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A Survey of Physicians' Attitudes on Aging

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A SURVEY OF PHYSICIANS' ATTITUDES ON AGING

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree, Master of Science, University of Nebraska at Omaha.

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ABSTRACT

The purpose of this investigation was to answer the following research questions:

1. How do the attitudes of physicians toward the older adult compare to the attitudes of previously studied medical students?

2. What is the relationship between the attitudes of physicians toward older adults and the following: medical specialty, years in practice, sex, age, estimate of percent of patients 65 and older and whether or not a physician has ever taken a course on aging?

Two hundred physicians completed the questionnaire. The number of respondents represented 27 different medical specialties, later regrouped to 14 specialties. Results of this study indicated that there was a significant relationship between the age of the physician and his or her attitudes toward older people, and a low but significant correlation found between years in practice and attitudes toward aging.

TABLE OF CONTENTS

Chapter 1

INTRODUCTION

This study is to determine physicians' attitudes toward aging people. A physician's attitude toward the older adult patient, one would think, would have a lot to do with how the individual patient is treated. The quality and type of care received by the older person is influenced by the attitudes of the physician. (Ahmed, Kraft & Porter, 1986).

When did these attitudes develop? Are physicians' attitudes in place upon entering medical school, or do they evolve during medical school while learning to care for patients of all ages? Medical students' attitudes toward old people have been studied by Perrotta, Perkins, Schimpfhauser and Calkins (1981); Thorson, Powell, Kara and Uhl (1989); Powell, Thorson, Kara and Uhl (1990); Thorson and Powell (1991) using Kogan's (1961) Attitudes Toward Old People Scale. Physicians' attitudes toward old people have never before been studied using Kogan's (1961) Attitudes Toward Old People Scale.

The medical specialty chosen by the physician may have an effect on how he or she will react toward an older patient. The most obvious example of this is a geriatrician, a physician who chooses to work specifically with people 65 and older. Physicians may be drawn toward certain specialties because of the type of patient for whom they will care.

What are the factors that determine how much a physician

would enjoy caring for the older patient? Would gender and age of the physician, the number of years a physician has been in practice, the number of patients 65 and older in one's practice and the number of gerontology or geriatrics courses the physician has taken have any influence on the physician's attitude?

Would the attitudes of practicing physicians and those of medical students be similar or different? Numerous research articles have been written about medical students' attitudes toward the aging patient. (Spence, Feigenbaun, Fitzgerald & Roth, 1968; Cicchetti, Fletcher, Lerner & Coleman, 1973; Perrotta, Perkins, Schimpfhauser & Calkins, 1981; Warren, Painter & Rudisill, 1983; Thorson, et al., 1989; Powell, Thorson, et al., 1990). Attitudes toward the caring for the older patient by the medical students in these studies were equivocal. It is uncertain how realistic those attitudes are due to the fact medical students have not yet worked in active practice, nor have they specialized. The purpose of this study is to determine physicians' attitudes toward the older adult, and whether there are any significant differences between physician specialty, years in practice, gender, age, percentage of patients age 65 and older, and if they have ever taken a course on aging.

Chapter II

THE PROBLEM

Purpose

The purpose of this investigation was to answer the following research questions:

1. How do the attitudes of physicians toward the older adult compare to the attitudes of previously studied medical students?

2. What is the relationship between the attitudes of physicians toward older adults and the following: medical specialty, years in practice, sex, age, estimate of percent of patients 65 and older and whether or not a physician has ever taken a course on aging?

Limitations

1. All of the subjects voluntarily filled out the survey which may have resulted in selection bias.

2. The internal validity of the study may be limited due to the relatively small percentage of subjects who returned questionnaires.

3. It was not feasible to measure the subjects' ability to report honestly.

4. It was not possible to control the number of physicians who did not complete and return the questionnaire.

5. All of the respondents were physicians on the medical staff at a large, Protestant, metropolitan hospital in Nebraska.

Definition of Terms

Geriatrics: A medical study by a physician who care for patients 65 years and older.

Gerontology: The scientific study of the physiological, pathological, psychological and sociological phenomena associated with aging.

Significance of the Study

This study assesses the attitudes of practicing physicians toward older people. It is important to understand how these attitudes might be affected,if at all, by knowledge and other factors.

Chapter III

REVIEW OF RELATED LITERATURE

This chapter will be divided into three parts: 1) a review of physicians' attitudes, perceptions and knowledge about aging; 2) a discussion of medical students' attitudes about aging; and 3) physicians' caring for older patients.

