Ageism among Health Care Providers and Interventions to Improve Their Attitudes toward Older Adults

An Integrative Review

ABSTRACT

The purpose of this study was to review relevant literature on ageism among health care providers and assess interventions used to improve their attitudes toward older adults. Literature published between 1983 and 2011 was reviewed using the keywords attitudes, older adults, nursing, and nursing students using CINAHL, MEDLINE, and the Education Resources Information Center. Previous relevant research is discussed and includes studies categorized according to health care provider populations: (a) nurses, (b) nursing students, (c) medical students, and (d) direct care workers. Studies in nursing and medical professions that highlight ageism have been conducted; however, there is a gap in the literature concerning ageism among direct care workers. This often neglected, yet critical population of health care providers is essential to the care of older adults; recommendations regarding their training and mentoring are emphasized.

Ageism among health care providers is prevalent in our society and is a key factor influencing quality of care received by older adults (Mellor, Chew, & Greenhill, 2007). Butler (1975) first coined the term ageism to describe negative attitudes toward older adults. Ageism is defined by Butler (1975) as “the systematic stereotyping and discrimination against people, simply because of their age” (p. 55). According to the Institute of Medicine (IOM, 2008), negative attitudes regarding older adults persist in our society and in the medical community. Cohen (2009) described the scientific community’s widespread perspective of aging as a collective illusion characterized by inevitable, unalterable decline in functioning that leads to a dismal downspiral. These negative attitudes toward and assumptions about aging were preserved due to little interest by researchers to study it (Cohen, 2009).

Stereotypes typically depict older adults as dependent, grumpy, lonely, crabby, rude, stubborn, meddlesome, in poor physical condition, having impaired memory (Rupp, Vodanovich, & Credé, 2005), senile, and inactive in social activities (Krout & McKernan, 2007). Ageist stereotypes continue, even with considerable evidence demonstrating older adults are generally as capable as their younger counterparts (Rupp et al., 2005). According to Martin, Williams, and O’Neill (2009), older individuals are portrayed as frail noncontributors to society. These stereotypical attitudes often serve as a barrier to forming effective, therapeutic relationships with older adults (Krout & McKernan, 2007). Ageist negativity is an increasing and dangerous trend in the United States, with noted secondary effects not only on provision of care but also on clinical interaction (Weir, 2004). Lui and Wong (2009) stated that ageism generates and reinforces a fear of aging and legitimizes the use of chronological age to classify people who may be denied resources and opportunities.

Growing numbers of older adults and chronically ill individuals are creating a challenge for the U.S. health care system. That number is...
increasing at a dramatic rate. More than 36.5 million people, or one in seven Americans (14%), are 65 and older (U.S. Census Bureau, 2010). Individuals older than 65 represent 35% of hospital stays, 73% of all ambulatory adult primary care visits, 34% of all pharmacological prescriptions, and 90% of nursing home residency (IOM, 2008).

The strategic plan set forth by the National Institute of Nursing Research (2006) reported areas of research emphasis and listed a specific agenda item regarding older adults: “develop interventions to improve the quality of caregiving” (p. 19). The Alliance for Aging Research (AAR) (2003) agreed that health care professionals do not receive adequate education in the care of older adults. The IOM (2008) affirmed that while efforts to educate the workforce in geriatrics have improved to some degree, they still fall short and remain “woefully” (p. 1) inadequate in consistency and scope. According to the AAR (2003), experts report that health care shaped by ageist assumptions leads to premature loss of independence, increased disability, and higher mortality in older adults who have the potential to lead productive, healthier lives (AAR, 2003).

