

## Original article

# Oncology healthcare professionals' attitudes toward elderly people

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### Summary

**Background:** Healthcare professionals are known to be particularly susceptible to ageist stereotyping because of increased exposure to elderly and infirm individuals. Demographic changes resulting in increasing numbers of elderly people and increased cancer incidence with age make it imperative to understand oncology healthcare professionals' attitudes towards older people.

**Design:** A descriptive survey design was conducted, within a regional Cancer Centre, to evaluate oncology healthcare professionals' attitudes towards elderly people. The measurement scale used was Kogan's Old People Scale.

**Results:** Regardless of gender, profession and clinical ex-

perience persistently negative attitudes were displayed towards elderly people. No statistically significant difference was detected between gender, profession, clinical experience or specialist education and although small in number, no large differences in scores were notable between group means.

**Conclusions:** If oncology healthcare professionals are to provide optimal treatment and care for elderly people, negative attitudes must be addressed. These results indicate the need for a radical cultural shift in attitudes, especially when considered in conjunction with changing demographics and increased cancer incidence with age.

**Key words:** attitudes, cancer, elderly, healthcare professionals

### Introduction

As populations grow older, we can question the effect this has on our attitudes towards old age. Negative attitudes lead only to ageism, a process of systematic stereotyping of, and discrimination against, people because they are old [1]. Ageism generates and reinforces a fear and denigration of the ageing process and legitimises the use of chronological age to mark out classes of people who are systematically denied resources and opportunities [2]. However although old age is something most of us will experience it is much less discussed than racism or sexism.

Longevity is the greatest risk factor for developing cancer: 60% of all cancers are diagnosed in those aged over 65 and two thirds of cancer mortalities occur in the elderly population [3]. Yet older patients with cancer are frequently victims of discriminatory treatment strategies. Substantial under-representation of patients older than 65 years of age in cancer clinical trials [4] fosters treatment decision-making based on assumption, observation, conjecture and even bias. However the life expectancy of women aged 85 is 7 years and that of men is 5.5 years making issues such as five-year survival, extended quantity of life and enhanced quality of life increasingly important.

Within medicine, females and those who chose family practice have been shown to have more positive attitudes towards elderly people [5, 6]. More specifically, physicians have evaluated their attitudes towards elderly

people in conjunction with the controversial issue of the provision of life sustaining treatments. Clear differences in attitudes towards life support and the will to live were shown between medical students' perceptions of older people's beliefs and the actual beliefs held by older people [7]. Although in discordance with age-based rationing, chronological age has been used as a decision-making criterion for discontinuing life support [8]. Furthermore, negative attitudes towards elderly people identified in younger people appear to be amplified in nursing staff [9, 10], with care of the elderly an unpopular choice for nursing specialisation [11].

The lack of knowledge regarding oncology healthcare professionals' attitudes towards elderly people prompted this pilot research project, conducted within and supported by a regional Cancer Centre. The specific research questions were:

- What attitudes do oncology healthcare professionals hold towards elderly people?
- Do differences exist in attitudes towards elderly people between physicians, nurses and radiographers?
- Do clinical experience, gender or education impact on attitudes towards elderly people?

### Sample and methods

The sample included all registered health professionals (medical, nursing and radiography staff) working within

the Cancer Centre at the time of data collection ( $n = 197$ ). All were recruited to the survey.

A descriptive survey design was used. Based on a literature search, it was decided to use Kogan's Old People Scale [12]. Kogan's Old People Scale (KOP) is a self-administered scale consisting of 17 paired statements, one of each pair positively framed and the other negatively framed. The stereotypes covered in the questionnaire include residential patterns, cognitive style, personal appearance, personality and discomfort with older people. Respondents are asked to indicate the level to which they agree or disagree using a five point Likert scale, allowing for a range of scores from 34 (negative) to 170 (positive). The wide ranging content of the scale made it an appropriate choice for this study as there is little information regarding oncology healthcare professionals' attitudes towards older people. The Scale's reliability was established by Kogan [12] using a Spearman Brown split half reliability. Positive items on the scale obtained correlation coefficients of 0.66–0.77, while negative items achieved correlation coefficients of 0.73–0.83. Internal consistency among test items was also demonstrated. Pearson product-moment coefficients between positive and negative items ranged from 0.46–0.52 and all were significant beyond the 0.01 level [12]. Concurrent validity was also reported using measures of authoritarianism and anti-minority attitudes [12]. Although criticised for its lack of caring dimension and so its appropriateness for use in the healthcare setting [9], the personality trait of nurturance was found to be strongly related to positive attitudes towards older people [10]. Although use of the Scale could be criticised in view of its age, it was selected because of its self-report nature, extensive use and wide-ranging content to describe the generic attitudes of oncology health professionals towards elderly.