Physicians' Attitudes, Perceptions and Knowledge

Physicians practicing medicine in different specialties have been found to have very different attitudes toward aging patients. Ahmed, et al., (1986) studied 172 psychiatrists, 157 surgeons and 108 internists. These physicians responded to eight attitudinal questions. Six of the questions were found to have statistically significant differences among the different doctors' specialties. The differences were the greatest between the psychiatrists and the surgeons. Psychiatrists attitudes were found to be the most positive and surgeons attitudes the least positive toward the aged.

A physician, Dr. Falk, discussed in 1987 how a friend of his died. Before dying, the friend talked with him about his feelings about how physicians judged the elderly patient. He felt that physicians judged the aging patient by looking at him instead of by talking to him. Hospitalized elderly patients were treated with depersonalization and lack of human feeling. Falk stated that all physicians have been guilty of insensitivity to patients at one time or another.

Investigators found that 96% of surgeons who responded to a survey thought that obtaining a history from an old patient was difficult all of the time or most of the time (Ahmed, et al., 1986). This has happened, perhaps, more often with elderly patients because illness and change are more difficult for them to deal with (Falk, 1987). It was felt by Falk (1987) that physicians need to take a minute for a touch, a comforting word or a friendly smile. Surgeons, especially, need to observe such courtesies. Previous studies revealed that surgery, which is associated with a greater tendency to stereotype than are other specialties, is characterized by little doctor-patient interaction (Ahmed, et al., 1986).

Physicians in Texas were surveyed by their state medical association. Thirty-one percent of the physicians remain less willing to accept Medicare patients ("1989 Physician Survey," 1989). Doctors continue to be frustrated when caring for Medicare patients due to the increased amount of paper work and documentation and trying to decrease the number of inpatient hospital days while shifting to the outpatient setting ("1989 Physician Survey," 1989). This leads to the decreased ability to hospitalize a patient when it is thought to be medially necessary ("1989 Physician Survey," 1989). Even though this frustration is mainly due to Medicare rules, it could affect the physician's attitude toward the older adult.

Residents in family practice were surveyed using the

Palmore test on aging and the Wall-Oyer Attitudes Toward Aging Inventory to determine the residents' perceptions. One hundred and three answered the survey. Ninety-four had positive attitudes about working with the elderly patient. They wanted to help the elderly patients improve their functioning and felt it would be rewarding (Senger-Dickson, O'Brien and Barker, 1987). Unfortunately, only 36% were interested in devoting a large portion of their practice to specializing in geriatric care. Twenty-three percent of the residents were interested in limiting their practice specifically to older patients.

This low percentage of residents willing to care for the older patient has implications suggesting that the elderly patient will have less access to medical care in the future ("1989 Physician," 1989) because of the fact that it is the fastest growing segment in America. This resident interest can possibly be affected by educational programs. Senger-Dickson, et al., (1987) suggested that family practice educators focus on the changes needed in residency training programs in order to cover the difficulties residents have concerning the geriatric patient. It has been stated by Jahnigen and Ward, (1991) that these difficulties with older patients could be alleviated by having all internal medicine residents receive specific experiences in the care of older patients.

A group of 170 physicians were given the Palmore "Short

Facts on Aging Quiz." It was found that physicians' knowledge about aging was no better than that of undergraduate students (West & Levy,1984). It was felt by the researchers that there is a definite need for medical education in gerontology (West & Levy,1984).

Another aspect of education for physicians was found to be awareness of mental disorders in their elderly patients (Waxman, 1986). There has been increased media attention regarding these problems, and physicians need the knowledge to distinguish between normal aging and disease processes (Waxman, 1986).

According to the American Board of Family Practice (P.R. Young, M.D., personal communication, January 23, 1992), there are 4,085 board certified geriatricians in the United States. By the year 2010 the estimated population aged 65 and over will be over 39 million (U.S. Census Bureau, 1991), a ratio of one geriatrician per 9,636 older adults. In 96 medical schools surveyed, Perrotta, et al., (1981) found only 15.6% of the schools included a course on geriatrics in their curriculum. Another 7.4% without geriatrics courses planned to add them to the curriculum. Until more medical schools add these courses, this additional education may have to be done, as Waxman (1986) proposed, through continuing medical education programs or structured practical experience.

Kogan's Attitudes Toward Old People Scale

The Kogan Attitudes Toward Old People Scale (OP) is a 34 item questionnaire with a Likert agree-disagree format to help facilitate the study of attitudes (Kogan, 1961). Scores can range from 34 to 238. The lower the score the more positive the attitude toward old people. Kogan (1961) also used matched positive-negative item pairs denoting sentiments toward old people. It has been used frequently and has been demonstrated to have acceptable levels of reliability (Thorson, et al., 1989).