Multiple reports (Bonnie & Wallace, 2003; Courtney, Tong, & Walsh, 2000; Jacobson, 2006; Marshall, 2010; Williams, Anderson, & Day, 2007) have linked ageism to poor-quality care. Bonnie and Wallace (2003) reported that one predictor of psychological abuse of older adults in institutional settings includes negative attitudes of nursing assistants toward residents. Knowledge concerning aging and attitudes toward older adults significantly influences the quality of care provided to older patients (Courtney et al., 2000). The independence of older patients is severely threatened by negative stereotyping and ageist attitudes held by nurses providing direct care. Other areas of care identified as at risk are involvement of older patients in decision making about their care and use of restraints (Courtney et al., 2000). Negative attitudes toward aging have the potential to influence treatment options and care for older adults.
Jacobson (2006) demonstrated that negative attitudes among physicians led to nonprescription of statin drugs to older adults who required them. According to Marshall (2010), care of older adults can be compromised, the patient can be marginalized, and required health care opportunities can be denied due to negative attitudes and stereotyping.

THE PROBLEM
Despite attempts made to improve negative attitudes and increase knowledge, a lack of interest in working with older adults persists (Burbank, Dowling-Castronovo, Crowther, & Capezuti, 2006; Hayes et al., 2006). Fewer and fewer health care professionals are choosing geriatrics as a specialty area. Many health professionals prefer careers in fields other than geriatrics (Krout & McKernan, 2007). Additionally, the older adult population in the United States is considerably healthier and more educated than previous generations. Despite this demographic change, negative attitudes regarding older adults persist (IOM, 2008). Studies in nursing and medical professions that highlight ageism do exist; however, this integrative review reveals a gap in the literature concerning ageism among direct care workers.

According to the IOM (2008), direct care workers are “the linchpin of the formal health care delivery system for older adults” (p. 199), and much training is necessary to educate these workers to care for older adults. In a survey of direct care workers by Menne, Ejaz, Noélker, and Jones (2007), participants noted insufficient training as a problem and preferred an interactive learning environment (Menne et al., 2007). The IOM (2008) advised that a change in culture is necessary and that all health care workers and organizations need to view direct care workers as a vital part of the health care team and train those workers accordingly. Nurses play a pivotal role in this call to action by the IOM (2008); they direct, supervise, manage, and delegate the care provided by direct care workers. This often neglected, yet critical population of health care providers is essential to the care of older adults.

The purpose of this integrative review was to examine relevant literature on ageism among health care providers and assess interventions used to improve their attitudes toward older adults. The following questions were addressed: (a) Does ageism exist among health care providers? (b) Which populations of health care providers have been studied regarding ageism? (c) What intervention studies have been conducted regarding improving ageist attitudes of health care providers?

METHOD
The integrative literature review process outlined by Whittemore and Knafl (2005) was followed for this review. Literature published between 1983 and 2011 was reviewed using CINAHL, MEDLINE, and the Education Resources Information Center. Initially, a very broad and diverse literature search was conducted on the mentioned search engines using various combinations of the keywords attitudes, older adults, nurses, and nursing students. The search was expanded to include keywords medical students and healthcare employees. This led to further expanding the search to direct care workers, attitudes, and older adults. A paucity of literature regarding direct care workers’ attitudes toward older adults was discovered. Additionally, an ancestry approach where citations from relevant research reports were examined was used during the integrative review (Tornquist, 1986). According to Whittemore and Knafl (2005), data reduction involves the determination of an overall classification system when managing large amounts of data from diverse methods. A classification system was determined for this integrative literature review. Previous relevant research is discussed and includes studies categorized according to health care provider populations: (a) nurses, (b) nursing students, (c) medical students, and (d) direct care workers.

