar et al., 2014; Estes et al., 2003; Featherstone & Hepworth, 1991; Higgs & Gilleard, 2015) where the aged body has become a social

problem. This study is the first known to demonstrate this occurrence within a nursing culture.

However, the depiction of normal facial features by some implied that old age was not viewed negatively by all participants. This depiction of normal facial features is the first known time it has been established in a nursing context and has been identified as an area of new knowledge as Roberts et al. (2003), Barrett and Cantwell (2007) and Lichtenstein et al. (2005) did not draw on this. Although work to clarify the increase of females depicted with normal facial features in DS3 is needed, it could be claimed that for some participants they were influenced by other variables (role models, individualised care), rather than media representation and social constructions of age. However the depiction of normality and lack of emphasis on wrinkles could suggest the participant emphasised that youthful status was maintained and this builds on the work of Hurd (1999) who identified that there was a “not old” category.

It was established that the sample felt sensory decline was a common feature of later life and the depiction of glasses was a regular feature throughout the study. It was interesting to note that in the UK only 13% of the over 65's referred to difficulties with eyesight (Age UK, 2014) and it could be suggested that the greater emphasis of glasses to depict physical and sensory decline indicated that the participants' viewed ageing in negative terms and the glasses were a symbol (signifier) of being old. Further it could be postulated that the imagery of glasses was easier to draw. The use of glasses to depict age has been observed in previous visual studies (Barrett & Cantwell, 2007; Lichtenstein et al., 2005; Roberts et al., 2003), however this study identified that more images of older people had glasses. From this, the use of glasses amongst other signifiers to depict ageing is worthy of future research to understand their significance.

#### 7.3.3.2 Clothing and Appearance

The appearance of being old was also signified via the symbolic meaning of clothing by the participants in this study. The use of clothes to depict meaning can be aligned to cultural gerontology which has explored the cultural meaning of ageing and in particular Twigg and Majima's (2014) work on fashion, ageing and identity. The noted use of clothing to depict age is believed to be the first time this aspect of appearance and identity has been found in healthcare and in particular nursing and a ULL emerged. Interestingly Bytheway and Johnson (1998) articulated the caricature of older women by cartoonists was via clothing and mobility aids rather than the ageing

body and they postulated that this reality was formed from stereotypes and not real people. Twigg (2015) in a recent article postulated that there were assumptions made socially about clothing and older people and that dress (and appearance) become less important as people aged. The images in this current study reflect these two principles and suggest representation of old allowed clothing to be a dominant discourse.

Figure.7.3: Clothing and Appearance

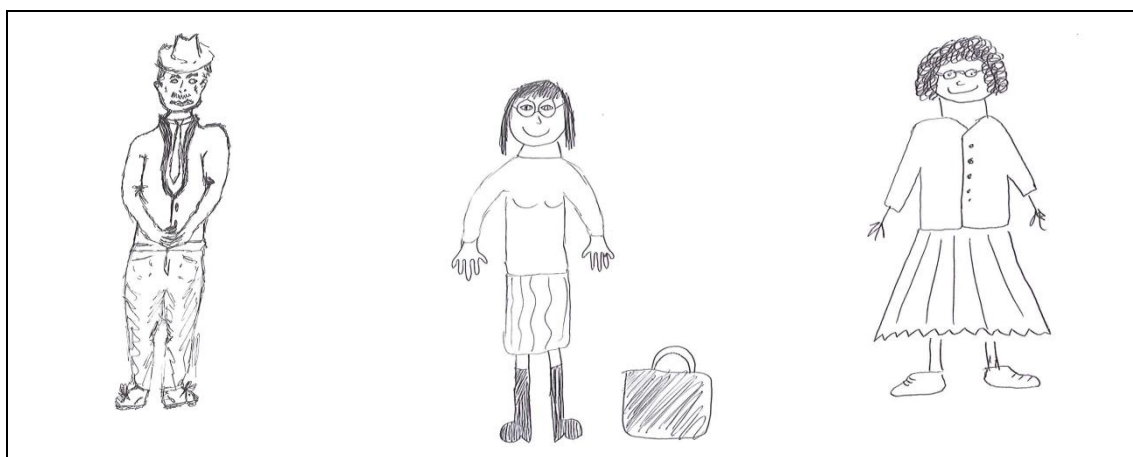


Figure.7.3 illustrates examples of the depiction of clothing and appearance found in the study.

It was established that appearance via clothing indicated a level of grooming, and Rexebye and Povlson (2007) postulated that this revealed older people mental and physical wellbeing, however caution must be taken with this as they drew on real individuals rather than constructed drawings. Clarke and Korotchenko (2012) established the same with older participants and makeup and builds on Calasanti, Sorensen and King's research (2012), who established women in particular associated old age more with appearance and desirability. This means that the participant articulated social understanding about appearance and the notion of clothing and appearance indicating wellbeing was reflected.

The dominance of the ULL within the drawings suggested the participants did not reflect an atypical image of women at 75. The images produced were an amalgamation of two concepts. First, work on fashion and older people suggested that the traditional appearance of later life has evolved (Twigg, 2014a) and that older people in the third age engage in fashion and appearance. The findings do not reflect this transition and the participants' drew on other cultural and social influences suggesting representation of ageing constructed an imaginary reality. Second, Gilleard and Higgs (2015) argue that middle age (third age) has been extended and the fourth stage of ageing is reflective of dependence, lack of self-care and ill health

(Gilleard & Higgs, 2015). From this it can be seen a generational style of clothing and hair emerged, this did not draw on the principles of generational habitus (Higgs et al., 2009) or the fourth age and participants failed to fully appreciate the generational cohort they were asked to draw. Traditional imagery was used to signify old age and they drew a person older than 75, from this an age silo of later life appeared. Additionally they dressed the person socially and not as patients, reflecting the findings of a Danish study (Rexebye & Povlson, 2007), which explored visual signs of ageing via photography, their sample which included nurses used social rather than professional experience when assessing the age of the individual. This suggests that the participants in this study used similar experiences to construct the image.

Women drawn in trousers particularly stood out as different. Boyce, Martens, Schimel and Kuijer (2012) identified that trousers were less evident in ownership to those participants who had media related insecurities about body ideals, and postulated that trousers drew attention to body shape. Although clarification is needed this study claims that the lack of trousers reflected the samples perception that older women were 'sexless', that they depicted a past generation of society and this became a representation (flow) of old age. This provided further evidence that clothing had a symbolic meaning about women and later life. This stereotyped women, suggested they were older and that engagement in fashion and clothing choice did not occur.

Perceptions about old age, men and clothing was visualised by participants via signifiers (hat, bow tie, suits), and a formality about the presentation of them was observed. Twigg (2014b) has alluded to the lack of research in fashion and older men, and recently implemented a discussion of masculinity in later life. This study identified a lack of masculinity and suggested that older males were represented as divorced from fashion and reflected generational values of being smart and formal. Little research has focused on clothing and older men and these findings add to the emerging body of work in the field of cultural gerontology.

In the current study although clothing portrayed stereotypical imagery there was the emergence and increase in the number of individuals depicted in contemporary clothes, these were associated with role models, positive experiences and contact with older people. It was known that Lichtenstein et al. (2005) study of American school children drew older people in considerably more neutral/cool clothing than this study; however this is the first known time this has been identified in undergraduate nurses. The images featured individually, for the women the expression of sexuality

was seen by the suggestion of a bust and ageing was not associated with 'being ugly'. The portrayal of high heels may have indicated femininity and this was articulated by Boyce et al. (2012), as an aspect of appearance that heightened attractiveness. This adds credence to the observation that the construction of ageing was socially and youth orientated.

Overall there was a general perception about old people and appearance, they were represented as different from younger people and could be aligned to socially embedded attitudes and stigmatisation of old. There was a striking observation overall that the participants reflected their social understanding about clothing and women, the ULL in particular portrayed a particular type of women meaning they were influenced by social class and structures and media representation (flows) of old. This builds on the work in cultural gerontology and of Twigg (2014a).

### 7.3.3.3 Accessories

Figure.7.4; Accessories

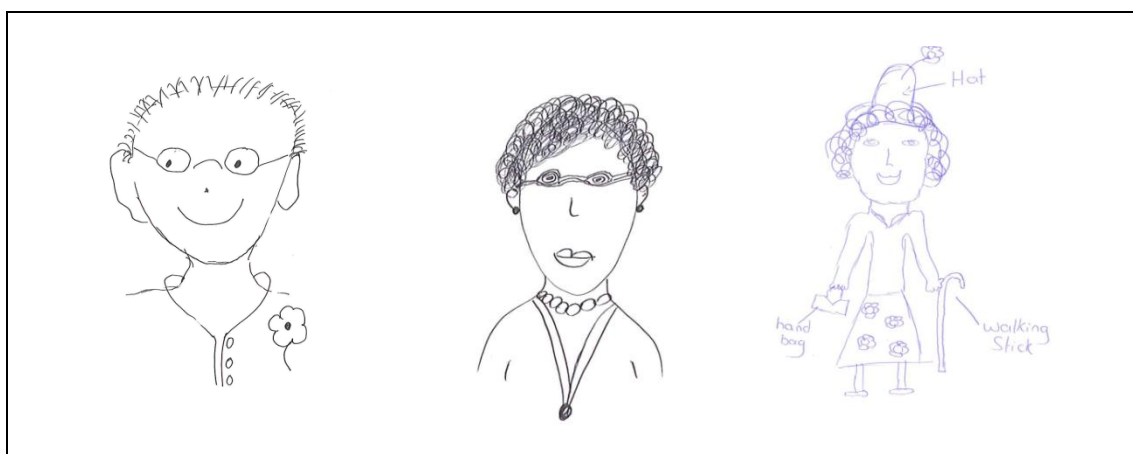


Figure.7.4; illustrates examples of the depiction of accessories found in the study.

A new area of knowledge from this study was the depiction of accessories (handbags, make-up, and jewellery) that illustrated personality and individuality. The current research is the first known study to identify this, as previous studies Lichtenstein et al. (2005), Barrett et al. (2007 & 8) and Roberts et al. (2003) have not referred to these signifiers. Boyce et al. (2012) postulated that handbags, amongst other items, drew attention away from the body and promoted self-image of the individual, thus accessories had a role in negating against the ideal body image and restored self. Although their sample was young females they reflected the participants of this study and may explain why accessories were depicted. Additionally Clarke and Korotchenko (2012) identified the use of makeup with feminine identity, and it could be presumed that the participants indicated that older

women were engaged in social norms and practices. Another observation from this current research was the use of pearls; the study has given enough indication for future research to explore this area and how participants' social class structures facilitated judgements and meaning about the drawings (for example that the women were 'posh'). It is impossible to fully conclude whether that the participants subconsciously included items to promote self-image, used tropes to convey meaning or if they used social and cultural signifiers as representations of being old.

The focus of pride or being proud illustrated respect for the older generation and became a visual trope. This was particularly evident in the drawings of men where signifiers were used such as handkerchiefs or hats; this was used to make representational meaning. The remembrance poppy was a specific trope and implied respect and value for a generation and although only two images referred to this its significance is important in the exploration of perceptions. The participant's individual KOP score was extremely positive and demonstrated the social standing they placed on older people, older people's roles and contribution to society. Like other aspects of male clothing this is an area for future research and understanding.

Other accessories became visual tropes, such as the use of the coffin and could be concluded to reflect negative aspect of ageing. Roberts et al. (2003) in their study postulated depiction of death was reference to the participants' mortality. However in the current study participants were instructed to draw a person aged 75 thus, it could be concluded that death was a representation (flow) associated with being older.

#### 7.3.3.4 Hair

Figure.7.5; Hair



Figure.7.5 illustrates examples of the depiction of hair found in the study.

The use of hairstyle as a signifier of later life and the dominance discourse (flow) of one particular women's hairstyle is believed to have not been identified in the

literature before from nurses. This multiple use of the same identity for women (curly short hair) suggested a generalisation of appearance in later life by participants and added new understanding as hair colour (grey) was captured in previous research, but specific hairstyles was lacking. For example Lichtenstein et al. (2005) identified grey hair and baldness in their drawings of older people, Roberts et al. (2003) noted weaves and wigs (reflective of the samples' ethnic origin) and hairstyle was not prominent in Barrett et al.'s (2008) or (2007) work other than noting male baldness. Therefore depiction and emphasis of hairstyle overall is an unexplored area in undergraduate nurses' perceptions of later life.

Styled hair was seen as significant in the imagery produced, was identified as a visual trope and suggested that participants potentially saw this as a signifier of self-care ability and pride in appearance. Hairstyle in cultural gerontology has been shown to be related to the norm of society and presentation of self (Twigg and Majima, 2014), Fairhurst (1998) established that hairstyle had cultural implications about appearance whilst Dyer (1982, cited in Rose, 2012) suggested women's hair signified beauty and narcissism. However the over reliance of one particular hair style indicated a common perception that was socially constructed about the appearance of an older women, this became a visual 'affect' where imagery goes beyond reality (Rose, 2012) and again there was a potential link to social class. Twigg and Majima (2014) identified that those aged 75 and above attended hairdressers more frequently than younger generations and rationalised this to the 'shampoo and set' generation and that many older women had a markedly different hairstyle to younger women, which was reflective of hairstyle in the 1950s. The imagery within the current study reflected this observation. It has been postulated that a lack of physical ability to maintain hairstyle may lead to older women having weekly styling, alternatively this may be suggestive of maintenance of personal appearance and social identity thus illustrating engagement with appearance and femininity (Dyer, 1982 cited in Rose, 2012; Twigg and Majima, 2014). In consideration of the context of many images (clothing, hairstyle and physical ageing) few drawings used the imagery of hair to suggest engagement in social identity but rather portrayed a passive image of later life and were stereotypical, generalised and went beyond reality. Facial hair appeared prominent in many images of men and via the concept of visual tropes suggested that grooming promoted self-respect and pride in appearance and builds on Lichtenstein et al.'s (2005) study where a small number of drawings of older people had facial hair. The findings suggest hair overall was a significant signifier of being old and participants used this to convey meaning.



The use of signifiers by the participants to portray perceptions about older people's appearance (wrinkles, clothing, and hair style) allowed the analysis of the images to occur through society's lens of what old age was and meant. These became social agents (Rose, 2012) whereby messages and societal rules were conveyed about the meaning of being older. The sample held a consensus of what older people were like, and suggested the participants did not see individuality and confirmed previous work on the 'Mask of Ageing' (Featherstone & Hepworth, 1991) where individuals saw the physical ageing and appearance rather than the person. The fact that in this theme and in subsequent themes many of the images drawn were similar, confirmed that there was a fixed social identity of old age that was potentially influenced by social status and class, media representation and influence/lack of influence of older role models. This social identity disconnected older people from other age groups, went beyond actual reality and for older women a percentage was made different to reflect the 'ugliness' of later life.

#### 7.3.4 Family and Companionship

Role models and intergenerational contact appeared to influence the production of the drawings, and supporting what was known in the field that older role models promoted positive attitudes (Davis-Berman, 1996; Haight et al., 1994; Hweidi & Al-Hussan, 2005; Ryan et al., 2007, Synder, 2006). The participant drew and referred to family and people they knew.

##### 7.3.4.1 Family

Figure.7.6; Family



Figure.7.6 illustrates examples of the depiction of family found in the study.

The portrayal of grandparents typically produced a positive portrayal of later life and the drawings by participants were individualised and reflected someone they knew. This can be associated with Palmore's (1990) positive stereotypes of kindness (a

grandmother figure), and Hummert et al. (1994) and Blaine's (2013) 'a perfect grandparent' (kind, generous, family oriented, wise) and Eagly and Chaiken's (2007) observation that older can be individual (the participants' personal experience of older people). Drawings of older people as grandparents have been noted in other research studies (Lichtenstein et al., 2005; Roberts et al., 2003). The study demonstrated this and the influence grandparents had as role models was significant as participants appeared to value these individuals, this was reflected in the positive KOP score and imagery portrayed, and resonates with Roberts et al.'s (2003) observation that drawings were representations of their participants' experiences and attributes of their grandparents. Thus older role models helped to portray a positive image of later life identifying grandparent figures as active and socially engaged, updating previous knowledge about role models (Haight et al., 1994).

The participants used different signifiers (smiling, flowers and sunshine) and tropes (words) to clarify meaning and understanding for example "Glam Nan" or "my favourite person" and there was a noted lack of mobility aids. This builds on the work of Age Concern (2008) who identified individuals who had friendships with older people were less prone to be stereotyped. From this it can be seen the findings draw on the concept of the 'yummy granny' and the symbolic features associated with age and grandparent identified by Soden (2012). Activity of family members was prominent and presented a picture of normality, this can be aligned to the concept of the third age and the extension of middle life and suggested fulfilment and points to the distinct stereotype category of the 'Golden Ager' (Blaine, 2013). In particular there was a focus of the grandparent being part of the family and having roles with grandchildren, reflective of an Age UK (2014) survey identifying that 32% of parents relied on grandparents for childcare.