Medical Students' Attitudes

Medical students' attitudes about aging have been studied in several studies. In a recent study, the attitudes about aging were studied when classes of medical students were in their first and last year of medical school. These studies were conducted for three consecutive years. The students completed the Kogan Attitudes Toward Old People Scale (OP) with a mean score of 99.9 (Powell, et al., 1990). No significant change in their attitudes was reported during their four years in medical school (Powell, et al., 1990). The attitudes of the medical students studied by Powell, et al., (1990) were more positive than those of Perrotta, et al., (1981) -- a previously studied group of medical students who also completed the Kogan Attitudes Toward Old People Scale (OP). Perrotta, et al., (1981) studied medical students'

attitudes and found their mean score on the Kogan Scale to be 115. This score was 15.1 points higher than the medical students studied by Powell, et al., in 1990. The lower score reflects a more positive attitude toward older adults.

Spence, et al., (1968) conducted a study of medical students' attitudes toward older adults and found there was more prejudice against the older adult than there was against black people. Revenson (1989) documented negative attitudes toward the elderly among first year medical students,house staff and other health care professionals. Medical students involved in the study by Spence, et al., (1968) stated that they preferred treating acutely ill patients because of the satisfaction they reaped. In addition, there was a lack of a feeling of accomplishment when treating the chronically ill.

In a study of medical students by Cicchetti, et al., (1973), there were expressed negative feelings for elderly patients, and, if given a choice, they would prefer younger patients. When medical students were asked to rank in order of preference which medical ward they wold want to work, surgery was their first choice; the ward for chronically ill old people was their last choice (Spence, et al., 1973).

It was indicated by Cicchetti, et al., (1973) and Spence, et al., (1973), that there have been medical students with negative attitudes toward the aged. Gerontologists and medical educators have expressed concern over the lack of interest in geriatric medicine by practicing professionals and training

institutions (Perrrott, et.al., 1981). Given that the aged population is growing so rapidly, this concern is warranted.

Geriatric Training Programs

Robins and Wolf (1989) found that a course on medical interviewing of the elderly enhanced the medical students' abilities to identify and respond to hypothetical expressions of concern exhibited by the elderly. Results from a study by Warren, et al., (1983), showed that students' attitudes were significantly improved following a geriatrics training program. This program included a specific geriatric education component while working in a family practice clerkship. Menin this group showed more improvement in their attitudes than women. But the men began with more negative attitudes. Thorson and Perkins (1981) found that women and older students showed more positive attitudes toward older people than did the younger students and the males in the sample.

Other health professionals have been studied using the Kogan Attitudes Toward Old People Scale (OP). When physical therapy students were studied, their attitudes toward older adults were very similar to that of medical students (Schmidt, Corbin, Thorson, 1991).

Physicians' Caring for Older Patients

There are many aspects of caring for the aging person. These aspects include health promotion and disease prevention.

Men and women 65 years of age and older are the fastest growing segment of the population in the United States (Black, Sefcik, Kapoor, 1990). The U.S. Census Bureau stated that by the year 2030, 21.8% of the population will be over age 65. According to Black, et al., (1990-) the average person 65 years of age can expect to live another 15 years and remain independent for ten of those years. Quality care for this growing segment of the population has become an issue. Sullivan (1989) stated that resources need to shift from high-technology, hospital-based care to community care. Physicians have encouraged health screenings in the younger population; however, they were less likely to have tests and examinations performed on their older patients (Black, et al., 1990). Black, et al., (1990) found that by providing a checklist for preventive health measures on the patients' chart they could increase compliance by physicians to do health screenings. Physicians also need to discuss with their aging patients the different aches and pains the patients might be experiencing ("Coping With Care," 1989).

When caring for the older adult, there are not always "set-in-stone" solutions. When a physician cares for the acute care patient, it is often more satisfying because there is a good outcome and solution. However, the problems of the elderly cannot be forgotten (Sullivan, 1989). A panel of physicians from southern California discussed caring for the older adult and the impact it has on private practice ("Coping

With Care," 1989). One physician stated that, instead of making something better, one needs to be satisfied by enhancing the function and life satisfaction of an older person ("Coping With Care," 1989).

Part of the enhancement of the function of older people is timely referrals by physicians, for example, to emergency rooms or psychiatrists. Perez and Blouin (1986) found it unfortunate that older people experienced their chief complaint for a longer time before referral to the emergency room by their primary care physician. Similarly, family physicians, who provide most of the care for aging patients are waiting too long to refer to a psychiatrist for mental needs. More information needs to be given to the primary care physician in order that the physician can more easily recognize underlying psychiatric disorders so that older patients can be cared for more quickly.