FINDINGS
Data Synthesis
A total of 18 studies meeting the criteria were retrieved: 14 were nonexperimental quantitative studies and 4 were qualitative studies (Table). Studies selected reflected settings in the United States and Canada. According to Whittemore and Knafl (2005), the integrative review method allows for the inclusion of diverse methods and the simultaneous inclusion of experimental and nonexperimental research to more fully appreciate the varied perspectives on a phenomenon. Study elements were compiled into a matrix (Table) for easy comparison across all

Stereotypes typically depict older adults as dependent, grumpy, lonely, crabby, rude, stubborn, meddlesome, in poor physical condition,...and inactive in social activities.
primary sources. Whittemore and Knafl (2005) recommend extracting from primary data sources and compiling all data in a matrix or spreadsheet. The Table includes author, year, country of origin, study aim or purpose, study design, intervention, and sample. Studies meeting the selection criteria were evaluated for health care provider population, appropriate description of intervention used in

### Table: Matrix of Reviewed Studies

<table>
<thead>
<tr>
<th>Study/Country</th>
<th>Aim/Purpose</th>
<th>Method</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURSES</strong></td>
<td></td>
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<tr>
<td>Armstrong-Esther, Sandilands, and Miller (1989); United States</td>
<td>Assess acute care nurses' attitudes toward older adults</td>
<td>Descriptive-correlational (survey)</td>
<td>50 RNs in an acute care setting</td>
</tr>
<tr>
<td>Cooper and Coleman (2001); United States</td>
<td>Explore nurses' perceptions of older adults</td>
<td>Exploratory-qualitative (interviews)</td>
<td>26 RNs in a rehabilitation setting</td>
</tr>
<tr>
<td>Lookinland and Anson (1995); United States</td>
<td>Compare nurses' and high school students' attitudes toward older adults</td>
<td>Comparative/descriptive/correlational</td>
<td>61 RNs and 68 high school seniors interested in health care careers</td>
</tr>
<tr>
<td><strong>NURSING STUDENTS</strong></td>
<td></td>
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</tr>
<tr>
<td>Burbank, Dowling-Castronovo, Crowther, and Capezuti (2006); United States</td>
<td>Integrate geriatric content into curriculum</td>
<td>Descriptive (survey)</td>
<td>124 undergraduate nursing students</td>
</tr>
<tr>
<td>Hayes et al. (2006); United States</td>
<td>Examine career intentions of nursing students</td>
<td>Literature review of 47 studies from 1981-2005</td>
<td>Undergraduate students</td>
</tr>
<tr>
<td>Holroyd, Dahlke, Fehr, Jung, and Hunter (2009); Canada</td>
<td>Examine impact of didactic versus clinical experiences on students' attitudes toward older adults</td>
<td>Comparative cross-sectional</td>
<td>197 undergraduate nursing students</td>
</tr>
<tr>
<td>Koren et al. (2008); United States</td>
<td>Compare attitudes and knowledge of students with clinical experiences in nursing home versus those in acute care settings</td>
<td>Comparative/descriptive</td>
<td>200 undergraduate nursing students</td>
</tr>
<tr>
<td>Shellman (2006); United States</td>
<td>Examine experiences of students participating in a reminiscence program during clinical experiences with older adults</td>
<td>Qualitative (3 open-ended questions)</td>
<td>41 undergraduate nursing students</td>
</tr>
<tr>
<td><strong>MEDICAL STUDENTS</strong></td>
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<tr>
<td>Hoffman, Brand, Beatty, and Hamill (1985); United States</td>
<td>Develop a role-playing simulation game (Geriatrics) to sensitize students to ethical dilemmas and perspectives of older adults</td>
<td>Intervention (post-evaluations)</td>
<td>45 medical students</td>
</tr>
<tr>
<td>McVey, Davis, and Cohen (1989); United States</td>
<td>Develop and implement a simulation game (The Aging Game) to improve attitudes toward older adults</td>
<td>Intervention (post-evaluations and narrative comments)</td>
<td>112 medical students</td>
</tr>
<tr>
<td>Menks (1983); United States</td>
<td>Develop a board game (The Road of Life©) to improve attitudes toward older adults</td>
<td>Intervention (post-evaluations)</td>
<td>600 medical students</td>
</tr>
<tr>
<td>Pacala, Boul, and Hepburn (2005); United States</td>
<td>Implement a simulation game (The Aging Game) to improve attitudes toward older adults</td>
<td>Longitudinal/intervention (10 years)</td>
<td>1,500 medical students</td>
</tr>
<tr>
<td>Robinson and Roscher (2001); United States</td>
<td>Implement project (Half-Full Aging Simulation Experience) to allow students to experience functional decline</td>
<td>Intervention (pretest/posttest, one-way ANOVA)</td>
<td>49 third-year medical students</td>
</tr>
<tr>
<td>Varkey, Chutka, and Lesnick (2006); United States</td>
<td>Implement a simulation game (The Aging Game) to improve attitudes toward older adults</td>
<td>Intervention (pretest/posttest and narrative comments)</td>
<td>84 medical students</td>
</tr>
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</table>
the study, effect of the intervention, and conclusions. Descriptive synthesis of the findings revealed four major provider populations where interventions to improve ageist attitudes toward older adults were implemented: (a) nurses, (b) nursing students, (c) medical students, and (d) direct care workers.