The reference to 'sweet grandma traditional ways' draws on Soden's (2012) work who suggested this concept was old fashioned and no longer valid. However regardless whether Soden (2012) felt this was invalid, stereotypical assumptions made in the imagery (ULL, physical ageing and activity) suggested participants still drew on this concept. However these images tended to be grandparent type figures rather than direct portrayals, suggesting it were easier to stereotype an unreal version of reality and drew on the principle concept of representation theory. Reinforcement of this stereotypical imagery further became apparent within the interviews and suggested socialisation of common perceptions of old age, and representation 'affect' (going beyond the actual) of being older was embedded within the sample. Participants during the photo-elicitation participants questioned why a

peer had drawn a negative image of their grandparent and noted the stereotypical activity (knitting and baking). The study revealed that “kindness” as a trope was used to suggest stereotypical roles and imagery (such as baking, waiting for family visits). These are supported by Barrett and Cantwell (2007) observations of grandmother figures baking and Palmore (1990) stereotype of kindness. From this it was observed that gendered roles were dominant. Whether these images were a true depiction and likeness was difficult to establish, and the participants either reflected what they knew (from role models) or the drawing was constructed from a caricature and representation of old.

A small number of participants emphasised disease and disability in their images and this built on Blaine’s (2013) four negative attributes in particular the severely impaired. Palmore’s (1990) negative stereotypes; mental decline, mental illness and depression was found in one participant image. From this, it can be suggested that these stereotypes need to be updated in the context of these findings. The study argues that a lack of positive role model negated a positive attitude and image for these participants. The current study appears to be first known to collaborate this with the use of visual methods and a nursing population. One final aspect to note that within this theme the concept of being wise was only briefly alluded to by participants. Thus the moral identity of the family was not immune from stereotypes and builds on Gilleard and Higgs (2000) work on the cultural compass.

Overall the depiction of grandparents develops Barrett and Cantwell (2007) social construction of old age and the category of the social age, which indicates roles individuals’ occupy, for example being a grandmother. It is evident that role models and contact with older people are important to foster positive attitudes and perceptions towards older people.

#### 7.3.4.2 Companionship

A small number of older people were drawn with companions (humans/ animals). The lack of companionship across the dataset was reflective of the instruction given; to draw a person aged 75. Company was indicated by the portrayal of pets, such as dogs, these were outside walking, thus activity was also inferred and was reflective of the golden ‘ager’, who was healthy and independent (Hummert et al., 1994). This lack of isolation and loneliness indicated by the inclusion of family members (or a pet) could suggest a move away from social stereotypes of later life. Other studies using visual methods to explore perceptions of older people established a small number were depicted with others including pets (Barrett & Cantwell, 2007; Lichtenstein et

al., 2005; Roberts et al., 2003). In particular Roberts et al. (2003) noted that their sample drew themselves as part of a family, community or alone and the identified the depiction of pets suggested emotional attachment and engagement or illustrated solitude. Thus this study confirmed what was already known. One has to explore why cats were more common with females and although further exploration is needed this study claims that the use of cats was a trope to indicate loneliness in later life or drew on older women in a historical context such as older women in fairy tales. The fact that only one man was drawn with cat also supports this observation and a participant in the photo elicitation interview referred to images with women and cats as the typical “cat lady” and thus supports this notion of alternative influences on perceptions and representations of old.

Figure.7.7; Companionship

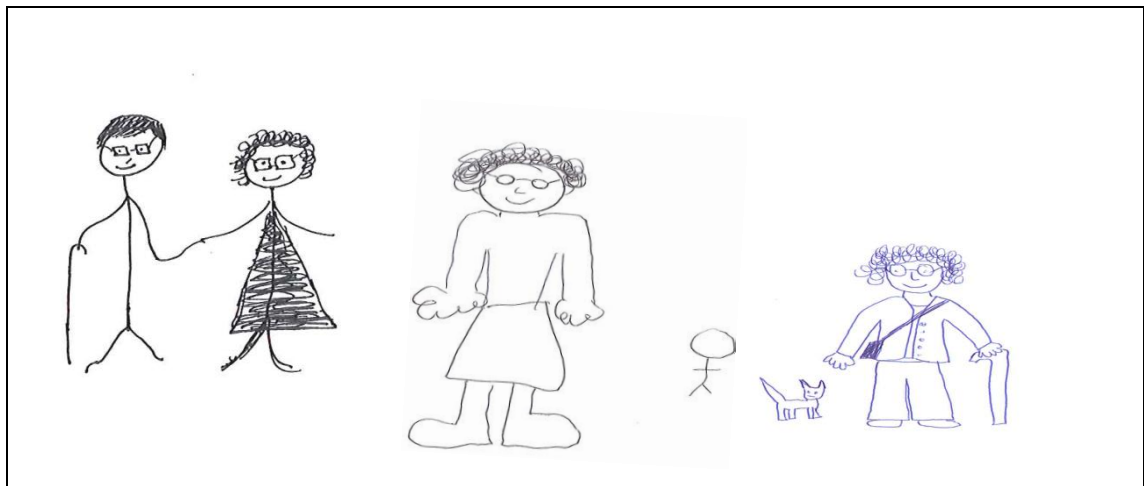


Figure.7.7 illustrates examples of the depiction of companionship found in the study.

### 7.3.5 Mobility

A significant number of images in the study were depicted with mobility problems via the portrayal of mobility aids or reference to disease and disability.

#### 7.3.5.1 Mobility Aids

The portrayal of walking aids could be attributed to number of factors which included social and media representation of being old, health status of significant older people known to the participant, programme content and the practical experience of caring for older adults; these potentially impacted on perceptions, which could account for increased number with aids in DS3. The findings were broadly representative of two surveys that measured self-perceptions of mobility, first the 2011 census which reported that 52% (4.6 million) older people experienced a health problem or disability (ONS, 2011), whilst Age UK (2014) identified that 38% of adults aged 70

and above experienced mobility difficulties. These, however do not quantify the use of a mobility aid. Little research within the field identifies use of mobility aids, Edwards and Jones's (1998) study of assistive devices in the community identified that 39% of their sample over 75 used a walking stick. This current study in comparison to what was known depicted less older people with walking aids. However the emphasis of disability can be aligned to the negative stereotype of 'uselessness' (Palmore, 1990) and builds on Blaine's (2013) severely impaired and social policy assumptions of old age being a period of declining health.

Figure.7.8; Mobility Aids



Figure.7.8 illustrates examples of the depiction of mobility aid found in the study.

The study established that for a number of participants there was a general acceptance of disability in later life and it must be questioned whether this was influenced by nursing practice or from their social perceptions of old. The use of mobility aids to indicate dependence and physical decline can be aligned to social policy and representation affect (beyond reality) where being old is understood in the declining ability to self-care, thus dependence was seen as inevitable (Biggs, 1993). In professional practice the participants would have been exposed to those who were critically ill, and although educationally emphasis is given to both public health and disease, social influences have appeared to dominate perceptions. Furthermore, this study argues that because the participants' KOP scores were above neutral (they had a positive attitude towards older people) it can be suggested the sample accepted disability as normal in later life.

Three fundamental observations occurred when exploring mobility aids in the current study. First, when gender was explored in the drawings there were a higher number of males with mobility aids, and this implied the participants' associated physical decline and dependence more with males than females. Barrett and Cantwell (2007) also established females significantly were less likely to have aids, and males were found to use walking sticks more by Edwards and Jones (1998). What is not certain was why the participants illustrated this, and possible explanations could be the influence of the media in the portrayal of older people, and male loss of power and virility as postulated by Featherstone and Wernick (1995). This builds on Bytheway and Johnson's (1998) work who suggested that symbols were used to define and represent age, such as mobility aids and posture, and portrayed older people as different. They postulated that reality was constructed in the image (taken from common signifiers, for example a road sign) and this became a language of meaning (representation affect) and as such becomes a common stereotype. Thus disability was a signifier of age for men whereas for women appearance was noted to be more dominant.

Second, the depiction of men with Zimmer frames was noted to be more negative in both the KOP outcome and how older people were portrayed. This was not identified in the review of current literature, and departs from what is understood about older men. Males in general, via physical appearance, are awarded a more positive status of being old when compared to women who are seen as invisible and where ageing needed to be managed (Calasanti, 2007). Possible explanations could be drawn from the work of Elliot and Hyberston (1982) and Alabaster (2007) who found functional disability of older people was a precursor for negative attitudes. Additionally Palmore's (1990) stereotype of 'uselessness, illness and isolation' was evident. The characteristics of mobility aids and men drawn presented a visual trope, suggesting stereotypes were used and were formed from social construction ageing and representation affect. Disability was again accepted and normalised by participants. Many images appeared to depict a person older than 75 which further suggested that socially there was a fixed opinion of older people.

Third, the dominance of females with Zimmer frames has not been noted in previous research. Edwards and Jones (1998) established that from 1405 older adults Zimmer frame use was less than 2% (under 75) and 6% over 75, and more males used mobility aids (walking stick and Zimmer frame). The focus of recovery for women and Zimmer frames suggested a resilience and ability to cope, and was supportive of Bernard's (1998) theory that these were seen as positive attributes that facilitated

positive attitude formation, this was further supported by the positive signifiers such as the sun. What is more Blaine's (2013) 'golden age' was evident in some images where mobility aids were seen to enhance independence by supporting older people to undertake activities (such as walking).

Contrary to previous research (Barrett & Cantwell, 2007; Barrett & Pai, 2008; Lichtenstein et al., 2005; Roberts et al., 2003) the current study illustrated that a higher number of participants were depicted with no mobility aids. However for a significant number of participants there was an acceptance of reduced mobility and disability as a direct consequence of being older. The signifier of the walking sticks became a visual trope and discourse, was used to depict and infer being older and different, and provided a narrative rich in meaning that became a stereotype. From this it could be concluded that a more negative view of later life was fuelled by social perceptions, social class, media representation and observed health inequalities. The implications of this suggest that these individuals may over compensate needs of older people or make assumptions of need based on inaccurate social constructs.

#### 7.3.5.2 Disease, Frailty and Disability

Figure.7.9; Disease, Frailty and Disability

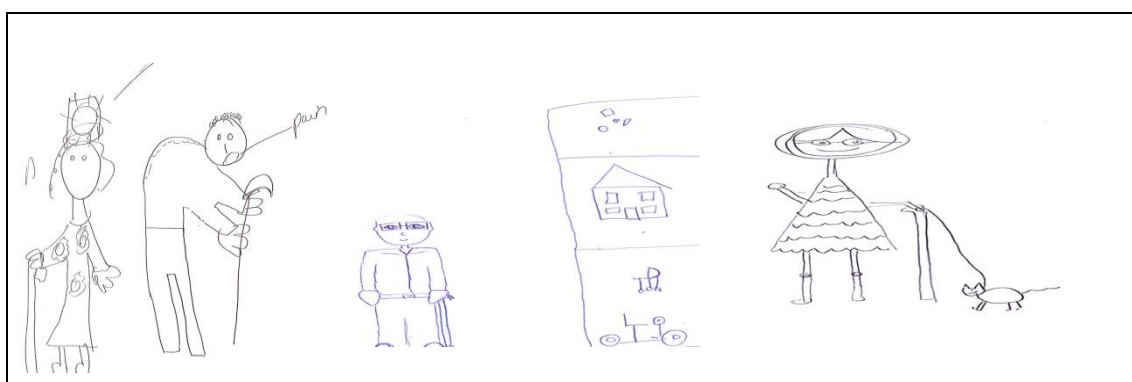


Figure.7.9 illustrates examples of the depiction of disease, frailty and disability found in the study.

The juxtaposition between the meaning of the images and the participants' understanding and knowledge was evident, and builds on Thompsons work (1992) of an unbalanced version of reality. A number of participants including those from the panel and photo elicitation were noted to use their nursing knowledge to make meaning and understanding of images (they used nursing terms in their discussion or drew on patients they are cared for). However they appeared to accept disability as a common feature of old age suggesting representation 'affect' influenced perceptions.

Frailty was evident and the negative portrayal of later life via physical imagery suggested that old age for some was seen as unfulfilling and built on the concept of

the fourth age, and that later life was a declining period of dependency (Kruse & Schmitt, 2006). Frailty further appeared to be associated with symbolism and signifiers such as people with 'hunched backs', difficulty mobilising and use of aids, pain and a general decline in ability and can be attributed to Blaine (2013) severely impaired attribute (feeble and slow). Baar et al. (2014) in support of this observation have argued that the fourth age in healthcare has been framed around frailty, the need for services and a focus on a biomedical approach. Regardless, Gilleard and Higgs's (2000) description of the fourth age, dependence, decrepitude and death, or the dark vision of old age (Higgs & Gilleard, 2015) was not fully prevalent in the images in so much that they were given a social construct and meaning. This also supported the observation that perceptions were formed early and professionalisation did not alter these substantially for some participants and builds on Barrett and Cantwell's (2007) functional age, which defined age by physical ability. This is believed to be the first time it was identified by visual methods in a nursing population and moves forward Barrett and Cantwells' (2007) work, where examples of older people needing assistance to cross a road or being unable to drive a car were given. Thus these images provided a health context to Barrett and Cantwell's (2007) definition.

Vulnerability was seen via the depiction of increased dependence and via tropes, for example the use of the word "arr" in image 213/1 builds on the work of Kane (2006) who suggested that young people engage in patronising speech and behaviour towards older people. Bernard (1998) also established a link between vulnerability and disability and it has been suggested that older people who were seen as incompetent generally had more warmth directed at them (Cuddy et al., 2005), this association requires further exploration. In addition there was some association between emotion and poor mobility in this study via visual tropes and words, in so much that sadness and loneliness were common, this resonates with Barrett and Cantwell's (2007) work where the depiction of a smile was less likely in association with reduced mobility.

The increase in the number of images that declining health and general degeneration were depicted could be attributed to the exposure to ill older adults. This was somewhat supported by the observation in the literature that student nurses perceived older people did not recover from illness (Stevens & Crouch, 1998) and that care needs were overestimated (Billings, 2006; Lee et al., 2003). Female nurses in particular have been shown to fear dependence (Bernard, 1998) thus it could be argued that the portrayal of declining health allowed the female participants to



distance themselves from older people and builds on the principle definition of ageism. There was reference to arthritis within the current study, interestingly some participants did not refer to their professional knowledge and used layman's terms to describe meaning. This inferred that the social discourses and representation of ageing prior to the programme influenced perceptions. The particular reference to arthritis and bad knees/joints reflected that this was a common complaint amongst the older population. Age UK (2014) found 9 million older people had arthritis. Pain featured only in DS1, it could be postulated that this was because the participants drew on personal constructs as the data was collected prior to their first placement and perceptions were challenged and adjusted. Also, the lack of reference to pain in the latter stages of the programme, suggested a change in perception. Injury was noted by a few participants and drew on assumptions and stereotypes, for example the drawing that depicted a man with shrapnel (Figure.6.156). Another image made reference to a fall and although aligned to the figures from Age UK (2014) who established 3 million (a third of older people) fall annually it established that societal ageism encouraged perceptions of disability. Finally throughout the study dementia and cognitive impairment was not depicted except briefly in a panel response to one image. It was difficult to understand why dementia in particular was not found considering the emphasis placed in healthcare (the dementia strategy "living well with dementia; a national dementia strategy, DH 2009, was launched during this study) however it was noted in other research using drawings, dementia was not depicted. It could be postulated that showing older people with cognitive impairment was seen to be derogatory or that this concept was too difficult to draw.

Overall the sample drew on youthfulness and beauty and used the mobility aids to demark old age and ugliness, these became a metaphor and were suggestive of Townsend et al. (2006) heroes and villains and the postmodern fascination with the body as postulated by Gilleard and Higgs (2000). Thus there was a fear of ageing observed and the sample distanced themselves from older people via the signifiers of a mobility aid. This builds on Nelson's (2005) observation of ageism, implied social and media influences helped form opinion (representation affect) and that care experience exacerbated this for some participants. From this the importance of education to demystify social constructs of old and to negate against exposure to ill older people is noted.