Physicians Dealing With Death

Just as physicians need to deal with emergency room visits, they also need to develop the ability to deal with death. The physicians' medical ethics and their definition of quality life will have a lot to do with the extremes a physician will go to save a patient. Physicians make decisions regarding life-sustaining therapy from their knowledge of medicine and their attitudes about quality-of-life (Pearlman and Jonsen, 1985). For example, one physician

may feel quality life is surviving in a coma and being maintained on a respirator with tube feedings, while another physician may look at medical tests and conclude the patient is brain dead and, therefore, he or she may disconnect the patient from the life-sustaining equipment. This attitude toward the quality-of-life may be directly related to the physicians' attitude toward the older patient since some physicians may feel that the older patient's life has less value.

Summary

The current literature reveals equivocal findings about physicians' attitudes toward older adults. The most apparent differences are across physician specialty practice areas. The literature revealed that geriatrics and gerontology courses were lacking in most medical school curricula. The medical students who were studied had no change in attitudes toward older adults over the four years they attended medical school. The literature also concluded that physicians' medical decisions were influenced by their knowledge and attitudes toward older adults.

Further study of these attitudes may enable researchers to determine educational needs of medical students and continuing medical education needs for practicing physicians.

Chapter IV

METHODS

Subjects

Physicians were selected from the active and courtesy medical staff, totalling 589, at a large, Protestant, metropolitan hospital in Nebraska by delivering a questionnaire to them at their office. The physicians who chose to volunteer to be included in the study filled out the questionnaire and returned it to their secretary. The investigator either picked up the questionnaire from the secretary or the secretary mailed it to the investigator.

Four-hundred thirty questionnaires were distributed and 200 completed questionnaires were returned, which is a return rate of 47%. The remaining 159 physicians on the staff who did not receive a questionnaire included pediatricians, pediatric specialists and out of town physicians with special courtesy privileges.

Variables

Independent variables in this study were physician specialty, years in practice, sex, age, estimate of the percentage of patients in each practice age 65 and older, and whether or not the physician had ever take a course on aging. The dependent variable studied was physicians' attitudes toward aging.

Measurement Procedures

A 34 item Likert agree-disagree, seven point scale, with one as "negative attitudes" and seven as "positive attitudes," questionnaire developed by Kogan (1961) titled Kogan Attitudes Toward Old People Scale (OP) was used.

The scale has been demonstrated to have acceptable levels of reliability (Thorson, et al., 1989) and was found to be a reliable instrument by the investigator in this study by doing a Cronbach's Alpha coefficient. When using blank = 4, the alpha was .80. This questionnaire was used to assess participants' attitudes regarding old people. (See Appendix A).

Respondents were also asked to indicate demographic data by answering six additional questions. (See Appendix A).

A cover letter describing the purpose of the study and giving specific directions on how to complete the survey was attached to the questionnaire. (See Appendix B).

Statistical Analysis

Parametric statistics were used to analyze the interval data in this study. The mean and standard deviation were reported for the total sample and for each of the demographic categories studied. Analysis of variance (ANOVA) was used to determine the extent that the independent variables were related to the attitudes toward aging. Pearson product moment correlation analysis was used to determine the relationship

between the independent variables, years in practice and attitudes. A Post-hoc test was done on the relationship between age of respondents and attitudes, known as the Tukey-HSD procedure. Results were considered significant if they were at the $p<0.05$ level.

Chapter V

Results

The purpose of this study was to answer the following research questions:

1. How do the attitudes of physicians toward the older adult compare to the attitudes of previously studied medical students?
2. What is the relationship between the attitudes of physicians toward older adults and the following: medical specialty, years in practice, sex, age, estimate of percentage of patients 65 and older and whether or not a physician has ever taken a course on aging?

Four hundred thirty questionnaires were distributed. Two hundred completed questionnaires were returned, a return rate of 47%.

The number of respondents represented 27 different medical specialties, later regrouped to 14 specialties. These specialties included family practice, internal medicine, otolaryngology, general surgery, neurology, oral surgery, ophthalmology, plastic surgery, orthopedic surgery, neurosurgery, anesthesiology, obstetrics and gynecology, psychiatry, radiology, dermatology, urology, pathology, oncology, vascular surgery, emergency medicine, pulmonology, allergy, gastroenteritis, colon & rectal surgery and endocrinology. The mean score derived from all of the respondents was 96.87. (See Table 1). The mean score of

previously studied medical students have ranged from the low mean score of 99.9 (Thorson and Powell, 1991) to the high mean score of 115 (Perrotta, et al., 1981) -- the lower the mean score the more positive the attitude toward old people. (See Table 2).