A commonality between all of the health care provider populations is the characteristic of exhibiting ageism toward older adults. Many of the studies reported an intervention implemented to improve ageist attitudes toward older adults (Burbank et al., 2006; Hoffman, Brand, Beatty, & Hamill, 1985; Marte, 1988; McVey, Davis, & Cohen, 1983; Menne et al., 2007; Pacala, Boult, & Hepburn, 2005; Robinson & Rosher, 2001; Stevens-Roseman & Leung, 2004; Varkey, Chutka, & Lesnick, 2006).

**Health Care Provider Populations**

**Nurses.** Nurses’ attitudes have been shown to be more negative toward older adults when compared with nursing students and volunteers (Armstrong-Esther, Sandilands, & Miller, 1989). Cooper and Coleman (2001) discovered that mentally intact patients were the “popular patients”; negative stereotypes held by nurses were related to dependence and dementia among older adults. The most common way nurses perceived older patients was in terms of mental or physical dependence (Cooper & Coleman, 2001). Lookinland and Anson (1995) compared RNs’ attitudes toward older adults with those of high school students interested in becoming nurses. Both groups exhibited negative attitudes and stereotypical views, with the high school students exhibiting the least favorable attitudes and views toward older adults (Lookinland & Anson, 1995). Some of the negative views reflected in the study included that older adults are difficult to understand, are critical of young people’s behaviors, and are emotionally dependent (Lookinland & Anson, 1995).

**Nursing Students.** Educators play a significant role in ensuring appropriate, equitable, and quality care for older adults. Burbank et al. (2006) studied the effects of exposing nursing students to well older adults early in the students’ didactic and clinical experiences and long-term care clinical experiences at three universities, New York University (NYU), Tuskegee University, and University of Rhode Island (URI). The strategies at NYU included placing students in high-quality long-term care settings for clinical experiences and offering senior mentorship projects to nursing students. Tuskegee University focused on successful aging and risk reduction among older adults (Burbank et al., 2006). URI included more content specific to older adults in fundamental nursing courses and included more case studies and debates specific to care of older adults. Clinical experiences with well older adults were also included at URI (Burbank et al., 2006). Students at all three universities reported a positive influence on their attitudes and an increase in their knowledge regarding older adults (Burbank et al., 2006).

**Koren et al. (2008) compared attitudes and knowledge of nurs-
rging students who completed their fundamental nursing clinical experience in the nursing home setting with those completing their fundamental nursing clinical experience with ill older adults. A direct correlation between lack of knowledge regarding older adults and increased negative attitudes toward older adults was identified, and Koren et al. (2008) concluded that well-designed curricula and clinical experiences regarding older adults are key to promoting positive attitudes toward older adults.