### 7.3.6 Stereotyping

Figure.7.10; Stereotyping

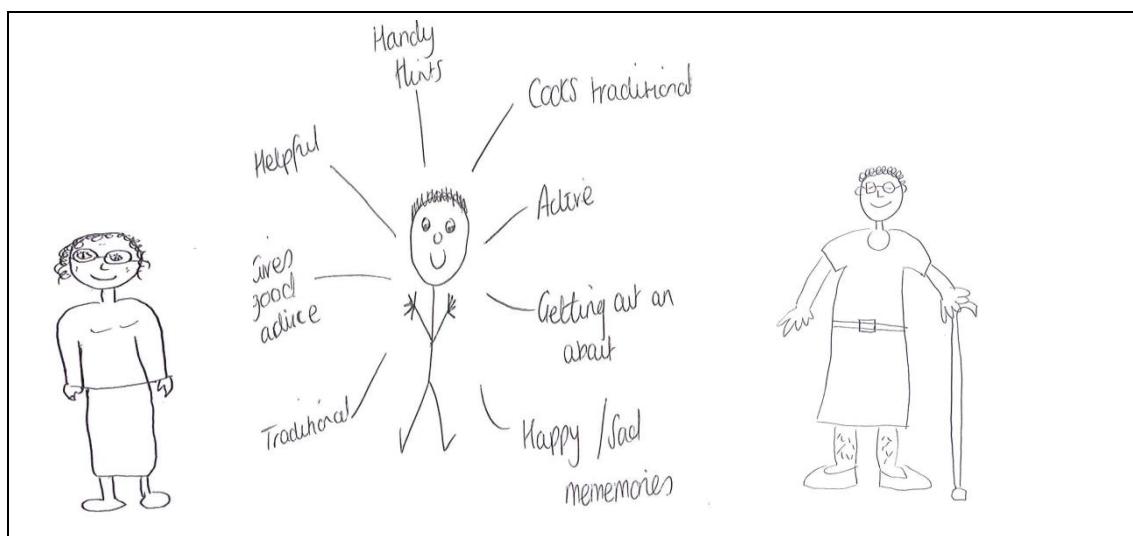


Figure.7.10 illustrates examples of the depiction of stereotyping found in the study.

The theme of stereotyping identified that sociological values of not looking old, being beautiful and youthful informed the composition of the image and develops Gilleard and Higgs (2000) observation that being old symbolised individual failure, and that old age was a stigmatised attribute (Calasanti, 2007; Ward, 1977). The participants used visual tropes and words to refer to the expansion of middle age, the concepts of the third age (Gilleard & Higgs, 2000; Laslett, 1989) and the blurring of age boundaries and emphasis was placed on older people being individual and different. However inherent messages emerged and suggested the image was made different and not like other older people drawing on Palmore's (1990) eternal youth and the mask of ageing (Featherstone & Wernick, 1985), which further drew on representation affect (beyond the actual reality). There was a lack of generalisations made (ULL, mobility aids) and images drew on contemporary style. Some images were insightful and demonstrated the participants' conceptual awareness of negative attitudes towards older people. This was reaffirmed by the participants who chose not to draw (blanks) but made comments, such as "*you are asking me to stereotype*" suggesting participants used signifier's and tropes (for example words) to attach meaning (Rose, 2012). This has identified a new area of understanding as previous research using drawings (Barrett & Cantwell, 2007; Barrett & Pai, 2008; Lichtenstein et al., 2005; Roberts et al., 2003) did not discuss blank images.

The cultural imperialism of youth (Law, 1995), women's engagement in appearance (Clarke & Griffin, 2008) and being applauded for looking younger (Bytheway, 1995; Papadaki et al., 2012) was pivotal to the appearance and construct of this section

and participants purposively made their image of appear younger or made reference to being younger. One has to explore whether the notion of looking young for the participants was driven subconsciously by these observations (via representation affect) or the standard ideology of old was being challenged. Whilst additional work is required the study revealed these participants made their image appear younger, distancing themselves from others. Overall this was the first time 'being younger' has been established within nurses, building on Barrett and Cantwell (2007) age defining subjective (as old as you feel). This theme has also added a new understanding to age stereotypes as this was not apparent in Palmore's (1990) or Blaine's (2013) categories.

The notion of heroines and villains postulated by Townsend (2006) was evident within the drawings. Participants who depicted successful agers in the drawings could be seen to challenge stereotypical assumptions and Hurd's (1999) not old was evident in the attempt to maintain youth. This implied that social construction of ageing was an inherent aspect of the persona of the participants. Further awareness of themselves in later life (older generation weren't like me when I was younger) suggested the older generation were seen as old fashioned and the participants' distanced themselves and their image from the fourth age. It must be questioned whether the older adult would have made similar comments when they were younger about an older generation, thus embedded cultural/societal beliefs emerged visually via tropes and representation affect. This builds on the work of Kydd et al. (2013) who established that the thought of being old worried their sample.

The 'faceless' person in a bed was unique to this current study, and was difficult to explain why this image was produced, it could be assumed it was a metaphor that indicated dependence or that the individual was unimportant, thus a visual trope was made. Previous research had not acknowledged similar depictions. It could be suggested that this participant associated old age with physical decline and that older people were not valued or held to be important as shown by the lack of detail, underpinning the concept of the fourth age (Baar et al., 2014; Gilleard & Higgs, 2000). Further how ageing is institutionalised by lack of person centred care (Oliver et al., 2014; Ray et al., 2006; SCIE, 2015) is another possible explanation. Invisibility of older people particularly women was another notion that could be considered. The imagery of a gravestone and coffin in the context of this theme resonates with Roberts et al.'s (2003) and Aday and Campbell's (1995) research that for some participants' death was a normal association with old age and became a further trope and representation affect. Overall the findings in this theme indicates participants

used the drawings to convey visual meaning about being old and that via this medium they illustrated the dominance and value of the third age, referred to appearance, suggesting that visual representation of age impacted positively or negatively on perceptions.

### 7. 3.7 Emotions

Figure.7.11; Emotions

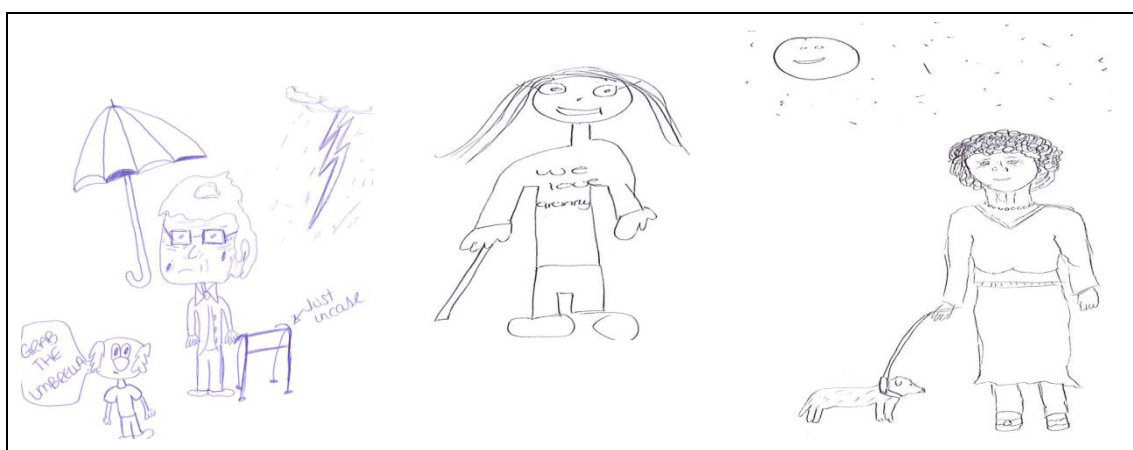


Figure.7.11 illustrates examples of the depiction of emotions found in the study.

It was established that more participants' portrayed older people as happy and supports a more favourable understanding in the field of gerontology, when compared to previous research (Barrett & Cantwell, 2007; Barrett & Pai, 2008; Lichtenstein et al., 2005; Roberts et al., 2003) as more drawings of older people were found to be smiling and considerably less frowning. In addition none of the above studies identified a neutral expression, suggesting a new area of knowledge. From this it could be considered that those who drew a neutral expression neither saw older people as happy or sad. The high percentage of people smiling in the drawing can be equated to the positive stereotype of happiness (Palmore, 1990) and Dyer's (1982, cited in Rose, 2012) work where representation of manor in advertising was through expression (emotion). Townsend et al.'s (2006) heroines were evident and challenged the stereotypes of reclusive (Blaine, 2013) and uselessness and isolation (Palmore, 1990). The principles of the third age were prominent in that old age was seen as a period of opportunity and developmental gains.

To emphasise that older people were seen as being happy, tropes (words) were used to make meaning and included, joyful, contentment, jolly. The participants associated the emotion happiness in DS2 with pride in appearance and that companionship also equated to happiness. The use of the sun, trees, flowers and birds builds on the work of Roberts et al.'s (2003) symbols of happiness and positive

category. The emergence of this theme suggest an alternative to the information known about how older people are perceived and represented in the media and suggests alongside Palmore's (1990) positive stereotype of happiness, fulfilment and satisfaction need to be considered as a future positive stereotype category. These findings draw on Dyer's (1982), cited in Rose (2012), checklist of how individuals symbolise meaning to their audience.

The depiction of sadness and frowns (visual tropes such as downturned mouths and the position of the eyebrows and facial expression) and feelings (clouds, lighting) implied that some participants' stereotyped later life as a period of isolation and unhappiness, and drew on Palmore's (1990) stereotype of isolation and Hummert et al. (1994) despondent category where older people were seen as sad, neglected, lonely and afraid. Predominantly men were portrayed and value was placed on when they were young (via tropes (words and imagery) in the drawing), rather than considering positive aspect of life now, building on Blaine's (2013) despondent stereotype. This means that for some participants' old age was associated with negative emotions and they valued youth and middle age more. It was of interest to note that one image depicted feelings (love) as normal and challenged the notion of being asexual; however little significance can be drawn from this one image other than to note the emotions of love has not been identified before visually.

#### 7.3.8 Activity

Activity was illustrated in the drawings and indicated independence and normality, the representation of activity (Dyer, 1982 cited by Rose, 2012) conveyed participants' symbolic meaning about older people suggesting they were not passive. Three key subthemes emerged; 1) shopping, 2) exercise and 3) roles and interests.

##### 7.3.8.1 Shopping

In respect to activity some participants' focused on shopping, a finding not present in other studies (Hummel et al., 1995; Lichtenstein et al., 2005). This emerged as new information in nurses' perceptions of older people.

Figure.7.12 Shopping

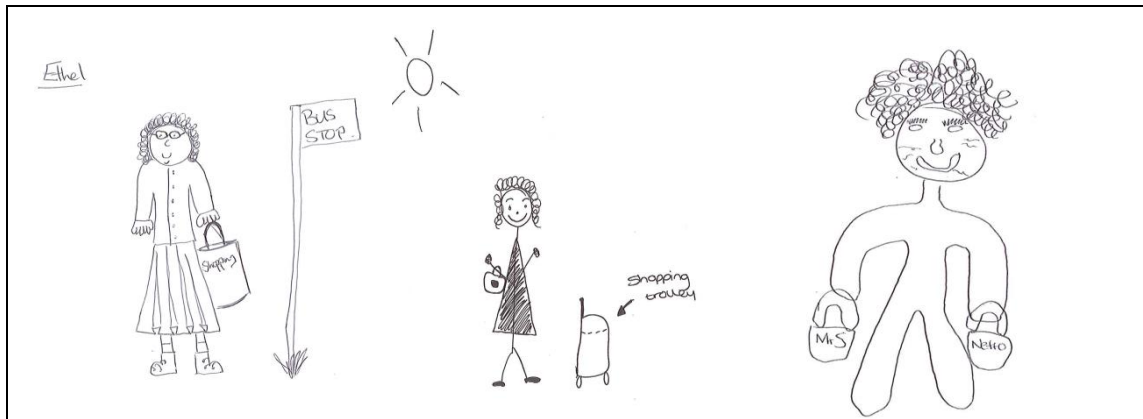


Figure.7.12 illustrates examples of the depiction of shopping found in the study.

The composition and inferred meaning of the images indicated that participants used signifiers to depict age and meaning. For example the depiction of a shopping trolley was used as a signifier to make judgements about the person's physical ability and age (section.6.7.1.) It was difficult to explain why less used this signifier at the end of the study. Shopping bags were also used by participants to indicate independence and physical strength however covert messages were conveyed by the use of branded shopping bags, and indicated a trope "shops used by older people", suggested a social value and economic position and potentially was influenced by social class. It could be assumed the participants had an awareness of economic hardship in later life. The bus pass and stop was another signifier of old age as part of shopping, Age UK (2014) established 40% of older people used a local bus service weekly, the images generally reflected this activity and except one image, the participants did not depict older people driving. This suggests that the participants associated old age with public transport rather than older people having their own car. There was an indication that by the portrayal of shopping, older people were seen to carry out normal activities and builds on the concept of the third age, Blaine's (2013) golden 'ager' (being independent) and Palmore's (1990) freedom (retired free do to what we want). The shopping trolley, shopping bag and bus stop emerged as signifiers of old age, and could mean that participants used this imagery to convey social status and age of older people.

### 7.8.3.2 Exercise

Figure.7.13 Exercise

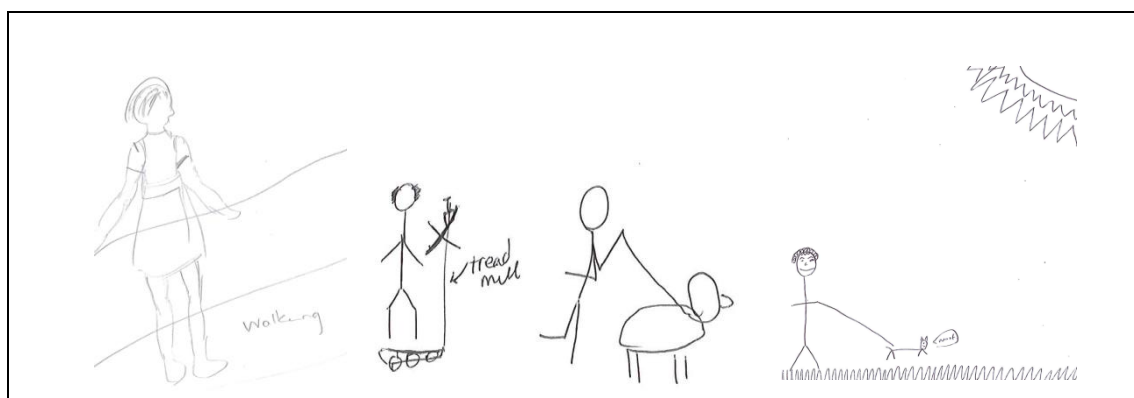


Figure.7.13 illustrates examples of the depiction of exercise found in the study.

There was an emphasis of exercise which was viewed by some as an illustration to remain active. The recreational activities depicted were made different to younger adults, drawing in representation 'affect' and aligned to Hagestad and Uhlenburg's (2005) research which established that there was segregation between young and old with reference to the activity and the location. Nonetheless this study did not reflect the UK and did not specifically explore nurses' perceptions, thus a new insights have emerged. Walking with a dog inferred it was exercise and choice and builds previous research which identified walking was perceived by participants as a popular recreational physical activity for older people (Hummel et al., 1995; Lichtenstein et al., 2005; Roberts et al., 2003). What is more Age UK (2014) identified that walking was the most common form of exercise for older people. A small number of participants portrayed imagery such as; tennis, yoga and attendance at the gym, and the influence of role models were evident in the participants' commentary. However the participants on the whole had fixed visions of exercise and older people and drew on stereotypical assumptions, this can be seen to have implications for nurse practice in the promotion of wellbeing for older adults.

The activity of gardening was prominent in a small number of images, it was observed there were inherent stereotypes about the individual, (appearance) and it could be suggested that the indication of gardening inferred spare time. However it could be reasoned that older people were physically able and the depiction of sunshine indicated fulfilment. Previous research also highlighted gardening as an activity that older people undertook (Hummel et al., 1995; Roberts et al., 2003).

The drawings overall illustrated positive imagery, via companionship, the use of sunshine, flowers and trees and reflected Roberts et al. (2003) positive category,

thus exercise equated to health and happiness, and a positive outlook of later life emerged.

### 7.3.8.3 Roles and Interests

Roles and interests highlighted normality and implied the participants' thought older people had a role and function, and that 75 was not an indication of a sedentary lifestyle. However like other themes there was a firm set of beliefs held about older people, there were more females portrayed, and there was some evidence that gendered roles, reflecting Dyer's (1982, cited in Rose, 2012) gendered representation, were used such as homemaking, cooking, knitting and caring for others. This reflected previous research, and particular knitting was noted by Hummel et al.'s (1995), and in Roberts et al.'s (2003) studies. This observation resonates with the attribute of a perfect grandparent (Blaine, 2013), and Soden's (2012) observation that knitting was an old fashioned myth, and a female role.