TABLE 1

Means and Standard Deviations for Kogan's Attitudes Toward Old People Scale by Specialty

Specialty	Mean	S.D.	N
Family Practice	96.81	13.18	27
Internal Medicine	98.00	13.42	21
Ears, Nose and Throat	94.08	14.78	12
General Surgery	102.22	18.98	9
Ophthalmology	97.23	13.82	13
Plastic Surgery	98.50	10.47	8
Orthopedics	97.25	21.79	8
Anesthesiology	100.33	13.96	9
OB-Gyn	101.56	12.92	18
Psychiatry	89.13	22.39	8
Oncology	87.33	10.69	9
Cardiology	88.75	27.95	8
Other Surgical Specialties*	98.77	16.03	13
Other Specialties**	97.27	13.25	37
Total Sample	97.87	15.25	200 *

* Includes: Oral Surgery, Neurosurgery, Vascular Surgery Colon & Rectal Surgery

** Includes: Neurology, Radiology, Dermatology, Urology, Pathology, Emergency Medicine, Pulmonology, Allergy, Nephrology, Gastroenteritis, Endocrinology

TABLE 2

Comparison of Kogan's Attitudes Toward Old People Scores to Present and Previous Studies

Study	N	Mean
Present Study (1992, physicians)	200	96.87
Thorson, et al., (1989, med. students)	232	99.9
Schmidt, et al., (1989, PT students)	47	104.6
Thorson & Perkins (1981, grad. & undergrad. students)	212	108.4
Perrotta, et al., (1979, med. students)	127	115.0
Kogan, (1961, undergrad. students)	186	111.6
Kogan, (1961, undergrad. students)	128	118.9
Kogan, (undergrad. students)	168	119.0

The majority of the physicians, 37.5%, were age 30-39; 33.5% were 40-49; 17.5% were 50-59; 8.5% were 60-69; and 3% 70 and older. A majority of the subjects, 91.5%, were male with the remaining 8.5% being female.

Age and physician years in practice were the demographic variables that were related to the dependent variable of physicians' attitudes toward older people. Age and how it related to physicians' attitudes was determined by using the analysis of variance (ANOVA).

There was significance between the age of the physician and attitudes toward old people [$F(4,195)=4.20$, $p<0.01$]. (See Table 3). A Post-hoc test, Tukey-HSD procedure, was done to determine which groups were significant at the 0.05 level. There was significance at the 0.05 level between the 70 and older group with the 30-39 age group, the 40-49 age group and the 50-59 age group.

TABLE 3

Means and Standard Deviations for Kogan's Attitudes Toward Old People Scale by Age

Age	Mean	S.D.	N
30-39	95.35	13.62	75
40-49	96.07	15.15	67
50-59	94.29	16.45	35
60-69	105.82	15.30	17
70 or older	114.50*	12.41	6

* This group differed significantly from the first three groups at the 0.05 level.

To measure attitudes toward aging, a 34 item Likert Scale of one to seven was completed by each of the respondents. One was designated as the "negative" adjective and seven as the "positive" adjective. Possible scores on the Kogan Attitudes Toward Old People Scale range from a low of 34 to a high of 238. The lower the score the more positive the attitude toward aging. A summary of the responses is shown in Table 1. The mean for the total sample was 96.87. There were no significant differences noted between the various medical specialties and their attitudes toward old people [$F(13,186)=0.92$, ns]. A one-way analysis of variance was used to compare the responses among the physicians and five of the demographic categories. Years in practice could not be analyzed with an ANOVA because it is not a constant variable as the number of years a physician has been in practice is always increasing. The difference between the low mean score and the high mean score was 15 points. The lowest mean score by specialty was 87.33, the mean score of the oncologists answering the questionnaire. The highest mean score by specialty was 102.22, the mean score of the general surgeons answering the questionnaire. Although the scores within each specialty were quite variable, the differences between the mean scores of the represented specialties was not significant.

A summary of all respondents, mean scores and standard deviations according to the remaining demographic studied is

included in Table 4. The total sample is included in each demographic section. There was no significance between sex and physicians' attitudes toward aging [$F(1,198)=0.08$, ns]. There was no significance found between percentage of patients age 65 and older and physicians' attitudes toward old people [$F(3,196)=0.97$, ns]. There was no significance between ever having taken a course on aging and physicians' attitudes toward aging [$F(1,198)=1.10$, ns].

In response to the demographic question "Estimate of the percentage of patients in your practice age 65 and older?", the largest group -- 75 physicians -- estimated that 26-50% of their patients were 65 and older. The next largest group -- 71 physicians -- reported that they had 0-25% of their patients age 65 and older. Forty-five physicians reported 51-75% of their patients were 65 and older. And there were nine physicians reporting their practice included 76-100% of their patients were 65 and older.

When asked if they "had ever taken a course on aging?", 85% answered "no" and 14,5% answered"yes." (See Table 4).