Data collection was conducted over a six-week period. Using a staff list, each member of staff was allocated a code number to allow identification of non-responders. All staff were sent a letter of explanation accompanied by the questionnaire and demographic detail schedule, explaining the purpose of the research project and assuring confidentiality. A pre-addressed envelope was also included and responses were returned to a member of the nursing staff employed within the Cancer Centre. A second questionnaire was sent to non-responders following a three-week period. The staff code numbers were used only to identify non-responders with no reference made to the code following completion of data collection.

Data were analysed using SPSS (Statistical Package for the Social Sciences). Analysis of variance techniques were used to compare the various groups. A test for linear trend was used when examining grades of nursing staff. Responses to the KOP Scale were coded as 5 highly positive, 4 positive, 3 neutral, 2 negative or 1 highly negative. This effectively reversed the coding of the negatively worded statements. An attitude score was then calculated from the sum of scores for all 34 statements.

Table 1. Response to questionnaire.

| Profession                               | First mailing, % response | Second mailing, % response | Total response (%) |
|--|---------------------------|----------------------------|--------------------|
| Medical staff ( $n = 34$ )               | 41 ( $n = 14$ )           | 21 ( $n = 7$ )             | 62 ( $n = 21$ )    |
| Nursing staff – registered ( $n = 102$ ) | 59 ( $n = 60$ )           | 18 ( $n = 18$ )            | 77 ( $n = 78$ )    |
| Radiography staff ( $n = 61$ )           | 18 ( $n = 11$ )           | 8 ( $n = 5$ )              | 26 ( $n = 16$ )    |
| All staff ( $n = 197$ )                  | 43 ( $n = 85$ )           | 15 ( $n = 30$ )            | 58 ( $n = 115$ )   |

## Results

### Response by profession

The vast majority of respondents were females, (91%), with males representing 9% of respondents. Respondents' ages ranged from 21–58 years, with a mean of 37 years. Numbers of years experience in care of the elderly was concentrated, for every professional group, in the 0–5 years range although some staff ( $n = 16$ ) considered that they had spent their entire career caring for elderly patients regardless of their speciality. Table 1 shows the response rates achieved from each profession.

### Results of the KOP scale

The lower the KOP score, the more negative the attitudes held towards elderly people. The score indicating a neutral attitude is 102. The mean score achieved for the entire population of 81 indicates that oncology health professionals hold attitudes more negative than neutral towards elderly people. No statistical difference ( $P = 0.86$ ) could be found between medical staff (mean score = 83), nursing staff (mean score = 80) and radiography staff (mean score = 82): attitudes remained more negative than neutral. No difference could be detected between genders ( $P = 0.096$ ), both male and female oncology health professionals displaying attitudes more negative than neutral towards older people achieving mean scores of 86 and 81 respectively. Analysis according to seniority of both medical and nursing staff indicated that seniority had no impact on negative attitudes held. In summing up the findings of the KOP scale, persistently negative attitudes towards elderly people exist among all oncology health professionals who responded to the survey, regardless of profession, gender and clinical experience.

## Conclusions

While ageism exists throughout society, healthcare professionals may be particularly vulnerable to developing ageist attitudes because of their increased exposure to ill

and infirm elderly individuals. The fact that no large differences in mean attitude scores (and no statistically significant differences) were seen between attitudes towards elderly people according to gender or clinical experience, with the expression of stereotypical views about old people, offers support to Allport's [13] and Katz [14] theoretical constructs of generalisation and categorisation.

This overall negative light in which elderly people are regarded by oncology healthcare professionals would suggest that within this particular Cancer Centre, the natural process of ageing is regarded as a social problem and one can question whether elderly patients bear the detrimental consequences. The clinical implications of such negative attitudes towards increasing age are problematic for a speciality increasingly dominated by older patients such as oncology especially when considered in relation to the expected rise in the numbers of elderly people with cancer. A number of cancer centres, cancer units and primary care facilities will be approached to build on the results of this pilot research project.

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