Figure.7.14; Roles and Interests

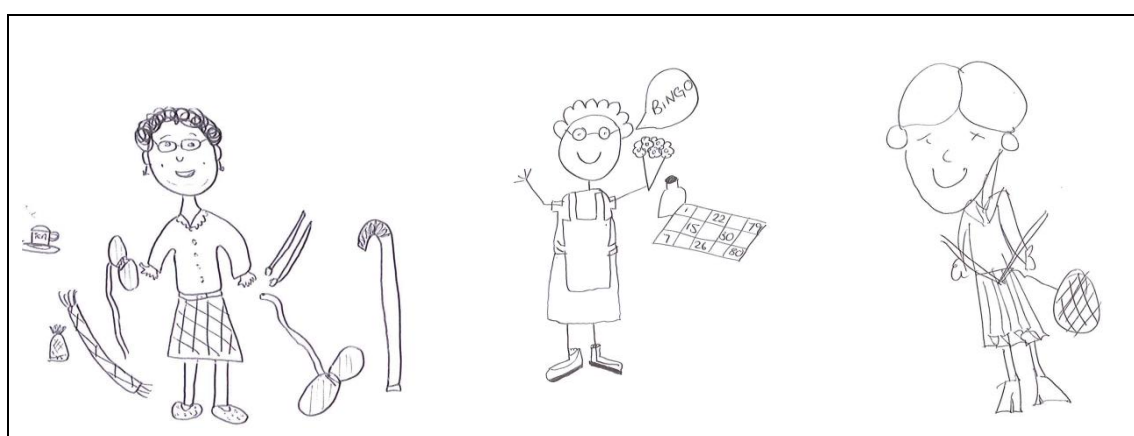


Figure.7.14 illustrates examples of the depiction of roles and interests found in the study.

Stereotypical signifiers was also present (hairstyle, facial hair and accessories such as aprons, being old fashioned, and feeling the cold), thus although activity was promoted the participants still referred to atypical representation of older people (used common imagery of later life). Furthermore these activities (knitting and bingo) could be seen as stereotypical and reflected what participants' thought older people might do. Some roles and skills were valued by the participant (such as caring for others) and the concept of work and volunteering in later life emerged, this was identified as an unexplored area within nursing.

Activity was seen to normalise old age, and reflected an inherent theme in gerontology, with an emphasis of an active later life. The theme indicated that older people were empowered to make choices and decisions and was physically able to



participate in a range of activities. The construct of the fourth age in healthcare has been seen to polarise the third and fourth age and this was evident in this study, as these images provided a stark contrast to the more derogatory images in other themes. The theme activity was reflective of Palmore's (1990) positive stereotypes of freedom and dependability, Blaine's (2013) golden 'ager' and the notion of the third age where developmental gains and opportunities were available (Kruse & Schmitt, 2006). Overall the drawings demonstrated that older people were active and independent and it is believed that this is the first time the concept of activity has been established by visual methods and by student nurses.

### 7.3.9 Stick People

Figure.7.15; Stick People

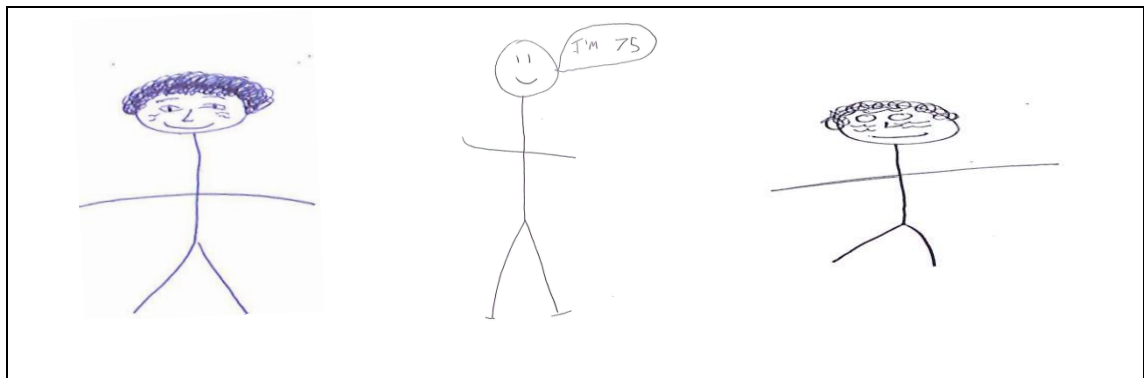


Figure.7.15 illustrates examples of the depiction of stick people found in the study.

The depiction and choice of stick people in the DS could suggest the participant had a lack of confidence in producing an image, a key limitation of the method highlighted by Rose (2007). The KOP scores of these participants' indicated they had positive attitudes. Thus it seems likely that drawing ability of participants' led to the portrayal of older people in this manner, although equally this might reflect disinterest in the topic. In comparison to previous research (Barrett & Pai, 2008; Lichtenstein et al., 2005; Roberts et al., 2003) this appears to be the first time this has occurred. The analysis of these images was challenging, and the use of the expert panel supported the decision that these held little significance to the DS.

## 7.4 Implications of the Findings for Nurse Education and Practice

The intention of the last research question was to explore what the implications of the research findings would have on nurse education and practice. This research has been the first known study to establish that without specific tailored education there was a steady increase in overall KOP score. Therefore it can be concluded that the nursing programme

fostered positive attitudes without manipulation, however specific gerontology education within the natural occurrence of the programme would enhance attitudes further. The findings resonate with two systematic/literature reviews published after the longitudinal study was completed, who reaffirmed the paucity of UK based research on undergraduate education and attitudes and information about discourses of ageing (Neville & Dickie, 2014; Phelan, 2011). The implications for nurse education and practice are presented under the following subheadings; 1) construction of an image of later life, 2) perceptions and attitudes towards older people, 3) communication with and to older people, 4) perceptions of appearance and nurse education, 5) entry to nurse education programmes, 6) role of the mentor in nurse education and 7) gerontology education and nursing curricula.

#### 7.4.1 The Construction of an Image of Later Life

The dominance in the imagery to draw older people socially, rather than as patients or clients holds significance. This has not been known to be established before in the exploration of perceptions of older people and as a consequence has nothing to be compared to. It suggests that socially constructed imagery (the representation affect') pre programme (their social milieu) continued to influence perceptions during the individual's professionalisation. This finding resonates with Eagly and Chaiken (2007) attitude categories of people, abstract (an ideological conceptualisations) and collective (societal vision of old). Higgs and Gilleard (2011) proffer that the fourth age was a social construct or imaginary, the findings of this study suggest that there was a social imaginary of old age in general, the images became powerful discourses (Hogan, 2013) and for a majority of participants the person drawn did not belong to a specific group such as a client. However the instruction was to draw a person aged 75 thus they were not specifically asked to draw a reflection from clinical learning. In addition participants' free texts comments used 'laymen's' terms rather than professional knowledge. This observation can be supported from what is known in nurse education literature about nurses' knowledge and understanding of ageing, Lee et al. (2006), Kaempfer et al. (2002) and Ferrario et al. (2007) for example all established that students' knowledge was average. This means that undergraduate nurses need to challenge their personal constructs and imaginary of old age and educators' should facilitate this early in the programme.

#### 7.4.2 Perceptions and Attitudes towards Older People

The study established that the programme undertaken by the participants supported and nurtured positive attitudes for specific items and adds credence to the notion that specific attributes of older people nurture positive perceptions. These were

individuality, personal faults, love and reassurance, life experience, role models, such as grandparents or significant others, and activity. Likewise specific items were seen to facilitate more negative perceptions of later life or perceptions remained unchallenged (these were power, appearance, mobility and communication). This was demonstrated in the KOP responses, such as the negative statements which had more favourable positive responses, (found in maintenance of home, neighbourhood, and mood for example). This observation reinforces Lee's (2009) work that individuals can have positive and negative beliefs about the same object and Azjen and Fishbein (1980) argue that one variable can elicit different beliefs. Certain aspects of personality need to be positively fostered such as older people respecting privacy, being wise, being able to adjust to situations, and making complaints about younger people. Within the thematic analysis the ULL, physical ageing, use of mobility aids and stereotypical assumptions about old age need to be challenged as there appeared to be a stigma associated with mobility aids and their use by older people. These findings provide guidance regarding potential educational content for the undergraduate programme.

#### 7.4.3 Communication with and to Older People in Nurse Education

The current study established that for a majority of participants' unease was felt when communicating with older people. The qualitative theme 'family' reinforced the quantitative data that contact with older people and thus communication overall promoted positive attitudes. One has to explore whether the programme and contact with ill older adults affected attitudes but older role models negated against this. Thus it is suggested that experience with well older adults within the nursing programme, with a focus on communication would foster positive attitudes and negate against the more challenging elements of care delivery. This observation builds on Cozart (2008) recommendations that students learn from others and that reflection on their personal attitudes towards older people was needed.

#### 7.4.4 Perception of Appearance and Nurse Education

Appearance from both the KOP and thematic/content analysis of the drawings suggested the majority of participants held fixed opinions about older people. The aesthetics of appearance and use of signifiers as social constructs (section.6.2) needs to be challenged through education and again points to the importance of role models in negating negative attitudes. Clothing and hairstyle in particular suggested participants drew on social constructs and representation theory to convey meaning. This research has been unable to fully explore male appearance due to paucity of

literature, warranting further exploration in a nursing population and specific education promoting the third age and activity

#### 7.4.5 Entry to Nurse Education Programmes

A significant finding was the differences in KOP mean score when compared to entry qualifications. It was identified that participants with A' levels had the most significant improvement in KOP mean score, suggesting that this qualification was unique. The implications for entry qualifications to pre-registration nurse programmes are immense, as the widening participant agenda encourages a more diverse group and applicants. This suggests specific groups of learners need to be targeted to advance knowledge and understanding of older people. In particular, the findings identified that those with lower educational qualifications scored worse on the KOP scale and participants with university degrees prior to entry did not advance their score. This reaffirmed Lookinland et al.'s (2002) US study that recommended greater educational input was needed for those with lower academic qualifications. There are clearly areas that can be further enhanced and would include advancing understanding of graduates attitudes towards older people on entry to master's programmes and level seven study as Kane (2006) established that graduate students on social work programmes tended to be less ageist. Work is also needed to support access to higher education programme students in the development of more positive perceptions of older people. It would be pertinent to consider the use of the KOP as part of an entry assessment for nursing programmes.

#### 7.4.6 Role of the Mentor in Nurse Education

It became apparent in the brief responses about placement influence that mentor support was important, and this has been highlighted in nurse education as pivotal in student learning (Bailey-McHale & Hart, 2013; Morrel & Ridgway, 2014, NMC, 2008). This might reflect how role models in practice champion specialism, as poor care standards and staff attitudes towards older people have been established as contributing factors to the formation of negative attitudes. The brief responses about mentors suggest that conative influences (Ajzen & Fishbein, 1980) of the mentor are pivotal to the fostering affective attitudes of the student. Consequently, favourable beliefs about older people and care will become a residue for future behaviour of the student nurse as postulated by Eagly and Chaiken (2007). Thus the prominence of an older peoples nurse as a role model could potentially advocate and heighten awareness of care of older people.

The publication of the Francis enquiry highlighted the timeliness of this research as recommendation 200 advocated for an older peoples registered nurse (The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013b). This resonated with the DH (2001b) publication which advocated for each organisation to have an 'older person champion' (a person to advocate on behalf of older people), this however needs to be extended to each adult clinical area. A significant move would be to establish how mentors as role models facilitate positive attitudes towards older people (drawing on their intentions, perceived behavioural control, personal norms, volitional control and habit, Ajzen and Fishbein (1980) as outlined in *appendix.3*), as clinical placements were an area Neville and Dickie (2014) and Yun-e et al. (2013) acknowledged there was a need for further research. Therefore the clinical environment (mentor and caring for older people) is a key area to develop research to advance the understanding and formation of attitudes towards older people.

#### 7.4.7 Gerontology Education in Nursing Curricula

The notion for increased gerontology education in the nursing curricula and that specific groups and points in the programme are targeted is supported from several findings in this study. These include the timing of acute placements and providing additional educational support to degree entry and access course students. A detailed exploration of an LD students' journey through the programme would be pertinent to establish what transferrable qualities there were to facilitate other students' perceptions. It would be opportune to explore social perceptions and stereotypical views of later life further, and to examine clinical role models. In particular from the analysis of drawings social status and class appeared to potentially influence the production of the image, this would benefit from exploration. Reinforcement of the significance of education (theory and practice) was noted in a recent systematic review (Yun-e et al., 2013) and provides further evidence for increased education. Overall this study has supported the argument for well older adults to be an integral part of nurse education.

### 7.5 Research Methods Applied to the Study

The range of visual methods employed answered the research questions posed and generated understanding of the phenomena (undergraduate nurses' perceptions of older people). The participants in their drawings had used iconic signifiers (appearance, walking sticks) to make meaning and judgements about older people and present their reality of being old. The drawings illustrated that a significant number of the sample referred to older people as a homogenous group. The images translated beliefs that the participants' found

hard to verbalise, and these became a powerful discourse. The translation of these discourses was aided by the participant comments, use of photo elicitation and Thurstone scale (section.4.2). These alongside the consideration of semiology (awareness of signs and symbols) helped explore the meaning of the image and aided the contextualisation of the drawings which provided a robust understanding of the phenomenon and a wider social context. Neville and Dickie (2014) identified the need for more contemporary tools to measure attitudes and perceptions, the study and the use of visual methods proffers an alternative tool for this.

In this study the potential limitations of content analysis, to miss characteristics or to analyse in a bias manor (Lichtenstein et al. 2005) was addressed by a reflexive approach, the mixed methods and the thematic analysis of the drawings. These provided a more in-depth understanding. Thus the content analysis identified aspects that were explored in the thematic analysis and suggests future work with images should consider this implication.

The rating of drawings enabled a more comprehensive framework to be developed. Lichtenstein et al.'s (2005) overall codes, Roberts et al.'s (2003) positive and negative attributes and Barrett and Cantwell's (2007) positive and negative themes (Table 7.1), aided the consideration and development of additional characteristics that reflected nursing knowledge and practice and observations made from the drawings. From this a more comprehensive framework for the analysis of images of older people has been constructed. Therefore the amendment of the ratings builds previous work (Barrett & Cantwell, 2007; Lichtenstein et al., 2005; Roberts et al., 2003) and has produced a reliable contemporary tool (Table.7.2) in the field of gerontology for the content analysis and rating of visual images of older people, Figure.7.15 illustrates the frameworks developmental journey. It is recommended that future research tests this framework.

The ratings of the drawings aligned to the mean overall KOP score, with a direct correlation between these. This provided credence to the mixed methods employed and gave further validation of the rating attributes developed (Table.7.2). From this it has been concluded that drawings were reliable measures of attitude and perception of older people.

The photo elicitation provided clarification for a method not widely used in healthcare and facilitated the emergence of drawing elicitation. The sight and detail of the images selected triggered discussion; by the very nature of the image the participants inadvertently discussed things that included their perceptions of later life, the influence of role models and their professional education and experience. One key disadvantage of this method was that it was only those who were motivated came forward and they were often upset or distressed by the image therefore those who produced a negative image did not participate.

The Thurstone scale panel drew on the social construction of old age and making assumptions, accepted the stereotypical imagery and did not question the inferred negative symbols. This reaffirmed the observation that perceptions are socially constructed, and that the imagery was seen to be a normal consequence of later life. Moreover this was evident in some of the expert panel responses.

The response and correlations to some KOP questions (*appendix.14*) could be contributed to the wording of the statements and adds weight to the argument that the tool needs refinement (Iwasaki & Jones, 2008) to address colloquialisms and old fashioned terminology. It is recommended that a revision of the tool is undertaken with consideration of the limitations of this current study and those of Iwasaki and Jones (2008), Lookinland et al. (1995) and Hilt and Lipschultz (1999). The lack of questions about appearance within the KOP tool and the detailed information obtained in the qualitative analysis suggest that appearance should be a key area of future development and it is recommended that questions that measure perceptions of image and appearance in later life feature in a revised KOP (*appendix.15*).

The overall strength of the study was the mixed methods approach. Pragmatism aided the determination of truth (Crotty, 1998) and identified the multiple realities of participants' perceptions of older people. Triangulation from the multiple methods occurred, has broadened understanding and addressed Happ's (2009) recommendation for gerontology research to integrate data by a combination of methods.

Table.7.1; Framework for Rating Images of Older People; taken from the Literature 2003-7.

Positive	Neutral	Negative
Symbols of happiness (sunshine, flowers, seaside, hearts, money) Roberts et al.(2003) Words to explain positive (enjoy, posh) Roberts et al. (2003) Grandmother type figure (Barrett & Cantwell, 2007) Relationship with others (pets/people) (Barrett & Cantwell, 2007) Active (young old) (Barrett & Cantwell, 2007) Successful ageing (Barrett & Cantwell, 2007) Independence (Lichtenstein et al. 2005) Social interaction (Lichtenstein et al. 2005)	No value (Lichtenstein et al. 2005) Sitting (Lichtenstein et al. 2005)	Sad faces (Roberts et al, 2003) Words to explain negative (depressed, tired) Roberts et al. (2003) Isolation (Barrett & Cantwell, 2007; Lichtenstein et al. 2005) Depression(Barrett & Cantwell, 2007) Frowning(Barrett & Cantwell, 2007) Physical aids(Barrett & Cantwell, 2007) Sickness & Frailty (Barrett & Cantwell, 2007) Wrinkles (Barrett & Cantwell, 2007) Ugliness (Barrett & Cantwell, 2007) Dependence (social security) (Barrett & Cantwell, 2007; Lichtenstein et al. 2005)

Framework for rating images of older people from the literature; Barrett and Cantwell (2007), Lichtenstein et al. (2005) and Roberts et al. (2003).