Table 4

Means and Standard Deviations for Kogan's Attitudes Toward Old People Scale by Sex, Percent of Patients 65 and Older, and Ever Taken a Course on Aging

	Mean	S.D.	N
Sex			
Male	96.96	15.29	183
Female	95.88	15.23	17
Percent of patients 65 and older			
0- 25%	97.49	15.01	71
26- 50%	99.35	14.02	75
51- 75%	93.60	17.25	45
76-100%	96.00	16.43	9
Ever Taken a Course on Aging			
Yes	99.59	13.88	29
No	96.41	15.46	171

A Pearson correlation coefficient was done to compare physician years in practice and physicians' attitudes toward aging. There was a low but significant correlation between physician years in practice and physicians' attitudes toward aging $r=0.19$, $p<0.05$. The younger physicians had more positive attitudes toward old people.

Chapter VI

DISCUSSION

Results of this study indicate that there is a significant relationship between the age of the physician and his or her attitudes toward old people. As revealed by the analysis of variance (ANOVA), it was found that the oldest group of physicians (70 and older), although this was a small group, were found to be the least positive toward old people. Thorson and Perkins (1981) found that older people had the more positive attitudes toward old people, which was not found in the present study. One would think that these physicians would be the most patient and understanding due to the fact that they, too, are "older."

Alternatively, the less positive attitudes could be engendered as these physicians subconsciously face their own aging and mortality.

Kogan's Attitudes Toward Old People Scale (OP) had previously never been given to practicing physicians, although medical students have been studied many times. The mean scores of previously studied medical students have ranged from the low mean score of 99.9 (Thorson and Powell, 1991) to the high mean score of 115 (Perrotta, et al., 1981) -- the lower the mean score the more positive the attitude toward old people. The physicians studied in the present study had a total group mean of 96.87. This is the lowest mean score ever found in a study. The physicians in the present study have an overall

more positive attitude toward old people than any previously studied group.

The analysis of variance found that there was not a significant relationship between any of the other demographics and attitudes toward aging. This investigator speculated that there would be significance between sex and attitudes toward old people. Warren, et al.,(1983) found higher initial attitude scores among women with the men showing more improvement in their attitude score after a geriatric training program. Female students, when studied by Thorson and Perkins (1981), tended to be higher in nurturing and in attitude toward old people than males. It might have been speculated that there should have been a difference between males and females and their attitudes toward old people based on other studies as well as investigator opinion. A difference in their scores was found, but it was not significant at the 0.05 level. There was a difference of 1.08 in the scores of males and females with a mean score of 95.88 for females and 96.96 for males. The lower the score the more positive the attitude toward old people.

When studied by Ahmed, et al., 1986, a difference between attitude and physician specialty was noted. Psychiatrists were found to be the most favorable toward old people and surgeons the least favorable toward old people (Ahmed, et al., 1986). The other group of physicians surveyed were internal medicine physicians. The size of each of these three groups was much

larger than any of the groups of physician specialties in the present study.

There was no significant difference found between physicians who had ever taken a course on aging and attitudes toward aging. Thorson and Powell (1991) discussed that increased level of education has been shown to be related to more positive Attitudes Toward Old People Scores (OP). This was not found to be true among the physicians in the present study. Only 29 out of the 200 physicians studied, or 14,5%, had taken a course on aging. Their attitudes were not found to be more positive than those who had not taken a course. The courses taken by the physicians studied were quite short, and the courses they took were not necessarily courses on attitudes toward aging. Those surveyed in this study seem to represent one of the most positive sectors in regard to attitude toward the aging as this group had the lowest mean score (using Kogan's scale) found in any study.

From studies having found differences between specialty, sex and age, one could speculate there might also be a difference between attitudes and years in practice and the percentage of patients age 65 and older in their medical practice. There was a low but significant correlation found between years in practice and attitudes toward aging, and no significance between percent of patients 65 and older and attitudes toward aging. This correlation between years in practice and attitudes toward aging adds credence to the fact

that the group of physicians (70 and older) were found to be the least positive toward old people. The older physicians had more years in practice.

Schmidt, et al., (1989) studied physical therapy students. The mean score of the physical therapy students was 104.6. There is a difference of 7.73 points on the Kogan Attitudes Toward Old People Scale between the physical therapists in the Schmidt study and the physicians in the present study. The difference noted between the attitudes of these two groups may well relate to the younger age group of the physical therapy students.

Kogan's original studies of undergraduate students (1961) had mean scores of 111.6, 118.9 and 119.0. Comparing those scores to the present study of physicians with a mean score of 96.87, the physicians have a more positive attitude toward old people than do the undergraduate students. And even the oldest group of physicians who scored the least positive attitudes in the present study scored better than two of the three undergraduate student studies. One could assume that due to the fact that an increased level of education has been shown to be related to more positive OP scores (Thorson and Powell 1991) the physicians having had more education than the undergraduate students and many having worked with older people every day has perhaps improved their attitudes toward old people.