Holroyd, Dahlke, Fehr, Jung, and Hunter (2009) evaluated nursing students’ use of Kogan’s Attitudes Toward Old People scale at different points in a baccalaureate nursing program over a 4-year period. No significant difference in attitudes was noted during this time. However, post hoc analysis revealed a decrease in positive attitudes and an increase in negative attitudes at the beginning of Years 2 and 4, when students were exposed to older adults with complex issues.

Medical Students. According to Fitzgerald, Wray, Halter, Williams, and Supiano (2003), an increasingly large body of literature suggests that most medical students exhibit low interest in selecting geriatric medicine as a career. The percentage of medical schools with requirements for “geriatric exposure” is currently 98% (IOM, 2008, p. 129). Much of medical students’ exposure occurs very late in their curriculum (IOM, 2008). Over the past several decades, various studies have been conducted to assess medical students’ attitudes toward older adults (Hoffman et al., 1985; McVey et al., 1989; Menks, 1983; Pacala et al., 2005; Robinson & Rosher, 2001; Varkey et al., 2006).

The Aging Game was developed at Duke University to allow first- and second-year medical students to experience sensory deficits and functional dependency due to financial, physical, and emotional losses (McVey et al., 1989). Seventy-five percent of participants rated the experience as very good or excellent on post-game evaluations. Narrative comments by participants post-activity indicated a heightened awareness of a desire to maintain independence and an increased sensitivity to the problems associated with chronic disease and dysfunction associated with older adults (McVey et al., 1989).

Pacala et al. (2005) implemented The Aging Game at the University of Minnesota and studied the responses of medical students. Of those participants, 477 students wrote narrative comments that were analyzed for common themes, which included: (a) “Eye Opening,” (b) Attitudinal Change, (c) Raising Awareness, (d) Lasting Impact, and (e) Effectiveness of Simulated Physical/Sensory Deficits (Pacala et al., 2005, p. 147). The participants reported that the participatory learning method of the game greatly affected their attitudinal change. The students expressed that the simulation of physical and sensory deficits in the game had a lasting impact on their attitudes and care of older adults (Pacala et al., 2005).

Varkey et al. (2006) implemented a modified version of The Aging Game at the Mayo Clinic in Rochester, Minnesota for a group of 84 medical students. Participants’ attitudes toward older adults were examined before and after the intervention using the Maxwell and Sullivan questionnaire and the Aging Semantic Differential. Narrative comments were also collected and analyzed. A statistically significant improvement was noted in six of the eight attitudes toward caring for older adults as well as a statistically significant increase in empathy toward older patients following the intervention.

Menks (1983) developed The Road of Life©, a simulation board game, for medical students to increase understanding and awareness of the common psychosocial and physical experiences of older adults. Common health problems of older adults were incorporated into the game, such as hip fracture and arthritic immobility. Menks (1983) reported that the game was an effective and enjoyable way to facilitate understanding and awareness of the experiences of older adults. Hoffman et al. (1985) designed Geriatrix, a role-playing simulation game, to sensitize medical students to ethical dilemmas and perspectives of older adults. Through an informal questionnaire, 28 of the 45 students reported that their attitudes toward older adult care were positively changed by playing the game. From the data reported, it is not clear whether attitudes prior to participating in the game were more negative or positive. Data on long-term outcomes were admitted not collected (Hoffman et al., 1985; Menks, 1983).

The Half-Full Aging Simulation Experience was a project conducted to allow medical students at Southern Illinois University School of Medicine to experience aging changes and how adaptations in the environment can improve function of older adults (Robinson & Rosher, 2001). An improvement in attitudes toward older adults was noted when pre- and posttest scores were compared. However, statistical significance was not reported (Robinson & Rosher, 2001). No set protocol or training of interventionists was reported for any of the mentioned studies.