Figure.7.16; Development of a Framework; Ratings Images of Older People.

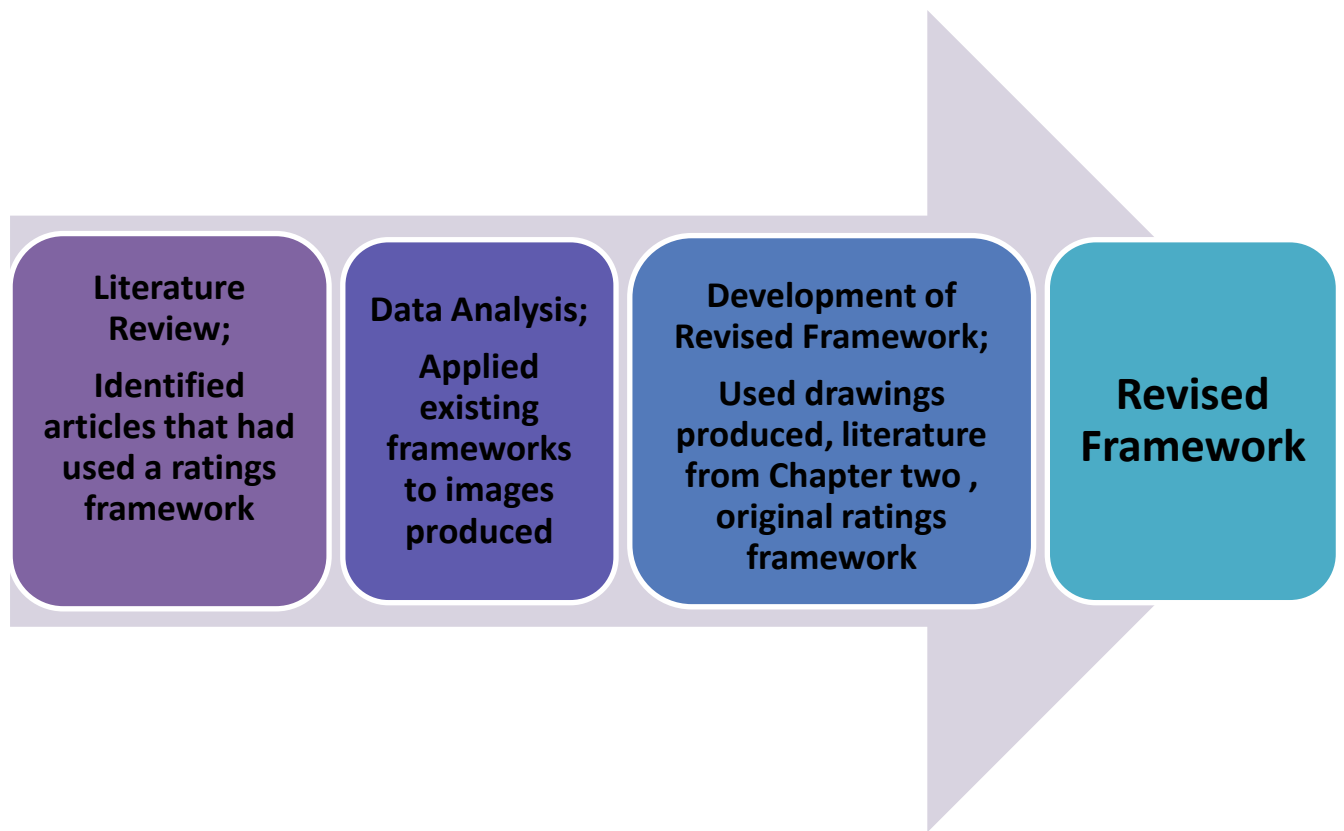




Table.7.2 Framework for Rating of Images of Older People

Positive	Neutral	Negative
Male and female grooming Happy expression (smiling) Use of accessories (make up, jewellery, handbag) Activity (exercise, hobbies, shopping) Companionship and contentment (including pets) Roles (caring for grandchildren, working, volunteer, social interaction) Role models (drawing of grandparents, parents or someone they know) Appearance (smart, pride, contemporary style) Awareness of stereotyping Individuality Environment (outside; gardens, parks, sunshine, flowers, trees, birds. At clubs; in own home; seaside) Wisdom/reading Promotion of independence Successful agers Subjective age (old as you feel, young at heart) Retirement	Drawings that lacked detail Uniform of later life (women) Suits (Men) Permed hair (women) Walking aids Generalisations of being old (via appearance, male baldness, wrinkles) Sedentary hobbies (TV) Activities (bingo, knitting) Use of public transport Caricatures Use of names to age Neutral facial expression (not smiling but not sad) Medicines Hospitals/clinical areas Blank images Grave stones Sitting down Gender neutral Sensory impairment	Physical decline (hunchback, disease) Physical appearance (overemphasis of wrinkles, saggy skin, enlarged ears and nose, facial hair females, ear and nasal hair men) Frailty Depiction of loneliness and isolation (including use of cats) Sad, angry and/or grumpy expression Depictions of Pain Walking Aids (Zimmer frame) Wheelchair use Lack of self-care (dirty, incontinence, un-styled hair, unshaved) Faceless Old fashioned clothing (including nightclothes, slippers, beige colour) Small image Dependence Dentures/loss of teeth Nursing home/residential care Weather (dark clouds, rain, thunder and lightning)

Framework for rating images of older people; adapted by Ridgway from research by Barrett and Cantwell (2007), Lichtenstein et al. (2005) and Roberts et al. (2003) and analysis of drawings produced in this study.

### 7.5.1 Reflexivity

The demands of discourse analysis, in the consideration of the images, have enabled the study to be reflexive. The use of photo elicitation and Thurstone panel facilitated the questioning of the analytical processes as the presentation of data was

persuasive and interpretative. The results were presented allowing the reader to make a visual judgement of the image itself whilst the commentary facilitated engagement in the understanding obtained, and this process was guided by Rose (2012). There was the inherent risk that my own socio economic background and values influenced the analysis as discussed in section.4.8, however reflexive practices ensured this to be a minimum, by using visual judgements on the image, making use of the participants' free text comments and being guided by the Thurstone panel and photo elicitation outcomes.

## **7.6 Summary**

This chapter has presented the critical analysis and discussion of the findings. The research questions posed were answered by using a pragmatic approach and the employment of mixed methods. In concluding Chapter five it was identified that questions one and two were answered by the use of the KOP. This identified that the majority of participants commenced the programme with slightly positive attitudes and which improved throughout the study.

Research questions three to five were answered by the findings and analysis of the qualitative and quantitative data. The drawings demonstrated through visual methodology common perceptions of later life and these complementing the findings and analysis of the questionnaire. The application of visual methodology identified that perceptions of later life can be extracted from images. Tables.5.30 and 6.2 identified the key research findings.

Chapter eight summaries the contribution to knowledge and literature, with recommendations from the study being outlined. The analysis of findings clearly identified that there are specific areas that can be enhanced within nurse education and practice and subsequent impact this will have upon society.

## **Chapter 8 Conclusions and Recommendations**

This chapter presents the recommendations, limitations and conclusions of the study. The aim of the study was to explore the perceptions of a group of undergraduate students towards older people from a social constructivist stance, and to establish whether their educational journey altered perceptions, this fundamental aim was achieved.

### **8.1 Contribution to Knowledge**

This study demonstrated that undergraduate nurses hold positive attitudes towards older people when quantitative measures are used (the KOP), and that the programme of study fostered positive attitudes. This study was the first known longitudinal study that explored attitudes without a purposively designed intervention. Whilst the outcome of the study assures that those entering the nursing profession have appropriate attitudes towards older people the study identified areas that nurse education can enhance. The use of visual methods complemented the quantitative measure and provided a narrative of the participants' perceptions of later life. The most significant contribution to knowledge and understanding was that the participants' focused on the 'aestheticisation' of body and there was a fascination about the appearance of older people, furthermore the drawings were socially constructed.

### **8.2 Recommendations**

There were a number of significant points singled out from the findings, which are presented as recommendations. The drawings and KOP provided a journey and narrative of perceptions and recommendations arise from the findings of these in the context of nurse education and practice, the field of gerontology and on the research methods employed. These are presented below in tables.

#### **8.2.1 Nurse Education and Practice**

Older people were seen by some in a nihilistic and stereotypical manor. This suggests that education is needed to reinforce more positive attributes of later life, and therefore recommends the following occurs in Table 8.1;

Table.8.1; Recommendations for Nurse Education and Practice

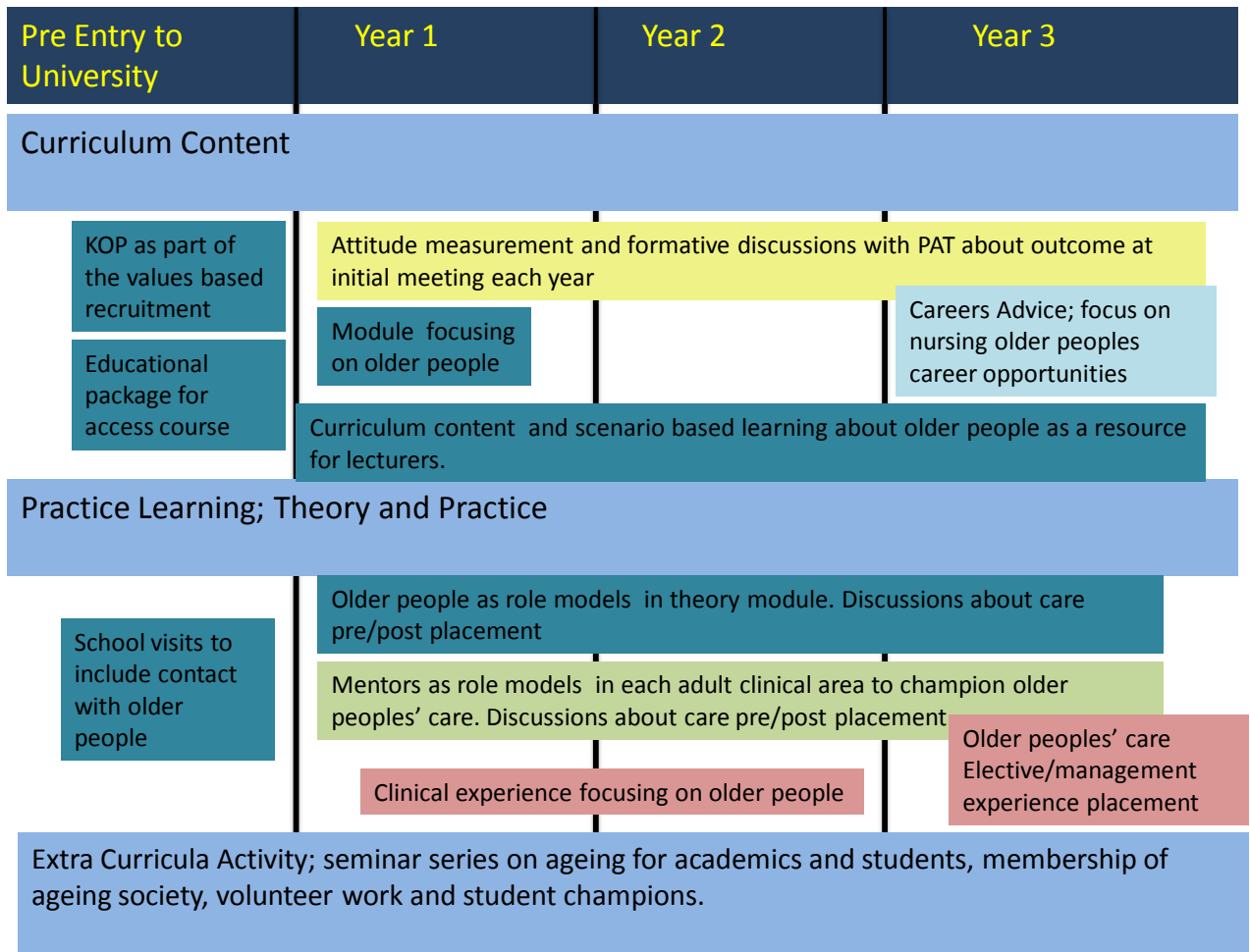
Recommendation	Examples of how this could be achieved	Areas for Future Research	Priority (immediate/within 12 months/long term aspirations)
<b><i>The educational content regarding older people in the undergraduate nursing programmes' is re-examined and enhanced.</i></b>	Curriculum model developed outlining educational content needed. Recommendations need to be made to the NMC and HEE	Impact on attitudes of an enhanced curriculum.	Immediate
<b><i>The influence of acute care on perceptions of older people is explored.</i></b>	Pre-post-test acute care placement research study on undergraduate nurses' perceptions of older people. Lecturers' perceptions of acute care.	Impact of acute care on perceptions of later life.	Within 12 months
<b><i>Older people should become mentors and role models for students and become more involved in their educational journey.</i></b>	Older people mentors' are used in the practice learning modules in the undergraduate nursing programme.	Impact of older people as role models on undergraduate nurses'.	Within 12 months
<b><i>Exploration of the value of an older peoples' nurse champion and the role of the mentor to facilitate positive perceptions.</i></b>	Pilot mentors as older peoples' champions and role models in a clinical area.	Evaluation of pilot.	Within 12 months
<b><i>An exploration of student perceptions in caring for older people in a community setting including their home.</i></b>	Pre-post-test community placement research study on undergraduate nurses' perceptions of older people.	Impact of community care on perceptions of later life.	Within 12-18 months
<b><i>An exploration of positive attributes in caring for older people occurs.</i></b>	Using a cohort of undergraduate nurses undertake an exploratory study.	An exploratory small scale qualitative study.	Within 12-18 months
<b><i>That the personal attributes of older people are explored from a registered nurses' and health care assistants' perspective.</i></b>	Replicate the current study for registered nurses.	A mixed methods study of qualified nurses perceptions of ageing.	Within 12 months
<b><i>Those degree/diploma entrants to the undergraduate nursing programme are given specific education.</i></b>	A tailored educational package is devised for undergraduate nurses to undertake.	Pre-post measurement of attitudes and knowledge of older people.	Within 12-18 months

Table.8.1; Recommendations for Nurse Education and Practice (continued).

Recommendation	Examples of how this could be achieved	Areas for Future Research	Priority (immediate/within 12 months/long term aspiration)
<b><i>That those from access courses are targeted for specific education.</i></b>	A tailored educational package is devised for undergraduate nurses to undertake. Work is undertaken with access courses to enhance educational content about older people.	Pre-post measurement of attitudes and knowledge of older people. Measurement of attitudes on entry to an undergraduate nursing programme.	Within 12-18 months
<b><i>That perception of pre-registration nurses on entry to Masters Programme is examined.</i></b>	Recruit pre-registration nurses on the Faculties Master's programme to participate in a study.	A mixed methods study of Masters students' perceptions of ageing.	Long term aspiration
<b><i>The LD students' perceptions of older people, needs further exploration.</i></b>	Work with the LD students and their lecturers to explore their perceptions. A research grant has been awarded to explore this further.	A small scale qualitative/visual methods study	Currently being undertaken
<b><i>To facilitate the use of the KOP as entrance criteria.</i></b>	Discuss with recruitment and marking team for undergraduate nursing and pilot use of tool.	Exploration of impact of pre entry measurement on attitude during the programme.	Long term aspiration
<b><i>To investigate how a career choice in gerontology can be encouraged.</i></b>	To hold a series of focus groups with third year nurses to explore how they make career choices.	Focus group to explore phenomenon.	Within 12-18 months
<b><i>Explore individualised student journeys and their perceptions of older people and whether the work persona and personal persona are present.</i></b>	Recruit undergraduate nurses at the beginning of their programme to undertake a longitudinal study to explore their journey.	Use of diary to explore the student journey.	Within 12-18 months
<b><i>Lecturer perceptions of the older people are explored</i></b>	Replicate the current study for nurse lecturers.	Mixed methods study of nurse lecturers' perceptions of ageing.	Within 12-18 months

To support this, a curriculum model for gerontology education in undergraduate nursing programmes has been developed (Figure.8.1).