This investigation has revealed that physicians'

attitudes toward old people are generally positive. One needs to consider that the physicians with positive attitudes toward older people are the ones who completed and returned the questionnaires. Also the physicians may have answered the way they think they should feel rather than the way they do feel. With a group mean score of 96.87, the physicians studied have the lowest score -- the lower the score the more positive the attitude toward old people -- reported in the literature for the Kogan Attitudes Toward Old People Scale. This information is valuable in that with the percentage of the older population growing, we can be confident that physicians caring for the older patient have a positive attitude toward them. This study may provide information to the medical schools that having students exposed to physicians who care for older patients will provide the student with a good role model on which to base some of their own attitudes when practicing as a physician. Also, by increasing the amount of class time, education to medical students will increase their knowledge about older people. Good physician role models and increased education during medical school could help to develop positive attitudes among the medical students. Therefore, increased knowledge about older people, and positive behaviors toward older people should lead to positive attitudes toward older people, or positive attitudes toward older people should lead to increased knowledge about older people and positive behaviors toward older people.

Further research to investigate attitudes toward old people among physicians using larger samples of specialty groups may provide additional information in developing educational courses for each specific specialty area. Studies of more physicians may reveal important information on physicians' attitudes toward aging. There is a need to find how and why attitudes are formed and how they relate to behaviors, i.e. if a physician has positive attitudes toward older patients and younger patients will he or she exhibit positive behaviors and practices toward both? Is the older physician's more negative attitude a cohort affect or something that changes as physicians age. Longitudinal studies are needed to find this out.

Chapter VII

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This investigation sought to answer the questions:

1. How do the attitudes of physicians toward the older adult compare to the attitudes of previously studied medical students?
2. What is the relationship between the attitudes of physicians toward older adults and the following: medical specialty, years in practice, sex, age, estimate of percent of patients 65 and older and whether or not a physician has ever taken a course on aging?

Two-hundred physicians representing 27 different medical specialties completed questionnaires. Results indicated no significance among all independent variables except for age and years in practice. Within the group of six physicians that were in the group of physicians 70 and older, there was found to be significance [$F(4,195)=4.20$, $p<0.01$] between age and attitudes toward old people. However, this group had a very small n. The analysis of variance showed no significant differences between specialty, sex and percent of patients age 65 and older and attitudes toward old people. A Pearson correlation coefficient was done to compare physicians' years in practice and physicians' attitudes toward aging. There was a low but significant correlation discovered ($r=0.19$, $p<0.05$).

In this cross sectional study, results indicate that the physicians' attitude toward aging is more positive than the

previously studied medical students. This could indicate that when comparing the physicians studied in the present study to medical students of previous studies, attitudes toward older people improve once working with them on a day to day basis. This relationship encourages one to believe, as the population in the United States increases its percentage of older adults, the physicians taking care of older adults will have positive attitudes toward them. It still needs to be confirmed by other studies, and the relationship between attitudes and behavior need to be explored.

Limitations of this study included the following:

1. All of the subjects voluntarily filled out the survey which may have resulted in selection bias.
2. The internal validity of the study may be limited due to the small number of subjects who returned questionnaires especially in some sub-groups or categories.
3. It was not feasible to measure the subjects' ability to report honestly.
4. Nothing is known about physicians who did not complete and return the questionnaire.
5. All of the respondents were physicians on the medical staff at a large, Protestant, metropolitan hospital in Nebraska and, therefore, did not represent physicians in general.

CONCLUSIONS

Within the limits of this investigation it was concluded that:

1. The physicians studied had more positive attitudes toward aging than did previously studied medical students.
2. The attitudes toward aging did not differ among medical specialty groups.
3. There is a weak but significant relationship between attitudes and years in practice, with the more positive attitudes expressed more by the least experienced doctors.
4. The attitudes toward aging did not differ between sex groups.
5. The attitudes toward aging differ among age groups. 70 and older differ with the 30-39, 40-49 and 50-59 age groups.
6. The attitudes toward aging did not differ among percent of patients age 65 and older groups.
7. The attitudes toward aging did not differ across the groups that had ever taken a course on aging.

RECOMMENDATIONS

1. This questionnaire or similar ones should be given to other larger groups of physicians to determine how they compare to this group.
2. A survey comparing larger samples of specialty groups may determine more specific information on attitudes of physicians in different specialties.
3. Additional research regarding how attitudes are formed should be conducted.
4. Longitudinal studies should be undertaken to determine changes in attitudes among physicians as they move closer to the age of the group of older adults age 65 and older.
5. Further research needs to explore the relationships among knowledge, attitudes and behavioral practices, i.e. how do positive attitudes influence knowledge and behavior toward older patients.