Direct Care Workers. Virtually all direct care workers care for older adults at some point in the course of their careers, yet a large proportion continue to report feeling inadequately prepared to care
for the high number of older clients (IOM, 2008). When compared with nursing and medical fields of study, little attention has been given to nursing assistants or direct care providers (Stevens-Roseman & Leung, 2004). Interventions to improve attitudes toward older adults among direct care workers include various training sessions and inservices (Marte, 1988; Stevens-Roseman & Leung, 2004) and role-playing in the care of dying residents (Schell & Kayser-Jones, 2007).

Marte (1988) introduced Into Aging, a simulation game, to increase employees’ positive attitudes toward older adults in the nursing home setting. No formal method of data collection or analysis was reported to determine effectiveness of the treatment. Marte (1988) reported only anecdotal comments that the intervention provided a valuable and exciting learning experience that was enthusiastically received by participants (Marte, 1988). This study was largely untested and has not been replicated by others.

Stevens-Roseman and Leung (2004) presented modules of information specific to the care of older adults to paraprofessionals. Information contained in the modules included relationship building, trust, communication with older adults, chronic pain, recognizing depression in older adults, family members of older adults, and self-care of the paraprofessional service provider (Stevens-Roseman & Leung, 2004). On completion, Stevens-Roseman and Leung (2004) suggested “meeting the trainees where they are” (p. 87) and empowering trainees by respecting them and encouraging participation.

Schell and Kayser-Jones (2007) explored empathy and role-taking of certified nursing assistants (CNAs) in the care of dying residents. The major, recurrent theme that emerged was the significance of role-taking and empathy skills when caring for a dying resident. CNAs discussed having an ability to use their role-taking skills to see the world from the residents’ perspective and reported a positive impact on their caregiving actions. CNAs spoke of using their empathetic skills to relate to the emotional experiences of dying residents. A finding of the study included the importance of empathy training to improve client outcomes. Schell and Kayser-Jones (2007) also suggested a supportive culture in nursing homes by providing adequate training of CNAs in regard to empathy skills as a strategy to improve quality care delivery to older adults.

Fisher and Wallhagen (2008) conducted a grounded theory study to explore CNAs’ perspectives of nursing home residents and older adults (IOM, 2008). Various strategies and educational interventions have initiated some change in health care providers’ negative attitudes toward older adults (Hoffman et al., 1985; Marte, 1988; McVey et al., 1989; Menks, 1983; Menne et al., 2007; Pacala et al., 2005; Robinson & Rosher, 2001; Stevens-Roseman & Leung, 2004). Despite attempts to improve negative attitudes and increase knowledge, a lack of interest in working with older adults persists (Burbank et al., 2006; Hayes et al., 2006).

Findings of this integrative review demonstrate that studies in nursing and medical professions that highlight ageism do exist; however, there is a gap in the literature concerning ageism among direct care workers, who are the “linchpin of the formal health care delivery system for older adults.

**Effective interprofessional collaboration is of vital importance to combating ageism and should be spearheaded by nurses.**

how these perspectives influenced care provided to older adults. Three major views of residents were constructed: (a) as fictive kin, (b) as a commodity, and (c) as an autonomous person. While some CNAs primarily viewed residents as individuals with whom they shared a close relationship, others viewed residents as more of a work object. The study revealed that CNAs who were employed at a smaller, private nursing home tended to view residents as fictive kin and as an autonomous person.

**DISCUSSION**

Ageism among health care workers is prevalent in our society and directly affects care provided to older adults (IOM, 2008). Various gaps identified in this integrative review include a lack of scientific rigor and set protocol throughout the reviewed studies. Often, studies collected only anecdotal data, and interventions were not consistently delivered following a set regimen. Data collection was not rigorous in the mentioned simulation intervention studies. Studies were performed with participants, with delivery of the intervention changing as the programs evolved. Noted improvement in participants’ attitudes was reported with simulation games (McVey et al., 1989; Pacala et al., 2005) through mostly informal data collection techniques.
CLINICAL RELEVANCE

Nurses

Nursing care of older adults requires a unique, highly complex skill set. Wade (1999) stated that this expert level of care needs to be articulated and recognized as a specialty area within nursing. Courteney et al. (2000) recommended that nurses routinely receive continuing education programs specific to geriatrics to increase knowledge, attitudes, and practices. Effective interprofessional collaboration is of vital importance to combating ageism and should be spearheaded by nurses (Ward, 2000). RNs need to be empowered as leaders in challenging ageism and promoting positive attitudes toward the care of older adults (Marshall, 2010; Ward, 2000).