Figure.8.1; Proposed curriculum model for gerontology education in undergraduate nursing programmes



## 8.2.2 Research Methods

The use of the mixed methods has identified the following recommendations in Table 8.2;

Table 8.2 Recommendations for Research Methods used in this Study

Recommendation	Examples of how this could be achieved	Areas for Future Research	Priority (immediate/within 12 months/long term aspiration)
<b><i>Drawings can be used to measure and explore perceptions.</i></b>	Use of drawings in a range of research projects Use of drawings as a teaching tool.	Current research projects using drawings student nurses' perceptions of nursing home placements'; student nurses' perceptions of mentors. Nurse Lecturers' perceptions of later life.	Long term aspiration
<b><i>The framework for ratings of drawings needs to be evaluated on a range of visual materials associated with older people.</i></b>	Using the principles of a Thurstone panel scale test the framework against a range of images of older people (photographs in media, drawings made, cartoon images).	Evaluation of framework.	Long term aspiration
<b><i>The KOP scale should be revised to reflect contemporary society.</i></b>	A small research grant was awarded and the tool has been revised.	Evaluation of revised tool detailed in appendix.15	Project completed and being prepared for publication
<b><i>Drawing elicitation should be considered for future visual methods work</i></b>	To promote the use of drawing elicitation via publication.	Further use of drawings as a research method.	Ongoing

### 8.2.3 Gerontology

For the field of gerontology there are the following recommendations made in Table.8.3:

Table.8.3; Recommendations for the field of Gerontology

Recommendation	Examples of how this could be achieved	Areas for Future Research	Priority (immediate/within 12 months/long term aspiration)
<b><i>A study to explore mobility and association of frailty and vulnerability should be undertaken based on the findings of the drawings.</i></b>	Recruit healthcare professionals/older people and individuals from society to explore perceptions of mobility in later life, using visual methods and photo elicitation.	Perceptions of mobility in later life.	Long term aspiration
<b><i>The symbols of age and the construct of appearance should be explored and in particular for men and appearance should be examined.</i></b>	Add appearance as a question to a revised KOP Undertake a more focused study on undergraduate nurses perceptions of appearance Explore with older people their perceptions of appearance on self and of others.	Revision of KOP scale.  Mixed method approach using visual methods to investigate the construct of appearance.	Long term aspiration
<b><i>The use of names and what meaning these have upon perceptions warrants further investigation.</i></b>	Recruit healthcare professionals/older people and individuals from society to explore the meaning of names/labels	A small scale study to evaluate use of names.	Long term aspiration
<b><i>The age stereotypes categories should be revised.</i></b>	Using the data obtained from the study, revised the categories and test on a range of healthcare professionals.	A small scale study to evaluate revised categories.	Long term aspiration
<b><i>Social status and social class should be explored in the context of perceptions about older people</i></b>	Recruit undergraduate nurses to explore this potential phenomenon.	A study using mixed methods.	Long term aspiration

### 8.3 Study Limitations

The findings of the study reflect the perceptions of a cohort of undergraduate student nurses at one university in the UK and as such the reader needs to proceed with caution about the



generalisability of the study. The maintenance of anonymity, although ethically appropriate, limited the study in monitoring individual student journeys; however a shared experience was gained. Overall there were four limitations associated with this study and include;

- The site of production of the drawing (whilst at University) could have influenced image production.
- The images produced were predominantly in black and white, and although this did not distract from the visual meaning given, the use of colour could have enhanced meaning further.
- The presumed meaning of the drawing was extracted from the participants' free text comments, meaning they did not confirm the accuracy of the analysis due to anonymity; the Thurstone panel and photo elicitation legislated against this, however these individuals were motivated to make a positive contribution and those who produced more negative imagery may have not contributed.
- There was attrition during the study of 39%. Although those participants present on the day of data collection completed the tool, the 39% can be attributed to absentee on the data collection days and natural programme attrition.

## **8.4 Conclusion**

The study has explored the perceptions of a group of undergraduate students towards older people, and the findings have established that attitudes were slightly positive at the beginning of the programme and that the journey to professionalisation impacted positively upon perceptions. The research questions posed were answered in full. The longitudinal study identified there was a noticeable reduction in some participants' positive responses at DS2, in particular the KOP questions that focused on appearance, communication, and personality. Thus it seemed that at this time the placement circuit elicited a more negative response. However misanthropy of older people was not present in so much that although personality and nurturance elicited some negative responses generally the participants' rated the statements positively. What is now needed is to explore how negative views can be negated and how the neutral and slightly positive can be nurtured to become more positive.

It was difficult to fully align the KOP findings to other research as multiple authors have used varying versions of the scale but it has an international audience and as such brings credence to these findings. This research project purposefully used the KOP in its original format to support future development of the tool and now has substantial evidence to do this, addressing Neville's (2015) concerns regarding its contemporary relevance. The analysis of the questionnaire confirmed previous studies' findings upon the wording of the questions and

it is now important to develop the questionnaire to reflect contemporary issues such as frailty, appearance, youthfulness, role models, communication and physical and mental decline. The study found that 14 questions need to be revised and future work will focus on this. Overall the KOP was established as a reliable measure albeit with some amendments to the wording and the tool could be used by nurse educators to explore attitudes and identify areas for individual and group development.

The content and thematic analysis of the drawings pointed to distinct imagery of older people. Appearance became a far more important aspect of nurses' perceptions than anticipated and implied the cultural and social perceptions of older people were dominant factors in the participants' opinion and drew on the principles of social constructivism, as little reference was made to nursing or the programme via the images (for example a hospital/nursing environment). Stereotyping was evident in many forms and a symbolism of later life emerged. The data were comparable to some elements of Lichtenstein et al. (2005), Roberts (2003), and Barrett et al. (2007 and 2008) work, what is new is the emphasis on appearance for women, in particular hairstyle and clothing. The analysis of drawings confirmed in common with the KOP results that there was a dip in positive ratings of images in DS2 and supported the conclusion that the placement circuit did impact upon attitudes. Building and developing the work of Lichtenstein et al.' (2005) rating clusters, Roberts et al.' (2003) attributes and Barrett and Cantwells' (2007) positive and negative categories. The nature the longitudinal study has allowed a more comprehensive framework to be developed and made relevant to measuring perceptions of healthcare professionals towards older people. Furthermore the use of visual methods has been illustrated to be a valuable tool to measure perceptions.

The literature identified that in gerontology and nursing there needed to be a qualitative approach into professional socialisation and how this shaped attitudes, the images illustrated that perceptions towards older people were complex and reflected that ageism is not driven by singular entities but from a range of sources, symbols and influences. The distinct lack of clients drawn suggested students held the same perceptions as the general population and socialisation pre-programme was dominant. However positive role models were established as being significant. It is now pertinent to consider enhancing the educational content of the nursing programme and explore individualised experiences to complement these findings.

On a personal note this PhD has been a journey of enlightenment. On reflection I can now say how naive I was initially about the process and enormity of the task ahead. My conceptual and theoretical understandings in both ageing studies and research have been challenged and broadened. This not only has had a significant impact in my academic role in

the facilitation of learning and how I can influence perceptions towards of older people through education but has made me consider my own perceptions of being older. Finally given the demographic change of the population it has been and remains pertinent to measure student nurses' attitudes and perceptions towards older people and this should be an ongoing endeavour.

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## **Appendices**

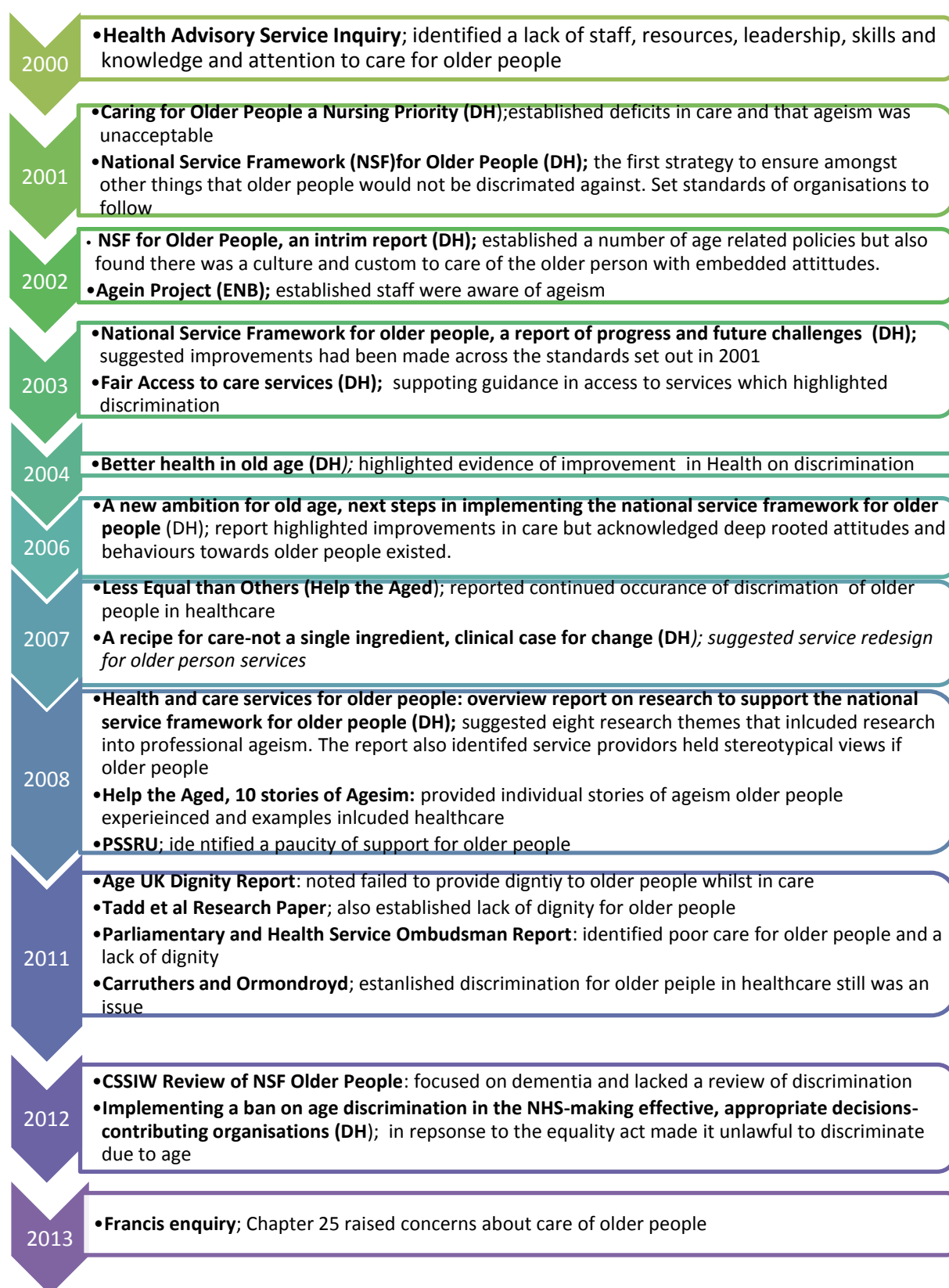
### **Appendix 1: Palmore's Types of Ageism**

Types of Ageism

	NEGATIVE		POSITIVE	
PREJUDICE	Stereotypes	Attitudes	Stereotypes	Attitudes
DISCRIMINATION	Personal	Institutional	Personal	Institutional

(Palmore 1990, page 19)

## Appendix 2: Timeline of Publications Identifying and directing Discrimination Practices



### **Appendix 3** ;The Principles of Attitude Theory Aligned to the Study

<b>Behavioural Beliefs</b>	This is the underpinning belief that shape individuals attitude, can be attributed to constructionism (society's view of older people).
Evaluative	Cognitive and volitional, the nurse makes a conscious choice or decision about older people.
Affective	Emotions, beliefs and prejudices a person holds.
<b>Attitude towards older people</b>	The individual's belief about the outcome of behaviour to older people developed over time.
<b>Normative Beliefs</b>	Social pressure to behave in a certain way.
Social Norm (internal and external)	Influence of media, education, peer groups, role models.
Personal Norm	How the nurse sees care of older people.
<b>Subjective Norm</b>	Belief that an individual has regarding how a group or significant others attitudes to the behaviour is, and their compliance with this, the culture, the motivation to comply.
<b>Intention</b>	The nurses' intention towards older people is influenced by an immediate determinant of action (i.e. what they immediately face but it is also controlled by personal and social factors).
<b>Control Beliefs</b>	The nurse considers whether they can behave in a certain manor.
<b>Perceived Behavioural Control</b>	Incorporates factors that the individual considers to be most important in determining whether or not they can actually perform the behaviour, what becomes normal as a nurse.
Past Experience	Positive and negative experiences and influences of older people (family, work, role models).
Facilitating Conditions	Things that will positively influence attitudes (Role models, care experience, individualised person centred care, education).
Habit	The organisational culture and societal language, acceptance of practice.





## **Appendix 4 Questionnaire and Drawing Template Year 3 example**

There are three sections to this questionnaire please complete each section following the instructions outlined. When referring to an older people it is those people aged 65 years and beyond

### **Section One**

In this section you are asked to complete a series of demographic details, please add an **X** to the relevant box or answer in free text where indicated.

Please tick this box if you have not completed this questionnaire before ☐

#### **1. Gender**

Male ☐ Female ☐

#### **2. Age**

17-21 ☐ 22-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐

#### **3. Ethnic Origin**

White British ☐ White Irish ☐ White other ☐ British Asian ☐ Chinese ☐  
Other Asian ☐ Mixed ☐ Black British ☐ Black Other ☐  
Other Ethnic Group ☐

#### **4. Highest Educational Qualification**

GSCE ☐ A' Level ☐ NVQ/GNVQ ☐ Diploma ☐ Degree ☐ Masters ☐  
PhD ☐ Other (Please outline) ☐ .....

#### **5. Year of Current Study**

1<sup>st</sup> Year ☐ 2<sup>nd</sup> Year ☐ 3<sup>rd</sup> Year ☐

#### **6. Branch of Nursing**

Adult ☐ Child ☐ Learning Disability ☐ Mental Health ☐

#### **7. Site Base**

Clatter bridge ☐ Chester ☐ Leighton ☐ Warrington ☐

#### **8. Please Outline the Clinical Placements You Have Experienced since Starting the Nursing Programme, detailing type of area and client group**

.....

.....

**9. Which placement do you think has influenced your professional development the most?**

.....

**Why was this?**.....

**10. Please outline the area you anticipate working in as a qualified nurse**

.....  
 .....

**11. Please indicate the frequency of contact you have with the following older people by circling the box**

*For example*

Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Parents</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Grandparents</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Neighbours</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Friends</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Volunteer groups</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Work</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Placements</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never
<b>Other(please outline below)</b>						
Not applicable	Daily	Weekly	Fortnightly	Monthly	Once every few months	Never

.....  
 .....

**Section Two**

In this section you are asked to read a set of statements and then decide whether you agree/ disagree with each circling the box that reflects your opinion.

For example

*I am a student nurse undertaking a three year programme of study*

1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree
------------------	---------	------------------	-----------	---------------------	------------	---------------------

1. Most old people tend to let their homes become shabby and unattractive

1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree
------------------	---------	------------------	-----------	---------------------	------------	---------------------

2. Most old people respect others privacy and give advice only when asked

1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree
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3. It is foolish to claim that wisdom comes with old age

1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree
------------------	---------	------------------	-----------	---------------------	------------	---------------------

4. One seldom hears old people complaining about the behaviour of the younger generation

1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree
------------------	---------	------------------	-----------	---------------------	------------	---------------------

5. When you think about it old people have the same faults as anybody else							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
6. It is evident that most old people are very different from each other							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
7. Old people should be more concerned with their personal appearance: they're too untidy							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
8. Most old people bore others by their insistence on talking about the good old days							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
9. You can count on finding a nice residential neighbourhood when there is a sizeable number of old people living in it							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
10. One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
11. Most old people are cheerful, agreeable and good humoured							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
12. Most old people make one feel ill at ease							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
13. In order to maintain a nice residential neighbourhood it would be best if too many old people did not live in it							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
14. Most old people are really no different from anybody else: they're as easy to understand as younger people							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
15. Most old people get set in their ways and are unable to change							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
16. Old people should have more power in business and politics							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
17. Most old people need no more love and reassurance than anybody else							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
18. It would be better if most old people lived in residential units with people of their own age							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
19. Most old people are constantly complaining about the behaviour of the younger generation							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
20. People grow wiser with the coming of age							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
21. Most older people can generally be counted on to maintain a clean attractive home							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
22. Most old people spend too much time prying into the affairs of others and giving unsought advice							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
23. If old people expect to be liked, their first step is to try to get rid of their irritating faults							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
24. Most old people would prefer to quit work as soon as pensions or their children can support them							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
25. Most old people are very relaxing to be with							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
26. There is something different about most old people: it's hard to figure out what makes them tick							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
27. Most old people seem to be quite clean and neat in their personal appearance							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
28. Old people have too little power in business and politics							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
29. It would be better if most old people lived in residential units that also housed younger people							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
30. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
31. Most old people make excessive demands for love and reassurance							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
32. Most old people are capable of new adjustments when the situation demands it							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
33. There are a few exceptions but in general most older people are pretty much alike							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	
34. Most old people are irritable, grouchy and unpleasant							
1.Strongly Agree	2.Agree	3.Slightly Agree	4.Neutral	5.Slightly Disagree	6.Disagree	7.Strongly Disagree	

---

**SECTION 3**

I have used drawings as a research method. This is a new research area in health and social care so I would be really grateful if you would be willing to tell me what you think about this method and how you felt producing the drawings below;

.....