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APPENDIX A

Thank you for volunteering to complete this questionnaire regarding attitudes about aging. This survey is being done to provide data for a Master's Thesis on physicians' attitudes toward aging. Your input is essential in determining the attitudes of physicians. If you are interested in the results of this study, please include your name and address at the bottom of this page and I will send you a copy of the results when the study is completed.

Please answer all of the questions as honestly and completely as possible. It should take you about ten minutes to complete the questionnaire. Please complete the questionnaire within one week of receiving it. I will stop by your office to collect them from your office manager or secretary. Please do not sigh your name. All the information will be kept confidential and will only be reported as group data.

Thank you for your time and effort to complete this survey. If you have any questions regarding this study, please contact Joan Hellbusch at 397-0272.

APPENDIX B

Physician Data

Specialty_____

Years in practice_____

Sex M F

Age 30-39 40-49 50-59 60-69 70 and older

Estimate of the percentage of patients in your practice age 65 and older:

0-25% 26-50% 51-75% 76-100%

Have you ever taken a course on aging? Yes _____

No _____

I yes, please describe i.e. number of hours.

APPENDIX C

On the following pages you will find a number of statements expressing opinions with which you may or may not agree. Following each statement are six numbers labelled as follows:

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	5	6	7

You are to indicate the degree to which you agree or disagree with each statement by circling the appropriate number.

Please consider each statement carefully, but do not spend too much time on any one statement. Do not skip items.

There are no "right" or "wrong" answers -- the only correct responses are those that are true for you. THIS INVENTORY IS BEING USED FOR RESEARCH PURPOSES ONLY AND IS COMPLETELY ANONYMOUS.

		Disagree			Agree		
1.	You can count on finding a nice residential neighborhood when there is a sizable number of old people living in it.	1	2	3	5	6	7
2.	Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.	1	2	3	5	6	7
3.	If old people expect to be liked, their first step is to try to get rid of their irritating faults.	1	2	3	5	6	7
4.	It is foolish to claim that wisdom comes with old age.	1	2	3	5	6	7
5.	It would probably be better if most old people lived in residential units that also housed younger people.	1	2	3	5	6	7
6.	Most old people seem to be quite clean and neat in their appearance.	1	2	3	5	6	7
7.	There are a few exceptions, but in general most old people are pretty much alike.	1	2	3	5	6	7
8.	Most old people make one feel ill at ease.	1	2	3	5	6	7
9.	Most old people bore others by their insistence on talking about the "good old days."	1	2	3	5	6	7
10.	Most old people are cheerful, agreeable, and good humored.	1	2	3	5	6	7
11.	Most old people are really no different from anybody else: they're as easy to understand as younger people.	1	2	3	5	6	7
12.	Most old people are constantly complaining about the behavior of the younger generation.	1	2	3	5	6	7

		Disagree			Agree		
13.	Most old people are capable of new adjustments when the situation demands.	1	2	3	5	6	7
14.	Most old people need no more love and reassurance that anyone else.	1	2	3	5	6	7
15.	Most old people spend too much time prying into the affairs of others and giving unsought advice.	1	2	3	5	6	7
16.	Most old people can generally be counted on to maintain a clean, attractive home.	1	2	3	5	6	7
17.	Old people have too much power in business and politics.	1	2	3	5	6	7
18.	Most old people would prefer to quit work as soon as pensions can support them.	1	2	3	5	6	7
19.	When you think about it, old people have the same faults as anybody else.	1	2	3	5	6	7
20.	People grow wiser with the coming of old age.	1	2	3	5	6	7
21.	It would probably be better if most old people lived in residential units with people of their own age.	1	2	3	5	6	7
22.	Most old people should be more concerned with their personal appearance; they're too untidy.	1	2	3	5	6	7
23.	It is evident that most old people are very different from one another.	1	2	3	5	6	7
24.	Most old people are very relaxing to be with.	1	2	3	5	6	7
25.	One of the more interesting qualities of most old people is their accounts of past experiences.	1	2	3	5	6	7
26.	Most old people are irritable, grouchy and unpleasant.	1	2	3	5	6	7

		Disagree			Agree		
27.	One seldom hears old people complaining about the behavior of the younger generation.	1	2	3	5	6	7
28.	There is something different about most old people: it's hard to figure out what makes them tick.	1	2	3	5	6	7
29.	Most old people get set in their ways and are unable to change.	1	2	3	5	6	7
30.	Most old people make excessive demands for love and reassurance.	1	2	3	5	6	7
31.	Most old people respect other's privacy and give advice only when asked.	1	2	3	5	6	7
32.	Most old people tend to let their homes become shabby and unattractive.	1	2	3	5	6	7
33.	Old people have too little power in business and politics.	1	2	3	5	6	7
34.	In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.	1	2	3	5	6	7