Nurse Educators

Initiatives are underway in an attempt to enhance nursing curricula with geriatric content. Hayes et al. (2006) stated that the role of the educator is paramount in dealing with ageist attitudes and stereotypes held by nursing students. Advocates of the initiatives state a need for nursing students to have positive experiences with older adults as well as continued exposure to geriatric content throughout the curriculum (Burbank et al., 2006; Hayes et al., 2006; Koren et al., 2008; Mezey, Boltz, Esterson, & Mitty, 2005). Wade (1999) recommended nurse educators use facilities that demonstrate excellence in care of older adults for clinical experiences. An additional factor contributing to the lack of nursing students prepared to care for older adults is a lack of role models in the clinical setting (Mezey et al., 2005). Marshall (2010) stressed the importance of nurse educators and RNs in practice settings serving as role models in care of older adults by demonstrating positive attitudes. Nurse educators can also incorporate the simulation games used in medical schools (Hoffman et al., 1985; McVey et al., 1989; Menks, 1983; Pacala et al., 2005; Robinson & Rosher, 2001; Varkey et al., 2006) to facilitate interprofessional learning experiences.

Direct Care Workers

According to Harmuth and Duson (2005), nursing assistants provide 70% to 80% of direct care hours to older Americans receiving long-term care in institutionalized settings. The IOM (2008) advised that a change in culture is necessary and that all health care workers and organizations need to view direct care workers as a vital part of the health care team and train them accordingly. Nurses play a pivotal role in this call to action by the IOM (2008); they direct, supervise, manage, and delegate the care provided by CNAs. Nurses are ultimately responsible for all care provided by CNAs to older adults in long-term care settings.

Currently, training of direct care workers is limited (IOM, 2008). Training is especially important for direct care workers, who provide the majority of direct care and interact extensively with older adults (IOM, 2008). Direct care workers themselves rank inadequate training among the top three areas needing improvement (Hawes, 2002), and 40% to 50% of direct care workers said they could benefit from further training (Menne et al., 2007). This often neglected, yet critical population of health care providers is essential to the care of older adults. Recommendations regarding direct care workers include offering more continuing education specific to care of older adults, mentoring direct care workers, and fostering a patient-centered environment in the care of older adults.

CONCLUSION

Populations included in this integrative review regarding ageism among health care providers include: (a) nurses, (b) nursing students, (c) medical students, and (d) direct care workers. According to the IOM (2008), negative attitudes regarding older adults persist among all health care workers. The population of older adults will increase approximately 20% by the year 2030 (Federal Interagency Forum on Aging-Related Statistics, 2004). This population will continue to comprise the majority of patients cared for by health care providers. Therefore, further studies regarding ageism and interventions to improve health care providers’ attitudes are warranted. Further studies must include scientific rigor and a set protocol to further

KEYPOINTS


1. Negative attitudes toward aging have the potential to influence treatment options and care for older adults.

2. Multiple interventions have been implemented to improve health care providers’ attitudes toward older adults.

3. Further studies are necessary with direct care workers as the population of interest due to the paucity of literature currently available and the call to action to educate and better prepare direct care workers.
the research. Understanding and calling attention to ageism among health care providers will assist in designing and implementing interventions to improve attitudes. Specifically, further studies are necessary with direct care workers as the population of interest due to the paucity of literature currently available and the call to action to educate and better prepare direct care workers.

REFERENCES


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