.....

.....

.....

.....

.....

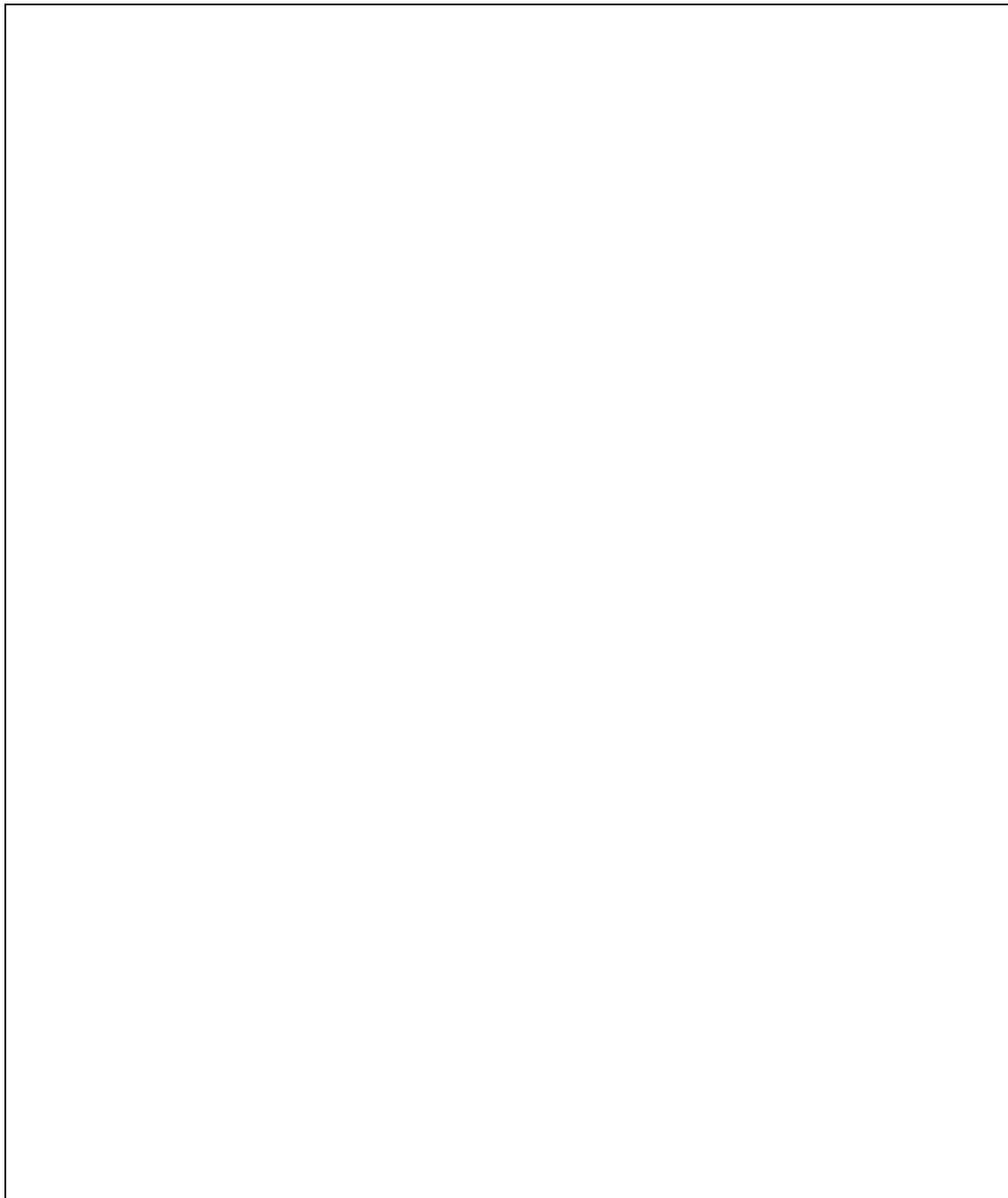
.....

.....

**Please now go to the final page.**



Using this blank page please draw a person aged 75, you may use colour to add detail



**Please outline the meaning of the drawing**

.....

.....

.....

Thank you

## **Appendix 5: The Code Book**

Full Variable Name	SPSS Variable Name	Coding Instructions
ID	ID	IDENTIFICATION NUMBER
Gender	Gender	1= male 2= female
Age	Age	In years
Ethnic Origin	EO	1 =white British 2= white Irish 3 =white other 4 =British Asian 5= Chinese 6= other Asian 7= mixed 8 =Black British 9 =Black other 10= other Ethnic group
Highest educational qualification	Edqual	1=GSCE 2=A 'Level 3=NVQ/GNVQ 4=diploma 5=degree 6=masters 7=PhD 8=other
Year of current study	Year	Year 1=1 Year 2=2 Year3=3
Branch of Nursing	Branch	1=adult 2=child 3=LD 4=MH
Site Base	site	1=Clatter bridge 2=Chester 3=Leighton 4=Warrington
Previous caring experience prior to nursing	Care * initial data collection only	1=community 2=private sector 3=acute care adult 4=cardiac
Placement experience	Placement- for 2 <sup>nd</sup> and 3 <sup>rd</sup> year of data collection	5=surgery 6=critical care 7=stroke 8=orthopaedic 9=medicine 10=sexual health 11=oncology 12=acute MH 13=rehab MH 14=adult LD 15=care of older people

		16= anywhere/other/NA
Frequency of contact with older people	FC1-FC8	1=NA, 2=daily,3=weekly,4= fortnightly, 5=monthly, 6=once every few months,7=never, 8=other
Area anticipated to work as a qualified nurse	Source work	1=community 2=private sector 3=acute care adult 4=cardiac 5=surgery 6=critical care 7=stroke 8=orthopaedic 9=medicine 10=sexual health 11=oncology 12=acute MH 13=rehab MH 14=adult LD 15=care of older people 16= anywhere/other/NA
Kogan's Attitudes Toward Old People Scale <i>the higher the overall score from the respondent the more positive their attitude towards older people</i>	-veK1, K3,K8,K7,K12,K13, K15, K18, K19, K22,K23, K24,K26, K28,K31,K33, K34.	1= Strongly Agree 2=Agree 3= slightly agree, 4= neutral, 5= slightly disagree, 6=disagree, 7= strongly disagree.
	+veK2,K4, K5, K6, K9,K10,K11, K14, K16, K17, K20, K21, K25,K27,K29, K30, K32.	1= Strongly Disagree 2=disagree 3= slightly disagree, 4= neutral, 5= slightly agree, 6=agree, 7= strongly agree

#### Care

1=community-DN, child adolescent MH, rehab MH, HV, GP surgery, adult MH, substance misuse, alcohol services, assertive outreach, MH elderly, community LD team, homeless team.  
2=private sector-EMI, Nursing homes, LD houses.  
3=acute care adult- medical admissions, A&E  
4=cardiac-CCU, cardiology, CTC, catheter suite.  
5=surgery-vascular, urology, private, elective, gynae, ophthalmic.  
6=critical care- theatres, ITU,ICU, HDU  
7=stroke –stroke rehab, stroke units  
8=orthopaedic-trauma, long-stay  
9=medicine-respiratory, general, younger adults, dialysis, haematology, gastroenterology, dermatology  
10=sexual health- women's, children, gum  
11=oncology-hospice, Macmillan  
12=acute MH- inpatient mental health unit, PICU(psychiatric intensive care unit),inpatient child/adolescent, assessment unit, unscheduled care, crisis team, adult functional ward, forensic services, CAMHS  
13=rehab MH- elderly services  
14=adult LD  
15=care of older people-EAU, elderly rehab, elderly medical, EMI  
16= anywhere/other/NA

## **Appendix 6: Time Line detailing examples of KOP Use**

Date	Author	Notes
1961	Kogan	Developed from an ethnic minority scale and observations of stereotype and feelings associated with older people
1971	McTavish	Criticised scale and stated it measured prejudice
1975	Thorson	Greek study of nurse and social work students on a death and dying course
1977	Auerback &Levenson	Undergraduate humanities students, USA
1988	Harrison	Gerontology Nurse Education USA
1991	Slevin	School Children
1994	Haight et al.	Nurse education
1994	Lookinland, Anson	Comparison of nurses and health workers
1994	Hope	Nurses attitudes in conjunction with other methods
1995	Kelley	Doctoral thesis
1995	Sheffer	Used in conjunction with Palmore's Quiz
1997	Hilt	Media, sample complained about the scale length
1999	Hilt & Lipschultz	Revised to a 22 instrument, heavily criticised by others in the field, used media students
2001	Söderhamn et al.	Swedish version of the tool
2002	Giles et al.	New Zealand, Clinical educators and OT students
2005	Stewart et al.	New Zealand, Health professional degree students
2006	Hweidi & Al-Obeisat	Jordanian student nurses, noted westernised language
2007	Ryan et al.	Irish Student Nurses
2008	Walsh et al.	Used revised version of KOP
2008	Iwasaki & Jones	Proposed a re-examination of scale
2009	Lee	Used with other methods
2011	Rodgers	New Zealand student nurses
2011	Doherty et al.	Irish Healthcare workers
2013	Matarese et al.	Italian version, student nurses, recommended continued use.
2013	Zverev	Malawian medical and nursing students



## Appendix 7: Paired Correlations of KOP research

Paired Questions	Kogan (1961)	Hilt and Lipschultz (1999)+	Iwasaki and Jones (2008)
Q1 /Q21	.21-.42	.58(Q21)	.26
Q2/Q22	.25-.29	.64&.53(Q22)	.18
Q3/Q20	.40-.41	.58(Q20)-.54(Q3)	.48
Q4/Q19	.34-.50		.48
Q5/Q23	.07-.14	.53(Q23)	.20
Q6/Q33	.33-.41		.43
Q7/Q27	.44-.61	.58(Q27)	.29
Q8/Q10	.16-.26	.64(Q8)	.32
Q9 /Q13	.06-.31	.58(Q9)	.12
Q12/Q25	.30-.44	.58(Q25)	.09
Q11/Q34	.27-.40	.53(Q11)	.43
Q14/Q26	.18-.27		.15
Q15/Q32	.17-.35		.32
Q16/Q28	.12-.24		.24
Q17/Q31	.11-.27		.03
Q18/Q29	.34-.50		.38
Q24/Q30	.31-.38		.35

\*significant at the 0.01 level \*\*significant at the 0.05 level

+did not use all questions, therefore not paired, or suggested matched pairs and only presented a small number and these were revised statements

## **Appendix 8: Email from Kogan and Brief History of Nathan Kogan**

### 1) Email Received;

Dear Ms. Ridgway:

I appreciate your interest in my OP Scale. It is a scale that was developed more than 40 years ago, and I can understand how some of the items might well require modifications in wording to make them appropriate for the 21st century. Further, the economic, social, and environmental conditions in the UK might render some of the items (as presently written) inappropriate for a British sample. Accordingly, I am willing to grant you permission to modify my OP scale to make it suitable for administration to British samples. Please do not hesitate to contact me again if you should have any questions regarding the format, administration, or scoring of the OP Scale. You have my best wishes for the success of your project.

Sincerely,

Nathan Kogan, PhD  
Professor Emeritus  
New School for Social Research

### 2) Brief History;

Professor Nathan Kogan, 1927-2013.

He was Professor Emeritus of Psychology at the New School for Social Research, New York. Born in Bethlehem, his parents were Jewish migrants from Eastern Europe. He gained his PhD in Psychology from Harvard University in 1954. He worked in a range of Universities in American that included Princeton University and University of California Berkeley. He was a distinguished and respected scholar within the United States and internationally and spent time as a visiting professor in European and Australian Universities.

His research interests and scholarly activity drew on psychology he published papers on cognitive styles, divergent thinking, aesthetics and gerontology. His research began on focusing on attitudes towards older people and at the end of his career he was exploring attitudes on lifespan extension and biological interventions.

He published over 100 articles or chapters and author or co-authored five books. He was cited as supportive to his peers and academic staff and was referred to as a true academic.

Information taken from

Association for Psychological Science.(2014). Remembering Nathan Kogan, Retrieved from <http://www.psychologicalscience.org/index.php/publications/observer/2014/may-june-14/remembering-nathan-kogan.html>

Stricker, L.J.(2014). Nathan Kogan (1927-2013), American Psychology, 69(5), 551. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/25046722>

## **Appendix 9: Thurstone Panel Templates**

### Year One Panel

Drawing Number.....

Please write below your thoughts when you look at the image



Now can you rate the drawing overall on the scale below, marking the box which you feel reflects the image

1 =extremely negative, 5= neutral, 10 =extremely positive.

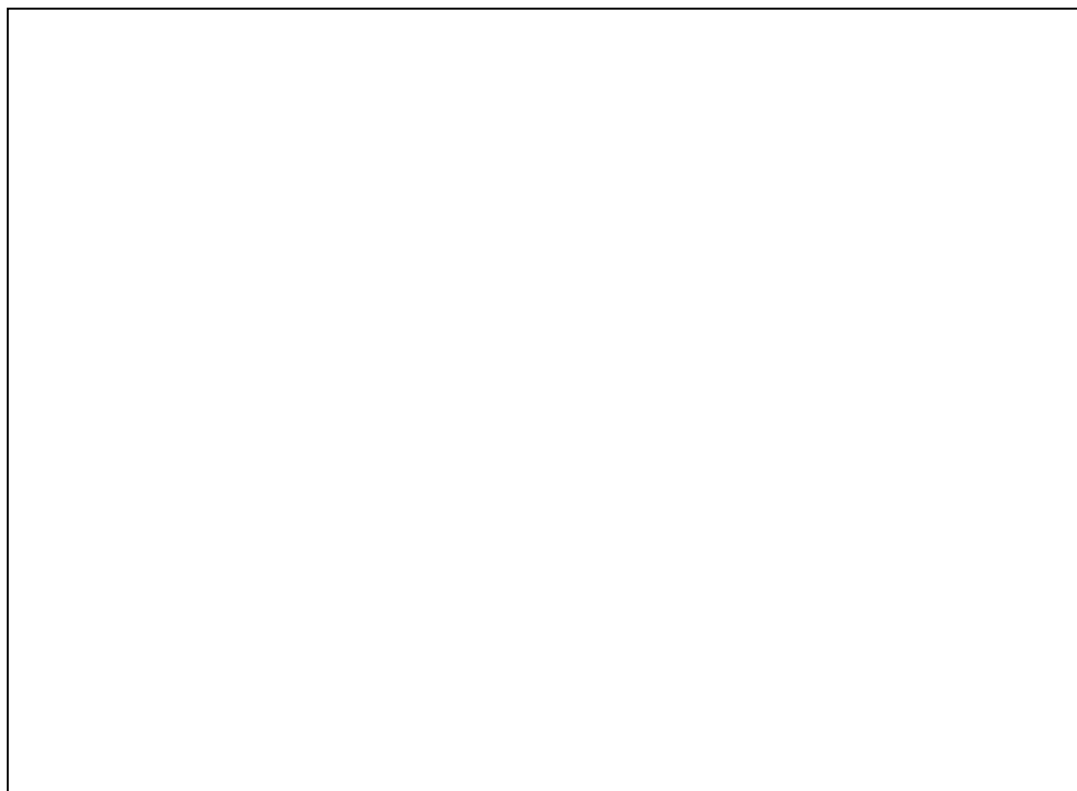
1	2	3	4	5	6	7	8	9	10

Thank you

Year Three Panel

Drawing Number.....

Please write below your thoughts when you look at the image



Now can you rate the drawing overall on the scale below, marking the box which you feel reflects the image

1 =extremely negative, 5= neutral, 10 =extremely positive.

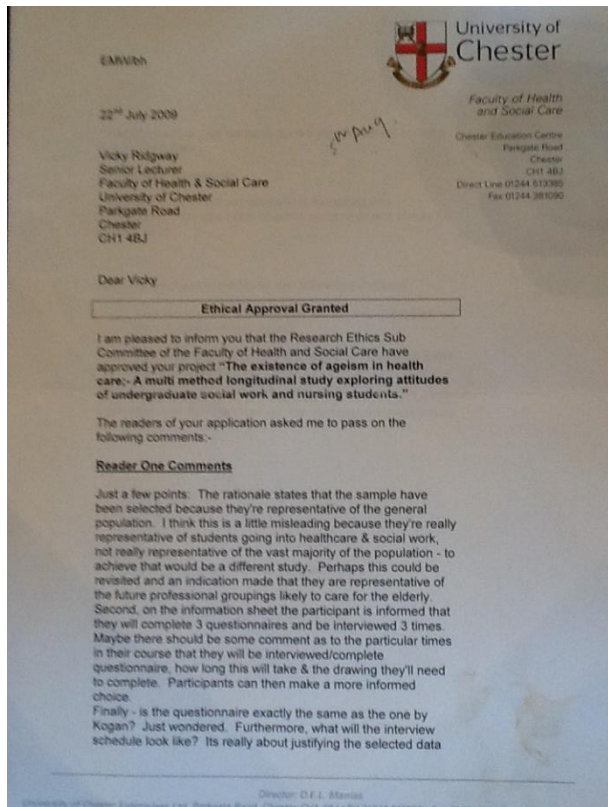
1	2	3	4	5	6	7	8	9	10

Do you think the drawing stereotype older people? Please tick the appropriate box

YES		NO	
-----	--	----	--

Thank you

## Appendix 10: Ethical Approval Letter



collection methods are the bests for the job. No ethical concern just an observation.

**Reader Two Comments**

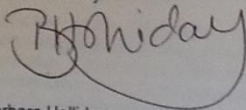
No issue ethically - but pay attention to formatting and punctuation. Font size alters on some documents and should be at least 12 pt.

Approval is subject to the above and following conditions:

1. That you provide a brief report for the sub-committee on the completion of your project.
2. That you inform the sub-committee of any substantive changes to the project.

May I take this opportunity to extend the best wishes of the Sub Committee and its Chairman for the successful completion of your project.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'B Holliday', with a large, sweeping loop at the end.

Barbara Holliday  
Secretary to the Research Ethics Sub-Committee

cc Research Knowledge Transfer Office

## **Appendix 11: PIL and Consent Form**

### **Participant Information Sheet**

Research Project title;- Visual perceptions of ageing: A multi method longitudinal study exploring attitudes of undergraduate nurses towards older people

I would like to invite you to take part in a research study which is part of my PhD studies in the Faculty of Health and Social Care at the University of Chester. Before you decide, you need to understand why the research is being done and what it will involve for you. Please take time to read the following information. If you do not understand anything or wish to ask questions or gain more information about this study please contact me. Take time to decide whether you wish to volunteer to take part.

Thank you for reading this.

- **What is the purpose of the study**

The study aims to examine the influence of your education and learning upon attitudes held towards older people

- **Why have I been chosen**

You have been selected so the researcher can follow your progress during your three year programme and collect information at four points.

- **Do I have to take part**

Participation in this study is entirely voluntary and you may withdraw at any point if you decide to participate. If you do not wish to participate there will be no repercussions and there is no academic benefit to those who will participate.

- **What will happen to me if I take part**

Your participation will require you to complete a consent form and agree for the data obtained being used for the purposes of the research. Once this has occurred you will be asked to complete a questionnaire and you may be interviewed. This will occur on four occasions during your time at university and should not interfere with your studies.

- **What are the possible disadvantages and risks of taking part**

The research study does not pose any risks to the physical wellbeing of the participant and the collection data will not cause embarrassment or be emotionally upsetting.

- **What are the possible benefits of taking part**

The overall aim of the study is to investigate attitudes of undergraduate students towards older people. It is anticipated that through participation you will develop your understanding of older people and reflect upon care delivery. As a direct impact of the research project education of future student groups may be adapted facilitating a greater understanding of ageism.

You will partake in research modules during your programme of study therefore participating in this research project will give you an insight into research methodologies and the relevance of research in health and social care.

- **What if something goes wrong**

It is not foreseen that something will go wrong; the research proposal has been approved by the graduate school and the faculty of health and social care research ethics committee. Participants can withdraw from the study at any time with no repercussions to that individual. Participants will be able to speak to the researcher and there are support services available with the university.

- **Will my taking part in the study be kept confidential**

Anonymity will be maintained via the use of questionnaires, and names will not be recorded during taped interviews. Students will be reminded that they can withdraw from the study at any point without any detrimental effect upon their programme of study. All data obtained will be managed according to the data protection act. Only the researcher will have access to the data collected and this will be stored in a locked filing system and an IT pass word protected system.

- **What will happen to the results of the research study**

It is anticipated that the results of the study will be published in health and social care journals and disseminated at conferences. Overall it is hoped that the data obtained will have an influence on the future care delivery for older people.

- **Who is organising and funding the research**

The research is being organised by myself, Victoria Ridgway and is being funded by the University of Chester.

- **Who may I contact for further information?**

**Please contact me for further information by telephone 01244 513385 or by email [v.ridgway@chester.ac.uk](mailto:v.ridgway@chester.ac.uk)**

Thank you for reading this information sheet and showing interest in this research

*Victoria Ridgway*



## **Faculty of Health and Social Care**

### **University of Chester**

#### **Volunteer Participants' Consent Form**

Research Project title;- Visual perceptions of ageing: A multi method longitudinal study exploring attitudes of undergraduate nurses towards older people

Name of Researcher;- Victoria Ridgway

1. I confirm that I have read and understand the information sheet dated..... for the above study. I have had the opportunity to ask questions consider the information given and have had these answered satisfactory

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving reason

3. I agree to take part in the above study

4. I am happy to participate in the completion of the questionnaire

5. I am happy to be interviewed

6. I consent to the interview session being recorded

7. I am happy to participate in the panel discussion

Please initial box

**Name of participant;**

**Date;**

**Signature;**

**Researcher;**

**Date;**

**Signature;**

For those willing to participate in the interview/panel discussion please provide a contact details below email/telephone number

.....

## Appendix 12: Panel Data

Table.A1 DS1 Thurstone Scale Panel and Comparison to Researcher Analysis

Drawing no.	Panel Rating	My Rating	Thematic analysis match	Drawing no.	Panel Rating	My Rating	Thematic analysis match
185	7	neutral	yes	230	4/5	neutral	yes
197	7	neutral	yes	231	8	neutral	yes
199	10	positive	yes	231	10	neutral	yes
213	4	negative	yes	236	9	positive	yes
216	8	neutral	no	238	7	positive	no
217	5	neutral	yes	241	8	positive	yes
219	5	negative	no	242	7	positive	yes
227	3	negative	yes	243	7	positive	no
227	5	negative	yes	243	8	positive	no
228	5	positive	yes	247	8	positive	yes
228	10	positive	yes	268	5	negative	yes
228	6	positive	yes	278	7	neutral	yes
230	5	neutral	yes	285	8	positive	yes

Differences between the panel's ratings and the thematic analysis were noted, with the panel being more generous. In DS2 out of n21 drawings reviewed n13 were considered stereotypical.

Table.A2 DS2 Thurstone Scale Panel and Comparison to Researcher Analysis

Drawing no.	Panel Rating	My Rating	Thematic analysis match	Stereotypical	Drawing no.	Panel Rating	My Rating	Thematic analysis match	Stereotypical
33	10	positive	yes	yes	163	3	neutral	no	yes
42	4	neutral-positive	no	yes	167	10	positive	yes	yes
43	6	positive	yes	yes	180	2	negative	yes	yes
57	3	positive	no	yes	191	9	positive	yes	no
75	3	positive	yes	no	191	10	positive	yes	no
75	10	positive	yes	no	199	9	positive	yes	no
90	8	positive	yes	yes	199	7	positive	yes	yes
90	8	positive	yes	no	216	9	positive	yes	no
98	6	Negative-neutral	yes	yes	221	8	positive	yes	yes
144	8	positive	yes	no	222	10	positive	yes	yes
163	6	neutral	yes	yes					

Again there were some differences noted between the ratings and the meaning of the content, these are discussed in the qualitative Chapter.

The DS3 panel was comparable to previous panels, there again was a difference in rating and response to n5 images, table.35 this reflects the influence of social structure as it became apparent the panel did not acknowledge pertinent aspects of the imagery or did not draw on the negative comments or imagery present. Out of n23 images reviewed n14 were considered stereotypical.

Table.A3 DS3 Thurstone Scale Panel and Comparison to Researcher Analysis

Drawing no.	Panel Rating	My Rating	Thematic analysis match	Stereotypical	Drawing no.	Panel Rating	My Rating	Thematic analysis match	Stereotypical
31	8	neutral	yes	no	127	7	positive	yes	yes
39	9	positive	yes	no	130	5	neutral	yes	no
42	5	positive	yes	yes	131	8	neutral	yes	yes
58	8	Neutral	yes	no	135	5	neutral	yes	yes
66	4	positive	no	yes	150	7	positive	yes	yes
81	8	positive	yes	no	161	9	positive	no	no
85	6	positive	no	no	166	5	negative	yes	no
99	2	neutral	yes	yes	168	8	positive	yes	yes
99	2	neutral	yes	yes	176	5	neutral	yes	yes
99	1	neutral	yes	yes	176	7	neutral	No	yes
114	9	neutral	yes	yes	190	10	negative	yes	yes
122	9	positive	no	no					

## **Appendix 13: Thematic Analysis of Drawings**

## **Appendix.14 Correlations and Recommendations for Revision**

Comparison of DS Correlations to Kogan (1961) and Iwasaki, Jones (2008)

Paired Questions	Complete DS Spearman's rho (Ridgway 2015)	Kogan (1961)	Iwasaki, Jones (2008)	Revision needed
Q1 /Q21	.258**	.21-.42	.26	
Q2/Q22	.153**	.25-.29	.18	√
Q3/Q20	.343**	.40-.41	.48	
Q4/Q19	-.198**	.34-.50	.48	√
Q5/Q23	.149**	.07-.14	.20	√
Q6/Q33	.328**	.33-.41	.43	
Q7/Q27	.121**	.44-.61	.29	√
Q8/Q10	.260**	.16-.26	.32	
Q9 /Q13	.035 No Correlation	.06-.31	.12	√
Q12/Q25	.051 No Correlation	.30-.44	.09	√
Q11/Q34	.210**	.27-.40	.43	
Q14/Q26	.199**	.18-.27	.15	√
Q15/Q32	.294**	.17-.35	.32	
Q16/Q28	-.445**	.12-.24	.24	
Q17/Q31	-.019 No Correlation	.11-.27	.03	√
Q18/Q29	-.106**	.34-.50	.38	√
Q24/Q30	.346**	.31-.38	.35	

\*significant at the 0.01 level \*\*significant at the 0.05 level

**Appendix.15 Revision Kogan Attitudes towards older people scale (Ridgway, 2015)**

**Table. A4 Revised KOP Questions**

Original Question	Current Wording	Expected Response
Q 1 (negative) <i>"Most old people tend to let their homes become shabby and unattractive"</i>	Most old people tend to let their homes become shabby and unattractive	Disagree
Q 21 (positive) <i>"Most older people can generally be counted on to maintain a clean attractive home"</i>	Most older people can maintain a clean attractive home	Agree
Q 2 (positive) <i>"Most old people respect others privacy and give advice only when asked"</i>	Most old people respect others privacy and give advice only when asked	Agree
Q22 (negative) <i>"Most old people spend too much time prying into the affairs of others and giving unsought advice"</i>	Most old people pry into the affairs of others and give advice when not needed	Disagree
Q3 (negative) <i>"It is foolish to claim that wisdom comes with old age"</i>	It is foolish to claim that wisdom comes with old age	Disagree
Q20 (positive) <i>"People grow wiser with the coming of age"</i>	People grow wiser with the coming of age	Agree
Q4 (positive) <i>"One seldom hears old people complaining about the behaviour of the younger generation"</i>	Older people do not complain about the behaviour of younger generations	Agree
Q19 (negative) <i>"Most old people are constantly complaining about the behaviour of the younger generation"</i>	Most older people complain about the behaviour of the younger generations	Disagree
Q5 (positive) <i>"When you think about it old people have the same faults as anybody else"</i>	Older people are all individuals and their hairstyle and clothes they wear are different from each other	Agree
Q23 (negative) <i>"If old people expect to be liked, their first step is to try to get rid of their irritating faults"</i>	Old people all look the same , they wear similar clothes and have identical hairstyles	Disagree
Q6 (positive) <i>"It is evident that most old people are very different from each other"</i>	It is evident that most old people have their own personality	Agree
Q33 (negative) <i>"There are a few exceptions but in general most older people are pretty much alike"</i>	There are a few exceptions but in general most older people are alike	Disagree
Q7(negative) <i>"Old people should be more concerned with their personal appearance: they're too untidy"</i>	Old people should take more care and pride in their personal appearance	Disagree
Q27 (positive) <i>"Most old people seem to be quite clean and neat in their personal appearance"</i>	Most old people take pride in their personal appearance and make time to self-groom	Agree
Q8 (negative) <i>"Most old people bore others by their insistence on talking about the good old days"</i>	Most older people bore others by talking about the good old days	Disagree
Q10 (positive) <i>"One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences"</i>	One of the most interesting qualities of most older people is their accounts of past experiences	Agree
Q9 (positive) <i>"You can count on finding a nice residential neighbourhood when there is a</i>	It is acceptable for older women to grow old gracefully	Agree

<i>sizeable number of old people living in it</i>		
Q13 (negative) <i>"In order to maintain a nice residential neighbourhood it would be best if too many old people did not live in it"</i>	Older women should do all they can to prevent the signs of ageing (grey hair and wrinkles)	Disagree
Q12 (negative) <i>"Most old people make one feel ill at ease"</i>	I feel uncomfortable when taking to and being with older people	Disagree
Q25 (positive) <i>"Most old people are very relaxing to be with"</i>	Most old people are very relaxing to be with	Agree
Q11 (positive) <i>"Most old people are cheerful, agreeable and good humoured"</i>	Most old people are cheerful, agreeable and good humoured	Agree
Q34 (negative) <i>"Most old people are irritable, grouchy and unpleasant"</i>	Most old people are irritable, grouchy and unpleasant	Disagree
Q14 (positive) <i>"Most old people are really no different from anybody else: they're as easy to understand as younger people"</i>	Older people are just as capable as anybody else when using technology and social media	Agree
Q26 (negative) <i>"There is something different about most old people: it's hard to figure out what makes them tick"</i>	Older people do not understand or use technology and social media	Disagree
Q15 (negative) <i>"Most old people get set in their ways and are unable to change"</i>	Most old people get set in their ways and are unable to change	Disagree
Q32 (positive) <i>"Most old people are capable of new adjustments when the situation demands it"</i>	Most old people are capable of new adjustments and change	Agree
Q16 (positive) <i>"Old people should have more power in business and politics"</i>	Old people should have more power in business and politics	Agree
Q28 (new question no comparable)	Caring for older people in professional practice is fulfilling and rewarding	Agree
Q17 (positive) <i>"Most old people need no more love and reassurance than anybody else"</i>	Older people have the same emotions as anybody else	Agree
Q31(negative) <i>"Most old people make excessive demands for love and reassurance"</i>	Most old people make excessive emotional demands	Disagree
Q18 (negative) <i>"It would be better if most old people lived in residential units with people of their own age"</i>	It would be better if most older people lived in specific residential areas with people of their own age	Disagree
Q29 (positive) <i>"It would be better if most old people lived in residential units that also housed younger people"</i>	It would be better if older people lived in communities that also had younger people	Agree
Q24 (negative) <i>"Most old people would prefer to quit work as soon as pensions or their children can support them"</i>	Most old people would prefer to quit work as soon as pensions or their children can support them	Disagree
Q30 (positive) <i>"Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody"</i>	Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody	Agree
Q35 new question	Caring for older people in professional practice is mundane and routine	Disagree
Q36 (negative) <i>"Old people have too little power in business and politics"</i>	Old people have too little power in business and politics	Disagree

**Table A5 Correlations of Revised KOP**

Paired Questions	Complete DS Spearman's rho (Ridgway 2015)	Kogan (1961)	Iwasaki, Jones (2008)	VOP Spearman rho	VOP Pearson
Q1 /Q21	.258**	.21-.42	.26	.568**	.594**
Q2/Q22	.153**	.25-.29	.18	.343**	.368**
Q3/Q20	.343**	.40-.41	.48	.310**	.325**
Q4/Q19	-.198**	.34-.50	.48	.504**	.494**
Q5/Q23+	.149**	.07-.14	.20	.715**	.760**
Q6/Q33	.328**	.33-.41	.43	.316**	.282**
Q7/Q27	.121**	.44-.61	.29	.021	-.010
Q8/Q10	.260**	.16-.26	.32	.125	.084
Q9 /Q13+	.035	.06-.31	.12	.290**	.252**
Q12/Q25	.051	.30-.44	.09	.246**	.174
Q11/Q34	.210**	.27-.40	.43	.397**	.497**
Q14/Q26+	.199**	.18-.27	.15	.437**	.444**
Q15/Q32	.294**	.17-.35	.32	.452**	.459**
Q16/Q36 (28)	-.445**	.12-.24	.24	-.463**	-.392**
Q17/Q31	-.019	.11-.27	.03	.154	.116
Q18/Q29	-.106**	.34-.50	.38	.389**	.429**
Q24/Q30	.346**	.31-.38	.35	.512**	.482**
Q28/Q35++				.488**	.429**